ORIGINAL ARTICLE

Content validation of a script and storyboard for an educational video on adolescent mental disorders for nursing consultations

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Abstract

Objectives: to develop and validate the content of a script and storyboard for an educational video on adolescent mental disorders, aiming to support nursing consultations.

Methods: A methodological study of content development and validation conducted with Primary Health Care nurses. Validation was performed using the Content Validity Index (CVI ≥ 0.80) and the modified Kappa coefficient (K > 0.74).*

Results: most items showed an I-CVI (Item-Level Content Validity Index) greater than 0.80, indicating high agreement among the evaluators. One item had an I-CVI of 0.79, a value considered acceptable according to methodological criteria. The experts' suggestions contributed to improving the clarity and organization of the material.

Conclusion: the script and storyboard demonstrated content validity, enabling the production of the educational video, which emerges as an educational technology potentially applicable in the context of care practice.

Key words *Adolescent, Audiovisual Support, Mental Disorders, Primary Health Care, Nurses*

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Introduction

Adolescence spans the period between 10 and 19 years of age, according to the World Health Organization (WHO), whereas in Brazil it is defined as the period between 12 and 18 years of age, according to the Statue of the Child and Adolescent (ECA). It is a stage characterized by biopsychosocial transformations that influence development throughout life.[1,2]

Faced with these changes, adolescents may experience complex and challenging situations, such as exposure to sexual violence, substances use, and mental health issues.[3] International and national studies indicate a high prevalence psychological distress among adolescents and highlight the growing demand for mental health services.[4-6]

In Brazil, data from the National School Health Survey (PeNSE) show a significant demand for care, with an emphasis on emotional and psychological issues.[7] This scenario reinforces the significance of welcoming and attentive listening to understand the emotional and psychological needs of adolescents. The Primary Healthcare (PHC) constitutes a strategic setting for this approach, particularly within nursing practice.[8]

In this context, some limitations in professional training stand out regarding conducting adolescent consultations, particularly in the field of mental health, which highlight the need for continuing education strategies. One such strategy is the use of educational technologies, such as educational videos aimed at qualifying nursing practice in the care of adolescents with mental disorders, which enable the dissemination of knowledge in an accessible and flexible manner.[9,10,11]

Educational technologies have been used as resources to improve health practices, with educational videos standing out for their accessibility and potential for knowledge dissemination. However, although widely used, these technologies require systematic validation processes to ensure the quality and appropriateness of their content, representing a gap that is still underexplored in the literature.[10,11]

This study is justified within this context, aiming to develop and validate the content of a script and storyboard for an educational video on adolescent mental disorders, with the aim of supporting nursing consultations.

Methods

his is a methodological study of technological production with a quantitative approach, conducted in two stages: (1) development of the script and storyboard for the educational video; and (2) content validation of the script and storyboard.[12] The study is part of the broader research project entitled "Development of caring, educational, and assistive technologies to support nurses' care actions within the Health Care Network," funded by FAPESC Call for Proposals no. 48/2022.

The study was approved by the Research Ethics Committee of the State University of Santa Catarina on October 19, 2021, under opinion no. 5,047,628 and Certificate of Presentation for Ethical Appreciation (CAAE) no. 50165621.2.0000.0118. To ensure the participants' anonymity, they were identified by the letter E (expert), followed by an arabic number corresponding to the order in which the validation instrument was returned (E1, E2, E3, [...]). All participants provided informed consent through the Free and Informed Consent Form (FICF), made available via an online form sent along with the validation instrument. The study complied with the guidelines of Resolutions no. 466/2012 and no. 510/2016 of the National Health Council.

Stage 1 – development of the script and storyboard

Initially, the video script was developed based on a narrative literature review, aiming to identify the main health issues related to adolescent mental health and the challenges in nurses' care practice. The narrative review supporting the video was conducted in the Virtual Health Library (VHL), Scientific Electronic Library Online (SciELO), and Google Scholar, with the search carried out between February and July 2024.

This strategy aimed to gather evidence aligned with the Brazilian context, focusing on Brazilian adolescents and the influence of sociocultural, organizational, and epidemiological factors on the manifestation and management of mental disorders in this group. Furthermore, these databases were selected because they include studies applied to Primary Health Care and the Health at School Program (*Programa Saúde na Escola*), which are often underrepresented in international databases. It is worth noting that, as this was a narrative review with an applied purpose, the search did not aim for exhaustiveness, but rather for the construction of contextualized and relevant educational content.

