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Content validation of a focus group guide for investigating the decentralization of the Specialized Pharmaceutical Services Component

Validação de roteiro para análise da descentralização do Componente Especializado da Assistência Farmacêutica

Validación de un guion para el análisis de la descentralización del Componente Especializado de la Asistencia Farmacéutica

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Abstract:
Objective: to validate the content of a focus group guide designed to investigate the perceptions of municipal pharmaceutical services managers regarding the decentralization of the Specialized Pharmaceutical Services Component. **Methods:** a methodological study conducted between August and October 2025. The instrument was developed based on a documentary review of regulations, legislation, technical-institutional documents, and articles related to the decentralization of the Specialized Pharmaceutical Services Component and pharmaceutical services within the Unified Health System (SUS). Content validation was performed by expert judges selected according to criteria adapted from Fehring. Items were evaluated on a four-point scale, with scores of 3 and 4 considered indicative of agreement. The Content Validity Index was calculated, adopting a cutoff value of 0.80 or higher. **Results:** ten expert judges participated in the analysis. The section regarding the managers' sociodemographic and professional characteristics showed a mean Content Validity Index of 0.91, with 57 of the 63 evaluated options meeting the established cutoff. Options with lower scores were revised regarding terminology, structure, and response alternatives. The focus group guide demonstrated a Content Validity Index between 0.90 and 1.00 across all evaluated components. Suggestions from the judges informed specific adjustments to wording, terminology standardization, and question delivery, while preserving the guide's open-ended and dialogic nature. **Conclusion:** the guide was validated regarding content and demonstrated representativeness, relevance, and suitability to support qualitative research on the decentralization of the Specialized Pharmaceutical Services Component at the municipal level.
Keywords: Pharmaceutical services; Validation study; Focus groups; Qualitative research; Public policy.

Resumo:
Objetivo: validar o conteúdo de um roteiro de grupo focal destinado a investigar a percepção de gestores municipais da assistência farmacêutica sobre a descentralização do Componente Especializado da Assistência Farmacêutica. **Método:** estudo metodológico, realizado entre agosto e outubro de 2025. O instrumento foi elaborado a partir de levantamento documental de normas, legislações, documentos técnico-institucionais e artigos relacionados à descentralização do Componente Especializado da Assistência Farmacêutica e à assistência farmacêutica no Sistema Único de Saúde. A validação de conteúdo foi realizada por juízes especialistas, selecionados conforme critérios adaptados de Fehring. Os itens foram avaliados em escala de quatro pontos, considerando-se concordantes as respostas 3 e 4. Calculou-se o Índice de Validade de Conteúdo, adotando-se como ponto de corte valor igual ou superior a 0,80. **Resultados:** participaram da análise dez juízes especialistas. O bloco de caracterização sociodemográfica e profissional dos gestores apresentou Índice de Validade de Conteúdo médio de 0,91, com 57 das 63 opções avaliadas atingindo o ponto de corte estabelecido. As opções com valores inferiores foram revisadas quanto à terminologia, estrutura e alternativas de resposta. O roteiro norteador do grupo focal apresentou Índice de Validade de Conteúdo entre 0,90 e 1,00 em todos os componentes avaliados. As sugestões dos juízes subsidiaram ajustes pontuais de redação, padronização terminológica e condução das perguntas, preservando-se a natureza aberta e dialógica do roteiro. **Conclusão:** o roteiro foi validado quanto ao conteúdo e apresentou representatividade, pertinência e adequação para subsidiar investigações qualitativas sobre a descentralização do Componente Especializado da Assistência Farmacêutica no âmbito municipal.
Palavras-chave: Assistência farmacêutica; Estudo de validação; Grupos focais; Pesquisa qualitativa; Política pública.

Resumen:
Objetivo: Validar el contenido de un guion para grupo focal destinado a investigar la percepción de los gestores municipales de la asistencia farmacéutica sobre la descentralización del Componente Especializado de la Asistencia Farmacéutica. **Método**: Estudio metodológico realizado entre agosto y octubre de 2025. El instrumento se elaboró a partir de una revisión documental de normativas, legislación, documentos técnico-institucionales y artículos relacionados con la descentralización del Componente Especializado de la Asistencia Farmacéutica y con la asistencia farmacéutica en el Sistema Único de Salud (SUS). La validación de contenido fue realizada por jueces expertos, seleccionados de acuerdo con los criterios adaptados de Fehring. Los ítems fueron evaluados mediante una escala de cuatro puntos, considerándose concordantes las respuestas 3 y 4. Se calculó el Índice de Validez de Contenido (IVC), adoptándose como punto de corte un valor igual o superior a 0,80. **Resultados**: Participaron en el análisis diez jueces expertos. El bloque de caracterización sociodemográfica y profesional de los gestores presentó un Índice de Validez de Contenido medio de 0,91, con 57 de las 63 opciones evaluadas alcanzando el punto de corte establecido. Las opciones con valores inferiores fueron revisadas en cuanto a la terminología, la estructura y las opciones de respuesta. El guion orientador del grupo focal presentó un Índice de Validez de Contenido entre 0,90 y 1,00 en todos los componentes evaluados. Las sugerencias de los jueces dieron lugar a ajustes puntuales de redacción, normalización terminológica y formulación de las preguntas, preservándose la naturaleza abierta y dialógica del guion. **Conclusión**: El guion fue validado en cuanto a su contenido y presentó representatividad, pertinencia y adecuación para respaldar investigaciones cualitativas sobre la descentralización del Componente Especializado de la Asistencia Farmacéutica en el ámbito municipal.
Palabras clave: Servicios farmacéuticos; Estudio de validación; Grupos focales; Investigación cualitativa; Política pública.

