










## EDUCATIONAL INTERVENTION ON INCONTINENCE-ASSOCIATED DERMATITIS: TEACHING STRATEGY ON INSTAGRAM

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### ABSTRACT

**Objectives:** To describe and evaluate, in a formative way, an educational intervention carried out through social media on incontinence-associated dermatitis with nursing professionals from a public hospital. **Method:** Educational intervention study with a qualitative approach conducted in a virtual way through the social media Instagram as a platform for the dissemination of course content on the subject. Data collection was carried out with 30 nursing professionals from the medical clinic and adult intensive care unit of a public teaching hospital in the state of Mato Grosso do Sul, Brazil, between February and March 2022. Data were collected during the course and analysed through content analysis and according to Ausubel's meaningful learning theoretical framework perspective. **Results:** From the analysis of the participants' comments, four thematic categories emerged: anchoring; subordinated meaningful learning; discovery learning; and evaluation of the teaching-learning process. **Conclusion:** Through the results found, it was identified that the educational intervention conducted was successful in terms of sharing evidence on the subject to the participants. It was found that the Instagram can be adopted as a tool to carry out educational actions, including in a hospital environment.

**DESCRIPTORS:** Diaper rash. Enterostomal therapy. Internet-based intervention. Education, nursing.

## INTERVENÇÃO EDUCATIVA SOBRE DERMATITE ASSOCIADA À INCONTINÊNCIA: ESTRATÉGIA DE ENSINO NO INSTAGRAM

### RESUMO

**Objetivos:** Descrever e avaliar intervenção educativa realizada por meio de mídia social sobre dermatite associada à incontinência (DAI) com profissionais de enfermagem. **Métodos:** Estudo de intervenção educativa com abordagem qualitativa pela mídia social Instagram para veiculação dos conteúdos do curso sobre a DAI. A coleta de dados foi realizada com 30 profissionais de enfermagem da clínica médica e unidade de terapia intensiva adulta de hospital de ensino público de Mato Grosso do Sul, de fevereiro a março de 2022. Os dados foram coletados durante o

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curso e apreciados pela análise de conteúdo de Bardin e à luz do referencial teórico da aprendizagem significativa de Ausubel. **Resultados:** Da análise dos comentários dos cursistas, emergiram quatro categorias temáticas: ancoragem, que retrata o saber prévio; aprendizagem significativa subordinada, a qual apresenta a construção de conhecimento ancorada no saber prévio; aprendizagem por descoberta, evidenciando a autonomia do participante no aprendizado; e avaliação do processo de ensino-aprendizagem, que revela a avaliação do processo educativo. **Conclusão:** Os resultados mostraram que a intervenção educativa obteve êxito no que tange ao compartilhamento de evidências sobre DAI aos participantes e que a ferramenta Instagram pode ser adotada para ações educativas mesmo em ambiente hospitalar.

**DESCRITORES:** Dermatite das fraldas. Estomaterapia. Intervenção baseada em internet. Educação em enfermagem.

## INTERVENCIÓN EDUCATIVA EN DERMATITIS ASOCIADA A INCONTINENCIA: ESTRATEGIA DIDÁCTICA SOBRE INSTAGRAM

### RESUMEN

**Objetivo:** Describir y evaluar, de forma formativa, una intervención educativa realizada a través de las redes sociales sobre dermatitis asociada a incontinencia con profesionales de enfermería de un hospital público. **Métodos:** Estudio de intervención educativa, con enfoque cualitativo, realizado de forma virtual, a través de la red social Instagram® como plataforma de difusión de contenidos de cursos sobre el tema. La recolección de datos se realizó con 30 profesionales de Enfermería de la Clínica Médica y UTI Adultos de un hospital público de enseñanza en el estado de Mato Grosso do Sul, entre febrero y marzo de 2022. Este estudio fue aprobado por el Comité de Ética en Investigación. Los datos fueron recolectados durante el curso y analizados a través del análisis de contenido ya la luz del marco teórico del Aprendizaje Significativo de Ausubel. **Resultados:** Del análisis de los comentarios de los participantes surgieron cuatro categorías temáticas: anclaje; aprendizaje significativo subordinado; aprendizaje por descubrimiento; y evaluación del proceso de enseñanza-aprendizaje. **Conclusión:** A través de los resultados encontrados, se identifica que la intervención educativa realizada fue exitosa en cuanto a compartir evidencias sobre el tema a los participantes. Se constató que la herramienta Instagram® puede ser adoptada para realizar acciones educativas, incluso en ambiente hospitalario.

