



ORIGINAL

Construction and validation of a brief motivational interview script:
welcome of people living with HIV

Construção e validação de roteiro de entrevista motivacional breve: acolhimento de pessoas vivendo com HIV
Construcción y validación de guion de entrevista motivacional breve: acogida de personas que viven con VIH

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ABSTRACT

Objective: To build and validate a brief motivational interview script for health professionals in specialized care services, with emphasis on welcoming and motivating people living with HIV. **Methods:** it is a methodological study conducted with 9 expert judges and evaluation with 9 nurses. The script was built based on an international scientific framework and structured in 5 phases in order to systematize the therapeutic communication between professional and user. The item with Content Validity Index greater than 0.8 or whose proportion of agreement, verified with the binomial test, was statistically equal to or greater than 80% was considered valid. **Results:** All items were evaluated as relevant and the Content Validity Index averaged 0.95 by the judges and target audience, respectively. **Conclusion:** The script was validated for its content and appearance and can be used as a welcoming tool and motivation in specialized care services for people living with HIV.

Descriptors: Educational technology. Health Education. Acquired immunodeficiency syndrome. Self care. Health Risk Behaviors. Motivational Interviewing.

RESUMO

Objetivo: construir e validar roteiro de entrevista motivacional breve para profissionais da saúde em serviços de assistência especializada, com ênfase no acolhimento e motivação de pessoas vivendo com HIV. **Métodos:** estudo metodológico realizado com nove juízes especialistas e avaliação com nove enfermeiros. O roteiro foi construído com base em referencial científico internacional e estruturado em cinco fases, visando sistematizar a comunicação terapêutica entre profissional e usuário. Considerou-se válido o item com Índice de Validade de Conteúdo maior que 0,8 ou cuja proporção de concordância, verificada com o teste binomial, foi estatisticamente igual ou superior a 80%. **Resultados:** todos os itens foram avaliados como pertinentes e o Índice de Validade de Conteúdo teve média de 0,95 pelos juízes e público-alvo, respectivamente. **Conclusão:** o roteiro foi validado quanto ao seu conteúdo e aparência e pode ser utilizado como ferramenta de acolhimento e motivação em serviços de assistência especializada para pessoas vivendo com HIV.

Descritores: Tecnologia Educacional. Educação em Saúde. Síndrome da imunodeficiência adquirida. Autocuidado. Comportamentos de risco à Saúde. Entrevista Motivacional.

RESUMÉN

Objetivo: Construir y validar un guion de entrevista motivacional breve para profesionales de salud en servicios de atención especializada, con énfasis en la acogida y motivación de personas que viven con el VIH. **Métodos:** Estudio metodológico realizado con nueve jueces expertos y evaluación con nueve enfermeros. El guion fue construido con base en un referencial científico internacional y estructurado en cinco fases, con el fin de sistematizar la comunicación terapéutica entre profesional y usuario. Se consideró válido el ítem con un Índice de Validez de Contenido superior a 0,8 o cuya proporción de concordancia, verificada con la prueba binomial, fuera estadísticamente igual o superior al 80%. **Resultados:** Todos los ítems fueron evaluados como relevantes y el Índice de Validez de Contenido tuvo una media de 0,95 por los jueces y público objetivo, respectivamente. **Conclusión:** El guion fue validado en cuanto a su contenido y apariencia y puede ser utilizado como una herramienta de acogida y motivación en los servicios de atención especializada para personas que viven con el VIH.

Descriptores: Tecnología Educacional; Educación para la salud; Síndrome de Inmunodeficiencia Adquirida; Autocuidado; Conductas de Riesgo para la Salud; Entrevista Motivacional.

INTRODUCTION

The human immunodeficiency virus (HIV) consists of a global pandemic, of a dynamic, multifaceted nature, with distinct characteristics according to geographic distribution and temporality. In front of its etiological nature and advances in antiretroviral treatments, the implementation of singular actions for people living with HIV implies a paradigm shift in care practices, with an expanded focus on ensuring access, reception, self-care and adoption of positive behaviors.

