

VIRTUAL ENVIRONMENT FORUM IN TRUST RELATIONSHIP BETWEEN THE HEALTH PROFESSIONAL AND THE PERSON BEING CARED FOR

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ABSTRACT

The goal was to develop a trusting relationship between the health professional and the person being care for in the construction of health practices through a course through a forum tool in a virtual environment. Outlining descriptive exploratory qualitative approach conducted in 2011. There were 19 employees, who participated, of Federal University of Rio Grande do Sul, who posted their speeches at forums during a distance learning course in a virtual learning environment (VLE) on the theme control and prevention of musculoskeletal pain. Data were organized into three categories: relationship between the students in the construction of health practices to control musculoskeletal pain, Course content as a facilitator in the construction of health practices for prevention and control of musculoskeletal pain and Teacher as keeper of knowledge and welcoming. The analysis, according to Polit and Beck, highlighted the forum contribution in building trust between health professional and client.

Descriptors: Health education. Education, distance. Nursing.

RESUMO

O objetivo deste estudo foi desenvolver a relação de confiança entre o profissional de saúde e o indivíduo cuidado, no processo de construção das práticas de saúde, por meio de um curso na ferramenta fórum em ambiente virtual. Delineamento exploratório, descritivo, com abordagem qualitativa, realizado em 2011. Participaram 19 servidores da Universidade Federal do Rio Grande do Sul, que postaram suas falas em fóruns, durante um curso na modalidade a distância, em ambiente virtual de aprendizagem (AVA), sobre a temática “controle e prevenção da dor musculoesquelética”. Os dados foram organizados em três categorias: relação entre os alunos na construção das práticas de saúde, conteúdo do curso como facilitador para a construção das práticas de saúde para o controle da dor musculoesquelética e professor como detentor do conhecimento e acolhedor. A análise, conforme Polit e Beck, evidenciou a contribuição do fórum na construção da relação de confiança entre o profissional e o cliente.

Descritores: Educação em saúde. Educação a distância. Enfermagem.

Título: Fórum em ambiente virtual na relação de confiança entre o profissional e o indivíduo cuidado.

RESUMEN

El objetivo era desarrollar una relación de confianza entre el profesional de la salud y la atención individual en la construcción de las prácticas de salud a través de un curso en la herramienta de foro en un entorno virtual. Esquema descriptivo exploratorio enfoque cualitativo realizado en 2011. Participaron 19 empleados de la Universidad Federal de Rio Grande do Sul que publicó sus discursos en los foros durante un curso en modalidad a distancia en el entorno virtual de aprendizaje (EVA) el tema del control y la prevención del dolor musculoesquelético. Los datos fueron organizados en tres categorías: la relación entre los estudiantes en la construcción de las prácticas de salud, el contenido del curso como facilitador para la construcción de las prácticas de salud para el control del dolor musculoesquelético y el docente como poseedor de conocimientos y acogedor. El análisis de acuerdo con Polit y Beck destacó la contribución del foro en la construcción de confianza entre el profesional y el cliente.

Descriptores: Educación en salud. Educación a distancia. Enfermería.

Título: Foro en entorno virtual en la relación entre la confianza y los profesionales de cuidado individual.

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INTRODUCTION

The acceptance of a therapy offer and its proper fulfillment characterize the commitment or adherence of the individual to their treatment. This agreement behavior depends on motivation, perception of vulnerability, the severity of the problem and the individual's beliefs about the control and prevention of diseases⁽¹⁾.

Popular wisdom is not always valued in the construction of health practices and, because of that, many professionals assume they have the best answers or decisions⁽²⁾. Although there are, in non systematized knowledge, wrong ideas and misconceptions embedded culturally, the person being cared for may also bring health practices which might be incorporated into the professional recommendations and that may influence the decision of commitment from the person⁽¹⁾.

Health professionals need to develop the ability to negotiate or adapt their prescriptions to needs and values of the groups assisted, as a way to reduce cultural conflict and thereby promote adherence⁽²⁾. Respecting the individual, family or their group culture is essential, because if there is a conflict with their customs, beliefs and values the success of following health orientations will be compromised⁽³⁾.

In order to know the customs of the person being cared for, health professionals must establish a relationship of trust with him/her. This professional needs to adopt such an attitude so that the patient can change the concept of an unknown and unreliable person, to a trusted friend. Applying this assumption, the nurse gets to know and understand the client being cared for. Thus, it avoids an early rejection and it develops a form of mutually beneficial and satisfying care, planning and building together with this person, necessary health practices for the control and prevention of harm to health^(3,4).

Health education is the set of knowledge and practices for disease prevention and health promotion^(5,6).

The exchange of knowledge between the health professional and the person being cared for refers to dialogical education. With it, the involved parties in the educational process can exchange ideas on professional health practices and popular wisdom⁽⁷⁾.

