Translation and validation into Brazilian Portuguese and assessment of the COREQ checklist

Tradução e validação para a língua portuguesa e avaliação do guia COREQ

Traducción y validación al idioma portugués y evaluación de la guía COREQ

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Abstract

Objective: To translate and validate the Consolidated Criteria for Reporting Qualitative Research (COREQ) into Brazilian Portuguese and verify the impact of the authors' recommendation to use COREQ in articles published in a scientific journal of nursing.

Methods: This is a methodological and descriptive study. In the first stage, a protocol for translating instruments was adopted; then, COREQ in Brazilian Portuguese was applied to analyze the quality of published articles, in a scientific journal, two years before and two years after the adoption of COREQ by the journal.

Results: In the first phase, the 32 items of COREQ were translated and validated by three judges by using the Delphi Technique, with a 99% agreement among judges. In the second phase, 77 qualitative articles with were assessed, with 25 articles published between 2014-2015 (before the adoption of COREQ by the journal) and 52 articles between 2016-2017 (after the adoption of COREQ). There was a statistically significant difference before and after the adoption of COREQ between five items: Identification of the authors who conducted the research; Presentation of the activity/occupation of authors; Information about the time spent to conduct the interviews; Information on returning interviews to participants for comments and/or correction; and Presentation of the coding tree description. Median attendance for the 32 items reached 56.3% (before) and 62.5% (after), with statistical significance.

Conclusion: The COREQ translation was considered valid by experts. Analysis of the use of COREQ by the analyzed journal improved the quality of published articles.

Resumo

Objetivo: Traduzir e validar o guia Consolidated Criteria for Reporting Qualitative Research (COREQ) para o português falado no Brasil e verificar o impacto da recomendação do uso COREQ pelos autores em artigos publicados em uma revista científica de Enfermagem

Métodos: Estudo metodológico e descritivo. Na primeira etapa, adotou-se protocolo para tradução de instrumentos, em seguida o guia COREQ em português brasileiro foi aplicado para análise da qualidade dos artigos publicados, em uma revista científica, dois anos anteriores e dois anos posteriores à adoção do COREQ pela revista.

Resultados: A primeira fase traduziu e validou os 32 itens do COREQ por três juízes e com emprego da Técnica Delphi com índice de concordância entre os juízes de 99%. Na segunda fase, 77 artigos de abordagem qualitativa foram avaliados sendo 25 artigos publicados entre 2014-2015 (antes da adoção do guia pela revista) e 52 artigos entre 2016-2017 (após a adoção do COREQ). Verificou-se diferença estaticamente significativa antes e após a adoção do guia entre cinco itens: Identificação dos autores que

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conduziram a pesquisa; Apresentação da atividade/ocupação dos autores; Informação sobre o tempo despendido para realização das entrevistas; Informação sobre devolução das entrevistas aos participantes para inserção de comentários e/ou correção pelos mesmos; e Apresentação da descrição da árvore de codificação. As medianas de atendimento aos 32 itens alcançaram 56,3% (antes) e 62,5% (depois), com significância estatística.

Conclusão: A tradução do guia foi considerada válida pelos especialistas. A análise da utilização guia pela revista analisada conferiu melhora na qualidade aos artigos publicados.

Resumen

Objetivo: Traducir y validar la guía Consolidated Criteria for Reporting Qualitative Research (COREQ) al portugués hablado en Brasil y verificar el impacto de la recomendación de uso de la COREQ por los autores en artículos publicados en una revista científica de enfermería.

Métodos: Estudio metodológico y descriptivo. En la primera etapa, se adoptó el protocolo para la traducción de instrumentos, luego se utilizó la guía COREQ en portugués brasileño para analizar la calidad de los artículos publicados en una revista científica los dos años anteriores y los dos años posteriores a la adopción de la COREQ por la revista.

Resultados: En la primera fase se tradujeron los 32 ítems de la COREQ, que fueron validados por tres jueces mediante el método Delphi con índice de concordancia de 99 % entre los jueces. En la segunda fase, se analizaron 77 artículos de enfoque cualitativo, de los cuales 25 fueron publicados entre 2014 y 2015 (antes de que la revista adoptara la guía) y 52 entre 2016 y 2017 (después de adoptar la COREQ). Se verificó una diferencia estadísticamente significativa antes y después de la adopción de la guía en cinco ítems: Identificación de los autores que condujeron la investigación, Presentación de la actividad/ocupación de los autores, Información sobre el tiempo empleado para realizar las entrevistas, Información sobre devolución de las entrevistas a los participantes para que agreguen comentarios o correcciones y Presentación de la descripción del árbol de codificación. Las medianas de cumplimiento de los 32 ítems llegaron al 56,3 % (antes) y 62,5 % (después), con significación estadística.

