Pediatric hospitalization for surgical procedure: production of informative video for the companion

Internação pediátrica para procedimento cirúrgico: produção de vídeo informativo para o acompanhante

Hospitalización pediátrica para cirugía: producción de vídeo informativo para el acompañante

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Abstract

Objective: To produce a video about routines and institutional rules for caregivers of children indicated for surgical procedures.

Method: A technological development study, in 3 stages: diagnosis of the reality; theorization and technological development; appraisal and final design, in a public pediatric hospital in Manaus, between September 2023 and February 2024. In Stage 1, emerging themes were identified with 44 participants, including health professionals (9), caregivers of children indicated for surgical procedures (17), and post-operative caregivers (18) at the institution. Data were collected using specific instruments, organized, and analyzed in Excel software to identify emerging themes. In Stage 2, the textual and imagery content of the product was selected based on a review of institutional rules, guided by the emerging themes. The content was organized into a storyboard for video production. In Stage 3, version 1.0 of the video was evaluated by expert judges (9) using the Health Educational Content Validation Instrument. In the data analysis, the Agreement Score among the evaluators was estimated.

Results: Fourteen emerging themes were identified, organized into the groups: "pre-admission information" and "information about the stay at the institution and the surgical procedure." Institutional standards were reviewed, and the Storyboard and narration texts were produced. The video was produced in Slow Motion, with a duration of 7'50", in MP4. Version 1.0 of the video was considered valid by the expert judges (IVCES=87%; EC=+1) to be used in preparing the accompanying person.

Conclusion: The study showed that access to clear and timely information is a need of the companion, perceived by both him and the healthcare team, with videos being useful tools for transmitting information. The review of institutional rules and the evaluation of the content by specialist judges ensured the coherence of the production with the institutional reality and the service routines.

Keywords
Hospitalization; Educational technology; Accompanying family members; Hospitals, pediatric; Health personnel

Resumo

Objetivo: Produzir um vídeo sobre rotinas e normas institucionais para acompanhantes de crianças com indicação para procedimento cirúrgico.

Método: Estudo de desenvolvimento tecnológico, em 3 estágios: diagnóstico da realidade; teorização e desenvolvimento tecnológico; apreciação e desenho final, em um hospital pediátrico público de Manaus, entre setembro/2023 e fevereiro/2024. No Estágio 1, identificou-se os temas emergentes, com 44 participantes, dentre profissionais de saúde (9), acompanhantes de crianças com indicação de procedimentos cirúrgicos (17) e em pós-operatório (18) na instituição. Os dados foram coletados em instrumentos próprios, organizados e analisados no software Excel, para identificação dos temas emergentes. No Estágio 2, foram selecionados os conteúdos textual e imagético do produto, a partir da revisão das normas institucionais, orientada pelos temas emergentes. O conteúdo foi organizado em *Storyboard*, para a produção do vídeo. No Estágio 3, a versão 1.0 do vídeo foi avaliada por juízes especialistas (9) utilizando o Instrumento de Validação de Conteúdo Educativo em Saúde. Na análise dos dados, foi estimado o Escore de Concordância entre os avaliadores.

Resultados: Foram identificados 14 temas emergentes, organizados nos conjuntos: "informações pré-internação" e "informações sobre a permanência na instituição e o procedimento cirúrgico". As normas institucionais foram revisadas e produzido o *Storyboard* e os textos para narração. O vídeo foi produzido em *Slow Motion,* com duração

Descritores
Hospitalização; Tecnologia educacional; Acompanhante de paciente; Hospitais pediátricos; Profissional de saúde

How to cite:
Gama RH, Belo JR, Sena JC, Souza GR, Martins GT, Marrero L, et al. Pediatric hospitalization for surgical procedure: production of informative video for the companion. Rev Soc Bras Enferm Ped. 2025;25:eSOBEP202515i.

Data availability:
The study data are available in this article.