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INTRODUCTION

Public policies can be understood as actions, decisions, and instruments adopted by the State to address collective problems and guide government activity across various sectors of society. In the field of public administration, analyzing them involves not only normative formulation but also implementation processes, coordination among actors, and the administrative capacity of the entities responsible for their execution[1,2].

In Brazil, decentralization was a key pillar of the State's reorganization following the implementation of the 1988 Federal Constitution, expanding the responsibilities of subnational entities – particularly municipalities. Although this process enhanced the municipal role in public policy implementation, it did not eliminate issues regarding federal coordination, as the execution of actions remains contingent upon rules, incentives, intergovernmental transfers, and unequal state capacities among municipalities[3,4].

Regarding health policy, the Unified Health System (*Sistema Único de Saúde* – SUS) has established itself as a prime example of political-administrative decentralization, grounded in shared management among the federal government, states, and municipalities. This model is premised on expanding access and organizing actions and services on a regional basis, though it still faces challenges related to financing, governance, and local-level management capacity[5,6].

Pharmaceutical services are an integral part of the SUS structure, serving as a strategic policy to ensure access to medication; they are defined as a set of actions aimed at health promotion, protection, and recovery, with medication serving as essential inputs and the user as the central figure[7]. Their organization entails activities requiring planning, management, and technical expertise, and is heavily influenced by the adopted federal arrangements[8].

Within this context, the Specialized Component of Pharmaceutical Services (*Componente Especializado da Assistência Farmacêutica* – CEAF) is characterized by the provision of medication for specific clinical conditions, typically those involving greater therapeutic complexity and significant budgetary impact, thereby requiring high levels of management capacity and intergovernmental coordination[9].

The discussion regarding the decentralization of health policies also aligns with the Global Development Agenda – specifically Sustainable Development Goal 3, aimed at promoting health and well-being, and Goal 10, related to reducing inequalities. Within the context of the SUS, this alignment is significant because decentralization can foster expanded access and the reduction of territorial inequalities, provided it is accompanied by governance mechanisms, intergovernmental coordination, and the strengthening of institutional capacities at the local level.

Analyzing the implementation of decentralized policies requires methodological approaches capable of capturing the perceptions, experiences, and interpretations of the stakeholders involved. In this scenario, qualitative approaches stand out for their ability to explore meanings and social dynamics, making them widely used in the field of collective health. Among these approaches, focus groups serve as a technique capable of exploring shared perceptions and collective dynamics.

However, the use of qualitative techniques demands methodological rigor, particularly in the development of data collection instruments. Content validation is a crucial step in this process, as it allows for the assessment of whether the instrument's items are clear, relevant, and representative of the phenomenon under investigation, thereby contributing to the quality and reliability of the data produced.

Despite the importance of decentralizing pharmaceutical services and using qualitative methods to analyze public policies, there is a gap regarding the availability of validated instruments to investigate municipal managers' perceptions of this process, particularly within the scope of the CEAF.

There is a lack of transparency in the validation of qualitative instruments. Methodological inconsistency and the absence of validity criteria can compromise the quality of qualitative studies; consequently, the prior validation of interview guides, focus group protocols, and open-ended questionnaire questions is recommended. Thus, the use of non-validated guides can undermine the consistency of findings and introduce bias into data collection.

In light of this, the present study aims to validate the content of a focus group guide designed to investigate the perceptions of municipal pharmaceutical services managers regarding the decentralization of the Specialized Component of Pharmaceutical Services.

METHODS

This is an exploratory and descriptive methodological study. The study adheres to the Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0) guidelines, as it represents an approach to improving healthcare delivery.

The expert panel validation phase was conducted between August 21 and October 18, 2025.

To develop the focus group guide, the study addressed the need to create and validate an instrument designed to assess the challenges, benefits, and impacts perceived by municipal managers during and after the implementation of the Decentralization Policy for the Specialized

Component of Pharmaceutical Services (*Política de Descentralização do Componente Especializado da Assistência Farmacêutica* - PDCEAF). The aim was to cover administrative, technical, financial, organizational, and operational aspects related to municipal management of pharmaceutical services.

The development of the guide was informed by a documentary review of regulations, legislation, technical-institutional documents, and Brazilian articles concerning the decentralization of the CEAF and pharmaceutical services within the SUS. Documents included were those available in full text, freely available, and relevant to the study's subject matter. Documents that had been revoked, were not fully available, or lacked a direct connection to the topic under investigation were excluded.