Conclusión: La traducción de la guía fue considerada válida por los especialistas. El análisis de la utilización de la guía por la revista estudiada otorgó una mejora en la calidad de los artículos publicados.

Introduction

Articles published in scientific journals are relevant documents, as they objectively disclose the results of studies that have undergone peer review carried out by experts and journal editors, thus giving them quality and reliability. These are the attributes required to disseminate scientific knowledge and establish links between academia and society. Currently, dissemination of the results of research protocols gains greater reach with the use of social media to disseminate scientific knowledge.

Before being published, the manuscripts are submitted to the peer review process. Specialists in the thematic field analyze quality and language, assess scientific merit, make considerations and propose suggestions to qualify the texts. Such assessment is based on ethical principles and good scientific dissemination practices.

Peer review has differentiated models, but the most used to date in the health field is the double-blind review, in which the article submitted by the author is sent to referees through the editor, preserving their anonymity. This process has as favorable points the qualification of the text and the fact of adding merit to the article, so that the journals that adopt it enjoy greater credibility in the academic community. The unfavorable aspects of this type of assessment, on the other hand, include length of the process given the time spent on assessment, the small number of qualified reviewers and possible interference from conflicts of interest.[1,2] These factors, associated with the demands of open science, call attention to the weaknesses of the double-blind review process and to the need to make it open to provide greater transparency and agility to the process. In this open review model, the editorial team exposes the identities of the author and reviewers.

However, regardless of the article review model adopted by the journal, the content and form of presentation of the text are essential points in selecting articles. The scientific merit of the study is related to the theme, the methodological rigor employed, the power to generalize the results and their contributions to advancement of scientific knowledge, practice and/or community.[3]

Regarding the method, primary studies with more robust methodologies, such as systematic literature reviews with meta-analyzes, and experimental studies have greater reproducibility power. Clinical studies, in turn, are the result of strong scientific evidence, the level of which can be defined according to different classifications. The Joanna Briggs Institute classification includes: Level 1 - experimental studies such as: 1.a - systematic reviews conducted with controlled and randomized studies;

1.b - systematic reviews with controlled and randomized studies plus other types of studies; 1.c - randomized and controlled studies; 1.d - pseudo randomized controlled studies; Level 2 - quasi-experimental studies stratified as follows: 2.a - systematic reviews of quasi-experimental studies; 2.b - systematic reviews with quasi-experimental studies and other study designs; 2.c - prospective and controlled quasi-experimental studies; 2.d - retrospective studies with control group and historical series or pre and post-test; Level 3: 3.a - systematic reviews with comparable cohort studies; 3.b - systematic reviews with comparable cohort studies and other modalities; 3.c - cohorts with case and control groups; 3.d - case-control study; 3.e - cohorts without case and control groups; Level 4 - observational and descriptive studies: 4.a - systematic reviews with descriptive studies; 4.b - cross-sectional studies; 4.c - case series; 4.d - case studies; and Level 5 - expert opinion, stratified as follows: 5.a - systematic review of expert opinion; 5.b - expert consensus; 5.c - bench research/single expert opinion.[4]

As for the presentation of texts, it is common for them to be submitted in a non-careful way in relation to the textual and scientific language and with gaps in the description of the theoretical framework of the methodological procedures and in discussion of results.

Composing texts for scientific articles is a constant challenge for researchers in different fields of knowledge. Therefore, the EQUATOR Network - an international movement coordinated by the University of Oxford based in England - provides a series of guidelines for various types of study, in order to guide researchers to improve articles to be submitted for publication in scientific journals. These documents are the result of robust reviews, supported by researchers with expertise in methods, techniques and thematic fields, and are available on open access on the internet (http://www.equator-network.org).[5]

The partnership established between the EQUATOR Network and the Pan American Health Organization (PAHO) provides translation of some of these guidelines from the original language (English) into Portuguese, Spanish and 13 more languages. Thus, many scientific journals from different countries and fields of knowledge have adopted them as mandatory for presentation of articles.