**DESCRIPTORES:** Dermatitis del Pañal. Estomaterapia. Intervención basada en la internet. Educación en enfermería.

## INTRODUCTION

Incontinence-associated dermatitis (IAD) is a major, acute inflammation of the skin and is commonly identified in patients who have urinary and/or anal incontinence. This injury can worsen, leading to skin breakdown and burn-like pain<sup>1</sup>.

IAD is highly prevalent in health care institutions and is the focus of attention of professionals today, particularly because of its potential to predispose patients to the development of serious adverse events, such as stage 3 or 4 pressure ulcers<sup>2,3</sup>. For the reduction of these skin lesions, besides the need for standardization and dispensing of specific supplies for their prevention and treatment, it is necessary that the nursing teams know how to identify early the patients at risk, evaluate the patient's skin in a timely manner, and recognize and classify these lesions properly, so that the nursing interventions are pertinent and assertive. Thus, educational actions on this subject are relevant and should be conducted by health institutions<sup>2,4</sup>.

For teaching in health care and nursing, several strategies can be adopted. Active teaching methodologies are understood as an innovative form of teaching-learning in which students are encouraged to be active during the process. Although this area has gained prominence in the last decade as a pedagogical practice, the concepts of this methodological proposal began in the 20th century, in the United States of America<sup>5,6</sup>.

Already in that period, authors were rethinking the way education was conducted in schools. Several can be highlighted as precursors of a movement to change pedagogical practices until then in force, such as John Dewey, William Kilpatrick, David Ausubel, Paulo Freire, Maria Montessori, among others<sup>6</sup>.

As cited, David Ausubel, a psychiatrist by training, proposed a theory called meaningful learning theory, derived from cognitivist psychology, which mainly addresses the question about cognitive learning. The author started his reflections about this educational theory mainly because of the difficulties he faced during his school learning process, criticizing the teaching model in force in the United States<sup>7</sup>.

The theory proposed by Ausubel is particularly based on the role of prior knowledge in facilitating learning. The educator must favor a connection between the knowledge that the students already have and the new knowledge, valuing the previous knowledge as an idea that will anchor the new knowledge and help in retaining it. The educator, by identifying what this previous knowledge is, must plan the educational process based on it<sup>7</sup>.

Ausubel continues to be relevant to this day, has impacted national education, and was one of the theorists adopted for the preparation and formulation of the guidelines related to education in health and the Brazilian Policy for Continuing Education in Health<sup>8</sup>.

In the health field, knowledge advances at such a rapid pace that there is a need for health institutions to conduct continuing education actions, so that their professionals can develop their actions safely and effectively, in line with a practice based on scientific evidence<sup>9</sup>.

Continuing education in health brings as one of its references a dialogical education, in which professionals are led to reflect on their actions, with critical awareness regarding the care provided. This education is based on discussion, identification of common problems inherent to the service, joint reflection of ideas, as well as changing attitudes and improving practices in line with scientific advances<sup>10</sup>.

One of the obstacles to the consolidation of these actions is the difficulty in implementing such discussions in daily practice, given the high demand of attributions inherent to the professionals, as well as the deficit of human resources existing in health institutions. Therefore, differentiated strategies, which aim to facilitate the teaching-learning process and promote a dynamic teaching can help in the adhesion to the participation of these actions<sup>11,12</sup>.

Nowadays, many people have accounts on social networks such as Facebook and Instagram. Particularly the latter has been widely used by the public and also by health professionals, for the purpose of scientific dissemination and for health education. Given the reach of this social network, as well as the identification of its potentialities for the promotion of educational strategies, this study was conducted<sup>13,14</sup>.

