

Construction and validation of educational material with preoperative guidelines for adult and elderly patients*Construcción y validación de material educativo con lineamientos preoperatorios para pacientes adultos y adultos mayores**Construção e validação de material educativo com orientações pré-operatórias para o paciente adulto e idoso***Aline Affonso Luna¹**

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Submission: 04-07-2022**Approval:** 05-31-2022**Abstract**

Nursing is essential in the preoperative period, as an ally to reduce anxiety through therapeutic communication, establishing a therapeutic relationship and seeking to provide information and knowledge to this patient. The present study aimed to build and validate educational material on the main nursing guidelines in the preoperative period for adult and elderly surgical patients. This is a methodological study developed in two stages: construction of educational material and validation by judges. The construction involved a literature review. Validation was performed by nine judges, selected by searching the lattes platform and snowball sampling. An agreement of at least 0.80 was considered, analyzed by the content validity index. Regarding the objective of the material, a content validity index of 0.82 was obtained; in relation to structure/presentation 0.9; with respect to relevance 1.0. The suggestions made by the judges were accepted for the final version of the material. The material is valid to be used in the context of the preoperative period, aiming to contribute to the nursing guidance to adult and elderly patients.

Descriptors: Preoperative Care; Preoperative Period; Perioperative Nursing; Educational Technology; Validation Study.

Resumen

La enfermería es fundamental en el preoperatorio, como aliada para disminuir la ansiedad a través de la comunicación terapéutica, estableciendo una relación terapéutica y buscando brindar información y conocimiento a este paciente. El presente estudio tuvo como objetivo construir y validar material educativo sobre las principales directrices de enfermería en el preoperatorio de pacientes quirúrgicos adultos y ancianos. Se trata de un estudio metodológico desarrollado en dos etapas: construcción del material didáctico y validación por jueces. La construcción implicó una revisión de la literatura. La validación fue realizada por nueve jueces, seleccionados mediante búsqueda en la plataforma de café con leche y muestreo de bola de nieve. Se consideró una concordancia de al menos 0,80, analizada por el índice de validez de contenido. En cuanto al objetivo del material se obtuvo un índice de validez de contenido de 0.82; en relación a la estructura/presentación 0,9; con respecto a la relevancia 1.0. Las sugerencias hechas por los jueces fueron aceptadas para la versión final del material. El material es válido para ser utilizado en el contexto del preoperatorio, con el objetivo de contribuir a la orientación de enfermería a pacientes adultos y ancianos.

Descriptores: Cuidados Preoperatorios; Periodo Preoperatorio; Enfermería Perioperatoria; Tecnología Educativa; Estudio de Validación.

Resumo

A enfermagem é essencial no período pré-operatório, como aliada para reduzir a ansiedade através da comunicação terapêutica, estabelecendo uma relação terapêutica e buscando o fornecimento de informações e conhecimento para esse paciente. O presente estudo teve como objetivo construir e validar material educativo sobre as principais orientações de enfermagem no período pré-operatório para pacientes cirúrgicos adultos e idosos. Trata-se de um estudo metodológico desenvolvido em duas etapas: construção de material educativo e validação por juízes. A construção envolveu revisão da literatura. A validação foi realizada por nove juízes, selecionados por busca na plataforma lattes e amostragem por bola de neve. Considerou-se concordância de no mínimo 0,80, analisado pelo índice de validade de conteúdo. Com relação ao objetivo do material, obteve-se índice de validade de conteúdo de 0,82; com relação à estrutura/apresentação 0,9; com relação a relevância 1,0. As sugestões realizadas pelos juízes foram acatadas para a versão final do material. O material é válido a ser utilizado no contexto do período pré-operatório, visando contribuir na orientação de enfermagem aos pacientes adultos e idosos.

Descriptores: Cuidados Pré-Operatórios; Período Pré-Operatório; Enfermagem Perioperatória; Tecnologia Educativa; Estudo de Validação.



Introduction

Being submitted to a surgical procedure is an experience that generates anxiety for patients, regardless of the size and type of surgery. Some aspects about the surgery itself, such as anesthesia, recovery period and the necessary adaptations, in the day-to-day after hospital discharge, can be reasons of concern for the patient, in different degrees, during the phases of the perioperative period. This anxiety condition can generate physiological, psychological, spiritual and social reactions¹.