The list of 19 guidelines recommended by the EQUATOR Network for presenting qualitative articles includes: 1) Standards for reporting qualitative research: a synthesis of recommendations, Enhancing transparency in reporting the synthesis of qualitative research; 2) Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups, among others and other types of studies with specific populations and characteristics such as: 3) Minimum data elements that should be reported in chronic fatigue syndrome; 4) Reporting guidelines for implementation research on nurturing care interventions designed to promote early childhood development; 5) Evolving guidelines for publication of qualitative research studies in psychology and related fields; among others.[6]

The main guidelines recommended by health and nursing journals are directed to randomized controlled experimental studies, observational studies, qualitative studies, diagnostic accuracy studies, quality improvement studies and systematic reviews, qualitative studies, among others.[6] Considering the scientific production of nursing in Brazil, COREQ was chosen for this study.

Given the context, the following research question was formulated: is there a difference in the quality of articles published in a Brazilian nursing journal before and after the mandatory adoption of COREQ?

This study aims to translate and validate the Consolidated Criteria for Reporting Qualitative Research (COREQ) into Brazilian Portuguese and to verify the impact of the authors' recommendation to use COREQ in articles published in a scientific journal of nursing.

Methods

The study was carried out in two phases. In the first, COREQ, originally prepared in English, was trans-

lated into Brazilian Portuguese and validated by the Delphi technique.[7-8] The second phase consisted of a descriptive, quantitative and analytical study, in which scientific articles published in a nursing journal were analyzed before and after the adoption of COREQ. This journal is published by a public university and is associated with the Graduate Program in northeastern Brazil.

Translation and validation

COREQ is recommended for research reports that collect data through interviews or focus groups.[7] It has 32 items distributed in three domains: characterization and qualification of the research team, study design and analysis of the results.

For translation from English into Brazilian Portuguese, the framework of Beaton et al., 2007, was adopted. After authorization sent by email, COREQ was sent to two sworn professional translators by the author. Then, the translations were sent to an expert committee composed of three researchers with expertise in the subject and mastery in Portuguese and English (judges). The criteria for the selection of specialists considered them to have a doctorate, have research experience over fifteen years and in studies of validation of research instruments. Assessment by the committee was based on analysis of semantic, idiomatic, conceptual and cultural equivalences. The members of the expert committee assessed the texts and prepared the synthesis version, sending it for back translation by a native translator.[8,9] The back-translation was analyzed again by the judges, who performed the verification compared to the original document, thus reaching the level of final agreement of 99%, obtaining the final version of COREQ in Brazilian Portuguese.

Application of COREQ and assessment of the quality of articles

A nursing journal was selected for this study with quarterly periodicity, international circulation and is indexed in databases and portals: Academic Search Complete; Nursing Database; Cumulative Index to Nursing and Allied Health Literature; *Base de Datos Bibliográfica sobre Cuidados de Salud en Iberoamérica*; *Fuente Académica*; *Índice de Revistas Latinoamericanas en Ciencias*; *Fuente Académica Premier*; *Sistema Regional de Información en Línea para Revistas Científicas de América Latina, el Caribe, España y Portugal* (LATINDEX); Latin American & Caribbean Health Sciences Literature; REVENF Journal Collection - SciELO Nursing Collection - Virtual Health Library; Scopus.

To improve editorial policy and management and improve the quality of published articles, the journal started to adopt in 2016 the EQUATOR Network guidelines.. Thus, in this study, the articles published in the biennium that preceded the adoption of the EQUATOR Network (2014-2015) and in the biennium subsequent (2016-2017) to the referred implementation were analyzed. Thus, there are three review articles and 70 original articles published in the biennium called "Before", with 42 articles resulting from quantitative and 25 qualitative research. In the biennium called "After", 140 articles were published: 74 resulting from quantitative studies and 52 from qualitative studies and 14 reviews.

The data collection procedures followed the following steps: 1 - identification of the number of published articles; 2 - identification of the article allocation section (original or review); 3 - reading of abstracts; 4 - identification of the study typology (qualitative or quantitative) according to the authors' description; 5 - full reading of the articles; 6 - verification of compliance with checklist items; 7 - filling in the data collection instrument with double typing and checking.

Data collection started after specific training to classify the type of study and complete the instrument items. A pilot test was carried out with 10 articles published in a journal with characteristics similar to the periodical studied to mark out and adjust data collection procedures and records.

