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RESEARCH ARTICLE (ORIGINAL)

Nurses' responsibilities in institutional foster care settings for children and adolescents: A Delphi study

Atribuições do enfermeiro em serviço de acolhimento institucional de crianças e adolescentes: Um estudo Delphi

Atribuciones del enfermero en los servicios de acogimiento institucional a niños y adolescentes: Un estudio Delphi

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Abstract

Background: Institutional foster care is a protective strategy for children/adolescents at risk in which nurses are responsible for health education, health promotion, and health care.

Objective: To validate a protocol of nurses' responsibilities in institutional foster care settings for children and adolescents.

Methodology: Delphi study with two rounds for validation of the protocol that was built after a literature review and field research. A Delphi survey was used to validate the protocol by 12 international experts with experience in clinical practice, teaching, and research. The minimum agreement rate of 80% was considered. The modified Guidance on Conducting and REporting DElphi studies (CREDES) was used.

Results: The protocol was validated, with an agreement rate of 90% in the second round, after expert consensus on the items related to the managerial, care, educational, and sociopolitical categories of nurses' responsibilities.

Conclusion: The protocol had content and face validity and will be used to define nurses' responsibilities in institutional foster care settings for children/adolescents.

Keywords: validation studies; nursing; child, foster; child; adolescent; Delphi technique

Resumo

Enquadramento: O acolhimento institucional é uma estratégia protetora para crianças/adolescentes em situação de risco na qual a educação, promoção e cuidados de saúde são da responsabilidade do enfermeiro.

Objetivo: Validar um protocolo de atribuições do enfermeiro em serviço de acolhimento institucional de crianças e adolescentes.

Metodologia: Estudo de Delphi com duas rondas para validação de protocolo construído após revisão de literatura e pesquisa de campo. Utilizou-se um inquérito Delphi para validar o protocolo, por 12 peritos internacionais, com experiência assistencial, na docência e investigação. Considerou-se o índice de concordância mínimo de 80%. Foi utilizada a recomendação modificada para a condução e elaboração de relatórios dos estudos Delphi (CREDES).

Resultados: O protocolo foi validado com um índice de concordância de 90% na segunda ronda, após convergência entre os peritos quanto aos itens que constituem as atribuições dos enfermeiros categorizadas em "gerenciais", "assistenciais", "educativas" e "socio-políticas".

Conclusão: O protocolo foi considerado válido em conteúdo e aparência, e servirá para subsidiar as atribuições do(a) enfermeiro(a) em serviços de acolhimento institucional de crianças/adolescentes.

Palavras-chave: estudos de validação; enfermagem; crianças em regime de acolhimento; criança; adolescente; técnica Delfos

Resumen

Marco contextual: El acogimiento institucional es una estrategia de protección para los niños/adolescentes en situación de riesgo en la que la educación, la promoción y el cuidado de la salud son responsabilidad del enfermero.

Objetivo: Validar un protocolo de atribuciones del enfermero en el servicio de acogimiento institucional a niños y adolescentes.

Metodología: Estudio Delphi con dos rondas para la validación de un protocolo construido tras la revisión de la literatura y la investigación de campo. Se utilizó una encuesta Delphi para validar el protocolo por parte de 12 expertos internacionales con experiencia en asistencia, docencia e investigación. Se consideró el índice de concordancia mínimo de 80%. Se utilizó la recomendación modificada para conducir y elaborar informes de los estudios Delphi (CREDES).

Resultados: El protocolo fue validado con un índice de concordancia del 90% en la segunda ronda, tras la convergencia entre los expertos en cuanto a los ítems que constituyen las atribuciones de los enfermeros categorizadas en "directivas", "asistenciales", "educativas" y "sociopolíticas".

Conclusión: El protocolo se consideró válido en cuanto a su contenido y apariencia, y servirá para subsidiar las atribuciones de los enfermeros en los servicios de acogimiento institucional de niños y adolescentes.