Descriptors combined with Boolean operators were used, including "mental health," "nursing," "adolescent," and "audiovisual aids." Studies published between 2014 and 2024, available in full text, and related to the topic were included. After reading titles, abstracts, and full texts, the data were organized into a spreadsheet and categorized by theme. Subsequently, a thorough reading was performed to fulfill the review's objective—namely, defining which health issues would be addressed in the video.

Based on the script, the video storyboard was developed with the support of a design professional.

Stage 2 – Content validation

The content validation of the script and storyboard was conducted in August 2024 with nurses working in Primary Health Care within a regional health district comprising

27 municipalities in western Santa Catarina. The inclusion criteria were: working as a nurse in PHC and meeting at least one of the following requirements: experience with adolescents, involvement in the Health at School Program (*Programa Saúde na Escola* - PSE), teaching in the field, or scientific production related to the topic.

Participants were selected using the snowball sampling method,[13] starting with intentional invitations followed by referrals among the participants themselves. Professionals on leave during the data collection period were excluded. Consequently, the final sample consisted of 19 nurses, a number compatible with recommendations for content validation studies.[14]

The choice of snowball sampling was based on the absence of a comprehensive and systematized registry that would allow for the direct identification of professionals with specific experience in the investigated topic. In this context, the literature describes this strategy as appropriate for accessing populations with the potential to be included in the study through successive participant referrals. Thus, its adoption was not a choice of convenience, but rather a methodologically guided decision driven by the feasibility of accessing the target audience, while maintaining predefined criteria to ensure the participants' relevance to the investigated construct.[14]

The validation instrument contained 19 items distributed across three dimensions: objective (five items), structure and presentation (11 items), and relevance (three items). For each item, a four-point Likert scale was used (1 = inadequate; 2 = partially adequate; 3 = adequate; 4 = totally adequate).[15] The data were analyzed using the Content Validity Index (CVI), considering values ≥ 0.80 as adequate, and the modified Kappa coefficient (*K**), calculated by the formula $k^* = (CVI - Pc) / (1 - Pc)$, interpreted according to the following cut-off points: values above 0.74 as excellent, between 0.60 and 0.74 as good, and between 0.40 and 0.59 as fair.[16]

The educational video is part of a series entitled "*Papo Adolenf*," which covers strategic topics for professional practice, such as legal aspects of care, conducting adolescent consultations, addressing adolescent pregnancy, and risk assessment in this age group.[10]

Results

In the first stage of the study, a narrative literature review was conducted to support the definition of the content that comprised the educational video. Initially, 60 studies were selected, 43 of which allowed for the identification of the main mental disorders affecting adolescents: post-traumatic stress disorder, depression, anxiety, panic disorder, and attention deficit hyperactivity disorder. For each disorder, the most frequent signs and symptoms, therapeutic approaches, and nursing guidelines were addressed, considering the impacts of these conditions on adolescents' thinking, behavior, and biopsychosocial well-being.

Regarding the characterization of the participants in the validation of the script and storyboard, all were female (100%; n=19), with a mean age of 32.15 years. Regarding academic degree, 68.4% (n=13) held a specialization, 26.3% (n=5) a master's degree, and 5.3% (n=1) a doctorate. As for the field of activity, the majority worked in clinical practice/patient care (84.2%; n=16), followed by professionals working in management (21.1%; n=4), teaching (21.1%; n=4), and research (5.3%; n=1), with some participants performing multiple roles.

The length of experience in nursing varied among the participants: 36.8% (n=7) had been practicing for more than 10 years; 5.3% (n=1), between nine and 10 years; 10.5% (n=2), between seven and eight years; 10.5% (n=2), between five and six years; 26.3% (n=5), between three and four years; and 10.5% (n=2), between one and two years. All participants (100%; n=19) reported experience in Family Health and/or Adolescent Health.

Regarding participation in activities of the Health at School Program, 52.6% (n=10) of the nurses reported participating in the program, while 47.4% (n=9) were not involved. In addition, 89.5% (n=17) performed nursing consultations. Regarding adherence to the stages of the Nursing Process (NP), 52.6% (n=10) stated they followed them only occasionally, 42.1% (n=8) reported following them systematically, and 5.3% (n=1) stated they did not adopt them.

Finally, 94.7% (n=18) of the participants stated they identified mental disorders during care provided to adolescents, whereas only 5.3% (n=1) reported never having identified such conditions.

Table 1 presents the detailed results of the content validation.

It is observed that only item 4—"the content supports the nurse in providing care to adolescents in practice"—did not reach the minimum index established for this study (CVI=0.80), as four participants evaluated it as partially adequate.