The data were analyzed by univariate and bivariate analysis through calculations of frequencies, measures of central tendency and variability, which were performed after checking the normality of the variable of interest. Parametric and non-parametric tests were performed based on this observation, adopting a significance level of 5% (p value ≤ 0.05) for all analyzes and statistical tests applied.[10]

Translation, back-translation and judgment use linguistic knowledge of translators and scientific knowledge of judges, i.e., it is a technical and vol-

untary activity, without the need to obtain informed consent. The COREQ author authorized the translation into Brazilian Portuguese. Finally, public and free access documents constituted the database, opting for the confidentiality of the name of the journal.

Results

Initially, the results of the translation and validation of COREQ are presented and then the results of its use by the studied journal. The final version of COREQ in Brazilian Portuguese is presented in Chart 1.

Application of the checklist and assessment of articles

In the selected journal, 77 qualitative articles were published in the analyzed period: 25 in 2014 and 2015 and 52 in 2016 and 2017. The articles are authored by 349 researchers, with an average of 4.5 authors per article and standard deviation (SD) of

Chart 1. Final version of COREQ in Brazilian Portuguese

Critérios consolidados para relatar pesquisa qualitativa		
Nº do item	*Tópico*	*Perguntas/Descrição do Guia*
Domínio 1: Equipe de pesquisa e reflexividade		
	Características pessoais	
1	*Entrevistador/facilitador*	*Qual autor (autores) conduziu a entrevista ou o grupo focal?*
2	*Credenciais*	*Quais eram as credenciais do pesquisador? Exemplo: PhD, médico.*
3	*Ocupação*	*Qual a ocupação desses autores na época do estudo?*
4	*Gênero*	*O pesquisador era do sexo masculino ou feminino?*
5	*Experiência e treinamento*	*Qual a experiência ou treinamento do pesquisador?*
	Relacionamento com os participantes	
6	*Relacionamento estabelecido*	*Foi estabelecido um relacionamento antes do início do estudo?*
7	*Conhecimento do participante sobre o entrevistador*	*O que os participantes sabiam sobre o pesquisador? Por exemplo: objetivos pessoais, razões para desenvolver a pesquisa.*
8	*Características do entrevistador*	*Quais características foram relatadas sobre o entrevistador/facilitador? Por exemplo, preconceitos, suposições, razões e interesses no tópico da pesquisa.*
Domínio 2: Conceito do estudo		
	Estrutura teórica	
9	*Orientação metodológica e teoria*	*Qual orientação metodológica foi declarada para sustentar o estudo? Por exemplo: teoria fundamentada, análise do discurso, etnografia, fenomenologia e análise de conteúdo.*
	Seleção de participantes	
10	*Amostragem*	*Como os participantes foram selecionados? Por exemplo: conveniência, consecutiva, amostragem, bola de neve.*
11	*Método de abordagem*	*Como os participantes foram abordados? Por exemplo: pessoalmente, por telefone, carta ou e-mail.*
12	*Tamanho da amostra*	*Quantos participantes foram incluídos no estudo?*
13	*Não participação*	*Quantas pessoas se recusaram a participar ou desistiram? Por quais motivos?*
	Cenário	
14	*Cenário da coleta de dados*	*Onde os dados foram coletados? Por exemplo: na casa, na clínica, no local de trabalho.*
15	*Presença de não participantes*	*Havia mais alguém presente além dos participantes e pesquisadores?*
16	*Descrição da amostra*	*Quais são as características importantes da amostra? Por exemplo: dados demográficos, data da coleta.*
	Coleta de dados	
17	*Guia da entrevista*	*Os autores forneceram perguntas, instruções, guias? Elas foram testadas por teste-piloto?*
18	*Repetição de entrevistas*	*Foram realizadas entrevistas repetidas? Se sim, quantas?*
19	*Gravação audiovisual*	*A pesquisa usou gravação de áudio ou visual para coletar os dados?*
20	*Notas de campo*	*As notas de campo foram feitas durante e/ou após a entrevista ou o grupo focal?*
21	*Duração*	*Qual a duração das entrevistas ou do grupo focal?*
22	*Saturação de dados*	*A saturação de dados foi discutida?*
23	*Devolução de transcrições*	*As transcrições foram devolvidas aos participantes para comentários e/ou correção?*
Domínio 3: Análise e resultados		
	Análise de dados	
24	*Número de codificadores de dados*	*Quantos foram os codificadores de dados?*
25	*Descrição da árvore de codificação*	*Os autores forneceram uma descrição da árvore de codificação?*
26	*Derivação de temas*	*Os temas foram identificados antecipadamente ou derivados dos dados?*
27	*Software*	*Qual software, se aplicável, foi usado para gerenciar os dados?*
28	*Verificação do participante*	*Os participantes forneceram feedback sobre os resultados?*
	Relatório	
29	*Citações apresentadas*	*As citações dos participantes foram apresentadas para ilustrar os temas/achados? Cada citação foi identificada? Por exemplo, pelo número do participante.*
30	*Dados e resultados consistentes*	*Houve consistência entre os dados apresentados e os resultados?*
31	*Clareza dos principais temas*	*Os principais temas foram claramente apresentados nos resultados?*
32	*Clareza de temas secundários*	*Há descrição dos diversos casos ou discussão dos temas secundários?*

