

Development and validation of an educational pamphlet: technology for home care of pressure injuries

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ABSTRACT

Objective: To create and validate an educational pamphlet focused on home care for pressure injuries. **Method:** This methodological study was conducted in three stages: topic development, pamphlet creation, and content validation by experts. The pamphlet was designed using the Canva® digital graphic design platform, considering a dynamic, self-explanatory approach suitable for the target audience, featuring a light and attractive appearance with simple language. For content validation, the Content Validity Index (CVI) was used. **Results:** The pamphlet, titled "Pressure Injuries and Home Care: Let's Talk About It?", was validated by eight experts with an overall CVI above ≥ 0.78 . Due to concerns raised by the experts regarding linguistic accessibility, a content review and textual adjustments were made for the final version. **Conclusion:** The constructed, validated pamphlet has demonstrated potential for use and improvement in home care for people with pressure injuries. Future research should focus on validating the usability of the technology by users.

DESCRIPTORS: Pressure ulcer. Home care services. Biomedical technology. Enterostomal therapy.

Construção e validação de cartilha educativa: tecnologia para o cuidado domiciliar à lesão por pressão

RESUMO

Objetivo: Construir e validar uma cartilha educativa voltada ao cuidado domiciliar com lesão por pressão. **Método:** estudo metodológico realizado em três etapas: elaboração dos assuntos, construção da cartilha e validação de conteúdo por juízes. A cartilha foi elaborada na plataforma digital de design gráfico Canva®, considerando abordagem dinâmica, autoexplicativa, adequada ao público-alvo; contendo uma aparência leve, atrativa e linguagem simples. Para validação de conteúdo, utilizou o Índice de Validade de Conteúdo (IVC). **Resultados:** A cartilha foi intitulada "Lesão por pressão e cuidados domiciliares: Vamos falar sobre isso?", validada por oito juízes com índice de validade de conteúdo geral acima de $\geq 0,78$. Considerando a preocupação por parte dos juízes, diante da acessibilidade linguística, foi realizada uma revisão do conteúdo e adequação textual para a versão final. **Conclusão:** A tecnologia construída e validada demonstrou potencial para ser utilizada e gerar melhoria dos cuidados domiciliares às pessoas que convivem com lesões por pressão. Como perspectiva para pesquisas futuras, ressalta-se a validação da usabilidade da tecnologia pelos usuários.

DESCRIPTORIOS: Úlcera por pressão. Serviços de assistência domiciliar. Tecnologia biomédica. Estomaterapia.

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Construcción y validación de un folleto educativo: tecnología para el cuidado domiciliario de lesiones por presión

RESUMEN

Objetivo: construir y validar un folleto educativo enfocado en la atención domiciliar de lesiones por presión. **Método:** estudio metodológico realizado en tres etapas: elaboración de los temas, construcción del folleto y validación del contenido por parte de los jueces. El folleto fue elaborado en la plataforma digital de diseño gráfico Canva®, con un enfoque dinámico y autoexplicativo, adecuado al público objetivo, con una apariencia ligera, atractiva y con un lenguaje sencillo. La validación del contenido se realizó utilizando el Índice de Validez de Contenido (IVC). **Resultados:** El folleto se tituló "Lesión por presión y cuidados domiciliarios: ¿Hablemos de eso?", validado por 8 jueces con un índice de validez de contenido global superior a $\geq 0,78$. Teniendo en cuenta la preocupación de accesibilidad lingüística por parte de los jueces, se llevó a cabo una revisión de contenido y adecuación textual para la versión final. **Conclusión:** La tecnología construida y validada demostró potencial para ser utilizada y generar mejoras en la atención domiciliar de las personas con lesiones por presión. Investigaciones futuras deberían centrarse en validar la usabilidad de la tecnología por parte de los usuarios.

DESCRIPTORES: Lesión por presión. Servicios de atención de salud a domicilio. Tecnología biomédica. Estomaterapia.

INTRODUCTION

According to the Brazilian National Health Surveillance Agency (ANVISA), pressure injuries (PIs) are considered the second most reported adverse event in health care, making them a serious public health problem¹.

PIs can prolong hospital stays, increase the risk of infection, delay recovery, and even lead to death². These circumstances have a direct impact on the cost of health care services as well as on the families of those affected³.

To understand the magnitude of PIs in the Brazilian epidemiological context, according to the report on health care-related incidents, PIs were the most reported adverse event between 2020 and 2021, with approximately 50,000 cases⁴.

Circumstances related to the aging process, as well as clinical situations that result in reduced mobility, make older people more susceptible to developing PIs⁵.