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Conflicts of interest: nothing to declare
Submitted: June 18, 2025 | **Accepted:** December 20, 2025
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DOI: 10.31508/1676-3793202515i

de 7'50", em MP4. A versão 1.0 do vídeo foi considerada válida pelos juízes especialistas (IVCES=87%; EC=+1) para ser utilizado na preparação do acompanhante.
Conclusão: O estudo demonstrou que o acesso as informações claras e oportunas, é uma necessidade do acompanhante, percebida por ele e pela equipe de saúde, sendo vídeos ferramentas úteis para a transmissão da informação. A revisão das regras institucionais e a avalição do conteúdo por juízes especialistas, garantiu a coerência da produção com a realidade institucional e as rotinas do serviço.

Resumen

Objetivo: Producir un video sobre rutinas y normas institucionales para acompañantes de niños con indicación para procedimiento quirúrgico.
Método: Estudio de desarrollo tecnológico, en 3 etapas: diagnóstico de la realidad; teorización y desarrollo tecnológico; apreciación y diseño final, en un hospital pediátrico público de Manaos, entre septiembre/2023 y febrero/2024. En la Etapa 1, se identificaron los temas emergentes, con 44 participantes, entre profesionales de la salud (9), acompañantes de niños con indicación de procedimientos quirúrgicos (17) y en postoperatorio (18) en la institución. Los datos fueron recolectados con instrumentos propios, organizados y analizados en el software Excel, para la identificación de los temas emergentes. En la Etapa 2, se seleccionaron los contenidos textuales e imagéticos del producto, a partir de la revisión de las normas institucionales, guiada por los temas emergentes. El contenido se organizó en Storyboard, para la producción del video. En la Etapa 3, la versión 1.0 del video fue evaluada por jueces expertos (9) utilizando el Instrumento de Validación de Contenido Educativo en Salud. En el análisis de los datos, se estimó el Puntaje de Concordancia entre los evaluadores.
Resultados: Se identificaron 14 temas emergentes, organizados en los conjuntos: "información previa a la hospitalización" e "información sobre la permanencia en la institución y el procedimiento quirúrgico". Se revisaron las normas institucionales y se produjo el Storyboard y los textos para la narración. El video fue producido en cámara lenta, con una duración de 7'50", en MP4. La versión 1.0 del video fue considerada válida por los jueces especialistas (IVCES=87%; EC=+1) para ser utilizada en la preparación del acompañante.
Conclusión: El estudio demostró que el acceso a información clara y oportuna es una necesidad del acompañante, percibida por él y por el equipo de salud, siendo los videos herramientas útiles para la transmisión de la información. La revisión de las normas institucionales y la evaluación del contenido por jueces especialistas garantizó la coherencia de la producción con la realidad institucional y las rutinas del servicio.

Descriptores
Hospitalización; Tecnología educacional; Familiares acompañantes; Hospitales pediátricos; Personal de salud

Introduction

The Brazilian National Policy for Comprehensive Child Health Care recommends the uninterrupted presence of a accompanying family member during hospitalization, access to information, and accompanying family member involvement in the child's care.[1–3] The right of accompanying family members to remain with hospitalized children under 18 years of age is guaranteed by Article 12 of Law 8,069/1990[4,5] and Resolution 41/1995 of the Brazilian National Council for the Rights of Children and Adolescents.[6–8] Likewise, the Brazilian National Humanization Policy identifies the provision of clear information to patients and their accompanying family members as a strategy for promoting humanized healthcare.[9] Despite these legal provisions, the presence of accompanying family members in the pediatric hospital setting is not always harmonious. Conflicts between accompanying family members and the healthcare team are generally related to accompanying family members' anxiety, stress, and inadequate preparation.[10,11]

Hospitalization is a stressful experience for both children and their families, particularly when surgical procedures are involved.[12] However, these challenges can be minimized by adequately preparing accompanying family members and providing them with information about institutional routines, regulations, and the procedures to be performed.[13–17] Informational videos are valuable tools for delivering such information.

Informational videos are Care-Educational Technologies (CETs) that facilitate knowledge transfer by presenting information in a dynamic format, thereby enhancing understanding.[18,19] These technologies integrate scientific knowledge generated through the processes of caring for and educating others from a critical, reflective, creative, transformative, and multidimensional perspective,[11] making them valuable resources for preparing accompanying family members of children undergoing hospitalization.