Palabras clave: estudios de validación; enfermería; niños acogidos; niño; adolescente; técnica Delfos

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Introduction

Nurses have gradually expanded their professional scope of action. In its social dimension, nursing care is delivered in different areas, spaces, and environments where people move around. One of the areas of professional nursing activity is the institutional foster care facilities (Serviços de Acolhimento Institutional) for children/adolescents (Hueb, 2016). Institutional foster care is provided for in Law No. 12.010/2009 (Presidência da República, 2009) and described in Article 101 of the Brazilian Child and Adolescent Statute (*Estatuto da Criança e do Adolescente*, ECA) as a protective, temporary, and exceptional strategy for children/adolescents at risk.

Institutional foster care facilities are intended for children and adolescents of both sexes up to the age of 18, children with disabilities, and children removed from their families because they are temporarily unable to provide care and protection. Characterized as a complex social protection service, foster care aims at protective and care measures for children/adolescents and their families. These facilities should offer individualized, high-quality care to mitigate children and adolescents' separation from their families and promote their autonomy (Paiva et al., 2019). In this process, caregivers should also receive help from a support network to ensure unique and multidimensional care (Çatay & Koloğlugil, 2017).

Social workers are responsible for welcoming these children/adolescents into the institutions, while nurses are responsible for health education, health promotion, and health care. In addition to these responsibilities, nurses perform other managerial, care, social, and political activities that are not limited to traditional spaces and/or specific and linear practices (Salomão et al., 2016). Nursing is a socially relevant profession in several areas, capable of producing health actions through its own knowledge, collaborating with other members of the multi-professional health team (Ferreira et al., 2018; Salomão et al., 2016). Although the need for a nurse in an institutional foster care unit is recognized, the legitimization of the differentiation of nurses' responsibilities still requires technical-scientific validations that promote their legal and social recognition, which is still incipient in Brazil. In view of the above, this study aimed to validate a protocol of nurses' responsibilities in institutional foster care facilities for children and adolescents.

Background

Institutional foster care facilities are complex due to their mission of dealing with family and social adversities. Nevertheless, institutional foster care for children and adolescents is a priority of the National Agenda for Health Priorities in its item 7 - Child and Adolescent Health.

In this context, only a complex framework can grasp both the singularities and the multiple dimensions of institutionalized children and adolescents based on their personal, family, and social life history that goes beyond any possibility of single-factor thinking. In addition to a public policy that includes the social support network, the institutional foster care unit houses unique life stories that must be apprehended and understood in their individuality and complexity. Under this approach, foster care is even more complex given that families' vulnerability, which often leads to foster care, is not overcome in the short term (Paiva et al., 2019).

In this investigative process, complexity thinking allows broadening disciplinary horizons and discussing nurses' responsibilities beyond their disciplinary area and restricted professional area. Nurses must be able to contextualize and understand their reality from a holistic and less fragmented perspective since complexity goes beyond isolated actions and embraces an individual and multidimensional knowledge of the individual. Thinking about Nursing within the dialectics of complex thinking implies recognizing the individual - institutionalized children and adolescents - in their social, cultural, and political dimensions to promote their autonomy (Morin, 2015). From this perspective, nursing care is perceived in an expanded and systemic way, that is, it holds both the order imposed by society and the lack of order arising from the social context, such as the adversities related to children and adolescents. In particular, a study previously conducted with nurses points out the importance of their role in the attention to, diagnosis, and early recognition of violence against children/adolescents. Nurses in an institutional foster care unit must have sensitivity and perception, as well as know to listen, observe, investigate, and promote proactive practices for health promotion and violence prevention (Gabatz et al., 2019). In this context, the delivery of care to children and adolescents in institutional foster care facilities goes beyond the daily routine of feeding, hygiene, bathing, dressing, going to school, medication, among other specific aspects of caring for children and adolescents. Based on this approach, care involves singular, multidimensional, and multi-professional practices, capable of going beyond traditional reductionism, as Morin (2015) advocated.

