NURSING CONSULTATION TO THE BLIND PERSON: EVALUATION OF THE KNOWLEDGE ON COMMUNICATION ACQUIRED THROUGH DISTANCE EDUCATION

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Abstract

Communication is an essential tool for nursing care. However, scientific evidence points gaps in the knowledge of nurses in this area, especially regarding consultation for blind patients. In this perspective, information and communication technologies represent an innovative teaching-learning option to promote the acquisition of this knowledge and to guarantee the access to health services by the visually impaired. With financial support from the Researchers for the Unified Health System Program, the course entitled "Communication between nurses and blind patients" was created to train health professionals on the subject. The aim of this study was to evaluate the acquisition of knowledge about communication with blind patients through a distance education technology for primary care nurses. This study is a qualitative, evaluative, exploratory research with intentional, non-probabilistic sample of nurses from the Family Health Strategy of the CRAJUBAR Triangle- CE. Data collection took place between August and November 2015 through chats and boards conducted during the training process and were analyzed in the Alceste 4.10 software under the Theory of Social Representations. The analysis revealed six classes. The first one demonstrates positive expectations of the professionals regarding the applicability of the course in the daily care and exchange of experiences. The findings confirm DE as a facilitating strategy for the teaching-learning process. The second Class highlights nursing actions in the prevention of visual impairment in Primary Care. The third Class refers to the nurse/patient relationship in the communication practiced in the Nursing Consultation context. Communication appears as the basis for a qualified assistance generating a therapeutic relationship of trust, allowing the expression of fears, anguishes, values and meanings. The fourth Class reflects the individualization of nursing care to the needs of blind patients. Holistic and individual assistance should take into account the life history, intervening satisfactorily in its particularities. In the fifth Class, the use of verbal communication through writing or speaking is differentiated from non-verbal language. The nurses express the different levels of communication referring to the transmission of information through the voice, words, and body and facial expressions. In the sixth Class, the speeches reflect the characteristics of verbal communication through its functions and elements. The patients define them by demonstrating that it is possible to pass on information in different ways during the communication process. The effectiveness of the educational program for apprehension of knowledge on communication with blind patients in the short term was confirmed, which represents an opportunity a large-scale training of nursing professionals on the subject, besides guaranteeing the accessibility of communication for this population.

Keywords: Nursing, Disabled Persons, Education, Distance.

1 INTRODUCTION

The increase of populations with some type of sensory, physical and/or mental deficiency is a worldwide phenomenon. Statistics on the incidence and prevalence of disabilities are scarce due to the large diversity of forms of disability and the limited knowledge on their classification, records and registry in demographic studies (MAIA, 2011).

Severe disabilities in Brazil present worrying indicators. In 2010, 8.3% of the population presented some disability. Visual impairment stands out with an incidence of 3.46%, of which 1.6% corresponds to blindness, followed by deafness (1.12%); severe motor impairment (2.33%), and mental or intellectual impairment (1.4%) (MARTINS et al., 2015; BEZERRA, SILVA, MAIA, 2015; CINTRA; SOUZA, 2012).
Disabilities may be congenital or acquired. The higher prevalence of acquired forms is attributed to the increase in life expectancy, indicators of chronic non-transmissible diseases (CNTD), accidents and forms of violence. The 2010 IBGE census points out that 54% of the elderly have some disability and/or impairment (SANTOS et al., 2012).

The concept of visual impairment has been influenced by historical, cultural and social aspects. This terminology is used to define an irreversible situation of diminished visual response due to congenital, inherited and acquired causes, even after clinical and surgical treatments and the use of conventional glasses (MARANGONI, 2009; WANDERLEY, 2013). Blindness, a severe form of visual impairment, is defined as visual acuity less than 0.05° in the best eye.

The proposal of educational programs for promotion of communication accessibility for blind patients in the SUS context aims at social inclusion and equal opportunities.

Health technologies are necessary to aid the dissemination and provide training on verbal and non-verbal communication techniques according to the needs of the visually impaired (FAVRETTO; CARVALHO; CANINI, 2008). In recent years, nursing schools have increased the offer of novel health technologies such as Distance Education (DE) courses. This teaching modality represents an innovative possibility, capable of large-scale training of professionals due to the possibility of remote participation and ease of access without geographical and temporal boundaries (DA SILVA ABAAD; ZERBINI; DE SOUZA, 2010). Thus, by demonstrating the effectiveness of this technology, it is possible to validate it by broadening the scope of nursing care for visually impaired patients (FRYER, HAMMER, 2012; OLIVEIRA; FERNANDES; SAWADA, 2008).

The assessment of the acquisition of knowledge proposed in this study follows the study design of tools used in the process of DE such as Chat and discussion boards, which are well known by educators. The study evaluates the impact of the DE course on the promotion of accessibility of communication for blind patients in the SUS. The objective was to evaluate the acquisition of knowledge about communication with blind patients through the application of a distance education technology for Primary Health Care nurses.

2 METHOD

This study was carried out from August to November 2015 in the physical conurbation of three municipalities in the southern state of Ceará, Brazil: Crato, Juazeiro do Norte and Barbalha.

The course "Communication between nurses and blind patients" was certified by the University coordinating the multicenter study, had a 60 hour workload and four modules, lasting between 7 and 15 days each. Lesson 1 - Introduction to DE; Lesson 2 - Verbal and non-verbal communication; Lesson 3 - Visual deficiency and communication with the patient; Lesson 4 - Communication in the Nursing Consultation with the blind patient. Four evaluations were applied: three boards to discuss verbal and non-verbal communication in nursing care for the blind patient, and one chat to discuss communication techniques in the nursing consultation.

