Original Article

The Effect of Interactive Video Education on Nursing Students' Knowledge of Foot Health: A Randomized Controlled Trial

Miray Inal
Undergraduate Nursing Student, Faculty of Health Sciences, Department of Nursing, Yalova University, Turkiye

Seyda Can, PhD, RN
Associate Professor, Faculty of Health Sciences, Department of Nursing, Yalova University, Turkiye

Duygu Kavala
Undergraduate Nursing Student, Faculty of Health Sciences, Department of Nursing, Yalova University, Turkiye

Correspondence: Seyda Can, PhD, Associate Professor Yalova University, Faculty of Health Sciences, Department of Nursing, Yalova, Undergraduate Nursing Student, Faculty of Health Sciences, Department of Nursing, Yalova University, Turkiye E-mail: seyda.can@yalova.edu.tr E-mail:seyda.cann@hotmail.com

Abstract

Background: The feet are among the most vulnerable parts of the body to injuries, trauma, and infections.

Aims: This study aimed to examine the effectiveness of interactive video and brochure-based education in improving nursing students' knowledge levels regarding foot health.

Methodology: This study was conducted as a randomized controlled trial. The study population consisted of fourth-year nursing students (n=61) enrolled in the 2024–2025 academic year at a public university in Turkiye. The sample included 49 students in total, with 24 assigned to the intervention group and 25 to the control group. Data were collected using the "Student Information Form" and the "Self-administered Foot Health Assessment Instrument (S-FHAI)." While the control group received a brochure on foot health, the intervention group watched an interactive video.

Results: When foot health practices of the control and intervention groups were analyzed, the majority of students reported wearing soft cotton socks (80%, 83.3%), choosing comfortable footwear appropriate to foot shape (88%, 66.7%), paying attention to foot hygiene (96%, 83.3%), and moisturizing their feet (64%, 54.2%). However, a large proportion of both groups did not perform foot exercises (72%, 70.8%) or conduct regular foot inspections (52%, 79.2%). In terms of satisfaction with the education provided, the intervention group reported higher mean satisfaction scores (7.13±2.05) compared to the control group (6.80±2.68). There were no statistically significant differences between the pre-test and post-test scores of the control and intervention groups in terms of Skin Health, Toenail Health, Foot Structure, and Foot Pain ($p>0.05$).

Conclusion: In conclusion, both the brochure and the interactive video led to similar positive behavioral changes regarding foot health practices in both groups. However, neither method resulted in a statistically significant improvement in knowledge levels. Participants in the intervention group reported slightly higher levels of satisfaction with the educational method.

Keywords: nursing, student, foot health, interactive video, technologies.

Introduction

Every individual is unique; therefore, the effective implementation of the learning process requires the use of diverse learning strategies (Yesilyurt, 2021; Kavut, 2024). Rapid technological advancements have not only increased the integration of technology into nursing education but also enriched learning environments, thereby enhancing learning skills and significantly facilitating

effective and long-term knowledge retention (Gungor et al., 2023). The constantly evolving conditions and advancing technologies have made the adoption of innovative methods in nursing education inevitable (Aygin & Celik Yilmaz, 2022). The literature indicates that various instructional methods have been utilized in the education of nursing students (Ulupinar & Toygar, 2020; Conoglu et al., 2022).

Interactive videos used in nursing education are among the interactive learning methods (Asal et al., 2024). Interactive video technology is one of the widely adopted instructional tools designed to meet the increasing demands of education (Joel et al., 2021). Interactive videos incorporate various components such as in-video navigation (play, pause, stop), language and subtitle preferences, audio controls, drag-and-drop activities, user log-ins, embedded video questions, and feedback mechanisms (Emirtekin et al., 2020; Gunduzalp, 2022; Yorulmaz et al., 2022). By allowing learners to access content in a non-linear manner, interactive videos promote active thinking and support the development of independent learning skills (Akan and Keskin, 2023). Interactive videos offer a unique and personalized learning experience by enabling learners to progress independently, follow their own learning paths, and study at their own pace (Canturk & Bulut, 2024).

The feet are among the most vulnerable parts of the body to injuries, trauma, and infections (Celik et al., 2021). Due to the nature of their working conditions, musculoskeletal disorders are a common occupational risk among nurses (Sancar et al., 2021). Prolonged standing is a significant risk factor for the development of symptoms related to foot health problems (Yildiz and Esin, 2020). Furthermore, the literature indicates that nurses frequently experience foot health issues such as dry skin, foot pain, and calluses (Stolt et al., 2017).