Regarding item 7 of the instrument—"the content presents interactive language, allowing active involvement in the educational process, capable of holding attention"—one expert evaluated it as inadequate.

In relation to item 9—"the content is appropriate to guide the nurse's clinical reasoning"—three participants evaluated it as partially adequate. As for item 11—"the information is well structured, with appropriate agreement and spelling"—two participants also evaluated it as partially adequate.

Items 13—"the information is clarifying"—and 16—"the text size and font are adequate and structured correctly, with appropriate agreement and spelling"—each received a partially adequate evaluation.

Of the 19 items evaluated, only one (5.3%)—item 4—did not reach the established minimum value of 0.80, presenting an item-level CVI (I-CVI) of 0.79 and a *K** of 0.79. The remaining items presented an I-CVI higher than 0.84, with *K** coefficients ranging between 0.84 and 1.0, indicating excellent agreement among the experts. Considering that the scale-level CVI (S-CVI) was 0.96, and *K** reached 0.97, as well as the fact that most of the experts' suggestions, described in Table 2, were accepted through the implementation of pertinent adjustments, a new evaluation round was not necessary. Consequently, the educational video was considered validated regarding its content and finalized for use.

Table 1

Content validity index of the script and storyboard for the educational video "Mental Disorders in Adolescence". Chapecó, SC, Brazil, 2024.

Evaluated items	1	2	3	4	I-CVI	*K**
OBJECTIVES: purposes,goals,or aims						
1. The content facilitates the teaching-learning process	0	0	12	7	1.0	1.0
2. The content allows the understanding of the theme	0	0	10	9	1.0	1.0
3. The content contributes to clarifying doubts about the addressed theme	0	0	14	5	1.0	1.0
4. The content support nurses in providing care to adolescents in practice	0	4	8	7	0.79	0.79
5. The content provides reflection on the theme	0	0	10	9	1.0	1.0
					B-CVI	0.95
STRUCTURE/PRESENTATION: organization,structure,strategy,coherence,and sufficiency						
6. The content is presented in appropriate language	0	0	9	10	1.0	1.0
7. The content features interactive language, allowing active engagement in the educational process and capable of holding attention	1	0	11	7	0.95	0.95
8. The content follows a logic sequence	0	0	8	11	1.0	1.0
9. The content is appropriate to guide the nurse's clinical reasoning	0	3	9	7	0.84	0.84
10. The present information is scientifically sound	0	0	11	8	1.0	1.0
11. The information is well-structured in terms of agreement and spelling	0	2	7	10	0.89	0.89
12. The information is objective and clear	0	2	7	10	0.89	0.89
13. The information is clarifying	0	1	12	6	0.95	0.95
14. The information is necessary and relevant	0	0	6	13	1.0	1.0
15. The theme is current and relevant	0	0	1	18	1.0	1.0
16. The text size and font are appropriate, and the text is structured in terms of agreement and spelling	0	1	8	10	0.95	0.95
					B-CVI	0,95
RELEVANCE: significance,impact,motivation,and interest						
17. The content stimulates learning	0	0	7	12	1.0	1.0
18. The content contributes to knowledge in the field	0	0	11	8	1.0	1.0
19. The content arouses interest in the theme	0	0	7	12	1.0	1.0
					B-CVI	1.0
	Overall CVI/Overall Kappa				0.96	0.96

1 = inadequate; 2 = partially adequate; 3 = adequate; 4 = fully adequate. I-CVI = item-level content validity index of each evaluated question. B-CVI= dimension-level content validity index (block content validity index). *K**: modified Kappa.

Table 2

Suggestions proposed by the nurse specialists. Chapecó, SC, Brazil, 2024.

Evaluated item	Suggestion/evaluator	Accepted		
		Yes	No	Justification
4	"Adolescent care requires a specific approach, meaning it differs from how we guide adults and the elderly. I believe it would be interesting to delve deeper into: How can we guide adolescents and make them validate our proposals? What method should we use? What environment? What language? How to build a bond? More than 'what' to guide, we need to understand how to do it." (E5)		X	These suggestions could not be addressed at the moment. However, it is expected that these questions can be clarified in the future when the "*Papo Adolen*t" video-lesson series is made available to the target audience (nurses) in a course format. The series will cover the following topics: Introduction and Legal Aspects of Adolescent Care; Nurse Consultation with the Adolescent; Teenage Pregnancy; Risk Assessment in Adolescence; and Mental Disorders in Adolescence.
	"It presents adequate conceptual content, signs and symptoms of mental disorders (MD), providing a basis to delve into the topic. I believe it could explain and direct the focus to the methodologies that are most appropriate for each disorder (...)." (E6)		X	
	"Could you bring a case study to exemplify, in practice, the approach and possible referrals." (E8)	X		End of the video lesson featuring an experience report entitled "Report of an experience on the nurse's practice and approach to a case of mental disorder".