A recent study identified preoperative anxiety as a predictive factor of postoperative pain, identifying the need to develop interventions to reduce this anxiety condition². Among the triggers of anxiety are the unknown environment, separation from the family, unwanted diagnostic results, loss of identity while hospitalized, uncertainty about postoperative recovery and a feeling that events are out of their control³.

The absence of explanations about the risks involved in the surgery, the necessary restrictions, information about the procedure to which they will be submitted, or the lack of opportunity to ask questions and clear up their doubts, aggravate the emotional condition and may affect the patient's clinical condition. On the other hand, clarification reduces anxiety and contributes to good responses during surgery⁴.

It is essential that the health team identify the vulnerabilities of patients and know how to intervene, being prepared in the face of these situations. Nursing is essential in the preoperative period, as an ally to reduce anxiety through communication, establishing a therapeutic relationship providing information and knowledge to these patients⁵.

Among the duties of a nurse, there is the performance of health education activities, of an individual or collective nature⁶. There are several strategies to promote knowledge, and the use of educational materials can be a good resource for use with patients who will undergo an anesthetic-surgical procedure. These enhance the intervention, and in this context they are useful, as they can be consulted at any time by the patient or even by the family member⁷.

Reducing anxiety is one of the goals of preoperative nursing care, which must be achieved by seeking to reassure patients about the procedure and risks to which they may be exposed⁵. Among the effects of this anxiety, there are changes in the parameters of vital signs, considering the elevation of blood pressure, dry mouth, sweating, palpitations, chills, vomiting, and increased respiratory and heart rate. Despite being of a psychological nature, the aforementioned changes, the anxiety condition can be the cause of the cancellation or suspension of the surgical procedure, which, in turn, can generate greater anxiety and become a vicious cycle^{8,9}.

In addition, one of the causes of surgical cancellations is the patient's failure to follow preoperative guidelines⁹. With this in mind, and considering that the main triggering factor of anxiety is the lack of knowledge about the procedures to which the patient will undergo, the

importance of proper guidance to the patient in the preoperative period is justified.

It is possible to promote the emotional preparation of the patient, by guiding him on the anesthetic-surgical procedure, solving the removal of doubts and the assimilation of what was transmitted. The greater the degree of understanding of the patient about the procedure to which he will be submitted, the lower his anxiety regarding the surgical intervention, providing a successful recovery¹⁰. The ideal time to practice this teaching and seek to minimize these effects of anxiety is in the preoperative period, as it is the period that allows the identification of the physical and psychological needs of the patient, allowing the planning of care and preventing postoperative complications¹¹.

Preoperative guidance should allow the clarification of doubts of patients and family members, and should include guidelines on: fasting, medication, installation of serum therapy, stress reduction, smoking cessation, trichotomy at the ideal time, selection of antibiotic prophylaxis, preoperative bath, explanation about surgery, care of the surgical wound and signs of infection, hygienic care, early ambulation, return to daily activities and outpatient follow-up. Possible consequences or limitations/restrictions may exist during and after surgery, such as reactions to anesthesia, need for mechanical ventilation, use of tubes, probes, catheters, cardiac monitoring, practice of breathing exercises, occurrence of pain, administration of drugs and solutions, referral to post-anesthesia care unit, intensive care units, and inpatient after the procedure^{8,11-14}.

At this time, it is important for nurses to promote patient participation in their own safety¹², demonstrating how he can actively contribute to his postoperative recovery¹⁵. It is essential to know the profile of patients for the application of individualized and priority health education strategies based on their needs. It is expected that the guidelines follow a logical sequence to facilitate understanding of what the patient wants and needs to know⁸. This process should encompass the participation of the individual, family and professional, not limited to the act of teaching, but making the patient responsible for the practice of their own care¹¹. Orientation can be carried out in different ways, the interactive methods of health education with the development of materials are recognized as productive in the teaching-learning process¹⁰. Using materials in this process contributes to the understanding and understanding of care, as it induces motivation, curiosity, and encourages participation. These resources must be used in a complementary way, helping to provide these guidelines for optimizing the work¹².