Therefore, the objectives of this study were to describe and evaluate, in a formative way, an educational intervention carried out through a social media on AIDs with nursing professionals from a public hospital.

## METHODS

This is an educational intervention study, with a qualitative approach, conducted virtually, through the use of the social media Instagram as a platform for the dissemination of content. The study had as participants the nursing professionals of the University Hospital of the Universidade Federal da Grande Dourados, Dourados city, Mato Grosso do Sul state, Brazil.

The nursing professionals working in the medical clinic and adult intensive care unit (ICU) sectors of the institution were selected through a nonprobability convenience sample, due to the characteristics of the patients admitted to these sectors, who are more likely to develop skin lesions. At the time of data collection in February and March 2022, the medical clinic had 15 nurses and 41 nursing technicians, and the adult ICU had 33 nurses and 26 technicians.

The sectors were invited to participate in the research through wide dissemination of the event by posters, social media, and institutional e-mail, but only 30 professionals agreed to take part in the study.

Before starting the research, the participants were informed about the objectives, risks, and benefits of the research, as well as about their freedom to participate or not in the study, and those who only wanted to take part in the course but not in the research were given the freedom to make this decision. Only after consent and signing the informed consent form (ICF) were the participants included in the study.

The educational intervention was called the Course on Prevention and Treatment of Incontinence-Related Dermatitis, and, as already mentioned, the social media tool Instagram was used to broadcast the contents about the topic. Before starting the course, after filling out and signing the ICF, the participants answered a validated questionnaire to evaluate their knowledge about IAD, prepared by the authors of this article.

After analyzing the participants' answers, the elaboration of the posts and the construction of all the course's programmatic content was thought about, by valuing the professionals' previous knowledge, in line with David Ausubel's subsidies. Thus, the whole construction and course of the educational action was subsidized by the author, besides being based on consensus documents and systematic reviews regarding IAD<sup>1,7,15-17</sup>.

Throughout the course, which lasted a total of 20 days (total course load of 8 h), various teaching strategies were used, such as publications with image and caption, posts with carousel-type content, short videos prepared by the corresponding author with content on the topic based on the consensus documents and systematic reviews of this lesion, flipped classroom and case study. Throughout the educational process, participants were encouraged to make comments, in order to stimulate their participation in the course<sup>6,7</sup>. The posts made were also publicized in the stories of the virtual platform, in order to get a wider reach of the participants.

The publications were made on Mondays, Tuesdays, Wednesdays, and Thursdays, thus avoiding publications near the weekend, which could have lower reach and less adhesion from the participants. The description of the posts, as well as the teaching strategies adopted for each post, is shown in Table 1.

**Table 1.** Delineation of the contents covered in the course on incontinence associated dermatitis (IAD) held with the nursing staff. Dourados, MS, Brazil, 2022.

| Day of publication | Content covered in the publication  | Teaching strategies employed   |
|--------------------|---|--|
| 1                  | Initial presentation of the course via short video and welcoming post to the course participants. Publication with the definition of IAD and the question: When thinking about IAD, what comes to your mind? <sup>1</sup>   | Expository lecture and dialoguing; brainstorming   |
| 2                  | Content about the skin and its physiology and soon after publication addressing patients who have susceptibility to IAD <sup>1,4</sup>  | Expository and dialogical publication  |
| 3                  | Publications covering the definition of urinary and anal incontinence, the causal factors of AID and the detail of these causal factors (how each factor interferes with the development of the lesion) <sup>1,4</sup> .  | Expositive and dialogical publication and use of carousel-type post  |
| 4                  | Continued publications on the causal factors and the pathophysiology of the lesion, as well as initial clarification of the risk factors for this injury <sup>1,4</sup>   | Expositive and dialogical publication, use of carousel-type post and group discussion about the theme      |
| 5                  | Detailing the risk factors for IAD, assessment of the patient's skin at risk for IAD, presentation of the predictive scale for the risk of IAD (Perineal Assessment Tool), validated in Portuguese language for Brazil <sup>18</sup>  | Expositive and dialogical publication and use of carousel-type post  |
| 6                  | Classification of AID, educational video on the differentiation between AID and pressure ulcers, and publications on AID prevention strategies <sup>1</sup>   | Expository and dialogical publication, use of carousel-type post, inverted classroom and educational video |
| 7                  | Presentation of the devices existing in the national market for management of fecal incontinence, the characteristics of an ideal product for prevention or treatment of IAD, the composition of the products existing in the market, and products indicated for cleaning the skin at risk or with installed AID <sup>1,4,15-17</sup> | Expositive and dialogical publication and use of carousel-type post  |
| 8                  | Products that can and cannot be used for the prevention and treatment of IAD <sup>1,4,15-17</sup>   | Expositive and dialogical publication and use of carousel-type post  |
| 9                  | Products indicated for the management of IAD according to the classification of lesion severity and summary of the content covered <sup>1,4,15-17</sup> .   | Educational video and guided case study  |
| 10                 | Final message and evaluation of the course  | Expository and dialogical publication  |