Since informal care is typically provided by family members and PIs are largely preventable, personal hygiene, proper nutrition, repositioning, skin hydration, and other care measures are critical⁵.

However, the development of effective care in informal settings is known to be weak due to the limited knowledge of many caregivers. Therefore, strategies need to be implemented to educate these individuals about essential aspects of care, especially with regard to the prevention of PIs⁶.

The development and implementation of educational technologies in this context can facilitate access to information and subsequently help caregivers to better cope with challenges, whether they are related to themselves or to the patient⁷.

There are various technologies that can inform, guide, and communicate; pamphlets are one such education technology that aims to improve the educational process for caregivers and family members. This can reduce uncertainty and anxiety surrounding patient care, positively impacting adherence to care practices and improving quality of life⁸.

The idea for the pamphlet arose from observations made during the researcher's clinical practice as a nurse in the Brazilian Home Care Service (Serviço de Atenção Domiciliar [SAD]). She noticed that families and carers faced difficulties in preventing or treating PIs when caring for bedridden or dependent people.

OBJECTIVE

To create and validate an educational pamphlet focused on home care for the prevention and treatment of PIs.

METHOD

This methodological study was conducted from July 2021 to February 2022 and was divided into three phases: 1. content development, 2. brochure construction, and 3. expert content validation⁹.

The study was approved by the Ethics Committee with approval number 3.832.885 and Certificate of Presentation for Ethical Consideration (CAAE) number 25730719.1.0000.5055, meeting all requirements for research involving human beings.

Phase 1: Systematization and elaboration of content

In order to provide literary support and considering the importance of scientific evidence, a nonsystematic literature search was conducted in PubMed Central (PMC) and Scopus (Elsevier) from July to October 2021. The guiding question was What essential information can contribute to knowledge, attitudes, and practice in the process of home care for PIs?

Health Sciences Descriptors (DeCS) terms were used in the search. Term “pressure ulcer” (DeCS term for lesão por pressão) was combined, using the Boolean operator AND, with “risk factors,” “nutrition,” “fluid therapy” (DeCS term for hidratação), and “enterostomal therapy.” Search strategies adopted were: “pressure ulcer” and “risk factors,” “pressure ulcer” and “nutrition” and “fluid therapy,” and “pressure ulcer” and “enterostomal therapy.” Articles from the open access system, published in any language, without a time limit, were selected. Excluded were duplicate studies, articles in press, incomplete articles, and those not available in open access.

Phase 2: Preparation of the pamphlet

Pamphlet was created between November and December 2021 by using the digital graphic design platform Canva[®]. The structure of the pamphlet was guided by the following points: dynamic approach, self-explanatory, suitable for the target audience; with a light and attractive appearance, with simple language for user understanding. In addition to using the platform, a professional graphic designer created two characters: one representing a family member who provides informal care to a bedridden person, and the other representing a specialized nurse in stomal therapy. Dialogues, based on the main questions observed by the researcher, were interwoven with information from the literature in electronic format.

Phase 3: Content validation by experts

The validation of the pamphlet was performed by nurses between January and February 2022. Experts were selected by accessing the Lattes curricula. In the “search curriculum” field, the “subject (title or keyword of the production)” option was selected, which identified curricula based on the following areas of expertise: nursing, stomal therapy, PIs, and the development and/or validation of technologies/instruments in the health field.

Once the Lattes curricula were identified, the list of attributes for experts described by Jasper¹⁰ was used as inclusion criteria: possessing specialized knowledge or skills, having practical experience in the field, and being highly recognized by other professionals. To be considered a qualified expert for evaluation, the professional had to meet at least two of these criteria. After verification, initial contact was made by email, which included an invitation letter for the study.

Once the email responses were received, each expert was sent the Informed Consent Form (ICF) to document their authorization to participate, the pamphlet in PDF format, and two Google Forms links — one with the questionnaire to collect participant profile information and the other with the technology validation instrument. Of the 13 invited experts, 9 accepted the invitation. However, only 8 completed the validation process. The number of responses was considered sufficient for validation because it was within the range recommended in the literature^{11,12}.

In evaluating the pamphlet, experts rated the items in terms of their objective, content, and relevance. The Content Validity Index (CVI) was used as the validation calculation, using the Likert¹³ scale with scores from 1 to 4, where 1=strongly

disagree, 2=partially disagree, 3=partially agree, and 4=strongly agree. CVI was calculated by summing the agreement of items rated “3” and “4” by the experts divided by the total number of responses¹⁴. A CVI cutoff of ≥ 0.78 was considered valid¹⁵. For the final version of the pamphlet, items with a CVI of less than 0.78 were noted and modifications were made according to the suggestions of the reviewers.