The guiding question was: Is the educational material with nursing guidelines for adult and elderly patients during the preoperative period considered valid by judges? Considering the aforementioned, the study aims to build and validate an educational material on the main nursing guidelines, in the preoperative period, for adult and elderly surgical patients.



Methodology

This is a methodological study, developed in two stages: construction of educational material and validation of educational material with judges.

For the construction of the educational material, a literature review was carried out in the Virtual Health Library (VHL), in the databases: Latin American and Caribbean Literature on Health Sciences (LILACS) and Medical Literature Analysis and Retrieval System Online (MEDLINE). Descriptors in Health Sciences (DeCS) were used as a search strategy, namely: preoperative care, preoperative period and perioperative nursing, using the Boolean operator "AND". As inclusion criteria, publications between 2016 and 2020, in Portuguese, available in full in article format were considered. The exclusion criteria adopted were: topics not related to adults or the elderly, publications in the format of course conclusion works (monographs, theses and dissertations) and editorials.

Based on the adopted strategy, 1,156 publications were found which, after applying the inclusion and exclusion criteria, comprised 14 studies. Thus, the findings were gathered and categorized to support the content of the educational material.

The design and diagramming work was developed using Canva® software and carried out by one of the researchers.

For the validation of educational material, it is necessary to evaluate it by expert judges in the area of surgical nursing. Initially, the judges were selected from a search on the Lattes Platform. Then, snowball sampling was used; thus, when contacting a judge identified on the Platform, he was asked to suggest other possible participants¹⁶.

Authors consider that five to ten judges should be consulted¹⁷, but there is no consensus in the literature regarding the number of judges needed to validate educational material. In this research, we chose to adopt an odd number of judges to avoid equality of opposing answers.

To participate in the research, the adapted Fehring criteria were considered¹⁸: have a thesis, dissertation or monograph specializing in the surgical area; participate in a research group/project in the surgical area for at least 2 years; have teaching experience in the surgical area or practical experience in the surgical area for at least 2 years.

The judges were contacted by e-mail through an invitation letter to participate in the research, containing the study objectives and guidelines for participation. It should be noted that three contacts were made via email within a 15-day interval, so those judges who did not respond within that period were not considered. Those who agreed to participate were sent the Free and Informed Consent Form (ICF) for signature and the link to access the electronic evaluation form – characterization instrument, educational material and evaluation instrument.

The characterization instrument presented information related to the profile of the judges, with questions related to training and professional trajectory.

The educational material evaluation instrument consisted of 16 items distributed in three aspects (1. Objectives; 2. Structure and Presentation; 3. Relevance). It was based on the criteria of a previous study on the validation of educational technologies in health¹⁸. Thus, to assess relevance and representativeness, the following possible answers were considered: 1 = Totally Disagree (DT), 2 = Disagree (D), 3 = Agree (C), 4 = Totally Agree (CT).

The collected data were tabulated using Excel® spreadsheets, and later, organized in the form of charts and tables.

To validate the educational material, based on the judges' answers, the Content Validity Index (CVI) was calculated. This method allows analyzing each item individually and the material as a whole. The index is calculated as the sum of "3" and "4" responses divided by the total number of responses. For the educational material to be considered valid, the items that make up the assessment instrument must have an agreement index greater than or equal to 0.8¹⁵. If the concordance index is not reached, the material is not considered valid and needs to be revised.

The research project was submitted to the Research Ethics Committee (CEP) of the Federal University of the State of Rio de Janeiro (UNIRIO) and approved under opinion 4,613,907, respecting the premises of Resolution No. 466/2012 which deals with research that involve human beings. It is still important to inform that this study is linked to the Extension Project "Preoperative guidelines for adults and elderly people" of the Federal University of the State of Rio de Janeiro (UNIRIO).

Results and Discussion

For the construction of the educational material, a literature review was carried out, which selected 14 articles. Of these, three were published in 2016, two in 2017, three in 2018, one in 2019 and five in 2020.