Education and learning occur in all spaces, it implies interaction between people and their relation

with their environment, leading to the transformation of these through critical analysis of reality. The development of computer technology has narrowed over the approach of the subjects involved^(8,9).

The virtual environment can be a fruitful area of significance where humans and technical objects interact, enhancing the construction of learning⁽¹⁰⁾. It allows the individual to show, in each access, characteristics of their culture⁽¹¹⁾, allowing the inclusion of people to attend courses in the distance mode and the interaction among users as agents of the education process⁽¹²⁾. It also allows sharing study materials, establishing discussions synchronously – when communication is performed in real time – as in chat rooms, requiring the simultaneous participation of all involved; or asynchronously – when performed at different times – as on forums, without the need for simultaneity⁽¹³⁾.

Forum is an important tool for communication and asynchronous discussion on Moodle, which facilitates for the professional, through trust, experience culture and values which guide the subject to health practices^(13,3).

This study aimed to present the use of forum tool in a virtual environment to support the trust relationship between the health professional and the person being cared for, in the construction of health practices.

METHOD

Exploratory descriptive study with a qualitative approach⁽¹⁴⁾. It was developed at the Federal University of Rio Grande do Sul (UFRGS), in Porto Alegre city, with university employees in the administrative area. The study population consisted of 624 employees who had the position of Administrative Assistant. The study included 19 employees, who signed up online for the course via UFRGS employee website portal, where the event was publicized. All enrolled employees completed the course. The number of participants was sufficient to reach the saturation of information as guidance for qualitative work⁽¹⁵⁾. Inclusion criteria were: being active at work, work in the position of an administrative assistant and have authorization from their immediate superior to attend the course during working hours; exclusion criteria were: employees on vacation or sick leave. No prior knowledge in computing was required for

individuals participating in the course, since there was abilitation of participants for the use of VLE and its tools during the first module of the course. The administrative assistant position was chosen because it was the one which had more sick leaves from work because of musculoskeletal pain. The course was developed between July and September 2011, with a total of 30 hours.

Data collection took place from the development of a training course for workers, in distance modality, in a virtual learning environment (VLE) Moodle, on the topic control and prevention of musculoskeletal pain. The course objective was to build health practices for the control and prevention of musculoskeletal pain, considering the background knowledge of the participants. The content was developed in six modules, each with a week-long, the first with orientations on the use of VLE, followed by the presentation of the musculoskeletal system, then the pathophysiology of painful process, a module on musculoskeletal pain, also factors that trigger musculoskeletal pain and the sixth module on how to control and prevent musculoskeletal pain. The course was taught by the researcher responsible for the study, who was presented as professional nurse.

The forum was the tool adopted in VLE to encourage interaction between nurse – from now on called teacher – and participants – now called students. The units of analysis comprised the information posted in the eight discussion forums, which occurred over the six-week duration of the course, because they understood that the forum could facilitate the interaction and mediate a trusting relationship between the nurse – responsible researcher – and participants, enabling the collection of data with accuracy.

For content analysis of the collected material the following steps were followed: reading and rereading the material to reach a type of impregnation of its contents, then constructing a set of categories describing the content according to their similarities. The readings allowed the differentiation of the material in its structural elements, considered both the manifest content and latent information⁽¹⁵⁾, which were grouped into three categories: relationship between the students in the construction of health practices to control musculoskeletal pain, course content as a facilitator in the construction of health practices for prevention

and control of musculoskeletal pain and teacher as keeper of knowledge and welcoming.

The ethical aspects were addressed by adopting the Resolution 196/96 of the National Health Council⁽¹⁶⁾, which provides guidelines and regulatory standards for research involving humans. Among the standards met, it was performed a reading and signing of a consent form. The study proposal was approved by the Ethics Committee of UFRGS number 19942/2011. Given ethical aspects, course students were identified with fictitious names.

RESULTS AND DISCUSSION

The first day of the course was presential to enable the use of Moodle since experience with VLE was not required. The eight Forums available throughout the course for discussion of this topic, provided significant range of information, from the postings made. Individuals in the sample were aged between 30 and 50 years, with complaints of localized musculoskeletal pain in the shoulders, neck and upper limbs, most of them had a college degree or it was in progress. The tasks performed by course participants in their work units, included computer use, bureaucratic activities and attending internal and external public. From the 19 people involved in the study, 16 were females and three were males.

The main challenge of this study was to show the contribution of the forum tool to make the teacher a trusted friend for the students in VLE, in order to participate in the joint construction of health practices to control musculoskeletal pain. For this, it was necessary to know the routine of the students related to the maintenance and restoration of health, avoiding the clash with their habits and customs. By trusted friend, we mean to gain student's trust, to make him/her feel at ease to reveal their habits, their emotions and their practices⁽³⁾.