RESULTS

Overview of search results

Of the 5,172 articles found in the search databases, 3,168 were not available in open access (the term “open access” means free, unrestricted access). By using the open access filter available on PubMed and Scopus, 2,987 articles were excluded. Of the 181 articles selected, 47 were excluded because they were duplicates in the databases. After a thorough reading of the 134 articles, 10 were selected as the basis for the pamphlet. In addition, documents from the National Pressure Ulcer Advisory Panel (NPUAP), the Brazilian Association of Enterostomal Therapy (SOBEST), and the Brazilian Ministry of Health (MS) were accessed to supplement the information.

Overall, the results highlighted fundamental issues for informal caregiving, such as caregivers developing knowledge of what a PI is, understanding the risk factors, recognizing a PI, knowing the preventive care measures, and understanding what to do if someone develops PIs.

Pamphlet “Pressure Injuries and Home Care: Let’s Talk About It?”

Pamphlet titled “Pressure Injuries and Home Care: Let’s Talk About It?” originally consisted of 36 pages. The general structure of the pamphlet (Figure 1) included a cover; a greeting from the character Iza (a specialist in stomal therapy); a list of learning points; and an introduction page for the character Dona Maria, who is responsible for caring for her 86-year-old bedridden husband, Mr. Chico, after he fell in the bathroom.

Content followed a logical sequence based on the caregiver’s questions in dialogue with the nurse by using simple language, speech bubbles, real pictures, illustrative pictures, and graphic highlights to draw attention to specific information. The following topics were covered: 1 – What is a pressure injury; 2 – Risk factors; 3 – Recognizing a pressure injury; 4 – Positioning; 5 – Nutrition and hydration; 6 – Fun facts about nutrition and hydration; 7 – Hygiene; 8 – A pressure injury has occurred. What to do now?

Regarding the characteristics of the experts, of the eight who completed all phases (five women and three men), four were stomal therapists. The age of the participants ranged from 30 to 56 years. Regarding their highest academic degree, two were doctors, five were masters, and one was a specialist. With regard to their professional setting, understanding that a professional can work in different sectors, two reported working exclusively in health care, eight in teaching, and two in health care, teaching, and research. When asked about their years of professional experience, it ranged from 2 to 15 years ($\sigma=5.958$). All eight experts had scientific experience, including supervising or co-supervising academic papers, authoring or co-authoring articles, and serving on dissertation committees or research groups.

Regarding the validation of the pamphlet, the items evaluated for the topics “objective,” “content,” and “relevance,” along with the ratings and corresponding CVI values, are listed in Table 1.

Upon analysis of the validation data, it was found that the “objective” of the pamphlet received a CVI=1.0 for all questions, which is considered the maximum validation value.

Regarding the “content” topic, three of the eight questions had a CVI=0.75, which is below the acceptable cutoff. In this area, experts did not have a significant consensus on the suitability of the content for the sociocultural level of the population, the different age groups, and the ability of the writing style to facilitate reader understanding. Consequently, they suggested a review of the content and a rewrite of the text with a focus on simplifying the language. These suggestions



Figure 1. Initial pages of the pamphlet “Pressure Injuries and Home Care: Let’s Talk About It?” Crato (CE), 2022.

have been accepted and implemented. The vocabulary of the pamphlet was simplified by removing some technical terms to improve comprehension according to the sociocultural level of the population. The revised version of the pamphlet was reviewed by the researchers and a consensus was reached among them.

Regarding the “relevance” topic, the CVI results were higher than 0.78, which was considered valid. Experts also commented on the number of pages in the pamphlet, suggesting a reduction because readers might not finish it if they found it too long. In accordance with these evaluations, the pamphlet was revised, and the information adjusted. The final version of pamphlet thus consisted of 32 pages, with 26 pages of dialogues and information and six pages of pre-textual and post-textual elements.

DISCUSSION

Knowledge and practices related to the prevention of PIs have been a topic of interest within the scientific community. The weaknesses identified by the researcher, which guided the development of the pamphlet, were generally consistent with the literature¹⁶ and reinforced the need for research on this topic. The first concern was to provide knowledge about what a PI is. This term may be unfamiliar, as the word “bedsore” is still commonly used to refer to PI¹⁷. Therefore, the pamphlet aimed to define not only what a PI is, but also other terms such as necrosis, slough, and granulation tissue.

Just as important as explaining what a PI is, is ensuring that family members and caregivers understand the various aspects of the topic that are critical to prevention and home care. Risk factors, classification of PI stages, and repositioning intervals, etc., often raise questions for many people¹⁸.