Evaluated item	Suggestion/evaluator	Accepted		
		Yes	No	Justification
7	"The storyboard could be more interactive. The text/keywords arranged as they are do not hold attention very well." (E8)	X		Contemplated in the production of the video lesson, through the use of animated resources, images, and dynamic visual elements to increase engagement and interactivity.
9	"I found the content well-organized, but I think it could have more information regarding each of the disorders, besides signs and symptoms. For example, the duration of symptoms until diagnosis, characteristics that differentiate one from the other, and posture/body signs of the adolescent to be observed by the nurse. Another example would be to include more interventions, like the one described for panic disorder." (E8)		X	It is expected that each specific disorder will be explored in greater depth during the course offering. However, to minimize doubts, the video lesson included additional references that can be accessed by nurses, allowing for the complementation of the topic and the fulfillment of the pointed needs. Furthermore, a practical experience report was incorporated, illustrating how nurses can care for adolescents, with a focus on welcoming and appropriate referrals.
	"I believe it needs to explain more about the particularities. Stimulate reasoning for the creation of a singular therapeutic plan for each mental disorder/patient." (E6)		X	
11	"Needs spelling review in the storyboard, (review punctuation)." (E2)	X		The material was sent for spelling review by a specialized professional.
	"It presents spelling errors and some agreement errors." (E18)	X		
12	"Each of the disorders could be better discussed rather than just presenting the signs and symptoms." (E18)	X		Interventions for each disorder were included, and the font size was adjusted for better visualization.
	"The content font needs to be a bit larger." (E8)	X		

Discussion

This study presented the stages of development and content validation of the script and storyboard for an educational video focused on adolescent mental disorders, a subject recognized as an important public health challenge. Globally, millions of children and adolescents live with at least one diagnosable mental disorder, which demands priority attention from health professionals, particularly regarding prevention and early interventions in the first decades of life.[17]

In this context, the early identification and timely management of mental disorders in adolescents are fundamental to promote better mental health outcomes, prevent the progression of symptoms to more severe conditions, and expand access to health services in a timely manner. Furthermore, when not recognized and properly treated, these disorders can have negative repercussions throughout life, being associated with academic difficulties, impairments in psychosocial functioning, worse socioeconomic conditions, social isolation, and other unfavorable outcomes.[18]

In this study, the majority of participants reported that mental disorders in adolescents are frequent in their professional routine, but mentioned difficulties in approaching this population, including defining the language, communication strategies, establishing a bond, and, above all, engaging adolescents in their care. In this context, suggestions stand out for the inclusion of an experience report in the educational video as a strategy to bridge the gap between theory and practice.

Regarding these challenges, the literature indicates that care provided to adolescents must be grounded in welcoming, qualified listening, understanding their experiences in the health-disease process, and a judgment-free approach.[9] In this sense, nursing consultations and the Health at School Program emerge as relevant strategies for caring for this population, both in the individual and collective contexts.[19]

The nursing consultation is considered a foundational axis of this care, as it promotes a humanized approach centered on the adolescent's needs, favoring the building of a therapeutic bond and trust between the professional and the healthcare user. These aspects contribute to the adolescent feeling heard, respected, and understood, enhancing the quality of the care provided.[8,20]

The PSE, in turn, complements this approach by integrating educational and preventive actions in the school environment, raising adolescents' awareness about mental health and contributing to the reduction of the stigma associated with these disorders. Furthermore, the program strengthens the bond with adolescents and promotes access to information, both for the adolescents and their families.[20]

Considering these needs, a case study was incorporated into the educational video, integrating the school context, referral to PHC, welcoming, and the nursing consultation as care strategies. This inclusion contributes to bridging the gap between theoretical content and clinical practice, enhancing the use of technology as a tool to support nurses in providing care to adolescents.

Within the scope of continuing health education, the educational video serves as an accessible and potentially useful pedagogical resource for professional development.[21] The educational video combines texts, images, and animations to make the presentation of information more engaging, proving to be an effective strategy in the teaching-learning process. However, it should be noted that the development of educational technologies requires methodological rigor, including validation processes that ensure the reliability and adequacy of the produced material.[22]

The content validation conducted in this study showed satisfactory results, evidencing high agreement among the experts, with most items reaching an I-CVI greater than 0.80. Only one item (item 4) presented a value slightly below the previously established cut-off point, with an I-CVI of 0.79. Nevertheless, this result remains within the parameters considered acceptable in the literature, which recommends values ≥ 0.78 as indicative of adequate agreement among experts.[16,23] Furthermore, the dimension-level CVI related to the objectives (purposes, goals, or aims) was 0.95, and the overall CVI was 0.96, which reinforces the content validity of the item set.