Although recognizing nurses' responsibilities in an institutional foster care unit, this process still lacks technical-scientific validations that demonstrate their legal and social recognition. Considering that the manual *Orientações técnicas: serviços de acolhimento para crianças e adolescentes* (Technical guidance: foster care facilities for children and adolescents; Conselho Nacional dos Direitos da Criança e do Adolescente, 2009) does not foresee the integration of nurses into the technical team of the institutional foster care unit, this study aimed to validate a protocol of nurses' responsibilities in institutional foster care facilities for children and adolescents.

Research question

Is there empirical support, using experts, to validate a protocol of nurses' responsibilities in institutional foster care facilities for children and adolescents?

Methodology

This study has a methodological and developmental approach. The instrument on nurses' responsibilities in an institutional foster care unit for children/adolescents

was developed in a previous study. The items were built based on a literature review of national and international publications, protocols, guidelines, and technical manuals for foster care institutions. This previous study resulted in the development of an instrument divided into four dimensions and its items, whose validation is the object of analysis in this study.

Thus, a Delphi study was conducted involving 12 experts with experience in clinical practice, teaching, and research. The sample consisted of 12 experts in round 1 and 10 experts in round 2. The experts invited to participate as panel members came from different Brazilian states, Portugal, and Colombia and were selected from national and international scientific publications in the area. They were contacted via the primary author's e-mail address. The following inclusion criteria were considered: having publications in the area under study, working in foster care institutions, or being teachers in child and adolescent health, and agreeing to participate in the study. The invitation letter was sent by e-mail and included the

analysis matrix, the study's objective and methodology, a description of the protocol, and the reason for choosing them as experts.

The Delphi technique is used when the available knowledge is incomplete or subject to uncertainty and other methods that provide higher levels of evidence cannot be used. It is based on the assumption that a group of experts and the multitude of associated perspectives will produce a more valid result than an individual expert's judgment, even if that expert is the best in his or her field (Niederberger & Spranger, 2020). The modified Guidance on Conducting and REporting DElphi studies (CREDES) was used as a guide for the reporting of this study (Jünger et al., 2017).

Content validity of an instrument refers to the degree to which experts agree on certain aspects of the instrument and its items (Rodrigues, 2016). In this study, the percentage of agreement method was used to calculate the percentage of agreement between the experts through the following formula:

$$\% \text{ of agreement} = \frac{\text{number of participants who agreed}}{\text{total number of participants}} \times 100$$

This calculation provides information in the initial phase to help define the items. In data analysis, based on the experts' assessment, an agreement rate of 80% in the answers was considered, which is in line with studies that have been successful using this methodological approach (Alexandre & Coluci, 2011).

Content validity refers to the judgment of experts in the area who analyzed the content's adequacy through a qualitative analysis of the items. Face validity, on the other hand, is related to the clarity of the content and how it is understood by the target audience (Crestani et al., 2017). Inter-rater reliability (IRR) was used to identify the level of agreement among experts during the analysis of the answers. It allowed analyzing each particular item and, consequently, the protocol as a whole. An expert agreement rate above 80% was one of the criteria for deciding on the relevance of the item to which it theoretically referred. Questions that do not reach an agreement rate of 80% should be described, analyzed, and discussed in the course of the work (Villiers et al., 2005). All items were validated with a percentage agreement above 80%. In Round 2, after the experts' suggestions were analyzed and discussed, all rated items scored 4 or 5. No analyzed item scored lower than 4. The Mann-Whitney test was used to examine the differences between Delphi rounds 1 and 2 ($p > 0.05$).

The following aspects were used as additional criteria for

the final protocol review: item redundancy; balance between the items with convergent and/or divergent statements in each dimension; frequency of expert suggestions and recommendations for each item; consistency between the item and the working conditions related to the area under analysis (Alexandre & Coluci, 2011).

