

**Title:**

Designing a Video for Online Dissemination of Emotionally Sensitive Health Information

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**Session Title:**

Patient Education for Vulnerable Populations

**Slot:**

E 03: Sunday, 29 October 2017: 4:15 PM-5:00 PM

**Scheduled Time:**

4:15 PM

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**Keywords:**

Amputation, Education and Videography

**References:**

Boydell, K.M., Gladstone, B.M., Volpe, T., Allemang, B., & Stasiulis, E. (2012). The production and dissemination of knowledge: A scoping review of arts-based health research. *Forum: Qualitative Social Research, 13*(1). Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/1711>

Clar, C., Dyakova, M., Curtis, K., Dawson, C., Donnelly, P., Knifton, L., & Clarke, A. (2014). Just telling and selling: Current limitations in the use of digital media in public health-A scoping review. *Public Health, 128*, 1066-1075. Retrieved from <http://dx.doi.org/101016/j.puhe/2014.09.009>

Freysteinson, W.M., Thomas, L., Sebastian-Deutsch, A., Douglas, D., Melton, D., Celia, T., Reeves, K., & Bowyer, P. (2016). A study of the amputee experience of viewing self in a mirror. *Rehabilitation Nursing*. Published online ahead of print February 1. <http://dx.doi.org/10.1002/rnj.256>

Truong, W., Larsen, E., & Armstrong, A. (2014). Videos to influence: A systematic review of effectiveness of video-based education in modifying health behaviors. *Journal of Behavioral Medicine, 37*, 218-233. DOI 10.1007/s10865-012-9480-7

**Abstract Summary:**

Technological advances and the accessibility of digital media provide expanded opportunities for the dissemination of health related education. In this presentation, we discuss the technical process and the art of creating a high quality video for dissemination of emotionally sensitive health information online.

**Learning Activity:**

<b>LEARNING OBJECTIVES</b>	<b>EXPANDED CONTENT OUTLINE</b>
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Discuss the emerging use of video, to enhance the sharing of a lived experience, and impact behaviors related to health.	Literature on the use of video in health care is reviewed. The research team sought to develop a high quality video based on the results of a phenomenological study of viewing self in the mirror after an amputation.
Explore the practical aspects of disseminating qualitative research findings through visual media.	All aspects of the process of video production are reviewed, so researchers and educators might better understand the challenges and opportunities of this media: envisioning; developing a video team; securing sites for video production; translating research findings into scripts; finding, engaging and supporting actors; videography, editing the video footage, and dissemination.

**Abstract Text:**

Purpose: In academia, peer-reviewed journal articles and professional presentations are the major methods of disseminating research. Equally important is disseminating information to the communities most affected by research. The shared view of the world and increased understanding that can be brought about through the use of story-telling in a video format is an area of growing interest. The goal of this approach is to make the research literature more accessible, create interest, and change future actions of the learners (Boydell, Gladstone, Volpe, Allemang, & Stasiulis, 2012). This approach to the provision of health information may help focus and aid the understanding of both the affected individuals and families in the community setting. The use of video as a different way of knowing is a concept that is emerging in the literature, as noted in Boydell et al's 2012 scoping review of arts-based research. Video viewing may help enhance understanding, if it accurately describes the illness experience, engages others in the issue, and provides time to reflect on what one has learned. Truong, Larsen, and Armstrong (2014) suggested website posting can engage a broad audience, provide consistency in messaging, and is a format preferred by those with low health literacy. Practitioners and researchers have developed numerous online healthcare videos, largely in the area targeting telemedicine and ehealth needs. A 2014 literature review of digital media indicated that there was an increased potential to reach and engage communities in need of health information, transfer new knowledge, and empower individuals in their choices regarding health behavior change (Clar, Dyakova, Curtis, Dawson, Donnelly, Knifton, & Clarke, 2014). These authors noted that more research is needed to explicitly delineate the team approach needed to develop suitable video media. The preparation of the materials takes time, and incurs costs not normally associated with traditional dissemination methods. The purpose of this presentation is to share the processes, pitfalls and successes of producing a high quality health video for distribution via the Internet.

Methods: The video was based on the results of a phenomenological study of viewing self in the mirror after an amputation of a limb. Qualitative focus-group work by Freyesteinsson et al (2016) brought the subject to light, and to disseminate the results, experts were sought in videography and theater, to help capture scripted discussions of real stories, in a high quality format, suitable for viewing online. This method was chosen in order to create a lasting educational resource, to be shared with a wide audience. After forming an academic partnership between nurse researchers, willing actors in the community with this lived experience, videographers, a director, and a hospital educator with administrative funding and support, the need to learn storyboarding in order to collaboratively edit a script became apparent. Eight actors who had an amputation of one to four limbs told the story of the trajectory of the mirror experience starting from the initial mirror viewings after the amputation. The process of video production included: developing a working relationship among video team members; translating research findings into scripts; envisioning the themes and desired visuals; securing sites for video production finding, engaging and

supporting actors; supporting the videography, through editing the video footage, and, creating a plan for dissemination.

Results: Two video scripts were developed: one for community-members and one to teach nurses how and why to assist individuals who have recently lost a limb, in the viewing of self in the mirror. The desire is that these rich educational resources will effectively stand alone, whether incorporated into online content by a professional organization or advocacy group, or as a learning module - teaching tool in a more formal setting. Whether or not a formal process is put into place in a clinical setting, including preparation of family members, providing privacy, and sharing the experience of others, the increased knowledge viewing this video brings to a learner hopefully improves their ability to understand and support or be supported through the mirror experience. Partners who will post the video have been sought, and the next phase of this evolving research is to determine the impact on clinical staff behaviors and on life satisfaction, for those in their care.

Conclusion: The team learned that the development of a video is a complex and time-consuming endeavor. Research is needed to assess the impact of this dissemination method as compared to traditional methodologies. There are gaps observed in the literature of the impact on patient outcomes using video. We are finding that there are many unanswered questions, as the field of educational innovation continues to expand, and the first step is often to measure the effectiveness of the education (Boydell, Gladstone, Volpe, Allemang, & Stasiulis, 2012). This team hopes to continue to track this effort, as practice changes and satisfaction of affected individuals are the true targets of this transformative knowledge activity.