

## Research and Professional Briefs

# Content Validation of a Standardized Language Diagnosis by Certified Specialists in Gerontological Nutrition

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**ABSTRACT**

Validation of the nutrition standardized language assures the language is accurate for use in practice, policy, and research, but few validation studies have been reported. The purpose of this descriptive study was to validate content of all components of the nutrition diagnostic term *involuntary weight loss* using experts providing care for older adults in health care settings. A Nutrition Diagnosis Validation Instrument was developed that contained the definition, etiologies, and signs and symptoms of the diagnosis plus items added from literature review. Questions on clarity and completeness of the language were included. The Nutrition Diagnosis Validation Instrument used a Likert-type scale for deriving a Diagnostic Content Validity (DCV) score for all items in the definition, etiology, and signs and symptoms components to define major, minor, and nonrelevant characteristics and a mean total DCV score for the term. In 2008, all Board Certified Specialists in Gerontological Nutrition (CSGs) were recruited by mail. CSGs ( $n=110$ , 73% response) reported  $15\pm10$  (mean $\pm$ standard deviation) practice years in gerontological nutrition. The total DCV component scores were  $0.80\pm0.17$  (definition),  $0.63\pm0.08$  (etiology), and  $0.69\pm0.12$  (signs and symptoms). The mean total DCV score of the diagnostic term was  $0.69\pm0.11$ . Cognitive decline, poor oral health, and impaired skin integrity were identified as missing language. In conclusion, the majority of the definition, etiologies, and signs and symptoms of the term were content-validated, including seven items derived from literature review. The validated items, including recommendations

for added language, need to be retested using the same process.

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The American Dietetic Association's (ADA) 2003 introduction of the Nutrition Care Process/Standardized Language (NCP/SL) provided dietetics practitioners with a model for quality care and a taxonomy describing the unique services of dietetics practitioners (1-4). The use of SL, published in the *International Dietetics and Nutrition Terminology (IDNT) Reference Manual* (5), in electronic and personal health records will enable patients, caregivers, and providers to prevent or manage acute and chronic disease (6,7). Nutrition diagnoses were the first SL terms identified. Validation, the next step in language development, produces evidence that the diagnostic terms exist, and that their definitions, etiologies, and signs and symptoms are appropriate. Validation refines the SL for use in education, practice, research, and policy. Research models for validation of nursing diagnoses have been used since 1983 and have applicability for validating SL used in the NCP (8-12).

Few validation studies of the SL have been conducted. In one study, the content validity of all nutrition diagnostic terms was measured using a convenience sample of registered dietitians (RDs) (13). A reliability study of the use of the terms among RDs at different practice levels has been reported (14). Validation studies are needed utilizing experts who provide nutrition care for nutrition diagnoses among all practice settings and patient populations.

One IDNT diagnostic term, *involuntary weight loss*, occurs in many patient populations and practice settings. It is prevalent in up to 65% of long-term care residents who experience malnutrition (15). The prevalence of weight loss is the highest-ranked quality measure of nutrition/eating established by the Centers for Medicaid and Medicare for long-term care facilities receiving federal funding (16,17). Weight loss has been sufficiently validated to qualify as an indicator of nursing home quality and each facility's report is publicly available (18). Failure to diagnose and treat unintended weight loss leads to increased risk for patient mortality and potential for litigation (19). Dietetics practitioners, including Board-Certified Specialists in Gerontological Nutrition (CSG) (20), identify and treat this nutrition problem in elderly people with outcomes of increased energy, protein, and nutrient intake, weight gain, and improved quality of life (21-26).

IDNT diagnostic terms are comprised of three components;

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## NUTRITION DIAGNOSIS VALIDATION INSTRUMENT (NDVI)

**INSTRUCTIONS:** Indicate how prevalent or common this definition, etiology, sign or symptom is when this diagnosis or nutrition problem is present. Rate the definition, etiology, and each sign and symptom in the boxes to the right of the item by marking the box which agrees with your opinion. Please mark only one box for each item.

Nutrition Diagnostic Term NC-3.2 Involuntary Weight Loss	Never common	Rarely common	Sometimes common	Frequently common	Always common	Do not know if common
<b>1. Definition:</b> Decrease in body weight that is not planned or desired.						
<b>2. Etiology:</b> (Cause/Contributing Factors) Factors gathered during the nutrition assessment process that contribute to the existence or the maintenance of pathophysiological, psychosocial, situational, developmental, cultural, and/or environmental problems.						
a) Prolonged catabolic illness						
b) Trauma						
c) Malabsorption						
d) Lack of or limited access to food						
e) Economic constraints						
f) Restricting food given to elderly and/or children						

**Figure.** Nutrition Diagnosis Validation Instrument sample.

definition, etiology, and signs and symptoms. Validating content of all components of the diagnostic term *involuntary weight loss* within the older adult population using experts providing care for this problem refines the term for future use. The purpose of this study was to measure the content validity of the nutrition diagnostic term NC-3.2 Involuntary Weight Loss (5) in elderly people using CSGs as experts.

## METHODS

### Concept Analysis

Content validation of a diagnostic term gathers evidence that RDs identify common definition, etiologies, and signs and symptoms, that language items are relevant and represent the nutrition problem, and that signs and symptoms occur as a cluster in a sufficient number of cases (27). Before validation, the term is analyzed using concept analysis, a study of the attributes or characteristics of the term (28-30). A literature review was conducted using the words *involuntary weight loss*, *undesirable weight loss*, and *elderly* to identify whether additional items need to be added to the IDNT term for testing. Four etiologies and seven signs and symptoms were added to the term.

### Validation Instrument

A Nutrition Diagnosis Validation Instrument (NDVI) (Figure) was developed based upon the Fehring Diagnostic Content Validity Model (8,13). The model, used in nursing diagnosis research, obtains quantifiable data using weighted inter-rater reliability ratios, provides a standardized approach for comparison studies, and establishes criteria for decisions about the credibility of the defining characteristics. The NDVI listed all components (definition, etiologies, and signs and symptoms) of the published term (5), plus those added from literature review. All etiologies and signs

and symptoms were listed separately to collect a rating for each item (n=51). To provide clarity, items such as “poor intake” and “fever” were defined (31). The NDVI used a 5-point Likert-type scale, plus a “do not know” response for rating how common or characteristic each item is when involuntary weight loss is present in a patient. Response options for the signs and symptoms were: not at all characteristic=1, very little characteristic=2, somewhat characteristic=3, considerably characteristic=4, very characteristic=5, and do not know if characteristic. Other questions asked whether additional language was needed for the definition, etiologies, and signs and symptoms and whether the language was clear and easy to understand. If wording was missing or unclear, an explanation was requested. Final questions inquired whether the diagnostic term was used in practice and, if not, reasons for any nonuse of the term. A 17-item demographic and practice questionnaire was included in the study. After approval was obtained for the study from the Institutional Review Board, the NDVI and demographic questionnaire were reviewed by two members of ADA’s NCP/SL Committee and minor adjustments were made to improve clarity.

### Expert Raters

To provide scientific rigor, experts were used for validating content of the term. CSGs, recognized for their expertise and skills in gerontological nutrition by their professional peers, were identified as experts in the diagnostic term in older adults, using the expert scale rating proposed by Fehring (9). A Commission on Dietetic Registration mailing list of CSGs was used to select six CSGs to pilot test the NDVI and demographic questionnaire. After modifying instruments to improve clarity and minimize response error, all CSGs (n=151) were invited to participate by mail using up to five contacts (32). Voluntary

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