The experts rated each of the 26 items of the four dimensions using the following Likert-type scale: (1) Not important; (2) Not very important; (3) Relatively important; (4) Important; (5) Very important. The agreement rate was calculated by adding the level of agreement of the items rated "4" or "5" by the experts (considered as relevant) and dividing them by the total number of answers (Alexandre & Coluci, 2011).

Thus, content and face validity were assessed for each protocol item. There was a specific section in each dimension where the experts could suggest any changes.

The validation process occurred in 2017 through a Delphi conference in two rounds (Figure 1).

The experts were given 10 days to provide their initial instrument appraisal. Ten of the 12 experts returned the completed instrument by this deadline, which is a sufficient number according to the recommendations of Alexandre and Coluci (2011). The experts were all women with an average of 10 years of experience in child and adolescent health.

Figure 1

Delphi diagram to reach agreement
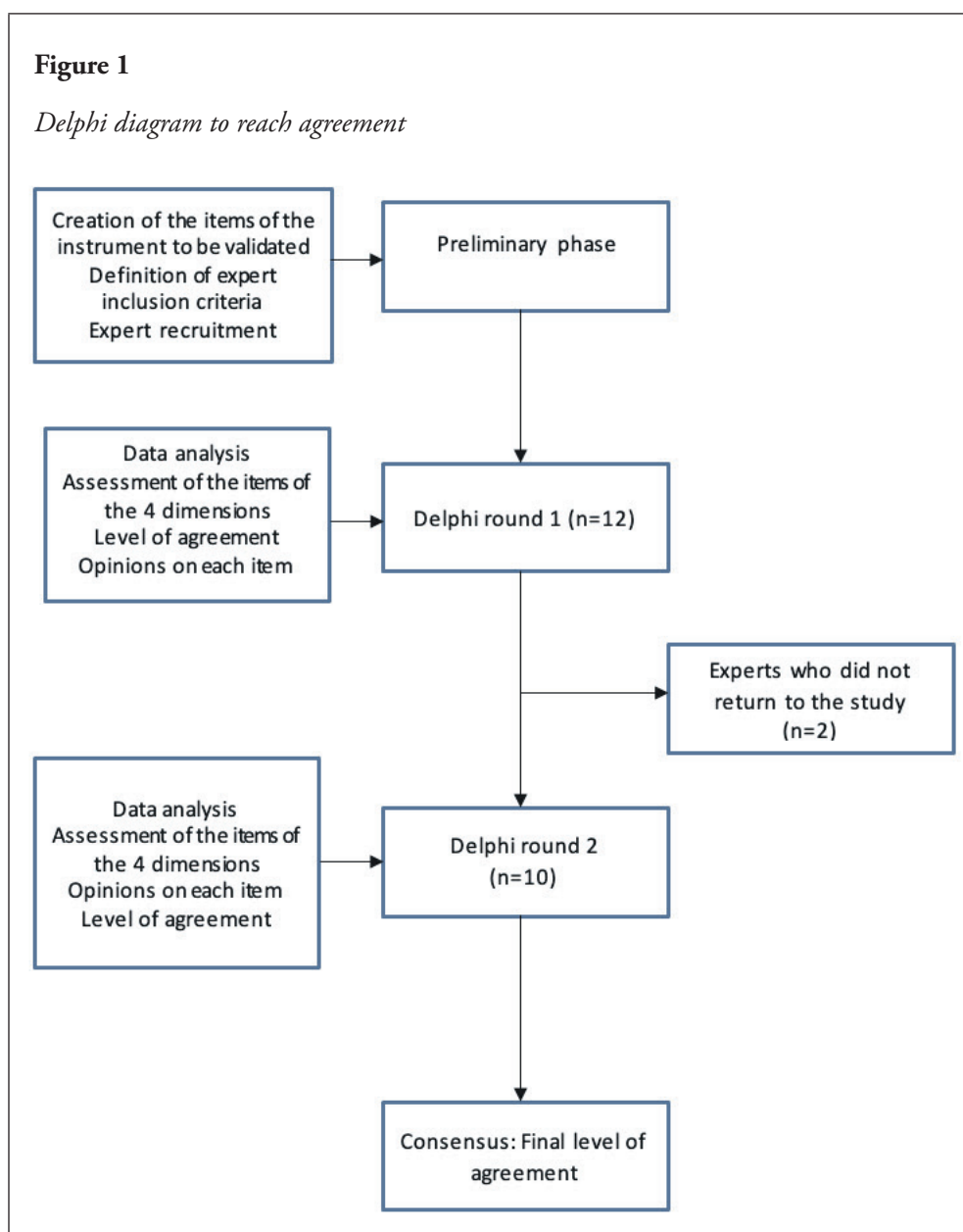
The project was approved by the Research Ethics Committee of the Franciscan University Center, Brazil, under number 1.853.137/2017, in compliance with Resolution 466/2012 of the National Health Council.