Considering literature data and experiences as a health professional, it was expected that the majority of students were female, since musculoskeletal pain occurs more frequently in this population due to the association between working hours at work, housework and emotional characteristics inherent to this gender⁽¹⁷⁾. Also, due to the nature of the work of the participants, using a computer and the stressful nature of activities, the presence of musculoskeletal pain in shoulders, neck and upper limbs was expected.

After knowing some characteristics of students' profile, the analysis of the first category that emerged from reading the speeches posted on the forums begins. This category deals with the performance of students for effective communication in the construction of health practices.

Relationship of students in the construction of health practices to control musculoskeletal pain

At the beginning of the course, students and teacher did not know each other, since their working activities were performed in different geographical areas of the university. To encourage interaction among participants, the teacher led discussions and encouraged participation through forums and chat rooms, facing, however, resistance from some students, who had already experienced activities in virtual environments, and therefore avoided exposing themselves.

[...]the screen can lead us to think that the demonstrations, positioning and messages posted go nowhere, or it is not real. Records should be calmly written and reviewed before submission (Carolina).

The manifestation of Carolina was a warning to colleagues about the care and attention to post a message. A relationship with the teacher was established, but not among students.

During the first week, students posted small messages in the forums, without adding data that could contribute to the construction of knowledge about the control of musculoskeletal pain. These records were intended to be present in the forum discussions and were preferentially directed to the teacher.

As they were becoming familiar to colleagues and the professor of the course, students increased the frequency and content of records. The change in the way of interacting characterizes the initial phase of changing the weird not reliable into a trusted friend. This change occurred with all students and the teacher, but with individual differences, according to the values and experiences of each one⁽³⁾. Dalila realized that everyone had the same problem, musculoskeletal pain, and after two weeks of course expressed:

Guys! We share the same pain, literally. Let's learn how to control it so that we can lead a better life.

The absence of the course participants in the forums were monitored by the teacher. When asked by e-mail, Raul, justifying his non-participation, replied that he was not sure about the content developed and he was afraid of being exposed in case his questions were considered insignificant by colleagues. Raul was encouraged to participate with the argument that everyone was in the course to help building health practices, and that their participation would be important in this joint task. Encouraged students to share their personal experiences could collaborate with learning, so gradually, Raul began to make posts, gaining confidence in his interaction with other colleagues, including with the teacher^(18, 9).

The fear to participate in the forum was shared by other students, as seen in this speech:

[...]I confess that I have always been afraid to participate of distance learning course, because we do not know the people who are on the other side (Rogério).

Feelings such as Rogério's need to be detected by the teacher to encourage participation and strengthen relationships among students, because we expected everyone to collaborate in the construction of health practices to control musculoskeletal pain. If a person participates in building the idea he/she is more likely to feel responsible for its implementation.

Gradually, students began to exchange messages with each other, especially when they found that they all had similar problems, as Maria's post. Georgia and Julia have made similar posts.

Hi Guys! The material reading made me feel better [...] I will not be alone, after all, my pains are common. [...] Did you guys look at all the sites of pain? There are some places I have never imagined! Let's exchange experiences (Maria).

The students Josiane and Julia were enthusiastic about the exchange of information and suggestions that they were doing with colleagues from the course, and understanding that it contributed to the construction of their health practices to control musculoskeletal pain, as recommended, because everyone should cooperate in knowledge construction⁽⁷⁾.

Colleagues! How nice is to learn this way, exchanging ideas. I'll start, as Dalila, exercising on the stairs. Thanks Rosa for the video link that you made available. (Josiane).

During the course, students began to discuss their needs and post suggestions to try to solve the problems between themselves. Around 15 days after the beginning of the course, participants were actively working seeking solutions and building health practices to control musculoskeletal pain, based on content and on objective and reliable information provided by the teacher.

Guys! I have felt a lot of pain on my back, shoulders and arms. Generally I try to exercise, which relieves the pain, but it does not go away for good. (Ana).

Everyone should participate and share information in knowledge construction⁽⁷⁾, as noted in the testimony of Ana, who shows her willingness to share her health problem with colleagues, and how Anelise collaborated posting the address of a website to visualize stretching exercises.

Guys! On Discovery Home and Health website there are several simple yoga exercises being performed (Anelise, 30 days).

Thanks Vitoria, I read the material you posted in the forum, it helps in our routine work (Joaquina).

Very good stuff you have sent Andre, it helped a lot. Thanks (Ana)

Hi Andre! Thanks for the material you sent to clarify doubts (Jacira)

This sharing of information has been facilitated by the use of the VLE forum, for students and teacher freely and mutually communicate^(13,14). Another facilitator in this interaction was the manifestation of students about the course content shown in the second category.

