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RESEARCH

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CONSTRUCTION AND VALIDATION OF A BOOKLET ON MENTAL HEALTH CARE IN PRIMARY CARE

*Construção e validação de cartilha sobre o cuidado em saúde mental na atenção primária**Construcción y validación de folleto de atención de salud mental em atención primaria*Jamine Bernieri¹ Alice Hirdes² Carine Vendruscolo³ Denise Antunes de Azambuja Zocche⁴ Leila Zanatta⁵ 

ABSTRACT

Objective: to describe the construction and validation process of a booklet about mental health for Primary Health Care professionals. **Method:** action-research, divided in two phases, developed from November 2020 a January 2021. **Results:** the booklet construction was based in a situational diagnosis and the literature, followed by validation by specialist- judges and target audience. Content was validated by twelve specialist-judges in mental health, reaching a Content Validity Index above 80%. For the appearance validation, there were six design and/or marketing judges, then a semantic validation Index was developed by eleven Primary Health Care professionals, that represented the target audience. Concordance Index was used, reaching values above 75%. **Conclusion:** these results show that the technology built is reliable and valid and can be used by multidisciplinary teams of Primary Health Care.

DESCRIPTORS: Primary health care; Education continuing; Mental health; Psychological distress; Educational technology.

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RESUMO

Objetivo: descrever o processo de construção e validação de uma cartilha para promoção da saúde mental para profissionais da Atenção Primária à Saúde. **Método:** pesquisa-ação, dividida em cinco fases, realizada de novembro de 2020 a janeiro de 2021. **Resultados:** a construção da cartilha foi embasada em um diagnóstico situacional e na literatura, seguido de validação por juizes-especialistas e público-alvo. O conteúdo foi validado por doze juizes-especialistas em saúde mental, atingindo Índice de Validade do Conteúdo acima de 80%. Para validação da aparência contou-se com seis juizes da área de design e/ou marketing, por fim foi realizada a validação semântica por onze profissionais da Atenção Primária à Saúde, que representaram o público-alvo. Utilizou-se o Índice de Concordância, atingindo valores acima de 75%. **Conclusão:** tais resultados evidenciam que a tecnologia construída é confiável e válida podendo ser utilizada pelas equipes multiprofissionais da Atenção Primária à Saúde.

DESCRIPTORIOS: Atenção primária à saúde; Educação continuada; Saúde mental; Angústia psicológica; Tecnologia educacional.

RESUMEN

Objetivos: describir el proceso de construcción y validación de una cartilla sobre salud mental para profesionales de la Atención Primaria de Salud. **Método:** investigación acción, dividida en dos fases, realizada de noviembre de 2020 a enero de 2021. **Resultados:** la construcción de la cartilla se basó en un diagnóstico situacional y la literatura, seguida de validación por jueces expertos y el público objetivo. El contenido fue validado por doce jueces expertos en salud mental, alcanzando un Índice de Validez de Contenido superior al 80%. Para la validación de la apariencia se utilizaron seis jueces del área de diseño y/o marketing, finalmente, la validación semántica fue realizada por once profesionales de la Atención Primaria de Salud, que representaron al público objetivo. Se utilizó el Índice de Concordancia, alcanzando valores superiores al 75%. **Conclusión:** estos resultados muestran que la tecnología construida es confiable y válida y puede ser utilizada por equipos multidisciplinarios de Atención Primaria de Salud.

DESCRIPTORIOS: Atención primaria de salud; Educación continua; Salud mental; Distrés psicológico; Tecnología educacional.

INTRODUCTION

Through the Psychiatric Reform, a new proposal for the treatment of people in mental distress emerged in Brazil. This movement aimed to humanize care, advocating the replacement of the hospital-centered model, centered on the disease, by another that seeks the reintegration of these people into society.¹

It should be emphasized that despite the changes proposed by the Brazilian Psychiatric Reform, mental health care (MH) in Primary Health Care (PHC) has been permeated by several challenges, mainly regarding the preparation of professionals to work in the face of this demand. This fact can be attributed to the requirements that this field of action involves, such as theoretical-scientific knowledge, case resolvability, empathy and humanization.²⁻³

Permanent Education in Service (EPS) in MH care can present itself as a critical-reflective possibility and as an instrument that improves the knowledge of professionals about this theme, being able to provide significant changes in the assistance provided to this demand.⁴

In this perspective, nurses can use Educational Technologies (ET), such as booklets, aimed at carrying out EPS processes for other PHC professionals, since this type of tool is considered to facilitate learning, with easy visualization and appropriate language.⁵

Similar ET have been produced not only in Brazil, but also in other countries and states, such as India and Hawaii, where a manual for health workers on the prevention of mental illness and promotion of MH in the elderly and a manual on MH in children and adolescents were developed to assist primary care workers, respectively.⁶⁻⁷

Given this context, it is understood that the development of an educational booklet emerges as a possibility of permanent training

on MH for PHC health professionals, since weaknesses in the care provided to this demand were identified. Such facts denote an existing gap between knowledge and practice of MH care in PHC, thus requiring intervention.