During the course and the postings, the participants were asked to make a formative evaluation of the course up to that point, through comments made just below the post. Formative assessment is a way to evaluate how the teaching-learning process occurred for each participant, in a unique, continuous, and processual way. That is, it does not occur only at the end of the educational process, but throughout the entire process, with the objective of reorganizing the activities, if necessary, according to the educational needs of the students<sup>19</sup>.

The participants' comments were read and reread, constituting the pre-analysis and the exploration of the material for the construction of categories, with the theme being adopted as the registration unit, thus proceeding to the content analysis according to Bardin, which is configured as a set of communication analysis techniques, by means of an objective, systematic, and quantitative description of the content. In this method, the unit of record (theme) allows the identification and study of motivations, opinions, values, and other meanings extracted from the content. Thus, thinking about the categories constructed, the meanings were analyzed in the light of Ausubel's framework of meaningful learning, used as a theoretical subsidy of education for the course<sup>7,20</sup>.

The professionals' comments were identified by the letter P (referring to the participant), associated with an ordinal numbering, assigned to the order of appearance of the comments in the publications. Therefore, the comments and reports from the publications have been organized as P1, P2, P3, and so on, sequentially. The present research was submitted to the institutional Research Commission and, after approval, submitted to the evaluation and analysis of the Research Ethics Committee of the Universidade Federal de Mato Grosso do Sul, receiving approval according to opinion number 4,368,488 and Certificate of Ethics Appreciation Presentation number 36636620.4.0000.0021.

## RESULTS

The total population was composed of 115 nursing professionals from the medical clinic and adult ICU sectors of the study institution, 48 nurses and 67 nursing technicians. Among them, 30 agreed to take part in the research by giving their consent and signing the ICF. Of the study participants, 24 (80%) were female and 6 (20%) were male, 21 (70%) were nurses and 9 (30%) nursing technicians. As for age, 17 (56.7%) were between 30 and 39 years old, 11 (36.7%) were between 40-49 years old, and 2 (6.6%) were from other age groups.

Regarding the sector of work, 18 (60%) worked in the medical clinic and 12 (40%) in the adult ICU. As for education, 6 (23%) professionals had a master's degree, 2 (7%) had a master's degree in progress, and 1 (3%) had a doctorate. Most of the course participants had undergraduate degrees, except for 1 (3%) participant, who was studying Nursing.

By reading, rereading and analyzing the comments, four main thematic categories were identified, based on the Ausubel's theoretical framework: anchoring, subordinate meaningful learning, discovery-based learning and evaluation of the teaching-learning process.

### Anchoring

For Ausubel, the facilitator must identify the prior concepts that the students have about the topic that will be the objective of the classes. In this way, at the very beginning of the course, we tried to identify the participants' previous knowledge through the application of a questionnaire about IAD, as well as to verify what these concepts were, through an investigative publication in which we asked what came to the participants' minds when they thought about IAD<sup>7</sup>. The findings from this category are described below:

- Chafing, wetness, urine, stool, pain (P1);
- Lesions caused by prolonged skin contact with moisture from eliminations such as feces and urine (P23);
- Inflammation of the skin from exposure to an aggressive agent, moisture, urine, and feces (P20);
- Inflammatory process of the skin resulting from prolonged contact with physiological eliminations (P15);
- Reddish lesions that cause pain and discomfort, carelessness, physiological eliminations (P3).