Course content as a facilitator in the construction of health practices for prevention and control of musculoskeletal pain

This category presents the opinion of students on the VLE content available for the construction of health practices, and how that content stimulated the search and exchange of other information, which were posted in the forums by course participants.

The teacher initially provided basic materials in the VLE to start discussions, stimulating posts of

information and exchange of ideas and suggestions. During the course, the teacher would post new materials in the virtual environment for students.

Thank you for posting this text about muscles. Now I understood. The text helped me change the vision I had on muscles [...] Finally, thanks for the help (Orquídea).

Orquídea's testimony shows the importance of the students' understanding of the content, to participate effectively in building health practices to control musculoskeletal pain.

Courses like this make us pay more attention to ourselves, how we act, think, and how we behave. Often we do not realize how harmful we can be to ourselves (Rita).

For the teacher, it was interesting to note that most students already knew various stretching exercises that could help control the pain, however, in general, they were performed incorrectly, worsening the pain rather than relieving or controlling it. This information was selected from the statements posted in the discussion forums as did Ana when she said that exercises may relieve the pain but they don't go away. This post allowed the orientation for all students on the proper way to stretch without exceeding the muscle limit.

Dear teacher, the video you sent for back pain was very good. I feel better after performing some stretching exercises. (Daniela).

It is worth noting the fact that Leo, in the first day of the course, declared that he had pain for such a long time and that he had doubts whether the course could contribute to the alleviation of his suffering. After a few days, Leo was taking part in and collaborating with the activities.

Dear teacher, I have been following the course with great interest and I'm learning a lot about pain and it has been very positive. A hug for everyone (Leo).

This category highlights the contributions given by the students and how they interacted. From the second week on we could spot posting reviews and comments on the material provided by the teacher. Most people expressed that the material helped them understanding the content and it directed to the search for new information.

I believe that back and neck pain also occur because of a bad mattress and/or pillow. Does anyone know how the mattress should be to avoid back pain? (Elisabete).

The teacher played an important role in the integration of participants. When students put some material, the teacher, because she knew students a little better, could ask opinions of students who had similar experiences. This strategy has fostered the exchange of ideas among students, in general, when they were questioned, they felt compelled to respond.

The third category relates to the participation of the teacher. The way she contributed to an effective relationship between students, and her trajectory of an untrusted stranger into a trusted friend.

Teacher as keeper of knowledge and welcoming of the course participants

In this category, the attention of the teacher to answer questions and the search websites suggestions are considered as positive behaviors to earn student's trust in relation to the Forum⁽²⁾.

In the last review posted in forum, students expressed their satisfaction for having attended the course, and recorded the importance of having received support and attention from the teacher^(6,9,10,11).

Dear teacher. The information obtained in the course was very valuable to us all and you know how to pass them, thanks for the support (Rosa).

Special thanks to the teacher who always showed interest in never leave us without answers. (Leo).

In the perception of the teacher, a welcoming attitude was of fundamental importance to the participation of relaxed students. The forum, as a tool of the VLE, helped to facilitate the interaction between all participants of the course.

People! I loved meeting you all. Teacher, your way of explaining things is very good, it makes us want to put into practice everything we learned and the good effect of this course is the result of who loves what they do (Delilah).

Teacher, thank you for your attention and comforting all of us because we were lost in our pain. Thanks! (Magali).

Messages sent by the students demonstrated how the participatory environment contributed to

the exchange of information, encouraging even certain informality and even affection for the teacher, as can be seen in posts Léo student to address the teacher as *Ssora* (a portuguese abbreviation for teacher).

The forum proved to be an important tool for the transformation of teacher into a trusted friend. The fact that the teacher always made considerations for participants for each post, showing attention and respect, was crucial to the relationship of trust between teacher and students⁽³⁾. The teacher was ready to help if needed, and the tool was a communication link with the students^(10,11). When participants showed themselves discouraged, the teacher tried to motivate them, posting a message of optimism and self-help, which seems to have contributed to the achievement of the goal at the end of the course.

It is important to note that although the forum has been used as an excellent tool for interaction among students, the successful transformation of the teacher into a trusted friend was primarily a result of how this tool was used, since all participants were stimulated to have effective participation in knowledge construction, all posts have received the same value and the teacher always made a forum comment for students for each post.

FINAL CONSIDERATIONS

At the end of the study it was understood that the forum was an important tool to build the relationship of trust between teacher and student in a virtual environment, enabling integration between everyone in the construction of health practices. Being an asynchronous communication tool, it allowed the students to participate in any location where there was a computer with Internet access, facilitating participation outside of work.

In this study, the virtual learning experience showed effective integration of the teacher with the students, because the dialogues with the participants were almost individualized and shared effectively. However, this was the first experience of health education lived in this modality in our country. It is suggested that this health experience in education should be repeated and documented.

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