In this sense, the objective is to describe the process of construction and validation of a booklet for mental health promotion for Primary Health Care professionals.

METHOD

Qualitative study of the action research type. Action research can be understood as a social study, with an empirical basis, designed and carried out in association with an action or with the resolution of a collective problem, in which the researcher and the participants representative of the situation or problem are involved in a cooperative or participatory way.⁸

This is action research, developed in five stages. A literature review and a survey of the profile of psychotropic drug users in the municipality in question were carried out. Afterwards, field research was carried out, in which the weaknesses of care for people in mental distress in Primary Health Care were investigated and suggestions for topics to compose a booklet were obtained.

This research was carried out in five phases and in this article only the learning, formal/informal knowledge and external dissemination phases will be presented. These were developed in two stages, which also followed the reference for the development of educational technologies in the health area:⁹⁻¹⁰ 1) construction of the material that took place from November 2020 to January 2021, in the municipality

of Erval Grande-RS and 2) validation of the booklet by expert judges and target audience carried out from February to July 2021.

Stage 1: Construction of the booklet

To support the construction of the booklet, first, a survey of users who withdrew psychotropic drugs from the pharmacy of the Basic Health Unit (BHU) of the municipality of Erval Grande-RS was carried out. It was identified that 603 different people withdrew in the period studied, and information was also obtained regarding the characteristics of the dispensation of psychotropic drugs, as well as the sociodemographic profile of the users of these drugs (unpublished data). The objective of this investigation was to perform a situational diagnosis and to stimulate professionals to think about new care strategies for people in mental distress, which could compose the booklet to be developed.

Subsequently, field research was conducted with eight PHC professionals (three doctors, two nurses, two nursing technicians and a psychologist) who worked in the municipality, providing care to users in mental distress. Through individual interviews and a conversation circle, both guided by previously prepared scripts, weaknesses in the care of this demand were identified and themes were defined to compose the booklet.² These actions contemplate one of the characteristics of action research, which advocates that problems or intervention actions should be discussed and thought by the group collectively.⁸

Based on the suggestions of PHC professionals, themes for the booklet were defined. Searches were then carried out to obtain the content of the technology in documents, manuals and booklets of the Ministry of Health and the World Health Organization, in addition to a literature review, which took place in the months of March to April 2020, in the BVS, in the Portal of Periodicals of Capes, and Pubmed, through the following crossings of descriptors in Portuguese and English: mental suffering AND Primary Health Care AND Nursing care; Medicalization AND Care AND Primary Health Care; Primary Health Care AND Mental health care AND Family Health Strategy.

Twenty-eight papers were included to support the content of the booklet, as well as some manuals and documents from the Ministry of Health and the World Health Organization. To make the illustrations, formatting, configuration and layout of the booklet pages, a professional graphic designer was hired, and the Corel Draw (2017) program was used.

Step 2: Validation of the booklet

The booklet underwent content and appearance validation, as well as evaluation by representatives of the target audience (PHC professionals who assisted in the construction and subsequently used the material). At this stage, 12 expert judges in the area of MH were used for content validation, six expert judges in design and/or marketing for appearance validation, and the evaluation by the target audience was carried out by 11 members of the multiprofessional PHC team.

The selection of expert judges was made through intentional non-probabilistic, non-random sampling, through analysis of curricula in the Lattes Platform, of the National Council for Scientific and Technological Development (CNPq) portal. Content expert judges who met at least two of the following criteria were included: 1) Being a specialist (*lato* or *stricto sensu*) in the thematic area of the

study, 2) having clinical-assistance practice with the target audience of the study for at least three years, 3) having a paper published in a journal and/or event on the topic, 4) having papers published in journals and/or events on the construction and validation of ET in the thematic area, and/or 5) being a member of the Scientific Society in the thematic area.