## Subordinate meaningful learning

Student learning can occur in a way that is anchored to some prior concept, and this anchoring, of which the new content is an example, a specification, or a detailing of a prior concept, is called subordinate significant learning<sup>7</sup>. The results identified in this category were:

- Very good! I can relate it directly to the patients in our sector (participant refers to the publication that addresses how patients' increased sweating and local heat in the diaper area are related to the development of IAD) (P3);
- The development of IAD goes beyond the contact with physiological eliminations. There are several factors that will contribute to its occurrence. Just as important as knowing the definition is knowing how to understand the pathophysiological process of each factor, as you have brought out in the posts so far. Thank you and congratulations! (P5);
- I understand that AID occurs through the presence of several associated factors, but there must necessarily be fecal or urinary incontinence, or both (P6);
- In fact, sometimes we come across lesions that are suggestive of pressure ulcers, but if we take this information into consideration, we will identify that it is an IAD. What caught my attention was that the IAD does not have a rounded outline, unlike the pressure lesion, because in the initial stage of the pressure lesion there is also a rupture of the skin and we can notice the presence of sphacel in some cases (P15);
- We should consider very carefully the use of the indwelling urinary catheter, also considering the great damage it can cause to the patient's clinical evolution. Always evaluate risk and benefit, exhaust all preventive measures, before considering more invasive measures (P15);
- Very cool... I didn't know it. It would be interesting to put the scale in the University Hospital Management Application, same as that of Braden scale, so nurses would include this scale in routine data collection in skin assessment. Awesome! (Participant commenting on the possibility of inserting the risk assessment scale for developing IAD—the Perineal Assessment Tool—into the electronic medical record system) (P20).

## Discovery-based learning

During the course, the dialogue and autonomy of the participants were stimulated at all times, encouraging them to answer their questions and to investigate the publications and their content. One of the moments in which it was possible to notice the development of learning by discovery of the students was in the activities of the flipped classroom, in which they had to read an article about the severity classification of IAD and then describe the categories of this injury. Another opportunity in which discovery learning could be identified was in the directed case study<sup>6,7</sup>. These results are set out below:

- Ghent Global IAD Categorization Tool categorizes the severity of IAD based on visual inspection of the affected skin areas<sup>1</sup> (P4);
- Category 1) persistent erythema: 1A) persistent erythema without signs of infection; 1B) persistent erythema with signs of infection. Category 2) skin loss: 2A) skin loss without signs of infection; 2B) skin loss with signs of infection<sup>1</sup> (P10);
- Category 2B can be classified as the most severe of all, being represented by significant skin breakdown associated with infection<sup>1</sup> (P15);
- It is a category 2A lesion, because we are talking about a patient with a major lesion with skin breakdown and no signs of infection (participant explaining about the patient's case that it was indeed a category 2A IAD) (P15);
- The patient has reduced mobility, and the use of diapers in this case is unavoidable. I suggest a diaper that has good absorption quality. In cases where it is possible, favor the exposure of the site affected by IAD to the ambient air<sup>1,15-17</sup> (P15);
- Management of eliminations should be performed frequently, preferably at each elimination. Cleaning must be done gently, without rubbing the skin<sup>1,15-17</sup> (P15);
- For treatment, I suggest applying films with acrylate or siloxanes, three sprays on the spot and wait 30 seconds to close the diaper. This product is indicated for IAD with skin breakdown. The cyanoacrylate can also be used, a single-use

product that, after application, is allowed to dry for 30 seconds to proceed with the placement of the diaper, and is reapplied every two or three days (participant describes the product indicated for the patient of the case in question, as well as the mode of application of the products)<sup>1,15-17</sup> (P15);

- We don't need to say any more. Congratulations. I would only add that if the patient is not feeding properly, I would discuss with the medical team to intervene with diet via enteral tube to improve her nutrition, because this causes consequences on the skin (participant referring to the previous comment, about the interventions for the proposed case) (P10).