The main guidelines found in these articles were related to the emotional preparation of the patient, transmission of information related to the surgery or health problem, patient positioning, and preoperative fasting.

From this bibliographic survey and the complementation of information from books and printed texts, the educational material was developed. This one was prepared in the format of a folder, with a layout on craft paper with two folds, using as dimensions: 29.7 centimeters in width and 21 centimeters in height.

The characterization of the 9 judges who participated in the validation is detailed in Table 1.

Regarding the validation, it is identified that in the relevance of the educational material, there was total agreement between the judges, using the CVI of 1.0. In the objectives, a borderline CVI of 0.82 was obtained and in the structure/presentation, 0.9 was obtained (Table 2).



Table 1. Characterization of the judges. Rio de Janeiro, RJ, Brazil, 2021

Variables	N	%
Education area		
Nursing	9	100
Higher level of education		
Specialization	1	11,1
Master's degree	2	22,2
Doctorate degree	5	55,6
Post doctoral	1	11,1
Specialization in the surgical field		
Yes	6	66,7
No	3	33,3
Surgical care experience		
Yes	9	100
No	0	-
Time of experience in assistance in the surgical área		
Less than 2 years	0	-
2 to 7 years	1	11,1%
8 to 13 years	5	55,6%
14 to 19 years	1	11,1%
20 years or more	2	22,2%
Teaching experience in the surgical field		
Yes	6	66,7
No	3	33,3
Time of teaching experience in the surgical area		
Less than 2 years	1	16,7
2 to 7 years	1	16,7
8 to 13 years	0	-
14 to 19 years	2	33,3
20 years or more	2	33,3

Table 2. Distribution of responses on each aspect of the educational material evaluation form. Rio de Janeiro, RJ, Brazil, 2021

ASPECT AND QUESTIONS	1	2	3	4	IVC
Objectives					
The information/contents are suitable for preoperative guidance of adult and elderly patients	0	0	5	4	0,82
The information presented is scientifically correct.	0	1	4	4	
The folder addresses possible clarification/orientation situations that may be necessary for patients in the preoperative period.	0	3	3	2	
The material is appropriate for the different sociocultural levels of patients in the preoperative period	0	2	3	4	
Structure/Presentation					
Messages are presented in clear and objective language	0	2	2	5	0,9
There is a logical sequence of proposed content	0	0	4	5	
Information is well structured in concordance and spelling	0	0	2	7	
Font size and font make reading easier	0	1	6	2	
Colors and layout make it easy to read	0	0	4	5	
The illustrations are expressive and match the content	0	1	4	4	
The illustrations are in sufficient quantity.	0	2	2	5	
The reader is encouraged to continue reading through the content	0	1	2	6	
The number of pages is adequate	0	1	2	6	
Relevance					
The folder is relevant for circulation in the scientific environment of the area	0	0	5	4	1,0
The folder proposes the construction of knowledge	0	0	3	6	
The information/content is consistent with the main needs for guidance/clarification for patients in the preoperative period	0	0	4	5	

Note: 1 = Strongly disagree; 2 = Disagree; 3 = Agree; 4 = Totally agree.

In the global assessment, the material presented a CVI of 0.9, which is higher than what is considered acceptable.

Therefore, the material was considered valid since for this study a value of 0.8 was determined.

The judges made suggestions regarding the use of the educational material, referring that the patient's contact with the material must be subsequent or concomitant with the verbal guidance, so that the information is transmitted clearly. A suggestion related to a cautious approach to smoking and alcoholic beverages is also highlighted, since there are often failures in the orientation process in the

mediate period and withdrawing cigarettes close to surgery can impact the intensification of preoperative anxiety.

Regarding the text of the educational material, it was suggested to make it clear that the consent form must be signed after understanding the information transmitted, insert synthetic hair implants, dental prostheses and nails of different materials in the item adornments, specify at what time the hair should be dry and change the word "walk". Therefore, the text "must be signed" was replaced by "read carefully and sign". The text "Adornments must be removed. Enamel and makeup are also not allowed" was replaced by "Adornments of all kinds, such as piercings, earrings, necklaces, synthetic hair implants must be removed. False



nails, nail polish and makeup are also not allowed.” The text “hair must be dry” was replaced by “hair must be dry on the day of surgery”. The text “Early postoperative ambulation” was replaced by “Walk as early as possible postoperatively”.