Judges-experts of appearance were included, who met at least two of the following criteria: 1) Be a specialist (*lato* or *stricto sensu*) in their professional area, 2) have a paper published in a journal and/or event on educational technologies, 3) have a paper published in a journal and/or event on the construction and validation of ET, 4) have professional experience with the format-modality of ET for at least two years, 5) have work registered and/or applied with the format-modality of ET. Those who met the pre-established criteria were invited to participate in the study through an invitation letter via e-mail. Initially, 27 content judges and 16 appearance judges were selected, and of these, 15 judges (5 content and 10 appearance) were excluded for not answering the instruments within the given deadline and/or for not returning the documents.

For the selection of the target audience, an intentional sample was chosen, composed of members of the multiprofessional PHC team, who were invited via e-mail to participate in the study. According to the literature, this group of evaluators should be formed by individuals with a similar profile to the public for whom the technology will be intended.⁹ The inclusion criteria were age 18 years or older; being a doctor; nurse; psychologist, physiotherapist and/or nursing technician; and having worked for at least six months in PHC. Exclusion criteria were professionals who were away from their work activities due to illness and the non-return of the form sent. All invited professionals participated in the study, totaling 11 participants, of which three were doctors, two nurses, one psychologist, one physiotherapist and four nursing technicians.

Since each group of judges had a specific focus in their evaluation, three different evaluative instruments were constructed in Google Forms, which were sent via e-mail to each judge. All instruments were composed of three sections: the first contained the Informed Consent Form for reading and acceptance; the second characterized the profile of the specialist or target audience; the third section had a header containing instructions to the judges.

The evaluation instrument used by the content judges had affirmative sentences that covered the following aspects: objectives; structure; presentation and relevance, totaling 21 items, also containing open questions for comments and suggestions.⁹

Regarding the content validity of the booklet, the Content Validation Index (CVI) was used with a Likert-type scale, with a score of one to four: 1 = totally adequate; 2 = adequate; 3 = partially adequate, and 4 = inadequate, and when marking the values "3" or "4" the judges should justify their answer, suggesting changes (10). Data analysis was based on the sum of the number of responses "1" (totally adequate) and "2" (adequate) of each participating judge, in relation to each item of the instrument, divided by the total number of responses. The technology was considered validated when a CVI equal to or greater than 80% was achieved.¹¹

The second instrument, intended for judges in the Design and Marketing area, was developed based on the Suitability Assessment of Materials (SAM) instrument, translated into Portuguese.¹² A Likert-type scale was used, where 0 = inadequate, 1 = partially adequate, 2 = adequate, for each evaluative aspect, composed of the checking of attributes related to content, language, graphic illustration, presentation, stimulus/motivation and cultural adequacy, and the judges, when marking the values "0" or "1," justified their response, suggesting changes to be made in the material. The total adequacy score was calculated from the sum of the scores obtained, divided by the maximum total score (18 items = 36 scores) and multiplied by 100. The interpretation followed the following scores: 70-100% (superior material); 40-69% (adequate material); or 0-39% (inadequate material).¹³

The third instrument, for evaluation by the target audience, was built from a material aimed at validating printed TS.⁹ This was composed of affirmative sentences covering the objectives, organization, writing style, appearance and motivation, totaling 25 items. A Likert-type scale was also used, where 1 = totally adequate; 2 = adequate; 3 = partially adequate; and 4 = inadequate, and when marking the values "3" or "4", the participants should justify their answer, suggesting changes. The responses obtained in each block were analyzed based on the Concordance Index, which was obtained by adding the scores where 1 = totally adequate and 2 = adequate, of each block, assigned by the judges, divided by the total number of items in the questionnaire. The value obtained was multiplied by 100, where items with a minimum agreement level of 75% were considered validated.¹⁴

The identification data of both groups of expert judges and PHC professionals were consolidated in a Microsoft Excel spreadsheet and analyzed descriptively by calculating absolute frequency, percentages, means and standard deviation, using the Statistical Package for the Social Sciences software (SPSS, 2020). The suggestions made by the expert judges (content and appearance) were transferred to Microsoft Word software and organized according to the dimension they addressed.

This research was developed according to the guidelines of Resolution 466/12 of the National Health Council, for research carried out on human beings. Before being executed, it was submitted to the Research Ethics Committee (CEP) of the State University of Santa Catarina (Udesc) and approved with opinion No. 4,407,279, CAAE: 37158920.6.0000.0118 on November 18, 2020.

