

# CONSTRUCTION AND EVIDENCE OF VALIDITY OF EDUCATIONAL VIDEOS BASED ON HEALTH LITERACY FOR CAREGIVERS OF PATIENTS UNDER PALLIATIVE CARE

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## INTRODUCTION

Advances in health science and technology have increased the life expectancy of patients with chronic diseases.

In this scenario, palliative care has emerged as an approach that aims to improve the quality of life of patients and their families when faced with life-threatening diseases.

Effective communication with this audience highlights the importance of health literacy, defined as the ability to access, understand, evaluate, and apply health information in daily life, promoted by the active involvement of health organizations.

The objective of this study was to develop and validate educational videos based on health literacy for family members of patients in palliative care.

## METHODS

Local: referral hospital in Morada Nova, Ceará, Brazil

Steps:

1) Scoping review to identify educational strategies based on health literacy for family members of patients in palliative care. The results guided the selection of video content, aligned with local service protocols.

2) Pre-production, production, and post-production phases.

- 10 storyboards:
  - Program presentation and pain control (38 slides)
  - Hygiene care (35 slides)
  - Oral feeding (36 slides)
  - Tube feeding (37 slides)
  - Exercise and mobility (21 slides)
  - Pressure injury prevention (39 slides)
  - Dressing care (15 slides)
  - Caregiver care (21 slides)
  - Spirituality (20 slides)
  - Mourning (25 slides)

3) Storyboards validation:

- 6 experts
- Instrument: The Patient Education Materials Assessment Tool (PEMAT)

4) Videos (10) evaluation:

- 12 caregivers of patients in palliative care
- Assistive technology assessment instrument

## RESULTS

Expert judges: agreement rate > 70%

Caregivers: agreement rate 100% (no editing required)

Videos length: 2:41 to 7:23 minutes; 4:93 minutes (average)

Next we present an example of a storyboard for each video created

### 1: Introducing the program and talking about pain: what to do?

**STORYBOARD 1**  
PALLIATIVE CARE: A PROGRAM FOR THE CAREGIVER  
Presenting the program and talking about pain

**COMO CONTROLAR A DOR?**

How to control pain?

Give the person the pain medication that the doctor prescribed. Pay attention to the amount you can give at a time. And pay attention to how often you can give this medicine every few hours.

What if the medicine isn't working? Talk to the doctor who is treating the person. Don't change medicines on your own or because someone else said that a certain medicine was good.

The healthcare team that cares for the person knows what is best for that person.

### 2: Hygiene care

**STORYBOARD 2**  
PALLIATIVE CARE: A PROGRAM FOR THE CAREGIVER  
Hygiene of the person in palliative care

The bed bath should start with the head. Wash your hair at least three times a week.

Don't forget your scalp. You need to wash it to prevent dandruff and lice from appearing. Ask your healthcare team for suggestions on good shampoos.

Start with your hands, arms and then armpits. Then wash your chest, abdomen, intimate area. Then your legs. Finally, your back.

What about towels? Remember to always have clean towels. It's best to change them every day. Or whenever you notice that the towel is dirty.

### 3: Oral feeding

**SOTORBOARD 3**  
PALLIATIVE CARE: A PROGRAM FOR THE CAREGIVER  
Feeding by mouth

It helps the person to stay well hydrated.

It helps maintain a person's immunity. What is immunity? It means that a person becomes stronger against diseases.

And if all these good things happen, the person becomes happier. In other words, the person's quality of life improves.

People can't always eat everything they need through their mouth. Sometimes they need to eat through a tube. But today, we're going to talk about oral feeding.

### 4: Tube feeding

**STORYBOARD 4**  
PALLIATIVE CARE: A PROGRAM FOR THE CAREGIVER  
Tube feeding

**1ª DICA**

First tip: Have the person sit down when inserting the feeding tube. If they can't sit down, have them sit up halfway. In other words, have them sit at least halfway down the position they would normally sit in.

**2ª DICA**

Second tip: The hygiene of whoever is going to insert the diet into the tube. You need to wash your hands with soap and water before handling the diet.

**3ª DICA**

Third tip: Check the temperature of the food. It has to be at room temperature. It can't be hot or cold.