## Evaluation of the teaching-learning process

As previously reported, it was sought to promote an environment of dialogue in the educational process. To this end, during the activities we always encouraged the participants to comment on the publications and their perceptions about the course and the methodology adopted. At the end of the course, this formative evaluation process was again encouraged and requested<sup>19</sup>. These actions had the intentionality of providing a space for dialogue, but also the goal of verifying if this educational proposal of using Instagram as a teaching tool was being effective. The lines corresponding to this category are described below:

- I found this dynamic of bringing the content through Instagram very interesting. It demands more dedication from those who are participating because they have to follow the posts, but at the same time the information is always available for consultation. I appreciate the dedication and commitment. It added a lot (P20);
- I thought the course was great, very light, the methodology was very good, and it was a very nice course to do, interactive, rich in information. Congratulations on the work (P6);
- Very enlightening post (P11);
- Very interesting. I did not know this device (participant commenting on the use of the devices available in the national market for the management of fecal incontinence) (P5);
- Great video. It can really bring us doubts, but it is easier now to differentiate (participant commenting on the educational video that addresses the differences between pressure ulcer and IAD) (P20);
- Very good. The course is great (P17);
- Very cool and dynamic (P20);
- Learning with every new post (P18);
- Very enlightening information (P21);
- Without wanting to, you stumble upon the course and you end up remembering that you have it to do (participant commenting on the course being made possible by Instagram) (P15).

## DISCUSSION

Ausubel, author adopted as theoretical subsidy for this course, proposes that teachers or facilitators adopt some strategies for the implementation of classes or courses, in order to promote meaningful learning: identify the concepts and principles of the content that will be addressed, so as to hierarchize this content in a progressive manner, i.e., the most general concepts should be worked initially and, in the sequence, the more specific concepts; throughout teaching, the teacher should seek to perform connection between the contents already addressed and the new ones; identify the subsumers relevant to the learning of this new content and which ones can be used as anchors for the teaching of the new contents; teach adopting resources that facilitate the acquisition of knowledge, using various teaching strategies<sup>7</sup>.

Throughout the educational journey, students listed several appropriate strategies for preventing IAD: clean the skin gently, without rubbing; use rinse-free bath-ready towels impregnated with dimethicone or ready-made solutions for cleaning the skin with dimethicone, if available; in the absence of these products, perform cleaning of this skin with water only; change diapers as soon as possible; discuss with the team about the use of indwelling urinary catheter in patients with AID with skin breakdown; use barrier cream for the affected skin to prevent and treat AID, among others<sup>1,15-17,21</sup>.

As for the strategies for the treatment of IAD, throughout the course the indicated interventions were also listed, and, by analyzing the comments, it was noticed that the students were able to assimilate the content. Regarding the treatment of AID, some interventions could be listed: after cleaning the skin, apply barrier cream for category 1A AID; use acrylate film for category 2A AID or cyanoacrylate; for AID with associated fungal infection, use antifungal ointment and, if necessary, discuss with the team about the possibility of using systemic antifungal<sup>1,15-17,21</sup>.

Also discussed was the possibility of using devices for the management of anal incontinence, such as temporary stool containment devices like the flexible silicone rectal catheter and the anal plug, which have the potential to reduce the onset of IAD in patients at high risk. Indications for these products were made clear to the staff—the silicone catheter is indicated for patients with liquid or semiliquid stools and the anal plug for patients with formed stools<sup>22,23</sup>. The participants of the study reported that they did not know about this device, so, through these reports, it was noted that the course added knowledge to the participants.

It is known that IAD is a skin lesion that causes significant reduction in the quality of life of affected patients and that has a direct interconnection with more serious skin lesions, such as pressure ulcers. Thus, an untreated and untimely IAD may end up triggering the development of a pressure ulcer. Pressure ulcers associated with untreated IAD commonly are those of more advanced stages, considered never events, that is, serious adverse events related to health care<sup>3,24,25</sup>.