Since the outbreak began in 1981, 76 million people have been infected worldwide. Currently, about 38 million people live with HIV/AIDS (PLWHA), of which 36.2 million are adults.^{1,2} Faced with this timeless reality, conducts that intensify the importance of self-care and the dissemination of relevant information in a clear and welcoming manner become necessary.

It is estimated that in Brazil there are approximately 920,000 PLWHA, of which 69% undergo antiretroviral therapy.⁽¹⁾ This reality implies a necessary commitment to preventing new infections, early detection, monitoring, follow-up and ensuring access to treatment.⁽³⁾ Among the numerous assumptions resulting from this problem, biopsychosocial changes stand out, which reflect stigmas and raise questions about human rights and sexuality.⁽⁴⁾

Confirmation of HIV diagnosis results in a traumatic event characterized by intense biopsychosocial stress, associated with stigmatization, discrimination, lethality and feeling of inferiority, which can accelerate the development of the disease, trigger viral replication and decrease the immune system response.⁽⁵⁾

Considering that access to and acceptance of HIV diagnosis are obstacles to effective treatment,⁽⁶⁾ the need for strategies planned to contribute to therapeutic management is envisaged, which favors the operationalization of the knowledge produced and stimulates the health team. In this context, it is evident that PLWHA face several challenges after receiving the diagnosis, being fundamental the knowledge about the way that the infection affects the individual's life, in order to provide holistically care.⁽⁷⁾

Motivational Interview (MI) is a treatment technique that aims to help the health service user to recognize possible problems and ambivalences for behavior changes. Thus, it is a communicative, harmonious and collaborative method between the nursing professional and the user, in which it provides an environment of trust for the user to identify their motivations and commitment to conducts that improve the quality of life.⁽⁸⁾

Elaborated to awaken the user's reflection on their health practices and stimulate self-care, the brief motivational interview script (BMI) corresponds to a technology to guide collaborative dialogue, with emphasis on strengthening motivation and commitment to changing life habits. The construction of the script preserves the collaborative style, evocative and with respect to the autonomy of the client, directed to the creation and firming of

bonds, identification of doubts, everyday situations harmful to their health and those that enhance coping with difficulties.⁽⁹⁾

In this perspective, the operationalization of health technology for welcoming and motivation stands out as a tool that positively fosters access, mitigates doubts, operationalizes simple and clear communication and minimizes negative feelings, that results in strengthening and potentiating the bond between service, user and treatment.⁽¹⁰⁾ This method can be implemented through educational materials such as folders, posters, booklets and simulators.⁽¹¹⁾

Therefore, the nursing professional plays a fundamental role in the reception of PLWHA, since these professionals in their care guide, offer care planning practices, perform the systematization of nursing care and develop individual and group activities, in addition to creating an environment that overcomes clinical barriers, strengthen strain among patients, professionals and service which generates confidence. The nursing professional is a very important pillar of the health team and paramount in the care of PLWHA, because through a systematized practice, they promote universal, equitable and comprehensive care, focusing on a holistic and welcoming care.⁽¹²⁾

In view of the above, this study was justified by the fact of the need to develop a reasoned and validated educational technology, to serve as a tool of action, besides being a differential for the communication, reception and management of PLWHA. Moreover, it is reinforced that the educational resources of light technology provide subsidies for health promotion, to the point that these instruments favor positive changes in care and facilitate the assimilation of exposed knowledge.

Thus, this research aimed to build and validate a brief motivational interview script for health professionals in specialized care services, with emphasis on welcoming and motivating people living with HIV.

METHOD

This is a methodological study for the construction and validation of a roadmap for therapeutic communication in specialized care services.⁽¹³⁾ The research followed the reference of studies to improve the quality-SQUIRE of the EQUATOR network.

This study was carried out in three subsequent stages from March to October 2021: I - Construction of the script based on the concept of therapeutic communication for the reception and motivation of PLWHS; II- Validation of the script content with expert judges and; III - Appearance validation of the target audience in the use of the script in therapeutic communication in testing and counseling centers.