The final version of the educational material is shown in Figures 1 and 2.

Figure 1. Cover and back of the final version of the folder. Rio de Janeiro, RJ, Brazil, 2021

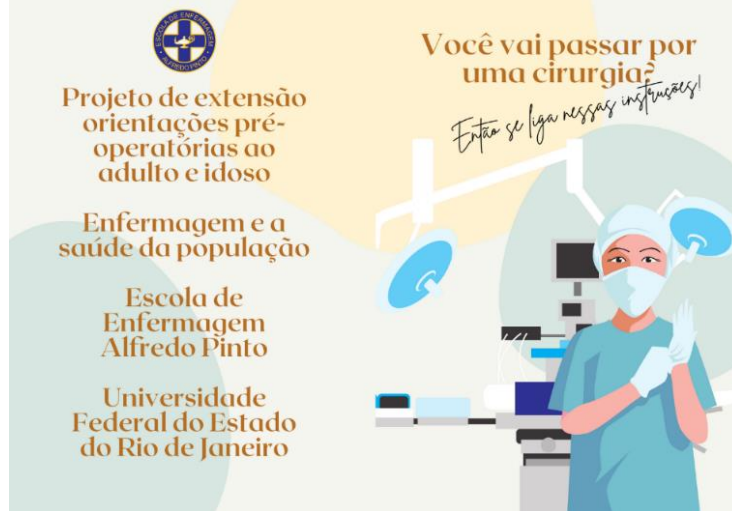
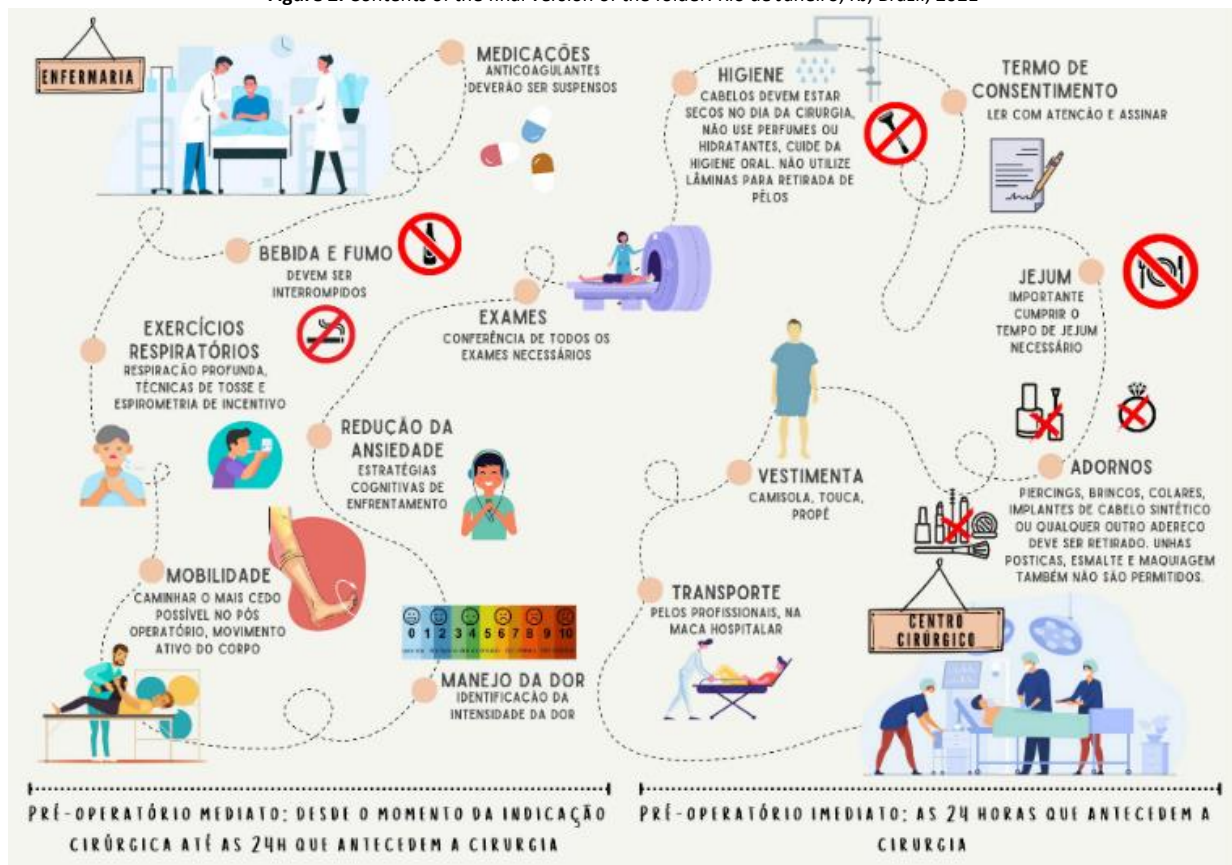