However, the use of videos to prepare accompanying family members of hospitalized children has rarely been reported in the literature and is seldom observed in clinical practice. In general, accompanying family member preparation is limited to providing verbal or written information about required documentation, laboratory test results, and preoperative instructions. The nursing consultation conducted in the outpatient clinic or during the preoperative period provides an ideal opportunity to prepare accompanying family members by offering clear information and addressing their questions.[17]

The use of videos to prepare accompanying family members has proven beneficial across different

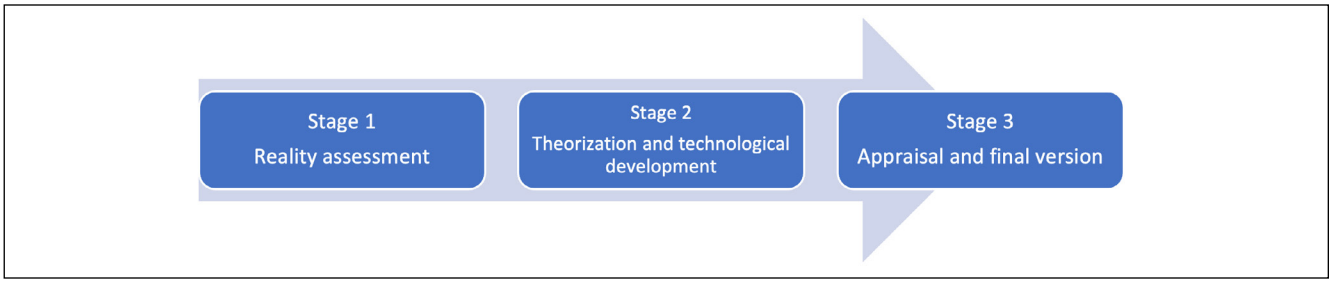

Figure 1. Technological development process of the video "*Acompanhantes de crianças com indicação cirúrgica: orientações para hospitalização*"

healthcare settings,[18] although the availability of these resources remains limited. Therefore, this study aimed to develop an informational video on institutional routines and regulations for accompanying family members of children scheduled for surgical procedures. This initiative may encourage the broader adoption of audiovisual educational resources to prepare accompanying family members for pediatric hospitalization.

Methods

This was a technological development study,[18] conducted with healthcare professionals and accompanying family members of children scheduled for surgical procedures at a public pediatric hospital in Manaus, Amazonas, Brazil, a state referral center.[20]

A video was selected as the educational resource because it provides clear information on the proposed topic by combining images, audio, narration, and subtitles, thereby facilitating comprehension. In addition, videos can be adapted for different digital platforms and are accessible to individuals with varying educational backgrounds, as well as to those with hearing or visual impairments, among other conditions.[21] The video was developed between September 2023 and February 2024 (CAAE: 12466119.3.0000.5016; Approval 3.674.719). The development process comprised three stages: reality assessment; theorization and technological development; and appraisal and final version (Figure 1).

Stage 1: Reality assessment

This stage identified the information considered essential for accompanying family members before hospital admission for surgical procedures. Participants were divided into three groups: healthcare professionals (nurses, physicians, nursing technicians, a social worker, and a psychologist) from the institution; accompanying family members of children in the postoperative period; and accompanying family members of children scheduled for hospitalization for surgical procedures.

The healthcare professional group included staff members from the Surgical Center (SC) and the Pediatric Surgical Ward (PSW) who had worked continuously in these units for more than three months. Professionals on vacation or away from their clinical duties during the data collection period were excluded. The two units had a total of 35 professionals, including nurses, physicians, and nursing technicians, of whom nine completed the data collection instrument.

Accompanying family members of children scheduled for hospitalization for surgical procedures were randomly selected according to the order in which they arrived to schedule the procedure at the institution's outpatient clinic during the data collection period. Twenty-three accompanying family members were invited to participate, and six declined, resulting in a final sample of 17 participants.