The first stage corresponded in the construction of the script, in which the strategies used for therapeutic communication and hosting of PLWHA were initially carried out, through a scope review conducted according to JBI methodology, covered in five stages: identification of the research question;

search for relevant studies; selection of studies; data extraction; and grouping, summary and presentation of the results. ⁽¹⁴⁾

In view of this analysis, the following guide question was asked: "What are the recommendations for the reception and motivation of PLWHA?", elaborated by the PCC strategy (Population, Concept and Context). The descriptors used were "educational technology", "health", "Acquired immunodeficiency syndrome", "welcoming", identified in the *Medical Subject Headings* (MeSH) and in the Descriptors in Health Sciences (DeSC), combined with the following words "nursing", "HIV", "health education", "antiretroviral treatment" and "nursing care" through the connectives "AND" and "OR".

Data were searched from March to July 2021 by two independent reviewers on the following databases: *Medical Literature Analysis and Retrieval System Online* (MEDLINE) via PubMed, *Cumulative Index to Nursing and Allied Health Literature* (CINAHL), Web of Science, via The Main Collection (Thomson Reuters Scientific) and Latin American and Caribbean Literature on Health Sciences (LILACS) by the Virtual Health Library (VHL), accessed by the CAPES Portal. Reference lists of all potentially eligible articles were consulted and accessed to identify additional studies.

To include the publications in the review, the following criteria were established: full articles, case reports, editorials, guidelines, technical notes and recommendations, in English, Spanish or Portuguese. We included records that presented important information for the conduct of the reception and therapeutic communication of the PLWHA after the confirmation of the diagnosis, without time limits.

The content of the educational material was organized according to the theoretical framework of the health belief model, which includes factors that influence the health behavior of the population. The five factors contemplated by the health belief model are the perception for the fact that it is susceptible to some situation of health risk (contemplated in the EMB script in the presentation part); the perception for the severity/severity of such situation (addressed at the time of the interview from the information); the perception for the benefits of performing actions that reduce risk (in which it is addressed in the interview from the evocation); the perception for the barriers about the realization of such actions (also worked on the evocation); and self-confidence to carry out the actions (corroborated in the script by the presence of statements that reinforce the importance of PLWHA to continue treatment and adhere to healthy lifestyle habits). ⁽¹⁵⁾

In the second stage after completion of construction, the technology was submitted to the content validation process. This evaluation was performed by specialists who are a reference in the area of interest of the construct and able to adequately evaluate the relevance of the content of the items submitted. ⁽¹⁵⁾

The sample was selected for convenience in which we considered the teaching and/or care experience and the performance with research and/or extension involving the theme. The survey of eligible health specialists was conducted on the Lattes Platform of

Construction and validation of a brief motivational interview script.. the Portal of the National Council for Scientific and Technological Development (CNPq), using the following keywords: AIDS, Acquired Immune Deficiency Syndrome, Sexually Transmitted Infections, STIs. Through e-mail, 22 specialists from different regions of Brazil were invited, of which 9 responded to the request. Each judge received through the Google Docs application, an electronic form with the Free and Informed Consent Form - TCLE, the final version of the script, Instrument for professional characterization and the Educational Content Validation Instrument (IVCE).

The IVCE consists of an instrument developed and validated for the ratification of educational content, consisting of 18 questions divided into the following items: objectives with 5 items, structure/presentation with 15 items and relevance with 3 items. The questions are scored on a *Likert scale*, with options from 0 to 2, where 0 refers to disagreement, 1 to partially agree and 2 totally agree ⁽¹⁶⁾

Thus, the sample was composed of the 9 experts who first sent the Informed Consent and the instrument duly completed. Professionals who did not send the documents duly answered at the time determined between August and September 2021 were excluded.

In the third stage, the protocol underwent a subjective evaluation by the target audience, focusing on clarity, ease of understanding and presentation structure. ⁽¹⁷⁻¹⁸⁾ The population was composed of health professionals working in specialized health services in the regions of Pernambuco; they were selected by network or snowball sampling. The sample consisted of the first 9 instruments filled in properly. The inclusion criteria of the target audience were: nurses working in reference services for people with HIV, for a minimum period of 6 (six) months, because it is considered a valid time of experience to evaluate instruments aimed at PLWHA. The exclusion criterion adopted was the non-completion of the evaluation of the material at the given time (30 days).