There was also a focus on highlighting the importance of health workers in the care of people with PI, given the

Table 1. Content assessment of the educational pamphlet “Pressure Injuries and Home Care: Let’s Talk About It?” by the judges. Crato-CE, 2022.

Questions	Score				CVI
	1	2	3	4	
	N (%)	N (%)	N (%)	N (%)	
Aim					
The information/content is consistent with the chosen theme.			4 (50)	4 (50)	1.0
The information/content has the potential to promote changes in behavior and attitude.			3 (37.5)	5 (62.5)	1.0
The information/content is suitable for dissemination within the scientific community in the field..			2 (25)	6 (75)	1.0
Content					
The educational material is appropriate for guiding the caregivers in question regarding home care, considering pressure injuries.	1 (12.5)		4 (50)	3 (37.5)	0.88
The messages are presented clearly and objectively.	1 (12.5)		4 (50)	3 (37.5)	0.88
The information presented is scientifically accurate.			5 (62.5)	3 (37.5)	1.0
The content is appropriate to the sociocultural level of the population.			4 (50)	2 (25)	0.75
The educational material is suitable for different age groups.			4 (50)	2 (25)	0.75
The writing style has the potential to match the level of understanding of the population.			4 (50)	2 (25)	0.75
The cover information is presented coherently, including the title.			3 (37.5)	4 (50)	0.88
The illustrations are expressive and self-explanatory.			3 (37.5)	4 (50)	0.88
Relevance					
The information presented addresses key issues that should be reinforced.			2 (25)	6 (75)	1.0
The material allows for transfer and generalization of learning to caregivers regarding home care and pressure injuries.			4 (50)	3 (37.5)	0.88
The pamphlet promotes the construction of knowledge and the dialog between empirical and scientific knowledge.			2 (25)	6 (75)	1.0

importance of a multidisciplinary approach to health care. The role of the stomal therapy nurse is a prime example, as this professional is a key guide to home care practices for the affected population¹⁹. Another example was the discussion of the involvement of nutritionists in guiding healthy eating, which is a crucial part of the prevention and treatment of PIs²⁰. In addition, the dialogue between nurse Iza and Dona Maria aimed to highlight the importance of clear communication between health professionals and family members/caregivers in order to build trust in the development of preventive or treatment measures¹⁶.

Thus, printed educational technologies have proven to be an innovative way to disseminate health information, as they make it easier and clearer to communicate instructions. In addition, they promote dialogue and the relationship between the patient and the health care team through open, informative communication²¹.

In light of this fact, educational pamphlets have proven to be innovative resources that increase the autonomy of those for whom they are intended²².

In this context, as health technologies become increasingly important, the pamphlet demonstrated a validity greater than that recommended by the literature regarding its purpose. This suggests the pamphlet was able to achieve its intended purpose or goal as a technology. In addition, the simple language suitable for all audiences ensures that the information is better understood, which is closely related to adherence.

Thus, these technologies are seen as tools that expand the possibilities for health professionals to engage in care-producing practices and thus improve the quality of health care. These tools are essential to the horizontal construction of knowledge²³.

Identifying the quality of instruments is crucial for the legitimacy and credibility of research results, thus confirming the importance of the validation process²⁴.

The “content” topic refers to the way the guidelines are presented. This includes the overall organization, structure, presentation strategy, coherence, and formatting. Although most of the items had a positive CVI, judges expressed concern about whether the pamphlet could ensure comprehension by the population, which is a very important point to discuss.

Texts had to be adapted and the number of pages reduced in order to make the reading material as appealing as possible without being tedious. This can increase the likelihood of promoting understanding among the target audience — especially those with lower levels of education — and thereby positively changing their reality²². Appropriateness of the content has a direct impact on its relevance, showing the technology has aspects that should be reinforced, enabling learning and facilitating dialogue with different types of knowledge.

However, limitations of the research include the inability to return the final version of the pamphlet for re-evaluation by the nursing/stomal therapy experts. In addition, validation with the target population could not be performed, as it would have been important for this process to take place through personal contact with family members/caregivers. The pandemic context, although beginning to improve as vaccination progressed, still posed a risk of contagion to both the researcher and the population.

CONCLUSION

The educational pamphlet was developed and validated to assist family members/caregivers in the prevention, treatment, and rehabilitation of PIs.

The importance of continuing the validation processes is stressed, including not only a new evaluation of the final version by nursing/stomal therapy experts but also by the target population. In conclusion, strengthening health research focused on the development of health technologies is a relevant way to promote health and comprehensiveness in the different contexts of the health-disease process.

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