Therefore, educational strategies that promote open discussion space, in which professionals feel free to clarify their doubts, as well as to raise other reflective issues related to work, workload and availability of inputs and human resources, should be encouraged, in line with the National Policy of Continuing Education in Health<sup>10,11,25</sup>.

Educational actions within the institutions must promote that those involved reflect and become aware of their acts and their practical actions. That they can discuss in a group about the processes of improvement of the practices, as well as realize how their care is directly related to the improvement of the patients' condition<sup>10,25</sup>.

Given this, the actions should come from the daily practice of those involved, and the themes are selected together with the teams, valuing their choices; however, it is also up to the facilitator to direct the team in the sense of seeing other contents that need to be discussed together, if the team does not notice them. This educative environment must occur in a discussed and dialogued way, in the day to day of the assistance practices<sup>10,25</sup>.

Reconciling these guidelines with the work demands of the care teams is a real challenge for health professionals. For this reason, we should not only value formal actions, but also educational actions. Informal guidance about health care should also be valued. More important for the players is to know the reason why a certain intervention is carried out and not just to do this action mechanically<sup>10,11,25</sup>.

Educational strategies that can somehow enable greater participation of the players involved must be provided<sup>10</sup>. Instagram, as a social media tool, has gained other roles besides its initial one, being also used as a vehicle to disseminate health education actions to the population and to update professionals<sup>13,14</sup>.

During the course's conduction, as well as after the final evaluation and the feedback received by the course participants, it was noticeable that the action managed to obtain good adhesion from the participants, with several positive comments, demonstrating that educational actions can be conducted through unconventional means, such as social media, so commonly used by people for communication and leisure time.

In view of the above in this study, the potential of using the social media tool Instagram for teaching in the hospital setting was verified. However, the need to previously identify the adherence of the employees to this tool was also noticed, because, in the institution where this study was conducted, it was frequently used by the employees, and this may have been a facilitating factor in this educational process. As weaknesses of this study, one can list the sample, limited to only one professional class, as well as a small number of participants.

## CONCLUSION

This research allowed us to identify and perceive the singularities involved in the implemented educational process, in congruence with a powerful and meaningful learning, according to the adopted theoretical references.



According to the findings, the participants understood the strategies indicated for prevention, skin assessment, risk identification, and treatment of IAD. Through the analysis of the comments and the participation of the course participants, it was found that the Instagram tool can be adopted as a platform for carrying out educational actions in the health field, even in a hospital environment.

These data reaffirm that, in view of the current scenario, which involves work overload, lack of time, and the need for permanent education of health professionals, especially nurses, educational actions based on active teaching methods and the use of virtual media can be powerful strategies for a significant learning of relevant and necessary themes for an effective care, such as the management of patients with IAD.

Finally, it is necessary to clarify that there was no conflict of interest of any of the authors and participants in the study regarding the manufacturers of specific products for the prevention and/or treatment of IAD, even if the composition of some of them was mentioned in the development of the educational actions.

## AUTHORS' CONTRIBUTION

**Substantive scientific and intellectual contributions to the study:** Sokem JAS, Ferreira AM and Bergamaschi FPR; **Conception and design:** Sokem JAS, Ferreira AM, Bergamaschi FPR, Coelho MMF and Sarat CNF; **Data collection, analysis and interpretation:** Sokem JAS, Ferreira AM, Bergamaschi FPR, Coelho MMF, Sarat CNF, Ribeiro EBR, Souto CC, Carneiro LM and Rigotti MA; **Article writing:** Sokem JAS, Ferreira AM, Bergamaschi FPR, Coelho MMF, Sarat CNF, Ribeiro EBR, Souto CC, Carneiro LM and Rigotti MA; **Critical review:** Sokem JAS, Ferreira AM, Bergamaschi FPR, Coelho MMF, and Sarat CNF; **Final approval:** Sokem JAS, Ferreira AM, Bergamaschi FPR, Coelho MMF, Sarat CNF and Rigotti MA.

## AVAILABILITY OF RESEARCH DATA

All data were generated or analyzed in the present study.

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