In the appearance assessment, the *Suitability Assessment of Materials* (SAM) form was used, which uses the Likert scale pattern (0=inadequate, 1=partially adequate, 2=adequate) for content evaluation, writing style, graphic illustration, presentation, motivation and cultural adequacy of educational materials. ⁽¹⁹⁾ One of the target audience judges disagreed with the Presentation criterion regarding the type and size of the letter, suggesting a change to another form. The suggestion was accepted and returned for reanalysis and followed with the approval of all participants.

Data analysis was performed using the R software, version 3.1.1. The calculation of the Content Validation Index (CVI) occurred in two ways: I-CVI (*Item-Level Content Validity Index*), obtained, for each item, from the sum of the concordance responses, divided by the number of responses and the S-CVI/AVE (*Scale-level Content Validity Index, Average Calculation Calculation*), referring to the overall validation, obtained from the sum of all I-CVI, divided by the amount of I-CVI. ⁽²⁰⁾

In addition, the Binomial Test was calculated, with a significance of 5%, and verified the proportion of agreement equal to or greater than 0.8 (value defined to consider the item valid for content).⁽²⁰⁾

This research obtained an opinion of number 4,800,870, granted by the ethics committee of the Educational Authority of Belo Jardim and followed the ethical guidelines recommended by Resolution 466/12, referring to research involving human beings, in which they were signed with the signing of Free and Enlightened Consent (TCLE) by the participants.⁽²¹⁾

RESULTS

The final version of the short motivational interview script entitled "Brief motivational interview for people living with HIV/AIDS" was structured on the following topics: contextualization, purpose, indication, contraindication, general principles, duration, periodicity and description of the procedure. Among the areas that guide the intervention were the following axes: general function, life satisfaction, health concerns, financial concerns, concerns about medication, acceptance of HIV, concerns about confidentiality, confidence in the professional and sexual function, which are established by the HAT-QOL instrument.⁽²²⁾

In the characterization of the judges, it is noteworthy that 88.9% are female, aged between 29 and 52 years. The judges have more than 6 years of experience in the area, in which 44.5% are doctors in the area and 55.5% are masters as complementary training. 55.5% have publications on HIV/AIDS, 78% have already provided training in the area and 88.9% have already participated as listeners of the theme in question.

Regarding the objectives, purposes, goals or purpose proposed by the script, of the 18 items evaluated in content validation, all had unanimous agreement (I-CVI = 1.0), as shown in table 1.

The appearance assessment was performed by 9 nurses, of whom 89% are female, with ages ranging from 24 to 67 years and training time ranging from 1 to 28 years. Since there was a predominance of performance in teaching in 55% of these and 22.2% in care.

The agreement index of the appearance assessment was unanimous in relation to the content, literacy requirement, illustrations, stimulation/motivation of learning and cultural adequacy of appearance. It was verified discordance in an item of the category *Presentation* (referring to the size and font of the letter), with I-CVI of 0.89, according to Table 2. However, this item went through the modification process referring to the size and font of the letter and was then forwarded to the judges, in which it obtained full approval.

DISCUSSION

Self-care and the construction of favorable social environments are strong influencers in quality-of-life choices. The environments surrounding PLWHA should stimulate the adoption of healthy lifestyle and safe sexual behaviors.⁽²³⁾ From this perspective, a study

Construction and validation of a brief motivational interview script.. conducted with young people living with HIV corroborates BME as an educational resource by favoring the appropriate use of condoms and antiretroviral medication, with attenuation of alcohol consumption⁽²⁴⁾.