RESULTS

Stage 1: Construction of the booklet

Based on the profile of psychotropic drug users, the weaknesses identified in the care of people in mental distress, the definition of themes by the participants and based on the literature, the construction of the booklet began.

In its final version, the material has 80 pages, front and back, containing: cover; back cover; list of acronyms; summary and presentation. From page nine onwards, the content is organized into six chapters: 1) some concepts in mental health; 2) main mental

disorders treated in PHC; 3) suicide; 4) mental health care in PHC; 5) technologies in mental health care in PHC; and 6) integrative and complementary practices.

The content of the first version of the booklet was validated by a group of 12 expert judges, composed of seven nurses (58.3%), four psychologists (33.3%) and one music professional (8.33%), the latter being a master's student in Psychosocial Care. Half of the participants were female, six (50%), and half were male, six (50%), with an average age of 39.7 years, an average time of training of 14.1 years and an average time of work in the area of 11.8 years. Regarding the title, all were specialists in the area of MH, with a prevalence of doctors six (50%), followed by masters three (25%), post-doctors two (16.6%), and specialists in the area one (8.3%). All had scientific papers published in scientific journals and/or events on MH.

Table 1 shows the individual CVI and the questions used to validate the content of each item. The booklet was validated in its first evaluation by the content judges, obtaining an overall CVI of 0.85 or 85%. After evaluation, it was decided to incorporate all suggestions obtained into the booklet. As the booklet had already reached a sufficient CVI to be considered validated, it was not necessary to submit the material to a new validation.

The validation of the appearance was performed by six expert judges, all of whom had a background in design (four (66.6%) or marketing (two (33.3%)) and had professional experience in the area of ET for at least two years.

Regarding the characterization of these judges, there was a predominance of men four (66.6%), with an average age of 34.1 years, an average training time of 12.3 years and a working time in the area of 13.5 years. All judges had publications in the field of design or marketing. Regarding education, one (16.6%) had a postdoctoral degree, two (33.3%) had a doctorate, two (33.3%) had a master's degree and one (16.6%) was a specialist.

The six professionals evaluated the booklet using the SAM instrument translated into Portuguese. The responses obtained for each item are shown in Table 2.

The booklet was validated in its first evaluation by the appearance judges, as a score for each item calculated above 80% was obtained, being considered as adequate or superior. However, all the judges' suggestions were incorporated into the material.

After analyzing the evaluations of each expert judge, the suggestions were compiled, and the items were corrected in the booklet. Subsequently, new contact was made with the graphic designer to incorporate the changes into the material.

After correcting the items suggested by the content and appearance expert judges, the booklet was sent to PHC health professionals, the same ones who participated in data collection and construction, as a form of feedback and for evaluation by the target audience. The jury was composed of eleven participants, of which three were doctors, two nurses, one psychologist, one physiotherapist and four nursing technicians.

The profile of the professionals was predominantly female, with an average age of 39 years and an average length of professional experience of 10.5 years. The booklet was validated, in its first evaluation, by the professionals, with a Global Concordance Index of

Table 1 - Individual evaluation of the CVI by item, Erval Grande, RS, Brazil, 2023

Itens	IVC
Goals	
The information/content is or is consistent with the daily needs of PHC health professionals for MH care.	0,5
The information/content is important for MH care in PHC.	0,9
The material can promote/instigate behavior change and attitudes towards mental health care in PHC.	0,9
The material can be circulated in the scientific environment of the MH field.	0,5
The educational booklet has applicability in the daily clinical practice of PHC professionals.	0,9
Structure and presentation	
The booklet is appropriate for guiding Primary Health Care (PHC) health professionals on MH care.	0,7
The messages are presented in a clear and understandable way.	1,0
Is the information presented scientifically correct?	0,5
The material is appropriate to the sociocultural level of PHC health professionals.	0,9
There is a logical sequence of the proposed content.	0,9
The information is well structured in concordance and spelling.	0,9
The writing style corresponds to the level of knowledge of PHC health professionals.	0,9
The information on the front cover, back cover, table of contents and presentation is consistent.	1,0
The size of the title and topics is appropriate.	1,0
The number of pages is adequate.	1,0
The illustrations are expressive and appropriate.	0,9
Relevance	
The themes portray key aspects that should be reinforced.	1,0
The educational booklet generates transfer of learning to different contexts.	0,7
The educational booklet proposes the construction of knowledge for health professionals regarding MH care in PHC.	0,7
The educational booklet addresses knowledge needed by PHC health professionals.	0,8
The booklet is suitable for use by any PHC health professional.	0,9

Source: Own authorship.