There are studies in the literature that have utilized interactive videos in the education of nursing students (Chao et al., 2021; Natarajan et al., 2022), as well as research specifically addressing foot health among nursing students (Celik et al., 2023; Bernardes et al., 2025). However, there is a limited number of approaches aimed at improving foot health among nursing students, and existing approaches rarely incorporate the use of interactive video. In this context, the present study highlights the contributions of interactive video—an educational method that enhances the learning experience and supports the development of cognitive and psychomotor skills through active participation—to the foot health of nursing students.

Methodology

Aim and type of the study: This study is a randomized controlled trial conducted to determine the effect of interactive video and brochure-based education on improving nursing students' knowledge of foot health.

Population and sample of the study: The study population consisted of fourth-year nursing students (n=61) enrolled in the 2024–2025 academic year at a public university in Turkiye. The sample included a total of 49 students (Intervention group: n = 24, Control group: n = 25) who agreed to participate in the study between September 1, 2024, and February 1, 2025, and met the inclusion criteria. The sample represents approximately 80.33% of the study population, indicating a strong representation of the target population. Participants were randomly assigned to the groups using a simple random sampling method.

The study's inclusion criteria required participants to be fourth-year nursing students who volunteered to take part. Conversely, students were excluded from the study if they failed to engage with the interactive video, did not complete all required forms, or withdrew at any point. The research examined the effectiveness of the interactive video intervention, which served as the independent variable. The dependent variable was the level of foot health, which was measured using the Self-administered Foot Health Assessment Instrument (S-FHAI).

The research hypotheses are;

$H_{1.1}$: The foot health status of the intervention group is more favorable than that of the control group.

$H_{1.2}$: The satisfaction levels of the intervention group regarding the foot health education are higher than those of the control group.

Data collection instruments used in the study:

In this study, the "Student Information Form" and the "Self-administered Foot Health Assessment Instrument (S-FHAI)" were used for data collection. The "Student Information Form" consists of seven questions that assess the student's age, gender, year of study, presence of chronic illness, history of any previous foot health problems, and factors perceived to influence foot health positively or negatively. Students' satisfaction levels with the foot health education (Control Group: Brochure, Intervention Group: Interactive Video) were evaluated in the post-test using a 10-point Likert-type scale. The information form was developed by the researchers based on relevant literature (Durgun et al., 2021).

The Self-administered Foot Health Assessment Instrument (S-FHAI), developed by Stolt et al. in 2015, is a tool that allows individuals to assess their own foot health without the need for a healthcare professional (Stolt et al., 2017). The Turkish validity and reliability study of the instrument was conducted by Durgun et al. (2021). The scale consists of 22 items divided into four categories: (1) Skin health (11 items),(2) Toenail health (5 items), (3) Foot structure (5 items), and (4) Foot pain (2 items). Items are rated using "Yes" and "No" responses. The final item (item 22) assesses pain severity using a 5-point Likert scale (0 = No pain, 4 = Worst imaginable pain). In this study, the overall internal consistency (Cronbach's alpha) of the scale ranged between 0.851 and 0.929 These results indicate that the instrument can be reliably used for self-administered foot health assessment.

Data collection: In the initial phase of the study, following the approval of the ethics committee and institutional permissions, an interactive video and a brochure related to foot health were developed. The educational video, prepared by the researchers, was reviewed by seven subject-matter experts to identify and address any issues. Expert evaluations were conducted using the Davis technique (Davis, 1992). Subsequently, a pilot implementation was carried out by showing the video to three nursing students who were not part of the study sample. Based on the feedback received, necessary revisions were made to the video content. The interactive components of the video included multiple-choice questions, drag-and-drop matching activities, explanatory texts, and fill-in-the-blank exercises. The interactive video featured functions such as marking, note-taking, keyword search, access to additional resources, feedback mechanisms, and the ability to control the speed and direction of the presentation. The content of the foot health brochure was developed by the researchers based on relevant literature (Durgun et al., 2021). The brochure was reviewed by three subject-matter experts. Expert evaluations were conducted using the Davis technique (Davis, 1992). Following the expert feedback, necessary revisions were made to the content of the brochure.