For the construction of health technology, a concise basis is necessary, carried out through searches on bibliographic bases to confirm the authenticity of the information exposed. This generates confidence on the part of the reader on the subject explained, as well as states that the information contained in the technology is accessible and easy to understand, regardless of the level of training of the reader, since the material must also be attractive and objective.⁽¹⁰⁾

In this perspective, the need to analyze, process and understand health information is reinforced. This should occur through a broad optics that uses topics to obtain efficient self-care.⁽²⁵⁾ To corroborate this statement, the need for effective means for health promotion is reiterated through instruments that share professional knowledge information for users, with educational and informative organizational support, as well as technical and technological procedures.⁽²⁶⁾

In agreement with previous studies, a study conducted in Pará with 40 PLWHA showed that the implementation of health technologies helps in the knowledge about HIV/ AIDS and helps in strengthening treatment adhering, guides on behavioral needs, stimulates healthy lifestyle habits, in which it aims to improve the process of self-care and quality of life of these users.⁽²⁷⁾

In this context, the use of health technologies is an effective educational tool that allows the transmitting the necessary information in a positive way, because it facilitates learning in a simple way, besides helping to deconstruct myths and reinforce the need for healthy lifestyles with drug treatment.⁽²⁷⁾

Thus, the reception of PLWHA should be based on a relationship of trust, with the purpose of clarifying the conditions of users individually, within their needs, so that they evaluate their risks and are active in decision-making together with professionals, and then find appropriate solutions for coping with HIV.⁽²⁸⁾

The role of the professional in welcoming, within specialized care services, is of paramount importance, since the reliability generated between the health team and users is paramount in self-care. Professional-user relationships face barriers that aim to improve the problems presented during follow-ups, so that the needs presented are met.⁽²⁹⁾ Reception should be based on the principle of isonomy, which consolidates multi-professional work and humanized care.⁽³⁰⁾

The study presented limitations because it was evaluated only by nursing professionals from a single region of the country and because it specifically targeted people living with HIV, which raises the replication of the evaluation process by professionals from other categories and regions of the country.

Figure 1. Pages of the brief motivational interview script for testing and counseling centers. Pesqueira, Pernambuco, Brazil, 2021

APRESENTAÇÃO, APROXIMAÇÃO, PERMISSÃO

Nessa etapa o foco é a criação e fortalecimento de vínculo entre o profissional entrevistador e o usuário entrevistado. Diante disso, apresente-se e realize a autoavaliação de saúde e fase de mudança comportamental, conforme as fases de mudanças descritos por Prochaska e DiClemente.

Questão 1: Como você avalia a sua saúde comparada as pessoas da sua faixa etária?

☐ Excelente

☐ Muito boa

☐ Regular

☐ Ruim

☐ Péssima

Questão 2: Em relação as fases que o Senhor se enquadra, como você analisa seu comportamento?

☐ Não quero mudar e não vejo problema em não ter hábitos saudáveis (Pré – contemplação);

☐ Acredito que meu comportamento não seja um problema (Contemplação);

☐ Quero mudar meu comportamento (Preparação);

☐ Já tenho hábitos saudáveis e adotei mudanças eficazes (Ação);

☐ Não consigo mais manter hábitos saudáveis como antes (Recaída).

Diante da sua percepção de saúde, vamos conversar um pouco sobre como o senhor (a) se sente a respeito? [Pede permissão.]

INFORMAÇÃO

Questão 3: Nosso comportamento em saúde é diretamente influenciado pelas dificuldades e medidas de enfrentamentos que adotados para o autocuidado. [Informa]. O senhor (a) é capaz de perceber quais fatores influenciam positivamente sua saúde? Quais fatores têm possibilitado a adoção e manutenção de comportamentos saudáveis? [Escutar] (Se o usuário não especificar os fatores, pedir que ele explique como se iniciam as situações que geram essas mudanças.)

EVOCAÇÃO INICIAL

Questão 4: Eu gostaria de saber se existe algum problema que interfere no seu autocuidado ou dificulta o seguimento do seu tratamento. [Evocação inicial]

(Caso o usuário não informe fatores que estimulam as mudanças comportamentais ou expresse os motivos que o estimulam a não se cuidar, trabalhe com ele o *Target Quality of Life* (HAT-QoL), trabalhar os 9 domínios).