Based on the empirical, regulatory, and technical-scientific references analyzed, the preliminary version of the guide was structured as follows: an initial phase for welcoming participants, presenting the research, and addressing ethical considerations, followed by eight guiding questions organized into thematic axes.

The thematic axes were defined based on dimensions considered relevant to understanding the implementation of the PDCEAF at the municipal level, covering the general assessment of implementation, perceived progress, implementation challenges, the role of the state government, impacts on municipal pharmaceutical services workflows, coping strategies, positive aspects of decentralization, and suggestions for policy improvement, as presented in Chart 1.

For content validation, the participation of expert judges was sought, adhering to the recommendation of a panel comprising five to 20 evaluators for this type of study[15]. Initial selection was purposive, conducted via an advanced search on the Lattes Platform of the National Council for Scientific and Technological Development (*Conselho Nacional de Desenvolvimento Científico e Tecnológico* – CNPq); this process prioritized the alignment of academic background, professional experience, and technical-scientific output with the research topic, a strategy also employed in recent methodological validation studies within the health sector[16].

Chart 1. Summary of the axes used to construct the focus group guiding outline. Uberaba, MG, Brazil, 2025.

Thematic axis	Investigated aspects	Corresponding guiding question
Overall assessment of implementation	Managers' overall perception of the implementation of PDCEAF in municipalities	How do you assess the implementation of the PDCEAF in your municipalities?
Observed progress	Benefits, improvements, or positive effects observed following decentralization	What were the main advances observed following the decentralization of the CEAF?
Implementation challenges	Administrative, technical, financial, operational, or structural difficulties encountered during the process	What challenges arose during the policy implementation process in the municipality?
Role of the state government	Participation, technical support, guidance, and coordination provided by the state-level entity during the decentralization process	How do you evaluate the participation and support provided by the state government in this decentralization process?
Impacts on the organization of pharmaceutical services	Impact of the policy on workflows, routines, and the organization of municipal services	How did the policy implementation impact the organization and workflows of municipal pharmaceutical services?
Coping strategies	Practices adopted by municipalities to address challenges and enable policy implementation	What strategies and practices did the municipality adopt to overcome the challenges encountered in executing the PDCEAF?
Positive aspects of descentralization	Potential benefits recognized by managers regarding the policy's implementation at the municipal level	What positive aspects would you highlight regarding the PDCEAF implementation process in your municipalities?
Suggestions for improvement	Managers' recommendations for improving policy implementation	What suggestions or improvements do you believe could be adopted to optimize the execution of the CEAF decentralization policy?

Furthermore, professionals from academic and professional networks were invited, including faculty members and researchers with experience relevant to the study's subject, as well as specialists recommended by participants or initially identified contacts, characterizing the use of the snowball sampling technique. This strategy was adopted due to the specific nature of the subject under investigation and the need to reach professionals with experience in pharmaceutical services, the decentralization of the SUS, and/or public health policies[17,18]. In all cases, inclusion in the analysis was contingent upon meeting previously established eligibility criteria.

Expert eligibility was determined based on criteria adapted from Fehring[19] (used in validation studies across various healthcare contexts[17,20]), covering the following: a doctorate in a health-related field (4 points); a master's degree in a health-related field (2 points); publication of an article related to the research topic (2 points); a specialization in a health-related field (1 point); professional experience in the field (1 point); participation in a research group (1 point); and supervision of academic work in the field (1 point). Professionals who achieved a minimum score of five points were considered eligible.

Professionals were excluded if, after two contact attempts, they failed to respond to the invitation, did not complete the validation instrument, or did not meet the minimum score required to qualify as an expert judge.

Upon acceptance, expert judges were sent an email containing participation guidelines and a link to the electronic form created using Google Forms®. The form included an introduction to the research, the Informed Consent Form (ICF), confirmation of agreement to participate, and the validation instrument.

The instrument was organized into four sections. The first covered the sociodemographic, academic, and professional characteristics of the judges, including age, sex, municipality, workplace, position or role, academic background, qualifications, length of professional experience, experience in pharmaceutical services, and the criteria used for their selection as experts. The second section was dedicated to evaluating the sociodemographic and professional characterization questionnaire for municipal managers, designed to support the description of the participants in the qualitative phase of the research.

The third section involved the evaluation of the focus group guide, structured to begin with greetings, a presentation of the research, ethical clarifications, and a request for recording authorization, followed by guiding questions regarding the implementation of the PDCEAF, perceived progress, challenges faced, support provided by the state government, impacts on municipal pharmaceutical service workflows, strategies adopted by municipalities, identified strengths, and suggestions for policy improvement. The fourth section covered the overall evaluation of the guide based on criteria such as utility/relevance, consistency, clarity, simplicity, precision, the instructional sequence of topics, and an overall assessment.