In the second phase, pre-tests were administered and informed consent forms were collected. A total of 50 students (25 from each group) who met the inclusion criteria and agreed to participate in the study were selected through simple random sampling. Students within each group were then randomly assigned to either the intervention or control group using the same method. After the pre-test, the interactive video on foot health was provided to the intervention group, while the control group received a brochure containing foot health information. Participants were given sufficient time to watch the video or review the brochure, after which the materials were collected to prevent further access.

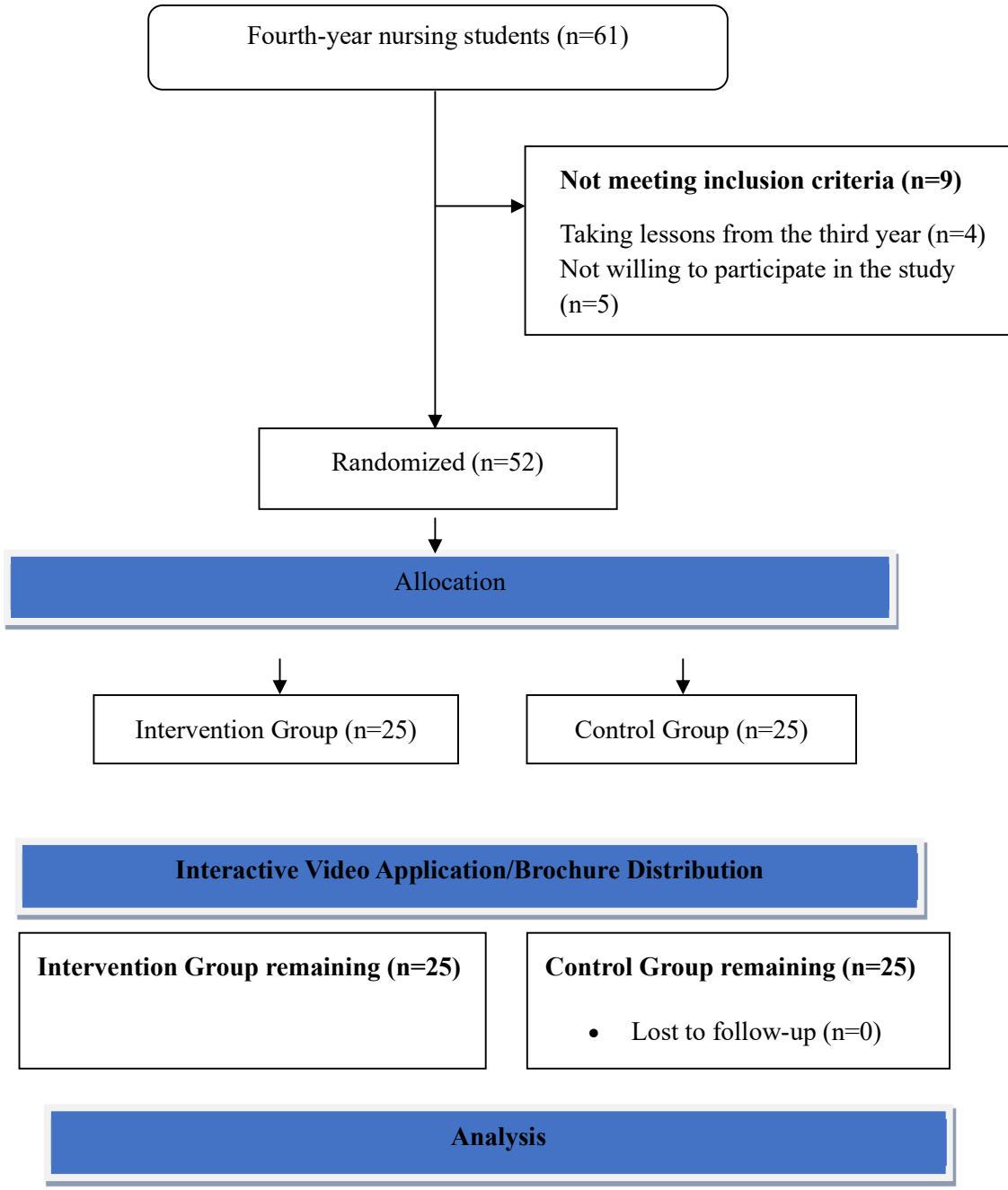
In the final phase, post-tests were administered one month after the distribution of the video and brochure. The reason for delaying the post-test administration by one month, rather than conducting it immediately after the intervention, was to allow sufficient time for any potential changes in foot health to manifest following the educational exposure. The data collection flowchart is presented in Figure 1.