01. Funções gerais

02. Funções sexuais

03. Problemas de comunicação

04. Preocupações com a saúde

05. Preocupações financeiras

06. Aceitação sobre o HIV

07. Satisfação sobre a vida

08. Preocupações com medicamentos

09. Confiança no serviço de saúde

Com base nisso, quais alternativas o senhor (a) acha que poderia adotar para minimizar ou até mesmo evitar essas situações que atrapalham seu cuidado com a saúde?) [Pergunta aberta e tornando o usuário participante no seu processo de decisão]

EVOCAÇÃO FINAL

Questão 4: Considerando o que conversamos, de que forma o senhor(a) acha que poderá contornar os problemas que interfere na adoção de comportamentos positivos em saúde e que interferem no seu tratamento? Como o senhor(a) se sente diante dessas opções?

CONCLUSÃO

Na finalização da entrevista, agradeça a participação do usuário na atividade educativa e a lembre da necessidade do mesmo de voltar todo mês para pegar a medicação e fazer o acompanhamento físico e psicológico.

CONCLUSION

The experts considered the motivational interview script appropriate regarding the items related to objectives, structure, presentation and relevance, thus presenting content convergent with the scientific rigor of validity. Regarding the evaluation of the target audience, it was considered appropriate and timely for the process of effective communication, favoring motivation and reduction of resistance to behavioral change.

It is believed that the material produced will foster the operationalization of motivational strategies and encouragement for the assistance to this specific audience. It is expected that this technology favors autonomy, self-care and self-confidence, as well as the stimulus to the participation of this public in decision-making relevant to its treatment, which will result in the optimization of the link with a multidisciplinary support network.

Items	(Scores n=9)			
	Agreement	Discordant	I-CVI*	p **
OBJECTIVES: purposes, goals or determinations				
It contemplates proposed theme	9	-	1	1
Suitable for the teaching-learning process	9	-	1	1
Clarifies doubts on the topic addressed	9	-	1	1
Provides reflection on the theme	9	-	1	1
Encourages behavior change	9	-	1	1
STRUCTURE/PRESENTATION: organization, structure, strategy, coherence and sufficiency				
Language appropriate to the target audience	9	-	1	1
Language appropriate to educational material	9	-	1	1
interactive language, allowing active involvement in the educational process	9	-	1	1
Correct information	9	-	1	1
Objective information	9	-	1	1
Enlightening information	9	-	1	1
Information needed	9	-	1	1
Logical sequence of ideas	9	-	1	1
Current theme	9	-	1	1
Appropriate text size	9	-	1	1
RELEVANCE: significance, impact, motivation and interest				
Stimulates learning	9	-	1	1
Contributes to knowledge in the field	9	-	1	1
Arouses interest in the theme	9	-	1	1

Note: *Item-level Content Validity Index; ** Binomial test.

Table 2. Index of evaluation of appearance of the target audience according to content, literacy requirement, illustrations, presentation, stimulation/motivation of learning and cultural adequacy. Pesqueira, Pernambuco, Brazil, 2021 (N=9)

Items	(Scores n=9)			
	Agreement	Disagreement	I-CVI*	p **
CONTENT				
The purpose is evident	9	-	1	1
Content deals with behaviors	9	-	1	1
Content is focused on the purpose	9	-	1	1
The content highlights the key points	9	-	1	1
LITERACY REQUIREMENT				
Reading level	9	-	1	1
Uses writing in active voice	9	-	1	1
Learning is facilitated by topics	9	-	1	1
ILLUSTRATIONS				
The purpose of the illustration referring to the text is clear	9	-	1	1
Figures/illustrations are relevant	9	-	1	1
The illustrations have subtitles	9	-	1	1
PRESENTATION				
Presentation feature	9	-	1	1
Size and font	8	1	0,89	0,77
LEARNING STIMULATION/MOTIVATION				
Uses interaction	9	-	1	1
The guidelines are specific	9	-	1	1
Motivation and self-efficacy	9	-	1	1
CULTURAL SUITABILITY				
It is similar to your logic, language and experience	9	-	1	1
Cultural image and examples	9	-	1	1

Note: *Item-level Content Validity Index; ** Binomial test.

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