Invitations were sent to expert judges starting in August 2025, and data collection concluded in October 2025. Initially, a 30-day deadline for responses was established. Given the progressive inclusion of new eligible participants via the snowball sampling technique, response deadlines were adjusted based on the date each judge was invited, while adhering to the final cutoff date for data collection.

In the sections dedicated to validating the municipal manager characterization questionnaire and the focus group guide, each item was evaluated using a four-point Likert scale: 1 – not representative; 2 – item requires major revision to be representative; 3 – item requires minor revision to be representative; and 4 – representative for inclusion in the instrument. For each item evaluated, a specific field was provided for recording comments and suggestions for improvement.

Data were organized in a Microsoft Office Excel® spreadsheet and analyzed using descriptive statistics. For content validation, the Content Validity Index (CVI) was calculated, with responses assigned scores of 3 and 4 considered indicative of agreement, and those assigned scores of 1 and 2 indicative of disagreement. The CVI was obtained by calculating the

ratio of the number of agreement responses (3 and 4) to the total number of responses. A CVI value of 0.80 or higher was established as the validation criterion, in accordance with recommendations in the literature on content validity[12,16].

In the overall assessment of the guide, the judges assigned scores ranging from 1 to 10 based on the following criteria: utility/relevance, consistency, clarity, simplicity, precision, instructional sequencing of topics, and overall assessment. The results were analyzed using descriptive statistics, including mean, median, and minimum and maximum values.

Generative artificial intelligence – specifically ChatGPT (GPT-5.5 Thinking model) developed by OpenAI – was used as an auxiliary tool for text organization, linguistic review, enhancing scientific clarity, and the descriptive systematization of the manuscript's data. The prompts provided involved requests for academic review, table organization, verification of frequencies and percentages, title suggestions, and the preliminary drafting of sections covering methods, results, and discussion.

Use of the tool did not replace the authors' critical analysis, interpretation of findings, or methodological decision-making. All data, calculations, tables, references, and suggested text were verified and validated against the original database, research documents, and relevant scientific literature. No empirical data, results, or bibliographic references were generated autonomously by the tool; the authors bear full responsibility for the manuscript's final content.

The study was approved by the Research Ethics Committee of the Universidade Federal do Triângulo Mineiro (CEP-UFTM), under opinion no. 7,753,360 and CAAE no. 90566625.8.0000.5154, on August 8, 2025. Participation by expert judges was voluntary and contingent upon reading and accepting the Informed Consent Form.

RESULTS

Profile of the expert judges participating in the validation

Thirty potential expert judges were invited to participate in the instrument validation phase. Of these, 15 responded to the form, one selected the option "I am not interested in participating", and the others did not respond to the invitation. After applying scoring criteria adapted from Fehring, participants who scored five points or higher were deemed eligible for the expert panel. Consequently, five respondents were excluded for failing to meet the established minimum score, resulting in a final sample of 10 expert judges.

Participant ages ranged from 36 to 63 years, with a mean of 48.7 years and a median of 46.5 years. A balanced gender distribution was observed, with five female (50.0%) and five male (50.0%) participants.

Regarding undergraduate education, seven judges (70.0%) were pharmacists and three (30.0%) were nurses. In terms of academic qualifications, the panel demonstrated a high level of expertise: four participants (40.0%) held a postdoctoral degree, five (50.0%) held a doctorate, and one (10.0%) reported a specialization as their highest qualification. Thus, nine judges (90.0%) held a doctorate or postdoctoral degree.

Regarding institutional affiliation, six participants (60.0%) were linked to higher education institutions, three (30.0%) worked in municipal management or services, and one (10.0%) worked in a university hospital. Regarding professional roles, most were faculty members (six participants, 60.0%), followed by pharmacists working in municipal services or management (three participants, 30.0%) and one hospital service coordinator (10.0%).

Professional experience ranged from 8 to 30 years, with a mean of 18.9 years and a median of 15.5 years. Professional experience in Pharmaceutical Services was observed in eight judges (80.0%). Among these participants, the mean duration of experience in the field was 15.9 years, ranging from 8 to 34 years.

Validation of the sociodemographic and professional characterization section for managers

The section on the sociodemographic and professional characteristics of the managers yielded a mean CVI of 0.91. Of the 63 options evaluated, 57 (90.5%) achieved a CVI of 0.80 or higher. Six options fell below the established cutoff point; these related to the categories of sex, age, marital status, and race/color. Based on the judges' suggestions, terminological and structural adjustments were made, including replacing the question on sex with "self-declared gender," retaining a single question on age, reformulating the options for marital status and race/color (including "no response" alternatives), and replacing the "unknown" option with alternatives such as "prefer not to disclose."

Given that the items with a CVI below the cutoff point required only terminological adjustments, the removal of redundancies, and the refinement of response options, the researchers incorporated the modifications based on the judges' recommendations without conducting a further round of evaluation.

The final version of the questionnaire administered to the managers covered the following information: municipality of practice, self-declared gender, age, marital status, race or color, level of education, professional background, postgraduate studies, position or role held during the implementation of CEAF decentralization, year of decentralization in the municipality, current workplace, length of experience in pharmaceutical services management, participation in training programs, municipality population size, and perceptions regarding

training and institutional support, as well as authorization to receive and review the focus group transcript.