Ethical aspects of the study: Ethical approval for the study was obtained (Date: May 8, 2024; No: 2024/63), along with institutional permission from the relevant authority (Date: July 2, 2024; No: 2400040960). A "Voluntary Informed Consent Form," prepared by the researchers, was used to inform participants about the study. All stages of the research were

conducted in accordance with ethical principles. After the completion of post-test data collection, the interactive video and brochure were shared with all participants in both groups.

Data evaluation: The data obtained in the study were analyzed using the SPSS (Statistical Package for the Social Sciences) for Windows, version 25.0. Descriptive statistical methods (frequency, percentage, minimum–maximum values, mean, and standard deviation) were used to evaluate the data. To assess the reliability of the scales, a reliability analysis was conducted using the Kuder-Richardson method. The normality of data distribution was tested with the Kolmogorov-Smirnov test. For data that did not follow a normal distribution, the Mann-Whitney U test was used to compare two independent groups, and the Wilcoxon signed-rank test was used for comparisons between two related groups. Chi-square analysis was performed to examine relationships between categorical variables.

NSORT 2010 Flow Diagram



Analyzed (n=24)

Analyzed (n=25)

Results

Participant characteristics are detailed in Table I. It was observed that 8% of the participants in the control group and 4.2% of the participants in the intervention group had a chronic illness. The distribution of chronic illness status was found to be homogeneous between the groups ($p > 0.05$). It was found that 12% of the participants in the control group and 8.3% of those in the intervention group had previously experienced a foot health-related problem (The reported issues in the control group included calluses, a fracture in the right foot, and tendinosis; while in the intervention group, participants reported fungal infections and a burning sensation.) The distribution of previous foot health problems was found to be homogeneous between the groups ($p > 0.05$). When the distribution of participants' perceptions regarding the effectiveness of the foot health education was examined, 72% of the control group reported that they believed it had a positive impact, while 24% were undecided. In the intervention group, 70.8% believed the education had a positive effect, and 29.2% were undecided. The distribution of participants' perceptions regarding the positive impact of the foot health education on foot health was found to be homogeneous across the groups ($p > 0.05$).

Foot Health Practices Reported by Participants are presented in Table II. An examination of the participants' foot health practices revealed the following: In the control group, 80% reported wearing soft cotton socks, 88% wore comfortable shoes appropriate to the shape of their feet, 96% paid attention to foot hygiene, 64% moisturized their feet, 28% performed foot exercises, and 48% regularly inspected their feet. In the intervention group, 83.3% reported wearing soft cotton socks, 66.7% wore comfortable shoes suited to their foot shape, 83.3% paid attention to foot hygiene, 54.2% moisturized their feet, 29.2% performed foot exercises, and 20.8% regularly inspected their feet. The distributions of participants' practices, such as wearing soft cotton socks, wearing comfortable shoes appropriate to foot shape, maintaining foot hygiene, moisturizing the feet, performing foot exercises, and regularly inspecting the feet, were found to be homogeneous between the groups ($p > 0.05$).

Table III displays the distributions of participants' age and satisfaction levels. An examination of the participants' age distribution revealed that the mean age of the control group was 22.20 ± 1.08, while that of the intervention group was 22.54 ± 0.98. The age distributions between the groups were found to be homogeneous ($p > 0.05$). Regarding satisfaction levels with the foot health education, the mean score for the control group was 6.80 ± 2.68, while the intervention group reported a mean score of 7.13 ± 2.05. The distribution of satisfaction levels was also found to be homogeneous between the groups ($p > 0.05$).

The results of the normality analysis for the scales used in the study are presented in Table IV. Upon examination, it was found that the scores of the Self-administered Foot Health Assessment Instrument did not follow a normal distribution ($p < 0.05$).