To recruit accompanying family members of hospitalized children after surgery, all accompanying family members of children admitted to the PSW who had undergone a surgical procedure were invited to participate. Eligible participants were those who reported being responsible for scheduling the procedure and who had remained with the child during the first three postoperative days. Accompanying family members of Indigenous children, immigrants who did not speak or understand Portuguese, and accompanying family members of children whose surgical procedure had not been performed at the institution were excluded. Of the 43 accompanying family members approached, 21 did not meet the eligibility crite-

ria, four declined to participate, and 18 were included. Because purposive sampling was used, probabilistic sampling techniques were not applied, with the aim of including the largest possible number of participants. The final study sample consisted of 44 participants.

The Stage 1 data collection was conducted between September 1 and 30, 2023. Healthcare professionals were invited through the institution's SC and PSW WhatsApp groups with the support of the Continuing Education and Humanization Unit (NEPSHU - *Núcleo de Educação Permanente e Humanização*). The research team produced a short explanatory video inviting professionals to participate. The electronic data collection instrument remained available in the WhatsApp groups for two consecutive weeks.

The data collection involving accompanying family members of children scheduled for hospitalization for surgical procedures was conducted at the institution's outpatient clinic on Monday, Wednesday, and Friday mornings throughout September. When the surgical procedure was scheduled, accompanying family members were invited to participate in the study. Accompanying family members of hospitalized children were approached on the third postoperative day. In both groups, participants who agreed to participate completed the data collection instrument.

Three data collection instruments were specifically developed for the three participant groups. The instrument used with healthcare professionals was administered electronically through Google Forms and consisted of six multiple-choice questions, with space for additional comments. It addressed conflicts between accompanying family members and the healthcare team, the adequacy of the information provided to accompanying family members, the essential information that should be offered before hospitalization, and the most appropriate educational technology for delivering this information.

The instrument used with accompanying family members of children scheduled for hospitalization for surgical procedures was paper-based and consisted of six multiple-choice questions, with space for additional comments. It assessed the quality of the guidance received regarding hospitalization, the adequacy of the information provided, and the type of educational technology considered most appropriate for delivering this information.

The instrument used with accompanying family members of hospitalized children was also paper-based and consisted of six multiple-choice questions, with space for additional comments. It assessed the adequacy of the information received before hospitalization regarding the admission process and institutional routines, as well as the type of educational technology considered most appropriate for providing such information. Data were organized and analyzed using Microsoft Excel to identify the emerging themes that guided the development of the video storyboard.

Emerging themes were identified according to the following predefined categories: "conflicts between accompanying family members and the healthcare team"; "adequacy of the information provided to accompanying family members"; "essential information to be offered to accompanying family members"; and "quality of the guidance provided before hospitalization". Themes mentioned by at least 30% of participants across the three groups were considered emerging themes. The emerging themes were organized into two thematic groups: "pre-admission information", which included information to help accompanying family members prepare for hospitalization, such as personal belongings, admission procedures, and required documentation; and "information on the hospital stay and surgical procedure", which included institutional routines (e.g., schedules and available services), rules for shared living, procedures performed before and after surgery, and the rights of patients and accompanying family members during hospitalization.

Stage 2 – Theorization and technological development

This stage was conducted between October and December 2023. The textual and visual content of the educational material was developed based on a review of institutional regulations and meetings with the nursing and medical coordinators of the SC and PSW, as well as representatives of the Social and Psychological Support Center (NASP - *Núcleo de Assistência Social e Psicológica*) and the NEPSHU.

The textual and visual content was compiled into a storyboard, a design tool used to plan scenes and preview the video before production, thereby minimizing

errors during the production stage. Simultaneously, based on the review of institutional regulations and discussions with the sector coordinators, the narration script was developed. The storyboard and narration script were reviewed by two healthcare professionals representing the SC, PSW, NASP, and NEPSHU. After revision and refinement, version 1.0 of the video was produced using the slow-motion technique in Canva®. Slow motion is a video effect that reduces the speed of recorded actions, allowing viewers to better observe and understand scenes that occur rapidly. Canva® is an online platform for graphic design and multimedia editing.

Stage 3 – Appraisal and final version

This stage was conducted between January and February 2024 to validate version 1.0 of the video with expert judges. Nine professionals from the institution, recognized for their clinical experience in pediatric care, served as expert judges, including two nurses, two physicians, three nursing technicians, one social worker, one psychologist, and one representative from the NEPSHU. To assess the video, a meeting was held during which the study objectives, the printed assessment instrument, and the video were presented. After watching the video, participants completed the assessment instrument. The entire process lasted approximately 60 minutes.