Table 1. Distribution of articles published according to year and authorship (n=77)

Variables	n(%)
Year of publication	
2014	12(15.6)
2015	13(16.9)
2016	28(36.4)
2017	24(31.2)
Number of authors	
2	3(3.9)
3	17(22.1)
4	16(20.8)
5	21(27.3)
6	18(23.4)
7	1(1.3)
8	1(1.3)
Credentials (n=349)	
Student	24(6.9)
Graduate	63(18.1)
Specialist	27(7.7)
Master's degree	80(22.9)
PhD	155(44.4)
Occupation (n=349)	
Undergraduate student	33(9.5)
Nursing assistance	32(9.2)
Graduate student	41(11.7)
Member and/or researcher in research group	28(8)
Not identified	43(12.3)
Professor	172(49.3)

1.3. Distribution of articles according to the year of publication and authorship is shown in Table 1.

Table 2 presents the information regarding compliance with the COREQ items.

The average number of study participants was 15.0 (SD - 8.8) in the period prior to the adoption of checklist and 21.8 (SD - 21.3) in the subsequent period. The following data collection locations prevailed in both periods analyzed: user's home (6 -7.8%); ambulatory services (7-9.1%); workplace (2-2.6%); hospital (32-41.65); primary care (13-16.9%); community (5-6.5%); pre-hospital services (4-5.25); and higher education institutions (9-11.7%).

Rapprochement between researchers and research collaborators took place face-to-face (74-96.15) by telephone (5-6.5%) and/or e-mail (2-2.6%), being able to use more than one resource to so much. The approach to the research participants reported by the authors was through invitation (54-70.1%), convenience sample (6-7.8%), consecutive (25-32.5%), and snowball (2-2.6%).

Table 2. Distribution of articles published according to compliance, or not, with COREQ items in the biennia before and after the adoption of the checklist by the journal (n = 77)

Domain	Item	2014 and 2015 n=25		2016 and 2017 n=52		P value
		Yes n(%)	No n(%)	Yes n(%)	No n(%)	
Domain 1: Research team and reflexivity	Identification of the authors who conducted the research	14(56)	11(44)	46(88.5)	6(11.5)	0.001*
	Presentation of the credentials of the authors	25(100)	0(0)	52(100)	0(0)	-
	Presentation of the activity/occupation of the authors	23(92)	2(8)	30(57.7)	22(42.3)	0.003†
	Declaration of the gender by the authors	0(0)	25(100)	0(0)	52(100)	-
	Declaration of participation of researchers in previous training	0(0)	25(100)	2(3.8)	50(96.2)	1†
	Establishment of prior relationship between authors and research participants	7(28)	18(72)	9(17.3)	43(82.7)	0.279*
	Declaration of presentation of the researchers to the participants about the research	8(32)	17(68)	7(13.5)	45(86.5)	0.54*
	Characterization of researchers	0(0)	25(100)	1(1.9)	51(98.1)	-
Domain 2: Study design	Presented the methodological guidance declared by the authors (the technique used or theoretical framework adopted)	23(92)	2(8)	49(94.2)	3(5.8)	0.657†
	Presentation of how to select participants	23(92)	2(8)	46(88.5)	6(11.5)	1.000†
	Presentation of how to approach the participants	23(92)	2(8)	50(96.2)	2(3.8)	0.592†
	Number of study participants reported	23(92)	2(8)	47(90.6)	5(9.6)	1.000†
	Mention of report of refusal (or not) by the participants	0(0)	25(100)	8(15.4)	44(84.6)	-
	Informed data collection location	22(88)	3(12)	48(92.3)	4(7.7)	0.676†
	Informed the presence (or not) of someone during data collection	6(24)	19(76)	25(48.1)	27(51.9)	0.44*
	Description of the characteristics of the participants	23(92)	2(8)	47(90.4)	5(9.6)	-
	Presentation of the questions asked for data collection	24(96)	1(4)	1(1.9)	51(98.1)	0.547†
	Information on repetition of interviews	0(0)	25(100)	3(5.8)	49(94.2)	0.547†
	Informed use of resources for recording collected data	15(60)	10(40)	43(82.7)	9(17.3)	0.031*
	Informed record of field notes during and/or interviews (during interviews?)	6(24)	19(76)	12(23.1)	40(76.9)	0.929*
	Informed time needed to conduct the interviews	19(76)	6(24)	51(98.1)	1(1.9)	0.004†
	Data saturationdiscussed	21(84)	4(16)	23(44.2)	29(55.8)	0.021†
	Informed return of interviews transcripts to participants for comments and/or correction	1(4)	24(96)	20(38.5)	32(61.5)	0.001*