Figure 2. Contents of the final version of the folder. Rio de Janeiro, RJ, Brazil, 2021



The educational material developed was intended to assist during preoperative nursing guidance for adult and elderly patients. Through this guidance, we seek to build health knowledge in the target audience. As a result of this health education, greater autonomy is expected from patients with their own care, developing the ability to

challenge and question professionals and thus obtain attention according to their needs⁶.

Educational technologies are allies in this teaching-learning process, favoring the development of skills and also patient autonomy, increasing their safety in relation to their health treatment. Printed materials with textual content are widely used because they are low cost, are easily handled

and accessed, in addition to allowing the patient to consult them later or whenever they feel the need. In addition to these advantages, one can also mention the facilitated way of transmitting information, as they can be self-explanatory and do not require a professional present. As a disadvantage, the use of these written materials can limit the transmission of knowledge due to the need for reading, becoming ineffective for illiterate patients¹⁹.

Therefore, we sought to develop a material based on the most recent scientific literature, using easy-to-understand language and with illustrations that represent the same meaning as the written text, in order to contribute to understanding.

From this perspective, in the process of validating the folder with nursing guidelines for the preoperative period for adult and elderly patients, judges with experience in the surgical area were sought, making room for suggestions, so that the content of the material was adequate with the objective of really meeting the needs of these patients and professionals who experience this process on a daily basis.

All the judges consulted were nurses with care experience in the surgical area, and they contributed in different aspects, suggesting the replacement of difficult-to-understand terms and the addition of other terms for greater clarity of information. The characteristics of training and performance of the nurse, who assumes the role of educator, in addition to being the professional who is able to establish a bond with the patient, makes this professional suitable for validation processes of educational materials²⁰.

The evaluation of the judges and analysis of their agreement showed that the educational material consists of relevant content to achieve the proposed objectives, in addition to general organization, satisfactory layout and

structure, and a valid degree of relevance. In all three aspects evaluated, an agreement was obtained above the cut-off point of 0.8 defined previously, demonstrating that the educational material was validated in terms of objectives, structure/presentation and relevance.

The judges' observations and suggestions allow the emergence of different approaches on the topic addressed, and minimize the possibility that the topic is based only on the perception and interest of the researchers²¹. Therefore, after analyzing the judges' evaluation, changes were made to the text of the material according to the suggestions made. Even with the aspects considered valid, the re-elaboration allowed the improvement of the material.

As a limitation of this study, one can consider the non-validation by judges in the design area, nor by the target audience. Having completed the entire construction and validation process, the study does not end here. It is noteworthy that the folder must undergo continuous updates through scientific progress, and must also be evaluated and validated by the target audience, to which the educational material is intended, in order to identify the needs of this audience and verify that the material meets their demands.

Conclusion

The educational material was considered valid by professional judges in the surgical area. Therefore, it is a tool that can be used to promote the teaching of the target audience, adults and elderly people in the preoperative period, facilitating the preoperative guidelines carried out by nursing.

By presenting easy-to-understand language and illustrations that facilitate understanding, it is expected that the material will be a differential in guiding patients during the preoperative period.

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