99.67%. There was a prevalence of agreement among all the blocks evaluated, and no suggestions for the material were pointed out by the participants.

It is worth highlighting the collective construction of the material, as well as the basis on situations that are present in the daily labor practice, as elements that value the product and contribute to a pedagogical structure consistent with the assumptions that guide the EPS.

DISCUSSÃO

A elaboração da cartilha vem suprir a necessidade de qualificar o atendimento prestado ao usuário em sofrimento mental na APS. De acordo com a literatura, tecnologias, como cartilhas, funcionam como ferramenta de fácil acesso à informação e entendimento.¹⁵ O conteúdo que embasou a construção do material educativo, emergiu

de sugestões e das fragilidades apontadas pelos profissionais de saúde relacionadas ao cuidado a esta demanda e contemplou: os conceitos em SM, os principais TMs atendidos na APS, suicídio, o cuidado em SM na APS, as tecnologias no cuidado em SM na APS, e as práticas integrativas e complementares. Tais temáticas, aliadas a pesquisa na literatura pertinente, permitiram desenvolver uma TE de qualidade, levando em conta o contexto da práxis profissional em SM.

Apesar da cartilha ter sido construída com base em evidências científicas, foi importante a validação de conteúdo e aparência do material, para ancoragem científica e credibilidade da TE.¹⁶ A validação pelos juízes-especialistas e público-alvo possibilitou que os itens contidos na cartilha recebessem um olhar multiprofissional, de vários atores, principalmente dos profissionais de saúde, aos quais se destina o material, este fato assegura a sua eficácia e qualidade.

Table 2 - Responses of appearance judges, Erval Grande, RS, Brazil, 2023

Items assessed using the SAM according to domains	Number of responses from expert judges on appearance		
	A*	PA**	I***
Contents			
The objective is clear, which makes the material easy to understand.	6	0	0
The content covers information from MH.	6	0	0
The proposal of the material is limited to the objectives, so that the reader can reasonably understand in the time allowed.	5	1	0
Language			
The reading level is adequate for health professional comprehension.	5	1	0
The conversational style makes it easier to understand the text.	6	0	0
The information is given in a clear context.	6	0	0
Common words are used in the vocabulary.	3	3	0
Learning is facilitated by the use of topics.	6	0	0
Graphic Illustrations			
The cover draws the reader's attention and portrays the purpose of the material.	5	1	0
Key visual messages are presented in the illustrations so that the reader can understand the main points on their own.	5	1	0
The illustrations are relevant.	5	1	0
Presentation			
The organization of the material is adequate.	2	4	0
The size and type of font promote pleasant reading.	1	4	1
Stimulus/ Motivation			
The reader interacts with the text and/or pictures, prompting them to solve problems, make choices and/or demonstrate skills.	5	1	0
Desired behavior patterns are modeled or well demonstrated.	6	0	0
There is motivation for changes in the care of users in mental distress in PHC.	5	1	0
Cultural Adequacy			
The material is culturally appropriate to the logic, language and experience of PHC health workers.	5	1	0
It presents culturally appropriate images and examples.	5	1	0

Source: Own authorship

A*= Adequate; PA**= Partially adequate; I**= Inadequate, according to the classification of the SAM instrument items.

A cartilha já foi impressa, e implementada na APS do município onde foi realizado este estudo.

FINAL CONSIDERATIONS

This research allowed us to describe the process of construction and validation of the educational booklet on MH for PHC professionals. The validation by the different groups of judges showed that the technology developed is relevant and presents itself as an innovative material, which can be used by the multiprofessional teams of PHC to improve knowledge on the theme of MH. It may also facilitate and qualify the practice of care for users in mental distress at this level of care. As limitations of this study, we can point out the small number of multiprofessional teams participating for validation by the target audience. It is therefore suggested that the booklet be validated by health professionals from other PHC teams.