Results

Concerning the experts' analysis, 10 assessed instruments were returned in the first Delphi round. After the suggested changes were made, the instrument was sent again to the experts. In the second Delphi round with the 10 experts to reassess the suggested changes, they agreed with the managerial, care, educational, and sociopolitical responsibilities but diverged in the chronological order of the items, the use of some expressions, and the integration of dimensions.
After this process, changes were made to the instrument to include the experts' suggestions, taking into account the scores of 4 and 5 on the Likert-type scale. In the first Delphi round, the seven-item managerial responsibilities dimension had an expert agreement rate of 90%. Five experts made the following suggestions: transferring an item from the managerial dimension to the sociopolitical dimension and creating a table that demonstrated the nurse's professional exercise. One of the international experts suggested changing the expression "daily roster" (*escala de serviço diário*) to "work roster" (*escala de trabalho*). Only one expert rated item "d" a 4 on the Likert-type scale, without presenting any suggestions or comments. In the six-item care responsibilities dimension, despite the 100% agreement rate, an expert suggested including the expression "identify the health care needs based on Nursing Care Systematization" (*identificar as necessidades de cuidado em saúde a partir da Sistematização da Assistência em Enfermagem*) in item "a", another expert recommended including the expression "family and/or guardians" (*família e/ou responsáveis*) in item "b", and another expert suggested changing the expression "body hygiene" (*higiene corporal*) to "comprehensive care" (*cuidado integral*).

The five-item dimension related to educational responsibilities obtained an agreement rate of 80%. Two experts suggested adding the involvement of the child/adolescent and family in care in item "b". The eight-item sociopolitical responsibilities dimension obtained an agreement rate of 100%. One expert recommended including the expression "care network" (*rede de atenção*) in item "a" and the term "family" (*família*) in item "e". One expert suggested that the 26 items should be organized in alphabetical order within each of the four dimensions. In the second Delphi round, following the experts' suggestions and comments, a 100% expert agreement rate was obtained considering the Likert scores 4 to 5. The protocol reached a 90% agreement rate among the experts. Thus, given that the level of agreement adopted in this study was 80%, the protocol was validated in the first Delphi round. Figure 2 shows the validated protocol of nurses' responsibilities in an institutional foster care unit for children/adolescents.

Figure 2

Protocol of nurses' responsibilities in an institutional foster care unit for children/adolescents, validated by experts in Pediatrics, with a national and international scope, 2018