Continua...

Continuação.

Domain	Item	2014 and 2015 n=25		2016 and 2017 n=52		P value
		Yes n(%)	No n(%)	Yes n(%)	No n(%)	
Domain 3: Analysis and findings	Information about data encoders encoded the data (informed number of data encoders?)	22(88)	3(12)	46(88.5)	6(11.5)	1.000†
	Presentation of the description of the coding tree	9(36)	16(64)	37(71.2)	15(28.8)	0.003*
	Information on the moment of identification of the themes: in advance or derived from the data	22(88)	3(12)	40(76.9)	12(23.1)	0.360†
	Informed software used to manage data	1(4)	24(96)	1(1.9)	51(98.1)	0.547†
	Information on feedback from participants regarding results	2(8)	23(92)	4(7.7)	48(92.3)	1.000†
	Presentation of participants' quotes to illustrate the themes/findings	23(92)	2(8)	50(96.2)	2(3.8)	0.322†
	Identification of each quote present	22(88)	3(12)	50(96.2)	2(3.8)	-
	Identification of consistency between the data presented and the results	25(100)	0(0)	52(100)	0(0)	-
	Presentation of the description of the different cases or discussion of secondary issues	24(96)	1(4)	47(90.4)	5(9.6)	0.657†

*Pearson's chi-square test; † Fisher's exact test

Table 3. Percentage of items served according to domain and 32 items of COREQ grouped (n=77)

Domain	Topic	Number of items	2014 e 2015 n= 25			2016 e 2017 n=52			P value*
			Median	P25	P75	Median	P25	P75	
1	Research team	8	50%	37.5%	62.5%	50%	37.5%	50.0%	0.024
2	Study design	15	60%	50%	66.7	66.7%	60	73.3%	0.001
3	Analysis and findings	9	55.6%	55.6%	66.7	66.7%	55.6	75.0	0.040
-	COREQ	32	56.3	50%	60.9%	62.5%	56.3	65.6	0.006

*Mann-Whitney U test for independent samples

The authors reported theoretical contributions and data analysis techniques for constituting the research corpus. The references described were ethnography (1-1.3%) and phenomenology (7-9.1%). Techniques for data analysis and systematization were constituted: discourse analysis (6-7.8%) and content analysis (53-68.8%). It is worth noting that the theoretical contribution and the data analysis technique were presented simultaneously in four articles.

The percentages of items served according to domain and the 32 items of COREQ grouped are shown in Table 3.

When the Mann-Whitney U test was applied, there was a statistical difference in the domains related to the design and findings of the studies, in addition to the comprehensive checklist ($p < 0.05$).