### 5: Exercises and mobility

**STORYBOARD 5**  
PALLIATIVE CARE: A PROGRAM FOR THE CAREGIVER  
Exercises and mobility

Exercise is a set of body movements that helps improve our physique.

And what is mobility?

Mobility is a person's ability to move from one side to another.

Exercises should be done according to the person's condition. Long exercises should be avoided, as this can tire the person.

### 6: Pressure injury prevention

**STORYBOARD 6**  
PALLIATIVE CARE: A PROGRAM FOR THE CAREGIVER  
Pressure injury prevention

A lesion is a wound caused to the skin. But it can be deeper. It can reach the dermis, which is below the skin. And it can be even deeper, reaching the fat.

Why do we talk about pressure injuries? It's because the wound appears when a part of the body is squeezed by something.

I'll give you an example. A person stays in bed and doesn't change position. The skin stays against the same spot on the sheet without changing. This ends up hurting the skin. That's why it's important to always change the person's position.

There is another thing that causes pressure injuries. It is shear stress. Another difficult name. Let me explain. The person slips in bed or on an armchair and does not notice. Then the skin becomes folded and starts to hurt.

### 7: Dressing care

**STORYBOARD 7**  
PALLIATIVE CARE: A PROGRAM FOR THE CAREGIVER  
Dressing care

A person with a wound needs to change the dressing every day. However, always follow the nurse's instructions for changing the dressing.

Change the dressing after the person has bathed.

**MATERIAIS MAIS USADOS**

SAZES  
SORO FISIOLÓGICO  
POMADAS

To make the change, use the material that the nurse recommends. The most commonly used materials are gauze, saline solution for cleaning and ointments. Do not use any material on your own.

The dressing is done by the home care nurse or by the health center nurse. However, the person's caregiver can learn how to do the dressing. The nurse teaches them how to do it.

### 8: Caregiver care

**STORYBOARD 8**  
PALLIATIVE CARE: A PROGRAM FOR THE CAREGIVER  
Caregiver care

We, as health professionals, can also recommend support groups and networks for you. Ask your team. To family members of the person in palliative care. See if it is recommend groups and networks near you. Exchange ideas and experiences with other caregivers. Meeting housework. That way, you will be less tired from caring for people in similar situations to yours. can help you feel the person in palliative care.

You can also help yourself. Hold meetings with the closest groups and networks for you. Ask your team. To family members of the person in palliative care. See if it is recommend groups and networks near you. Exchange ideas and experiences with other caregivers. Meeting housework. That way, you will be less tired from caring for people in similar situations to yours. can help you feel the person in palliative care.

And it's important. Take care of yourself. Talk to your family again. Try to make time to sleep.

Try to have time to walk.

### 9: Spirituality

**STORYBOARD 9**  
PALLIATIVE CARE: A PROGRAM FOR THE CAREGIVER  
Spirituality

A person can request a religious person to visit their home to hold a moment of prayer according to their beliefs.

The caregiver can pray with the patient.

You can put on a radio program according to your faith.

What if I don't want to pray?

**E SE NÃO QUISER ORAR?**

### 10: Mourning

**STORYBOARD 10**  
PALLIATIVE CARE: A PROGRAM FOR THE CAREGIVER  
Grief

We got angry.

We feel fear.

We lost sleep.

We cried.

## CONCLUSION

Palliative care improves quality of life, making caregiver training essential.

The approval of the videos reinforces their usefulness as a tool at hospital discharge, ensuring continuity of home care.

The research highlights the importance of validated educational materials to support caregivers in challenging contexts, strengthening digital health literacy.

## CONNECTION WITH THE IHA MISSION

The educational videos were based on health literacy, promoting the empowerment of caregivers to deal with the demands of palliative care.

In addition the material provides safety for home care and favors a more humanized environment for patients and family members.



LISA- Letramento e Inovação em Saúde  
(Health literacy and Innovation)

Here is the link to the these videos published on the Nutrindo-Nutrition and Public Health Laboratory channel on Youtube:

[https://www.youtube.com/playlist?list=PLxn\\_WhZgp7NLHERCGLC8MesU5-ZwRrOh3](https://www.youtube.com/playlist?list=PLxn_WhZgp7NLHERCGLC8MesU5-ZwRrOh3)