Discussion

Instrument validation studies are essential to achieve an evidence-based practice and promote the quality of care and the visibility of nurses' professional practice (Crestani et al., 2017). Content validity is the type of validation used in this study where experts assessed and rated the protocol developed using the Delphi technique.
The Delphi technique has been increasingly used to build and adapt instruments as it is characterized by flexibility and allows for several phases, from questioning to assessment, followed by improvement changes until expert consensus on its content is reached (Alpirez et al., 2018; Niederberger & Spranger, 2020). The experts' assessment of the protocol was of great importance for its analysis and validation. It was also crucial to evaluate its content based on theoretical-methodological references of the area, as recommended by Gabatz et al. (2019). According to Coluci et al. (2015), it was essential to investigate the national and international literature, which contributed to explore and extend the theoretical basis.
Concerning the experts' answers regarding the agreement and representativeness of the items and the set of items of each dimension, most of them obtained an agreement rate above 80%. The protocol also reached an agreement rate of 90%, which, according to Alexandre and Coluci (2011), means that its content is adequate to what it proposes to assess. Although these levels of agreement indicate the content is valid, the experts' suggestions were included, and the protocol items were readjusted. According to Vieira et al. (2016), the adequate response and return rate in the Delphi rounds (in this study, 90% in the second round) reinforced the validation process. The timely use of the Likert-type scale for assessing and validating the protocol's dimensions and items should also be highlighted. Concerning the protocol return time, it was slow in the first round and an agile, fast process in the second round, reflecting the commitment of the

experts who remained in the study. Interfering in the work process, through the proposal of new technologies to manage and intervene in health, was a commitment for all health professionals. From the perspective of Villiers et al. (2005), this validated protocol constitutes a prospective strategy to intervene in a broadened, proactive, and integrative way in the organization and work process of institutional foster care facilities. In these facilities, each member of the technical team should be aware of his/her duties and responsibilities towards institutionalized children/adolescents.

Souza et al. (2019) highlighted, in this process, the importance of nurses' responsibilities in an institutional foster care unit for children/adolescents. These responsibilities stand out for their unique ability to apprehend the human being and the small or big events of everyday life, in an understanding of comprehensiveness through their own attitudes and interactive actions.

Besides the aspects mentioned above, this protocol demonstrated the importance of reflecting on nurses' responsibilities in an institutional foster care unit for children/adolescents. In view of this process, nursing professionals should be able to deliver proper care and interventions given that their focus, as recommended by Gabatz et al. (2019), links comprehensive and direct care to the health of institutionalized children/adolescents.

The experts' validation of the protocol shows that nurses' responsibilities in an institutional foster care unit for children/adolescents can extrapolate the traditional settings of intervention. Therefore, it is evident that nurses' responsibilities go beyond one-off, linear care and reach complex and systemic care, recognizing the whole in the parts and the parts in the whole (Morin, 2015).

Nursing has achieved several performance milestones, both nationally and internationally. As advocated by Moreno et al. (2015), nurses have proven to be proactive and entrepreneurial professionals when it comes to identifying health needs, as well as determined professionals when it comes to the measures for caring for and protecting children/adolescents.

Despite the high expert response rate in both rounds, the total number of experts included in the study is small, thus limiting the diversity of answers that could have been obtained and constituting a limitation of this study.

Conclusion

In the second Delphi round, the agreement rate was 90% for the items in the "managerial", "care", "educational", and "sociopolitical" categories of the responsibilities of nurses working in institutional foster care facilities for children/adolescents.

The protocol was considered valid in both content and appearance. Additionally, it can contribute to defining nurses' responsibilities in institutional foster care facilities for children/adolescents. The contributions of the several experts were essential to ensure the protocol's quality and reliability.

The Delphi technique proved adequate to this study and

enabled the participation of highly qualified professionals. The authors suggest further developing and validating this protocol and others by nurses working in institutional foster care facilities for children/adolescents to guarantee the breadth and depth of the theoretical-practical process. The authors decided to validate the previously developed protocol because they are unaware of a protocol for nurses working in institutional foster care facilities for children/adolescents. The protocol will be used to empower the nursing professionals who provide direct or indirect care to institutionalized children/adolescents and contribute to improving care delivery in institutional foster care facilities.

Author contributions

Conceptualization: Vasconcelos, J., Backes, D. S.
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