Table V shows the Comparison of Participants' Self-administered Foot Health Assessment Instrument Scores. In the comparison between groups, statistically significant differences were found in pre-test scores for Skin Health ($p = 0.042$) and Foot Pain ($p = 0.022$) ($p < 0.05$). No statistically significant differences were found in pre-test scores for Toenail Health ($p = 0.729$) and Foot Structure ($p = 0.693$) ($p > 0.05$). Regarding the post-test scores, there were no statistically significant differences between the groups in Skin Health ($p = 0.426$), Toenail Health ($p = 0.675$), and Foot Structure ($p = 0.439$) ($p > 0.05$). However, a statistically significant difference was observed in Foot Pain post-test scores ($p = 0.032$). Within-group comparisons

showed that there were no statistically significant differences between the pre-test and post-test scores of the control group in Foot Health, Toenail Health, Foot Structure, and Foot Pain ($p > 0.05$) Similarly, no statistically significant differences were found between the pre-test and post-test scores of the intervention group in Skin Health, Toenail Health, Foot Structure, and Foot Pain ($p > 0.05$).

Table 1: Distribution of Participants According to Selected Characteristics (n=49)

Variables		Control		Intervention		X^2	p
		n	%	n	%		
Presence of chronic illness	Yes	2	8.0	1	4.2	0.313	0.576
	No	23	92.0	23	95.8		
History of any previous foot health problems	Yes	3	12.0	2	8.3	0.180	0.672
	No	22	88.0	22	91.7		
Perceived effectiveness of foot health information on improving foot health	No	1	4.0	0	0.0	1.086	0.581
	Yes	18	72.0	17	70.8		
	Neutral	6	24.0	7	29.2		
Total		25	100.0	24	100.0		

Table 2: Foot Health Practices Reported by Participants

Variables		Control		Intervention		X^2	p
		n	%	n	%		
I wear soft cotton socks.	No	5	20.0	4	16.7	0.091	0.763
	Yes	20	80.0	20	83.3		
I wear comfortable shoes that fit the shape of my feet.	No	3	12.0	8	33.3	3.201	0.074
	Yes	22	88.0	16	66.7		
I pay attention to my foot hygiene.	No	1	4.0	4	16.7	2.144	0.143
	Yes	24	96.0	20	83.3		
I moisturize my feet.	No	9	36.0	11	45.8	0.490	0.484
	Yes	16	64.0	13	54.2		
I perform foot exercises.	No	18	72.0	17	70.8	0.008	0.928
	Yes	7	28.0	7	29.2		
I regularly inspect my feet.	No	13	52.0	19	79.2	2.880	0.090
	Yes	12	48.0	5	20.8		
Total		25	100.0	24	100.0		

Table 3: Distributions of Participants' Age and Satisfaction Levels

Variables	Group	Min	Max	$\bar{X}$	SD	u-test	p
Age	Control	20	24	22.20	1.08	-0.976	0.329
	Intervention	21	25	22.54	0.98		
Satisfaction Level with the Foot Health Education Provided	Control	1	10	6.80	2.68	-0.184	0.854
	Intervention	4	10	7.13	2.05		

*p<0,05 u-test: Mann Whitney u test $\bar{X}$: mean SD: standard deviation

Table 4: Normality Analysis Results of The Scales Used in the Study

Scale Dimensions	KS	p	Status
Skin Health pre-test	0.218	0.000	Not Normal
Toenail Health pre-test	0.514	0.000	Not Normal
Foot structure pre-test	0.507	0.000	Not Normal
Foot Pain pre-test	0.276	0.000	Not Normal
Skin Health post-test	0.265	0.000	Not Normal
Toenail Health post-test	0.529	0.000	Not Normal
Foot Structure post-test	0.513	0.000	Not Normal
Foot Pain post-test	0.267	0.000	Not Normal

KS: Kolmogorov-Smirnov

Table 5: Comparison of Participants' Self-Administered Foot Health Assessment Instrument Scores

Scale Dimensions		Control			Experiment			u-test	p
		$\bar{X}$	SD	M	$\bar{X}$	SD	M		
Skin Health	Pre-test	0.15	0.11	0.18	0.10	0.15	0.05	-2.030	0.042*
	Post-test	0.12	0.12	0.09	0.11	0.13	0.09	-0.796	0.426
Wilcoxon test		-1.253			-0.295				
p		0.210			0.768				
Toenail Health	Pre-test	0.04	0.09	0.00	0.03	0.08	0.00	-0.346	0.729
	Post-test	0.03	0.08	0.00	0.02	0.07	0.00	-0.420	0.675
Wilcoxon test		-0.447			-1.000				
p		0.655			0.317				
	Pre-test	0.04	0.10	0.00	0.03	0.07	0.00	-0.395	0.693