Validation of the focus group guide

The focus group guide consisted of an initial section for welcoming participants, presenting the research, and addressing ethical considerations, followed by eight questions aimed at discussing the implementation of the PDCEAF in the municipalities.

All evaluated components achieved a CVI equal to or greater than 0.80, with a mean CVI of 0.98. The initial section and six questions obtained a CVI of 1.00, while items 1 and 2 showed a CVI of 0.90 (Table 1). No components fell below the established cutoff point, indicating satisfactory agreement among the judges regarding the guide's representativeness.

Although all components met the established cutoff point, the judges' qualitative suggestions informed specific adjustments to the wording and delivery of the questions. Key recommendations included elaborating on the initial welcome phase, standardizing terminology related to the PDCEAF, better focusing questions on the implementation, results, and impacts of decentralization, and incorporating transitional elements between topics.

The final version used in the focus group retained eight open-ended questions, organized around the general assessment of implementation, perceived changes, challenges, state government participation, impacts on the organization and workflows of municipal pharmaceutical services, coping strategies, positive aspects, and suggestions for improving the policy.

Overall assessment of the guiding framework

In the overall assessment of the guide, the judges assigned high average scores to the criteria analyzed. The highest average was observed for the “instructional sequence of topics” criterion (9.8), followed by “utility/relevance” and “accuracy”, both with an average of 9.5. The “consistency” and “simplicity” criteria showed an average of 9.3, while “clarity” obtained an average of 8.9. The overall average score assigned to the guide was 9.1, with a median of 9.0 and a range of 6 to 10. The general average across the six evaluative criteria was 9.4, indicating a positive assessment of the instrument by the expert judges.

Table 1. Agreement indicators and focus group guide questions evaluated by expert judges (n=10). Uberaba, MG, Brazil, 2025.

Evaluated Components	Representative for retention n (%)	Minor revision (%)	Major revision/Not representative n (%)	CVI
Welcome, presentation of the research, and ethical clarifications	09 (90.0)	01 (10.0)	00 (0.0)	1.00
Item 1 – General assessment of PDCEAF implementation	09 (90.0)	00 (0.0)	01 (10.0)	0.90
Item 2 – Results and changes observed following decentralization	09 (90.0)	00 (0.0)	01 (10.0)	0.90
Item 3 – Key challenges during implementation	10 (100.0)	00 (0.0)	00 (0.0)	1.00
Item 4 – State government participation and support	10 (100.0)	00 (0.0)	00 (0.0)	1.00
Item 5 – Impacts on the organization and workflows of municipal pharmaceutical services	08 (80.0)	02 (20.0)	00 (0.0)	1.00
Item 6 – Strategies for addressing challenges	08 (80.0)	02 (20.0)	00 (0.0)	1.00
Item 7 – Positive aspects of descentralization	10 (100.0)	00 (0.0)	00 (0.0)	1.00
Item 8 – Suggestions for improving PDCEAF	10 (100.0)	00 (0.0)	00 (0.0)	1.00
Average IVC for the guide	—	—	—	**0.98**

Key: CVI = Content Validity Index. For the calculation of the CVI, the ratings "representative for retention in the protocol" and "item requires minor revision to be representative" were considered to indicate agreement.

DISCUSSION

There is limited availability of validated instruments designed to investigate the decentralization of the CEAF, particularly regarding the perceptions of managers and professionals involved in this process at the municipal level. This study enabled the development and content validation of an instrument comprising a section on participants' sociodemographic and professional characteristics and a focus group guide aimed at understanding the experiences, challenges, and opportunities associated with implementing CEAF decentralization at the municipal level.

The composition of the expert panel contributed to the consistency of the validation process, as participants met pre-established criteria regarding academic and professional experience in the health field. The observed profile – characterized by specialists with graduate-level training (*stricto sensu*), professional experience in the area, and scientific output related to the topic – facilitated a high-quality assessment of the items' representativeness, clarity, and relevance. This aspect is significant in content validation studies, where the careful selection of evaluators directly influences the quality of the evidence obtained.

Validation results showed high levels of agreement among the expert judges. In the section regarding managers' sociodemographic and professional characteristics, most evaluated items and options yielded a CVI of 0.80 or higher, demonstrating agreement on the

section's relevance for characterizing participants. Options that failed to meet the cutoff point related to categories such as sex, age, marital status, and race/color; this indicated a need for terminological and structural adjustments rather than suggesting that the content itself was inappropriate.

The adjustments made – such as replacing the question on sex with one on self-declared gender, retaining a single question on age, reformulating options for marital status and race/color, and replacing the "unknown" option with more appropriate non-response alternatives – aimed to enhance the instrument's clarity, sensitivity, and methodological suitability.