The Educational Content Validation Instrument in Health (IVCES - *Instrumento de Validação de Conteúdo Educativo em Saúde*), validated for use in Brazilian Portuguese,[21] was used to assess the educational content. The instrument consists of 17 items organized into three domains: objectives, structure/presentation, and relevance. Each item was rated using a three-point scale: adequate (A), partially adequate (PA), or inadequate (I). Data were organized and analyzed using Microsoft Excel.

For data analysis, the Agreement Score (AS) among the evaluators was calculated, ranging from −1 to +1. A score of Consensus (+1) was assigned when 70% or more of the evaluators rated an item as adequate (A); "Undecided" (0) when 70% or more rated the item as PA; and "Dissent" (−1) when 70% or more rated the item as inadequate (I).[21] Whenever an item was rated as partially adequate or inadequate, the evaluators could provide suggestions for improvement. These suggestions were reviewed by the research team and incorporated whenever appropriate. After the expert review and the recommended revisions, version 2.0 was established as the final version of the product.

Results

Stage 1 included a total of 44 participants distributed across three groups. Most healthcare professionals were women (77.78%), were older than 39 years (55.56%), and had worked at the institution for an average of five years. All accompanying family members (100%) were women, and most (92%) were the children's mothers. The accompanying family members' mean age was 34 years.

According to most healthcare professionals, accompanying family members do not receive sufficient information before hospitalization (66.70%) and are unfamiliar with the institutional rules and routines governing their stay (77.78%). All professionals agreed that providing information before hospitalization could reduce conflicts between accompanying family members and the healthcare team during the hospital stay (100%). They considered information about what to bring for hospitalization, the child's meals, rules for shared living, appropriate use of hospital furniture, and suitable clothing for the ward to be essential for a smooth hospital stay.

Among accompanying family members of children scheduled for surgical procedures, all participants reported having received information about hospitalization (100%). However, some still had questions regarding visiting hours and what to bring for personal use (17.65%). Most accompanying family members considered videos (61.12%) and printed brochures (27.78%) to be appropriate educational resources for delivering this information (Table 1).

Among accompanying family members of children hospitalized after surgery, most reported that they had not received information about institutional rules and routines or about the hospitalization process (77.78%). Most participants also reported having questions about what to bring from home, the expected length of hospitalization, meal entitlements, and visiting hours (88.89%). They stated that they would have preferred to receive this information through videos and printed brochures (88.89%) (Table 1).

Table 1. Percentage of responses regarding accompanying family member preparation before the child's hospitalization

Variables	Accompanying family member preparation before the child's hospitalization	
	Yes(%)	No(%)
Healthcare professionals (N=9)		
Accompanying family members receive the necessary information prior to admission	3(33.33)	6(66.70)
Accompanying family members are familiar with institutional rules and routines	2(22.22)	7(77.78)
Advance information can minimize conflicts	9(100)	-
Accompanying family members of children scheduled for surgical procedures (N=17)		
Received information about the hospitalization	17(100)	-
Remained with questions regarding the hospitalization	3(17.65)	14(82.35)
Video is an appropriate technology for conveying this information	11(61.12)	6(33.33
A brochure is an appropriate technology for conveying this information	4(27.78)	13(72.22)
Accompanying family members of children after surgical procedures (N=18)		
Received information about institutional rules and routines	4(22.22)	14(77.78)
Received information about the admission process	4(22.22)	14(77.78)
Had questions about what to bring from home	16(88.89)	2(11.11)
Had questions about the length of stay at the facility	16(88.89)	2(11.11)
Had questions about meal provision	16(88.89)	2(11.11)
Had questions about visiting hours	16(88.89)	2(11.11)
Would have liked to receive the information via videos and pamphlets	16(88.89)	2(11.11)

Chart 1. Thematic groups, emerging themes, and summary of the content of video "*Acompanhantes de crianças com indicação cirúrgica: orientações para hospitalização*"