Foot Structure	**Post-test**	**0.04**	**0.10**	**0.00**	**0.03**	**0.09**	**0.00**	**-0.773**	**0.439**
Wilcoxon test		**0.000**			**0.000**				
p		**1.000**			**1.000**				
Foot Pain	**Pre-test**	**1.42**	**0.44**	**1.29**	**1.23**	**0.54**	**1.00**	**-2.289**	**0.022***
	Post-test	**1.46**	**0.60**	**1.29**	**1.20**	**0.45**	**1.00**	**-2.151**	**0.032***
Wilcoxon test		**-0.219**			**-0.051**				
p		**0.827**			**0.959**				

*p<0.05 $\bar{X}$: mean SD: standard deviation M: median u-test: Mann Whitney u test

Discussion

In this study, it was found that the majority of participants in both the control and intervention groups did not have chronic illnesses and had not previously experienced foot health problems. Although the literature reports a high prevalence of foot health issues among nurses (Getie et al., 2021; Turan & Khorshid, 2022; Mbue & Wang, 2023), the differing results observed in this study may be attributed to the fact that the participants were nursing students who, despite participating in clinical practice for up to twenty-four hours per week, had not yet entered the workforce as actively practicing nurses.

When examining the foot health-related practices of the control and intervention groups, it was found that the majority wore soft cotton socks, paid attention to foot hygiene, moisturized their feet, and wore comfortable shoes appropriate to the shape of their feet. However, most participants did not perform foot exercises and did not regularly inspect their feet. Consistent with the findings of this study, Bernardes et al. (2025) also reported that while some students lacked awareness regarding foot and ankle conditions, the majority acknowledged the importance of wearing appropriate footwear. In their study, Anderson et al. (2021) reported that while lower back pain was the most common work-related musculoskeletal disorder among surgical staff who remained on their feet for extended periods, foot health problems were also significantly prevalent. They emphasized that footwear plays a determining role in the development of these conditions. The study emphasized that footwear played a significant role in these conditions and highlighted the importance of considering comfort and proper fit when selecting shoes. Although foot health problems are commonly observed in the general population (Andreo-García et al., 2024) most studies on nurses' foot health have been limited to assessing the prevalence of foot health problems and their associations with individual and environmental risk factors (Bernardes et al., 2023). The findings of the study are significant in that they reveal nursing students frequently engage in foot hygiene practices, yet exhibit insufficient behaviors related to foot exercises and regular foot health monitoring.

The study found no statistically significant improvement in any dimension of foot health—namely, skin health, toenail health, foot structure, or foot pain—among the participants. Foot health information was delivered to the control group via brochure and to the intervention group via interactive video. The lack of a statistically significant difference between the groups in the post-tests conducted one month after the pre-tests suggests that the effectiveness of such interventions should be evaluated in different target populations, repeated over longer durations, or delivered using alternative educational approaches. Despite its critical role in daily life and professional performance, foot health is often neglected among healthcare students (Mbue and Wang, 2023). Although some studies have investigated health-promoting approaches among undergraduate nursing students, research specifically focusing on foot health

remains limited (Bernardes et al., 2025). It is anticipated that presenting the effects of the brochure and interactive video used to promote foot health in this study will make a valuable contribution to the existing literature.

Although participants' satisfaction levels with the foot health education were similar across groups, the intervention group reported higher satisfaction compared to the control group. It has been reported that various forms of education delivered through interactive videos have positive effects on students' learning outcomes, self-efficacy, and satisfaction (Asal et al., 2024). Balkaya et al. (2022) found that the use of interactive instructional methods enhanced students' motivation and self-confidence. In a study conducted by Joel et al. (2021) with fourth-year nursing students, participants reported that they found interactive video technology to be an effective and beneficial instructional method. Chao et al. (2021) reported that participants in the intervention group had significantly higher satisfaction scores with the interactive video program compared to those who watched a standard video. Similarly, Natarajan et al. (2022) found that while traditional demonstration and interactive video methods yielded comparable outcomes in terms of knowledge and skill levels for teaching oral medication administration, the group that learned via video demonstrated slightly higher satisfaction levels. The findings of the present study are consistent with the literature. The higher satisfaction observed in the intervention group using interactive videos suggests that this method may be more effective than traditional brochures in engaging participants and enhancing satisfaction in foot health education.