The inclusion of the “self-declared gender” variable was justified by its relevance to research on management, healthcare work, and service organization. Studies on gender relations in the workplace indicate that the sexual division of labor manifests through principles of separation and hierarchy, whereby specific activities, roles, and institutional positions are socially assigned and valued unequally between men and women[21]. In an organizational context, these relations can influence the division of tasks, the holding of positions, access to promotions, and participation in decision-making processes, thereby impacting individuals' professional experiences and perceptions regarding work organization[22].

This decision also aligns with the SAGER guidelines, which recommend considering sex and gender in the planning, reporting, and interpretation of studies (when relevant[23]) and with recent institutional health recommendations regarding accurate data collection and the use of sensitive terminology concerning these variables[24,25].

Furthermore, race/color and gender are recognized in public health literature as social markers and structural determinants relevant to understanding health inequalities and public policies[26]. Thus, retaining these variables in the instrument was deemed appropriate, provided they were accompanied by suitable wording, an option for non-response, and alignment with the study's objectives.

In the context of pharmaceutical services and the decentralization of the CEAF, retaining these variables was considered relevant, as it contributes to characterizing participants and can support future analyses regarding professional profiles, management trajectories, the holding of institutional positions, and potential inequalities related to the organization of and access to public health policies. Consequently, the adjustments made sought to preserve the analytical relevance of this information while ensuring greater clarity, an option for non-response, and coherence.

Regarding the focus group guide, high CVI values indicated that the expert reviewers recognized the relevance of the questions for exploring key dimensions of the CEAF decentralization implementation – consistent with other studies[14,16,18,20]. Items related to the implementation of the PDCEAF, impacts at the municipal level, and changes in pharmaceutical service workflows showed high levels of agreement, indicating the guide's suitability for addressing decentralization as a process that extends beyond the formal transfer of responsibilities. This understanding aligns with literature on regionalization and decentralization within the SUS, which highlights the need to consider access, financing, infrastructure, logistics, territorial planning, intergovernmental relations, and the distribution of power in the organization of health services[1,6].

The validation of items regarding state government support, the challenges faced, and municipal coping strategies also highlights the relevance of investigating decentralization as an intergovernmental and operational process. Within the SUS, the state level is responsible for promoting decentralization, monitoring hierarchical networks, and providing technical and financial support to municipalities, in addition to carrying out planning, systemic regulation, and regional coordination functions[27]. Thus, including a specific question about state government participation proved consistent with the need to understand how institutional support influences policy implementation at the municipal level.

Furthermore, municipalities exhibit varying capacities to implement health policies, taking into account human resources, services, information systems, funding, medicines, administrative structures, and institutional negotiation spaces[3]. In this regard, the guide's items addressing challenges, coping strategies, and the positive aspects of decentralization capture not only managers' perceptions of policy outcomes but also local adaptation methods in response to the operational and institutional requirements of the PDCEAF.

Although all evaluated components met the established cutoff point, the judges' qualitative contributions were analyzed for relevance, coherence with validation propositions, and suitability for the focus group method. Consequently, specific adjustments were made regarding wording, terminological standardization, and question delivery, while preserving the guide's open-ended and dialogic nature.

The overall assessment of the guide also corroborated the item-by-item validation findings, as the analyzed criteria yielded high mean scores, particularly regarding the instructional sequence of topics, utility/relevance, and precision. Although the "clarity" criterion had the lowest mean score among the evaluated aspects, it remained satisfactory, reinforcing the need for the specific adjustments made to the wording and question delivery.

Thus, the overall assessment results indicate that the guide demonstrated logical organization, thematic relevance, and sufficient consistency to support the empirical focus group stage, aligning with other studies[12,14,16].

The content validation of the guide underscores the importance of adopting systematic procedures when developing instruments for qualitative research. Using the CVI allowed for measuring the degree of expert consensus on item representativeness, while the analysis of qualitative suggestions enabled the refinement of clarity, objectivity, and the alignment of questions with study objectives, as recommended in content validation processes[12]. Thus, the validation process helped strengthen the instrument's methodological consistency and fostered the generation of higher-quality data during the focus group stage.

From a methodological standpoint, validating the guide contributes to qualitative research in the fields of pharmaceutical services and public health policy, areas where there remains a scarcity of validated instruments specifically designed to investigate the perceptions of municipal managers. By verifying the clarity, relevance, and alignment of the questions with the research objectives, the risk of ambiguity during focus group sessions is reduced, and the reliability of the data collection process is enhanced.

Content validation does not mark the end of the methodological refinement process, as fieldwork may necessitate further adjustments depending on the specific dynamics of the focus groups and local contexts. Nevertheless, the results indicate that the guide possesses a sufficient conceptual foundation and consistency to support the study's empirical phase, thereby contributing to more robust analyses regarding the decentralization of the CEAF at the municipal level.

CONCLUSION

The study enabled the development and content validation of an instrument designed to investigate the perceptions of municipal pharmaceutical services managers regarding the decentralization of the Specialized Component of Pharmaceutical Services (CEAF). The results showed a high degree of agreement among expert judges, indicating that the section characterizing the managers and the focus group guide demonstrated high consistency and reliability.