Thematic group	Emerging theme	Summary of the content
Pre-admission	What to bring to the hospital	Personal items for the child and accompanying family member during hospitalization; permitted amount of luggage
	Documents required for hospital admission	Personal documents; specific legal custody situations; medical tests and institutional documents
	Hospital admission procedures	Schedule, bathing, clothing, performance of medical tests, and pre-anesthetic consultation
Hospital stay and the surgical procedure	Organization, cleanliness, and rules for shared living	Ward organization; use of electronic devices; proper waste disposal
	Accommodations, clothing, and meals	Use of furniture and appropriate clothing during the hospital stay; meal times
	Toys and mobile phones	Risks of sharing toys among patients; rules and precautions regarding cell phone use
	Specific needs during hospitalization	Requests concerning laundry, use of ongoing medications, and meals
	Visits	Schedules and rotation of accompanying family members
	Communication with the healthcare team	Procedures performed; medications; post-operative care
	General guidance on surgical procedures at the institution	Location of the procedure and waiting area for the accompanying family member; duration of the procedure; patient preparation; conditions for the patient's return to the ward after procedures

Analysis of the data identified 14 emerging themes, which were organized into two thematic groups: "pre-admission information" and "information on the hospital stay and the surgical procedure". The first group included the following emerging themes: "what to bring to the hospital", "documents required for hospital admission", and "hospital admission procedures". The second group comprised the following themes: "organization, cleanliness, and rules for shared living"; "accommodations, clothing, and meals"; "toys and mobile phones"; "specific needs during hospitalization"; "visits"; "communication with the healthcare team"; and "general guidance on surgical procedures at the institution" (Chart 1).

The emerging themes guided the review of institutional regulations to develop a concise summary of the content. Based on the pre-admission information thematic group, content was developed addressing the child's and accompanying family member's personal belongings to be brought to the hospital, permitted luggage, required personal documents for hospital admission, guidance for specific situations such as children accompanied by someone other than their parents, and institutional rules regarding clothing, diagnostic tests, and procedures. Based on the thematic group information on the hospital stay and the surgical procedure, content was developed addressing organization and cleanliness of the hospital room, use of electronic devices, appropriate clothing, meal schedules, visiting hours, and accompanying family member replacement; the risks associated with sharing toys and the use of mobile phones; guidance on special requests related to laundry services, continuous-use medications, and meals; information about procedures and medications; postoperative care; the location and expected duration of surgical procedures; patient preparation; and the conditions required for returning to the hospital ward after surgery (Chart 1).

In Stage 2, based on the synthesis of the emerging themes, the storyboard and narration script were de-

Figure 2. Images from the sections of the video "*Acompanhantes de crianças com indicação cirúrgica: orientações para hospitalização*"

veloped to guide video production. After revision of the material, version 1.0 of the video "*Acompanhantes de crianças com indicação cirúrgica: orientações para hospitalização*", was produced. The video had a duration of 7 minutes and 58 seconds, included images, audio, and subtitles, and was saved in MP4 format, allowing easy sharing across different internet-connected devices or via Bluetooth. The visual content was selected by the research team to represent the narrated information through images and colors, thereby facilitating audience comprehension (Figure 2).

In Stage 3, version 1.0 of the video was assessed by expert judges. Participants were between 23 and 50 years of age, most were female (77.8%), held specialist qualifications in pediatric healthcare (90%), and all were directly involved in clinical practice (100%).

Overall, the educational material achieved an IVCES of 87% (AS = +1), indicating that it was valid and appropriate for preparing accompanying family members of children scheduled for surgical procedures. The Objectives domain assessed whether the video addressed the proposed topic, was appropriate for the target audience, clarified accompanying family members' questions, and encouraged behavioral change. All items reached "Consensus" (+1) among expert judges (Table 2). None of the items was rated as "Inadequate".