Discussion

The characteristics identified in this study show an increased number of qualitative articles published in that journal. This denotes an effort by the academic and scientific communities to increase quantitatively and qualitatively the number of researches and, consequently, publications. This fact may be linked to the increase in *stricto sensu* graduate courses (a *stricto sensu* graduate is one that is geared toward the training of masters and PhD) in nursing in the country, to the formation of networks for the development of collaborative studies and dissemination of knowledge and the collective efforts of editors of nursing journals to improve and professionalize the editorial management of these journals.[11–13]

Brazilian graduate programs provide for joint publications between supervisors and graduate students in their regiments, and nursing production reports reveal a predominance of the titles of authors linked to graduate studies. Although the participation of professionals inserted in health care spaces in research, production and publication of knowledge is a challenge for the field, professional master's courses have moved to articulate the health and education sector, in order to favor development of studies applied to professional practices.[14]

Furthermore, dialogue between research nurses from higher education institutions and nurses working in practice spaces should be expanded, as it will enable the production and translation of knowledge to respond to people's health and disease needs.[15]

The individualized analysis of checklist items revealed gaps and advances in the quality of the

research reports as well as in the peer review process of the journal. The maturation of nursing as a research field and the increase in the number of *stricto sensu* graduate courses imposes on the journals in the field the adoption of procedures to improve the selection of articles. Thus, using checklists for preparation and presentation of articles is now recommended for authors, reviewers and editorial teams, who must analyze whether the items in these guidelines were in fact met.

In the first domain of COREQ, there is space for authors to identify their respective genders following the Human Research Ethics Committees recommendations. The declaration of this information is not yet common among Brazilian authors and, in the analysis carried out, it was observed to be absent both in the presentation of the authors and of the participants. However, in all articles analyzed, approval of the project was declared by the Research Ethics Committee and reported compliance with the recommendations of Resolution 466/2012.[16] Conflicts of interest or possible research bias were not explained by the authors or observed by the editors.

The second domain refers to the methodological aspects of the study. The results showed differences before and after the adoption of checklist by the journal. The percentage of items in this domain attended was observed: research team (50%, in both periods), study design (60.0% - 66.7%) and analysis and findings (55.6% - 66.7%). However, some items related to presentation of articles were not described by the authors: report of refusal to participate, need to repeat the interview and submission of the interview for approval by the interviewee after transcription, in addition to the criteria for interrupting data collection.

Regarding theoretical and methodological aspects, information is requested on the technical procedures for data analysis and/or the theoretical contribution used. In the first and second periods, 92.0% and 94.2%, respectively. The progress observed after the adoption of checklist accompanied the non-observance of information essential to studies, such as theoretical-philosophical support and data analysis techniques. For both, gaps were found in the description, being presented in only five (6.5%) of the analyzed articles.

In this sense, we expect that the author, as a graduate student, knows how to talk about the theoretical-analytical framework and the type of analysis adopted, which denotes a stance of responsibility and knowledge.[17]

In nursing, qualitative research represents a resource for studies of objects not tangible by quantitative studies, as aspects that involve the relationship of care and/or nursing assistance to people in all dimensions. In this sense, the design of the qualitative research must observe the specificity of the epistemology of nursing, in addition to the framework previously offered by social sciences. Therefore, the qualitative research products can and should be applied to the different scenarios of the course's performance. The arsenal (technique and design) offered by qualitative research, if used uncritically, offers less useful discoveries for the course.[18]

Strengthening qualitative research is an aspect to be considered by nursing as a research field. Thus, it is justified to adopt strategies to improve these reports so that they can be used in training (undergraduate and specialization) and scientific research through master's and doctoral programs.[19]

It is worth mentioning that this study had as a limiting factor the small number of articles subject to application of checklist due to the selection of a single journal.

Conclusion

The recommendation to use guidelines to present research reports to editorial teams of scientific journals aims at increasing the quality of articles published, as in the COREQ checklist. The presentation of the validated translation into Brazilian Portuguese offers an additional resource for Brazilian researchers and journal editors to qualify their production of scientific articles. The objectives of the study were achieved, since the translation of COREQ into Brazilian Portuguese was considered adequate, obtaining 99% agreement of its content by judges. When analyzing COREQ use by the journal, it is

concluded that there is a statistically significant difference when comparing the period before and after the use of COREQ regarding Identification of the authors who conducted the research; Presentation of the activity/occupation of authors; Information about the time spent to conduct the interviews; Information on returning interviews to participants for comments and/or correction; and Presentation of the coding tree description, as well as distinction in the medians of observance of the domains and of COREQ in full.

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Collaborations

Souza VRS, Marziale MHP, Silva GTR and Nascimento PL contributed to the design of the project, writing of the article, relevant critical review of the intellectual content, analysis and interpretation of data and final approval of the version to be published.

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