REFERENCES

1. A Marques DA, Paula GL, Souza CL, Arreguy-Sena C, Alves MS, Vargas D. Assistência ao indivíduo em sofrimento psíquico: percepção das equipes multiprofissionais. *Rev. enferm. UFPE on line*. [Internet]. 2018 [acesso em 16 de maio 2023];12(2). Disponível em: <https://doi.org/10.5205/1981-8963v12i2a24111p407-415-2018>.
2. Bernieri J, Hirdes A, Vendruscolo C, Zanatta L. Fragilidades na atenção à saúde mental: percepções dos profissionais da atenção primária à saúde em tempos de COVID-19. *Res., Soc.* [Internet]. 2021 [acesso em 16 de maio 2023];10(12):e458101220456. Disponível em: <https://doi.org/10.33448/rsd-v10i12.20456>.
3. Sousa BS, Costa PSL, Jorge BSM. Cuidado em saúde mental no contexto da atenção primária: Contribuições da enfermagem. *Rev. baiana saúde pública*. [Internet]. 2019 [acesso em 16 de maio 2023];43(1). Disponível em: <https://doi.org/10.22278/2318-2660.2019.v43.n1.a3024>.
4. Rezio, LA, Conciani, ME, Queiroz MA. O processo de facilitação de Educação Permanente em Saúde para formação em saúde mental na Atenção Primária à Saúde. *Interface*. [Internet]. 2020 [acesso em 16 de maio 2023];24:e200113. Disponível em: <https://doi.org/10.1590/interface.200113>.
5. Jorge MSB, Pedrosa KA. Cartilhas em cuidados e promoção da saúde mental na pandemia da COVID-19 como ferramentas da educação em saúde: revisão de escopo. *Res., Soc. Dev.* [Internet]. 2022 [acesso em 16 de maio 2023];11(7):e54611730256. Disponível em: <http://dx.doi.org/10.33448/rsdv11i7.30256>.
6. Michael A, Thirumoorthya A, Girishc N, Sivakumarb NPT. Training Community health workers in geriatric mental health: Process of manual development and pilot testing findings. *Asian journal of psychiatry (Online)*. [Internet]. 2018 [cited 2023 may 16];38. <https://doi.org/10.1016/j.ajp.2018.10.017>.
7. Sy-Layug R, Yoshimoto J, Goebert D, Guerrero APS, Alicata D. The Hawai'i Child and Adolescent Psychiatry Resources for Primary Care: An Evidence-Informed Tool to Improve Quality of Care. *Hawaii J Health & Soc Welf*. [Internet]. 2020 [cited 2023 may 16];79(5). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7260872/>.
8. Thiollent M. *Metodologia da pesquisa-ação*. 18. ed. São Paulo: Cortez; 2011.
9. Teixeira E, Mota VMSS. *Tecnologias educacionais em foco*. São Caetano do Sul: Difusão; 2011.
10. Polit D, Beck CT. *Fundamentos da pesquisa em enfermagem: avaliação de evidências para a prática de enfermagem*. 9. ed. Porto Alegre: Artmed; 2019.
11. Teixeira E. *Desenvolvimento de tecnologias cuidativo-educacionais*. Porto Alegre-RS: Editora Moriá; 2020.
12. Oak CC, Doak LG, Root JH. *Teaching patients with low literacy skills*. Philadelphia: JB Lippincott; 1996.
13. Souza CS, Turrini RNT, Poveda VB. Translation and adaptation of the instrument "Suitability Assessment of Materials" (SAM). *Rev. enferm. UFPE on line*. [Internet]. 2015 [cited 2023 may 16];9(5). Available from: <https://doi.org/10.5205/1981-8963-v9i5a10534p7854-7861-2015>.
14. Coluci ZO, Alexandre MC, Milani DNM. Construção de instrumentos de medida na área da saúde. *Ciênc. saúde coletiva (Online)*, 1678-45612015. [Internet]. 2015 [acesso em 16 de maio 2023];20(3). Available from: <https://doi.org/10.1590/1413-81232015203.04332013>.
15. Ferreira AP, Coelho KR, Schlosser TCM, Poveda VB, Silva LLT. Construção e validação de cartilha de orientação perioperatória e segurança do paciente. *Rev. gaúch. enferm.* [Internet]. 2022 [acesso em 16 de maio 2023];43:e20210175. Disponível em: <https://doi.org/10.1590/1983-1447.2022.20210175.p>.
16. Galindo No NM, Alexandre ACS, Barros LM, Sá GGM, Carvalho KM, Caetano JA. Creation and validation of an educational video for deaf people about cardiopulmonary resuscitation. *Rev. latinoam. enferm. (Online)*. [Internet]. 2019 [cited 2023 may 16];27:e3130. Available from: <http://dx.doi.org/10.1590/1518-8345.2765.3130 PMid:30916231>.