Table 2. Expert assessment of the items included in the video "*Acompanhantes de crianças com indicação cirúrgica: orientações para hospitalização*"

Evaluative questions	Adequate	Partially adequate	Score
Objective	**n(%)**	**n(%)**	
Covers the proposed topic	8(90)	1(11.11)	+1
Adequate for the target audience	9(100)	-	+1
Clarifies questions from the accompanying person	9(100)	-	+1
Promotes reflection on the topic	9(100)	-	+1
Encourages behavioral change	8(90)	1(11.11)	+1
Structure/presentation			
Language appropriate for the target audience	8(90)	1(11.11)	+1
Interactive language	9(100)	-	+1
Accurate information	9(100)	-	+1
Objective information	9(100)	-	+1
Clarifying information	9(100)	-	+1
Necessary information	7(80)	2(22.22)	+1
Logical sequence of scenes	9(100)	-	+1
Content and coherence of captions with the scenes	9(100)	-	+1
Caption text length	9(100)	-	+1
Relevance to the accompanying family members' preparation			
Encourages learning	9(100)	-	+1
Contributes to the accompanying family member's preparation	9(100)	-	+1
Sparks the target audience's interest	9(100)	-	+1

The Structure/Presentation domain assessed the appropriateness of the language for the target audience,

interactivity, the accuracy, objectivity, clarity, necessity, and timeliness of the information, as well as the adequacy of the subtitles. All items in this domain also achieved "Consensus" (+1) among expert judges (Table 2).

The final domain, Relevance, assessed the video's ability to encourage learning, contribute to accompanying family member preparation, and promote the target audience's interest in the topic. All items also achieved "Consensus" (+1) among expert judges (Table 2).

Following experts' assessment, they recommended reducing the video's duration and incorporating images of the institution's actual forms. After these revisions, version 2.0 of the video had a total duration of 7 minutes and 50 seconds (https://drive.google.com/file/d/1WAcwn6SZBo3mBYlveZbNfbuKsn8OBJq8/view?usp=sharing).

Discussion

The findings of this study highlight the need to provide information to accompanying family members of children scheduled for hospitalization for surgical procedures. Preparing accompanying family members by providing information about institutional rules, routines, and procedures before hospitalization may reduce conflicts and difficulties during the hospital stay, as well as alleviate the anxiety, fear, and insecurity commonly experienced during this period.[13-14]

Pediatric hospitalization affects family dynamics and elicits a wide range of emotions. Access to information that helps prepare accompanying family members also facilitates communication with the healthcare team.[12,15,22] The findings of this study showed that, although most accompanying family members reported having received information before hospitalization, they considered it insufficient to address their questions and uncertainties regarding the hospitalization process. This finding reinforces the importance of reviewing current strategies for providing pre-admission information.[25] Informational videos were identified as the preferred educational resource by accompanying family members, a finding that is consistent with the literature. Previous studies have shown that audiovisual resources are perceived as more intuitive and self-explanatory, facilitating information delivery and improving the preparation of both accompanying family members and patients for hospitalization.[23]

Educational resources that can be accessed quickly and easily through mobile devices with internet access increase the reach of health information among the target audience.[17,27] Audiovisual tools are useful, advantageous, and effective resources for health education because they combine images and sound to communicate information, making learning more engaging and easier to understand. These digital resources complement the teaching-learning process, improve the quality of health education, and contribute to patient care in multiple ways.[26-27]

The study has some limitations. The video was not validated by the target audience, and the educational material will require periodic updates to reflect changes in institutional routines. Nevertheless, the findings may encourage future initiatives aimed at developing audiovisual resources to prepare accompanying family members of pediatric patients scheduled for hospitalization for surgical procedures.

Conclusion

The development of the video was based on a reality assessment, which demonstrated that access to clear and timely information is a need perceived by both accompanying family members and the healthcare team. The review of institutional regulations and the assessment of the content by expert judges ensured that the educational material was consistent with the institutional context and routine clinical practice.

Preparing accompanying family members for the hospitalization of children undergoing surgical procedures contributes to the humanization of healthcare, and informational videos represent an effective strategy for providing information that may reduce insecurity and conflicts with the healthcare team while promoting adherence to treatment. In addition, videos may reduce the time and workload required of healthcare professionals during hospital admission and throughout hospitalization, while representing a low-cost educational resource.

Acknowledgments

The authors thank the *Instituto da Criança no Amazonas*, the study participants, the *Fundação de Amparo à*

Pesquisa no Amazonas, and the *Universidade do Estado do Amazonas*.

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