In order to reinforce the evidence of agreement and minimize chance agreement, the results were also analyzed using the modified Kappa coefficient (*K**), recommended for content validation studies.[16] The *K** values ranged from 0.79 to 1.0 among the evaluated items, with an overall *K** of 0.97, indicating excellent agreement among the experts. These findings corroborate the high content validity indices observed and demonstrate consistency in the experts' judgment regarding the adequacy, clarity, and relevance of the content addressed in the educational video.[16,23,24]

Although one of the evaluated items presented an I-CVI slightly below the adopted cut-off point (0.80), with a value of 0.79, the corresponding *K** for this item was 0.79, classified as excellent. These results reinforce the consistency of agreement among the experts and mitigate potential limitations arising from the isolated analysis of the I-CVI. The suggestions made by the experts referred to minor, specific aspects of the content and were properly incorporated, resulting in the improvement of the educational video.

Given the high overall content validity indices and the non-structural nature of the recommendations, the decision was made not to conduct a new validation round. A similar decision has been described in validation studies of educational technologies that obtained equivalent overall content validity indices.[10,24,25]

The nurses' contributions were fundamental to enhancing the quality of the educational video, increasing the clarity, objectivity, and technical-scientific rigor of the content. This process highlights the relevance of validation in the development of educational technologies, as it enables the identification of improvement opportunities that favor its suitability for the target audience and context of use, identifying not only technical aspects but also elements that influence its acceptance and applicability in practice.[26,27] In this sense, the validated educational video presents the potential to support educational actions focused on adolescent mental health and to inform nursing practice in different healthcare settings.

Regarding the study's limitations, the strategy of selecting experts through snowball sampling stands out. Although it enabled the inclusion of professionals with experience in the subject, this methodology may have favored the formation of a panel with less diversity of perspectives. The geographical delimitation to a single region may also restrict the generalizability of the findings to other contexts.

Additionally, the validation was restricted to the content of the script and storyboard, not including the evaluation of the educational video in its final version. Not conducting a new validation round after the adjustments constitutes a limitation, although it is considered that the modifications were minor and specific and did not alter the validated construct. Furthermore, it should be noted that the instrument's practical applicability attribute, evaluated by item 4, which presented the lowest validity index, requires confirmation through prospective studies investigating the implementation of the educational video in clinical practice.

As an additional limitation, the educational video did not address content related to self-harm and suicidal ideation, despite the recognized relevance of these themes in adolescent mental health and their centrality in international care guidelines, such as Helping Adolescents Thrive.[28] This delimitation stemmed from the previously defined scope for the material, focused on a general approach to mental disorders. However, it is recognized that risk assessment and the management of suicidal behavior constitute essential competencies in adolescent healthcare, representing an aspect to be further explored in complementary educational materials. In this regard, this theme is being covered in a specific module currently under development in the "*Papo Adolenf*" series, with a focus on violence.

The study enabled the content validation of the script and storyboard for an educational video on adolescent mental disorders, grounded in the needs of clinical practice and recommendations from the scientific literature. The material showed high agreement among experts, demonstrating content validity and methodological consistency.

By integrating theoretical aspects and practical situations of adolescent care, the educational video serves as an educational technology with the potential to enhance nursing practice, contribute to the early recognition of mental disorders, and expand care strategies.

It is important to highlight the need for future studies to evaluate the final version of the educational video regarding usability, applicability, and impact on professional practice, aiming to expand the evidence regarding its effectiveness.

Authors' contribution

Veiga K: conceptualization, data curation, formal analysis, investigation, methodology, writing – original draft and writing – review and editing.

Hollas Rosalem F: conceptualization, methodology, writing – original draft, and writing – review and editing.

Ferraz L: conceptualization, methodology, visualization, writing – original draft, and writing – review and editing.

Argenta C: visualization, writing – original draft, and writing – review and editing.

Zanatta EA: conceptualization, funding acquisition, methodology, project administration, resources, visualization, writing – original draft, and writing – review and editing.

All authors approved the final version of the article and declare no conflicts of interest.

Data availability

All datasets supporting the results of this study are included in the article.

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