Conclusion: This study demonstrated that the intervention did not result in a statistically significant improvement in any dimension of foot health among participants compared to the control group. Future research should reconsider the content, duration, and delivery methods of the intervention and re-evaluate its effectiveness with different target populations and longer follow-up periods. As a result, it was determined that students in the intervention group reported a higher level of satisfaction with the education they received. The findings of this study are expected to contribute meaningfully to raising awareness among nursing students regarding foot health, both during their education and in their professional lives, potentially improving their quality of life and occupational performance.

Funding: This study was supported by TÜBİTAK 2209-A–Research Project Support Programme for Undergraduate (No:1919B012319740).

References

Akan, K., & Keskin, S. (2023). The effect of interactive instructional videos on achievement, cognitive load, and video engagement. Erzincan University Journal of Education Faculty, *25*(2):198-208. doi:10.17556/erziefd.1153842 (in Turkish)

Anderson, J., Williams, A. E., & Nester, C. (2021). Musculoskeletal disorders, foot health and footwear choice in occupations involving prolonged standing. *International Journal of Industrial Ergonomics*, *81*:103079. doi:10.1016/j.ergon.2020.103079

Andreo-García, M. V., Navarro-Flores, E., Losa-Iglesias, M. E., Becerro-de-Bengoa-Vallejo, R., López-López, L., Saavedra-García, M. Á., & Gómez-Salgado, J. (2024). Influence of quality of life related to perceived foot health between in a rural an urban population: A case–control research. *International Wound Journal*, *21*(2):e14713.https://doi.org/10.1111/iwj.14713

Asal, Z., Yildirim, N., & Ince, S. (2024). The use of interactive videos in nursing education. Mediterranean Nursing Journal,*2*(3):99-106. doi:10.59398/ahd.1347574 (in Turkish).

Aygin, D., & Celik Yilmaz, A. (2022). The impact of technology on nursing education and the use of technology-based learning methods. *Izmir Democracy University Health Sciences Journal*, *5*(1):32-46. doi:10.52538/iduhes.1012220 (in Turkish).

Balkaya, N. A., Bilge, C., & Donmez, S. (2022) The effect of collaborative learning and interactive teaching methods on the motivation and self-confidence of nursing students. Journal of Women's Health Nursing, *8*(1):14-24. Retrieved From https://dergipark.org.tr/tr/pub/kashed/issue/69247/979527(in Turkish).

Bernardes, R., Caldeira, S., Stolt, M., Correia, N., & Cruz, A. (2025). Foot health and quality of life of nursing students: an exploratory multimethod study. *Millenium-Journal of Education, Technologies, and Health*, *2*(27):e39905. doi:10.29352/mill0227.39905

Bernardes, R. A., Caldeira, S., Parreira, P., Sousa, L. B., Apóstolo, J., Almeida, I. F., & Guardado Cruz, A. (2023). Foot and ankle disorders in nurses exposed to prolonged standing environments: A scoping review. *Workplace Health & Safety*, *71*(3):101-116. doi:10.1177/21650799221137646

Canturk, E., & Bulut, H. (2024). Interactive video in nursing education: What is it? Its benefits, H5P and Edpuzzle tools. Eastern Black Sea Journal of Health Sciences, *3*(3):135-145. doi:10.59312/ebshealth.1522320 (in Turkish).

Celik, S., Cerrah, G., Gurel, B., Saglik, C., & Albayrak, I. (2023). The effect of foot baths on foot pain and leg edema of nursing students during clinical training. *European Journal of Clinical and Experimental Medicine*, *(3)*:476-482. DOI: 10.15584/ejcem.2023.3.5

Celik, S., Yilmaz, F. T., Bagdemir, E., & Dinccag, N. (2021). Foot care behaviors and related factors in individuals diagnosed with diabetes. Mersin University Journal of Health Sciences,*14*(1):23-34. https://doi.org/10.26559/mersinsbd.734210(in Turkish).

Chao, Y. C., Hu, S. H., Chiu, H. Y., Huang, P. H., Tsai, H. T., & Chuang, Y. H. (2021). The effects of an immersive 3d interactive video program on improving student nurses' nursing skill competence: A Randomized controlled trial study. *Nurse Education Today*, *103*:104979. doi:10.1016/j.nedt.2021.104979

Conoglu, G., Orgun, F., & Ozkutuk, N. (2022). Evaluation studies of educational programs in nursing education: A systematic review. *Izmir Democracy University Health Sciences Journal*, *5*(2):285-303. https://doi.org/10.52538/iduhes.994386(in Turkish).