The validation process contributes to strengthening the methodology of qualitative studies in the fields of pharmaceutical services and public health policy by presenting an instrument that was systematically constructed and evaluated by experts. This instrument, supported by evidence of content validity, has the potential to facilitate future research on CEAF

decentralization and similar public health policy implementation processes at the municipal level.

A study limitation is the use of a purposive, non-probability sample of expert judges – recruited in part via the snowball technique – which may restrict sample diversity and the generalizability of the findings. Nevertheless, this strategy was appropriate given the need to reach professionals with specific academic and/or professional experience in the subject matter. Furthermore, the validation focused on the instrument's content and did not include additional stages – such as semantic validation with the target audience or a pilot application – that could have helped refine the guide for real-world use.

Despite these limitations, the study advances the methodology of qualitative research in pharmaceutical services and public health policy by providing an instrument with evidence of content validity, capable of supporting investigations into CEAF decentralization at the municipal level.

REFERENCES

1. Oliveira JS, Santos AM, Santos HLPC, Afonso GV, Biscarde DGS, Santos TBS, et al. Gestão e planejamento integrado em saúde no SUS: análise da capacidade governamental em região de saúde da Bahia. Physis [Internet]. 2024 [cited in 02 Nov 2025]; 34:e43052. DOI: http://dx.doi.org/10.1590/S0103-7331202434052pt

2. Bousquat A, Frazão P, Mota PHS, Mendes A, Magnago C, Watanabe HAW, et al. Desafios na gestão municipal do Sistema Único de Saúde no município de São Paulo. Estud Av [Internet]. 2024 [cited in 31 Oct 2025]; 38(111):31-50. DOI: https://doi.org/10.1590/s0103-4014.202438111.003

3. Machado GS, Abrucio FL, Grin EJ. Coordenação federativa e desigualdade territorial: a efetividade e os limites da política redistributiva da União junto aos municípios no campo da saúde. Rev Bras Cienc Polit [Internet]. 2025 [cited in 31 Oct 2025]; 44:e286987. DOI: https://doi.org/10.1590/0103-3352.2025.44.286987pt

4. Pinafo E, Nunes EFPA, Carvalho BG, Mendonça FF, Domingos CM, Silva CR. Problemas e estratégias de gestão do SUS: a vulnerabilidade dos municípios de pequeno porte. Cien Saude Colet [Internet]. 2020 [cited in 25 Feb 2025]; 25(5):1619-28. DOI: https://doi.org/10.1590/1413-81232020255.34332019

5. Ortega F, Pele A. Brazil's unified health system: 35 years and future challenges. Lancet Reg Health Am [Internet]. 2023 [cited in 02 Nov 2025]; 28:100631. DOI: https://doi.org/10.1016/j.lana.2023.100631

6. Shimizu HE, Pereira VOM, Carvalho ALB, Brêtas Júnior N, Ramos MC. Regionalização em saúde no Brasil: uma análise da percepção dos gestores de Comissões Intergestores Regionais. Physis [Internet]. 2022 [cited in 28 Aug 2025]; 32(1):e320105. DOI: http://dx.doi.org/10.1590/S0103-73312022320105

7. Conselho Nacional de Saúde (Brasil). Resolução nº 338, de 6 de maio de 2004. Aprova a Política Nacional de Assistência Farmacêutica. Diário Oficial da União [Internet]. 20 maio 2004 [cited in 25 Feb 2025]; Seção 1. Available from: https://www.gov.br/conselho-nacional-de-saude/pt-br/atos-normativos/resolucoes/2004/resolucao-no-338.pdf/view

8. Rech N, Bermudez JAZ, Costa JCS, Farias MR. Política Nacional de Assistência Farmacêutica e o Complexo Econômico-Industrial da Saúde: permeações e invisibilidades. Cien Saude Colet [Internet]. 2026 [cited in 29 Jan 2026]; 31(1):e14362025. DOI: https://doi.org/10.1590/1413-81232026311.14362025

9. Conselho Nacional de Secretários de Saúde. Informações para a gestão estadual do SUS 2023-2026 [Internet]. Brasília, DF: CONASS; 2023 [cited in 30 May 2025]. Available from: https://www.conass.org.br/biblioteca/informacoes-para-a-gestao-estadual-do-sus/

10. Organização das Nações Unidas. Agenda 2030 para o Desenvolvimento Sustentável [Internet]. Brasília, DF: Nações Unidas Brasil; 2015 [cited in 02 Nov 2025]. Available from: https://brasil.un.org/pt-br/sdgs

11. Gondim SMG. Grupos focais como técnica de investigação qualitativa: desafios metodológicos. Paideia [Internet]. 2003 [cited in 02 Nov 2025]; 12(24):149-61. DOI: https://doi.org/10.1590/S0103-863X2002000300004

12. Alexandre NMC, Coluci MZO. Validade de conteúdo nos processos de construção e adaptação de instrumentos de medidas. Cien Saude Colet [Internet]. 2011 [cited in 30 May 2025]; 16(7):3061-8. DOI: https://doi.org/10.1590/S1413-81232011000800006