Davis, L. L. (1992). Instrument review: Getting the most from a panel of experts. *Applied Nursing Research*, *5*:94-197. DOI 10.1016/S0897-1897(05)80008-4

Durgun, H., Kokturk Dalcali, B., & Can S. (2021). Reliability and validity of Turkish version of the self-administered foot health assessment instrument. *Turkiye Klinikleri Journal of Nursing Sciences*, *13*(4). DOI: 10.5336/nurses.2020-80956

Emirtekin, E, Kisla, T., Polan, S., & Donmez, O. (2020). Development of interactive educational video and achievement test: the example of the IP address concept. *Journal of Instructional Technologies and Teacher Education*, *9*(1), 42-51. https://dergipark.org.tr/tr/pub/jitte/issue/55183/674568(in Turkish).

Getie, K., Kahsay, G., Kassaw, A., Gomera, G., Alamer, A., & Hailu, T. (2021). Ankle and foot pain and associated factors among nurses at Ayder Comprehensive Specialized Hospital, Mekelle, Ethiopia: Cross-sectional study. *Journal of Pain Research*, *14*:83–92. 10.2147/JPR.S283580

Gunduzalp, C. (2022). Interactive videos and education. Education & Science,185. (in Turkish).

Gungor, D. C., Orgun, F., & Ozkutuk, N. (2023). Reflections of changing and developing technologies on nursing education. Journal of Health Academics, *10*(1):155-161. https://doi.org/10.52880/sagakaderg.1120307 (in Turkish).

Joel, M. H., Ashipala, D. O., & Kamenye E. (2021). Interactive video technology as a mode of teaching: A qualitative analysis of nursing students' experiences at a higher education Institution in Namibia. *International Journal of Higher Education*, *10*(2):83-91. DOI: 10.5430/ijhe.v10n2p83

Kavut, B. (2024). Differentiated instruction. *Journal of Turkic Civilization Studies*, *5*(1):62-79. https://dergipark.org.tr/tr/pub/jtcs/issue/85938/1481816 (in Turkish).

Mbue, N. D., & Wang, W. (2023). Nurses' experience with chronic foot pain and their job-the national science foundation foot health survey. *Heliyon*, *9*(3).

Natarajan, J., Joseph, M. A., Al Shibli, Z. S., Al Hajji, S. S., Al Hanawi, D.K., Al Kharusi, A. N., & Al Maqbali, I. M. (2022). Effectiveness of an interactive educational video on knowledge, skill and satisfaction of nursing students. *Sultan Qaboos University Medical Journal*, *22*(4):546. doi: 10.18295/squmj.2.2022.013.

Sancar, B., Tas, S., & Aktas, D. (2021). Investigation of the prevalence of work-related musculoskeletal disorders in nurses and the factors affecting them. Hacettepe University Journal of Nursing, *8*(2):231-238. https://doi.org/10.31125/hunhemsire.968925 (in Turkish).

Stolt, M., Suhonen, R., Kielo, E., Katajisto, J., & Leino-Kilpi, H. (2017). Foot health of nurses—A cross-sectional study. *International Journal of Nursing Practice*, *23*(4):e12560. doi: 10.1111/ijn.12560.

Turan, S., & Khorshid, L. (2022). Examination of the ergonomic risks that nurses are exposed to in the work environment. *Journal of Nursology*, *25*(3):126-131. https://doi.org/10.5152/JANHS.2022.764405 (in Turkish).

Ulupinar, F. & Toygar, Ş. A. (2020). Use of technology in nursing education and sample applications. Fiscaoeconomia,*4*(2):524-537. https://doi.org/10.25295/fsecon.2020.02.013(in Turkish).

Yesilyurt, E. (2021). Learning strategies. OPUS– International Journal of Social Research. 18(Special Issue on Educational Sciences), 5116-5139. doi:10.26466/opus.901943. https://doi.org/10.26466/opus.901943 (in Turkish).

Yildiz, F. & Esin, M. N. (2020). Foot Health Problems and Related Factors in Nurses Working in Surgical Services (Master's thesis, Istanbul University-Cerrahpasa). (in Turkish).

Yorulmaz, E. T., Belhan, Z., Koca, E., Kocatepe, V. & Unver, V. (2022). What should the video editing draft be like for nurse educators? Hacettepe University Journal of Nursing, *9*(1):115-122. https://doi.org/10.31125/hunhemsire.1102105 (in Turkish).