13. Polit DF, Beck CT. Fundamentos de pesquisa em enfermagem: avaliação de evidências para a prática da enfermagem [Internet]. 9ed. Porto Alegre: Artmed; 2019 [cited in 7 June 2025]. Available from: https://integrada.minhabiblioteca.com.br/reader/books/9788582714904/

14. Torlig EGS, Resende Junior PC, Fujihara RK, Demo G, Montezano L. Proposta de validação para instrumentos de pesquisa qualitativa (Vali-Quali). Adm., ensino pesqui. [Internet]. 2022 [cited in 02 Nov 2025]; 23(1):5-31. DOI: https://doi.org/10.13058/raep.2022.v23n1.2022

15. Pasquali L. Instrumentação psicológica: fundamentos e práticas. Porto Alegre: Artmed; 2010.

16. Lioi FM, Sousa LRM, Antonini M, Rocha DM, Elias HC, Reis RK. Construção e validação de Portal Informativo sobre a prevenção combinada do HIV. Rev Lat Am Enfermagem [Internet]. 2025 [cited in 15 Nov 2025]; 33:e4509. DOI: https://doi.org/10.1590/1518-8345.7221.4510

17. Sadler GR, Lee HC, Lim RSH, Fullerton J. Recruiting hard-to-reach United States population sub-groups via adaptations of snowball sampling strategy. Nurs Health Sci [Internet]. 2010 [cited in 17 Oct 2025]; 12(3):369-74. DOI: https://doi.org/10.1111/j.1442-2018.2010.00541.x

18. Otto C, Locks MOH, Rosa LM, Brehmer LCF, Goulart V, Zanardo G. Validação de instrumento para pessoas com Diabetes Mellitus e Hipertensão Arterial na Atenção Primária. Rev Bras Enferm [Internet]. 2025 [cited in 02 Nov 2025]; 78(4):e20240156. DOI: https://doi.org/10.1590/0034-7167-2024-0156pt

19. Fehring RJ. Methods to validate nursing diagnoses. Heart Lung [Internet]. 1987 [cited in 20 May 2025]; 16(6):625-9. Available from: https://www.researchgate.net/publication/40505773_Methods_to_Validate_Nursing_Diagnoses

20. Lima IDA, Leon CGRMP, Ribeiro LM, Silva ICR, Vilela DM, Fonseca LMM, et al. A Serious Game (Immunitates) about immunization: development and validation study. JMIR Serious Games [Internet]. 2022 [cited in 02 Nov 2025]; 10(1): e30738. DOI: https://doi.org/10.2196/30738

21. Carmo JC, Espíndola HSDM. Divisão sexual do trabalho e sua relação com a ciência, tecnologia e educação. Série-Estudos [Internet]. 2023 [cited in 17 Oct 2025]; 28(63):223-42. DOI: http://dx.doi.org/10.20435/serieestudos.v28i63.1776

22. Macêdo GS, Macedo KB. As relações de gênero no contexto organizacional: o discurso de homens e mulheres. Rev Psicol, Organ Trab [Internet]. 2004 [cited in 17 Oct 2025]; 4(1):61-90. Available from: https://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1984-66572004000100004

23. Heidari S, Babor TF, Castro P, Tort S, Curno M. Equidade de sexo e gênero na pesquisa: fundamentação das diretrizes SAGER e uso recomendado. Epidemiol Serv Saude [Internet]. 2017 [cited in 02 Nov 2025]; 26(3):665-76. Available from: https://www.scielo.br/j/ress/a/qbkGJtSD7Cj4fzJSrVsg6Hf/abstract/?lang=pt

24. Garcia LP. Equidade de sexo e gênero na pesquisa e na publicação científica: as diretrizes SAGER e suas listas de verificação. Rev Bras Saude Ocup [Internet]. 2022 [cited in 02 Nov 2025]; 47:e21. DOI: https://doi.org/10.1590/2317-6369nt122pt2022v47e21

25. National Health and Medical Research Council (Australia). Statement on sex, gender, variations of sex characteristics and sexual orientation in health and medical research [Internet]. Canberra: NHMRC; 2024 [cited in 02 Nov 2025]. Available from: https://www.nhmrc.gov.au/research-policy/gender-equity/statement-sex-and-gender-health-and-medical-research

26. Galvão ALM, Oliveira E, Germani ACCG, Luiz OC. Determinantes estruturais da saúde, raça, gênero e classe social: uma revisão de escopo. Saude Soc [Internet]. 2021 [cited in 02 Nov 2025]; 30(2):e200743. DOI: https://doi.org/10.1590/S0104-12902021200743

27. Carvalho ALB, Rocha E, Sampaio RF, Ouverney ALM. Os governos estaduais no enfrentamento da Covid-19: um novo protagonismo no federalismo brasileiro? Saúde Debate [Internet]. 2022 [cited in 02 Nov 2025];46(spe 1):62-77. DOI: https://doi.org/10.1590/0103-11042022E104

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