The chat happened in August at a pre-scheduled time and had the following guiding questions: What is your opinion about communication? What is verbal and non-verbal communication? Give examples of these forms of communication. Board 1 was held in August, one week after the beginning of the course, and the debate focused on the nurses' expectations regarding the course and the evaluation of the liveclass; Board 2 took place in the first half of September with the following discussion: the importance of communication for nurses at providing patient care. Board 3 was held in the first half of September, and students discussed the issue of visual impairment and its implications to health care.

The CHAT, Forums 1, 2 and 3 participation records were compiled and formatted according to requirements of the Alceste software, in a file called "Corpus". This step occurred in January 2016.
Twenty-four nurses were enrolled in the course, and 20 of them (83.3%) participated in the evaluative Board activities and 14 (58.3%) shared in the discussions in the Chat. The calculation of vocabulary showed that 81% of the Corpus presented grammatical forms of semantic value. A total of 4,782 words from these evaluative tools were used.

The lexical analysis generated six Classes expressed in the Dendogram (Figure 1), with the most statistically relevant forms presented in columns as grouped by the software according to the semantic relationship between them.

Class 1, named "Nurses’ Expectations and Opinions about DE Course on Communication with Blind Patients", presents 31 UCEs and 21% of the corpus analyzed. The most relevant words with khi² frequency are: course (khi² = 57); opportunity (khi² = 21) and knowledge (khi² = 17). The correspondence factorial analysis shows the semantic influence of Class 1 on the Classes 2, 3 and 4. The UCEs present discourses that express the nurses’ expectations and opinions about the DE course:

[...]

The testimony demonstrates positive expectations of the professionals as to the applicability of the course in daily care and exchange of experiences. The findings confirm DE as a facilitating strategy for the teaching-learning process. The Class 2, "Measures to prevent visual deficiency practiced by nurses" had 18 UCEs and 13% of the corpus. The representative words were: right (khi² = 35); prenatal (khi² = 28); and guidance (khi² = 25). The speech highlights nursing actions in the prevention of visual impairment in Primary Care:

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Figure 1. Dendogram generated by the Alceste. CRAJUBAR- CE, 2016
Class 3, called "The Importance of Communication in the Nursing Consultation", is composed of 31 UCEs and represents 21% of the material analyzed. The narrative pointed out by Alceste was:

[...] communication represents a basic instrument for operationalization and implementation of nursing care. The promotion of care runs through an effective dialogical and communicative process that will only be possible if the nurse has knowledge about the theoretical bases of communication and develops skills for such action during the nursing consultation. (Subj02).

The speech refers to the nurse/patient relationship in the communication practiced in the Nursing Consultation context. Communication is perceived as the basis for qualified assistance that generates a therapeutic relationship of trust, allowing the expression of fears, anguishes, values and meanings.

Class 4, "Nursing Communication as an accessibility tool for the visually impaired", represents 13% of the corpus, covering 19 UCEs and is characterized by the words: deficit (\( \chi^2 = 35 \)); visual (\( \chi^2 = 28 \)); population (\( \chi^2 = 20 \)) and, deficient (\( \chi^2 = 5 \)). The following speech exposes the central idea:

[...] The objective is to meet the particularities and complexities of this population without ceasing to comprehend them in their entirety. Assistance should be based on inclusive, humanized and welcoming measures, taking into account the singularities in health. (Subj03).

The speeches reflect the individualization of nursing care to the needs of blind patients. Holistic and individual assistance should take into account their life history, satisfactorily intervening in its particularities.

Class 5, "Nurses' knowledge about non-verbal communication", represented 21% of the corpus and was composed by 30 UCEs, with emphasis to the words: voice (\( \chi^2 = 49 \)); gestures (\( \chi^2 = 30 \)); body (\( \chi^2 = 23 \)); touch (\( \chi^2 = 14 \)); and proxemic (\( \chi^2 = 27 \)).

[...] non-verbal communication occurs through gestures, signs and expressions. (Subj03)

[...] in turn, verbal communication happens through speech and writing. (Subj07)

The use of verbal communication through writing or speaking is differentiated from non-verbal language. Nurses express the different levels of communication referring to the transmission of information through the voice, words, and body and facial expressions.

The Class 6, named "Nurses' knowledge about communication and its functions", represented 11% of the corpus, was made up by 12 UCE and highlights the representative words: function (\( \chi^2 = 34 \)); conative (\( \chi^2 = 33 \)); and reference (\( \chi^2 = 13 \)). This class is expressed by the speech:

[...] we have seen that for communication to be effective, there must be a reference, expressive and connotative elements. The elements of communication stand out: message, sender, recipient, context, contact and channel. (Subj11).

The speeches reflect the characteristics of verbal communication through its functions and elements. The subjects define them by demonstrating that it is possible to transmit information in different ways in the communication process.

4 DISCUSSION

Despite all technological and pedagogical apparatus, acquisition of knowledge is not possible without a minimum of maturity and motivation for self-learning from the part of students. The lack of knowledge must be solved with the training of communicative skills targeted to blind patients (LIMA et al., 2012).

The determinant cause of low adherence to DE is the limited view of the public when considering it an inexpensive modality of teaching (NETO et al 2010). This misconception is made evident by the high investment in training teachers, support materials, and physical and technological structure to implement a distance course.

The DE Chats and Boards served as instruments for evaluating the advancement of the trainees on "nursing consultation for blind patients". The subjects incorporated knowledge about actions to prevent blindness, complications of diseases, and, finally, promotion of rehabilitation.
The acquisition of knowledge to prevent deficiencies and blindness was identified, praising the importance of nursing in prenatal care, child care, consultation to the elderly and follow-up of the chronic patients and their complications.

It is known that 70% of the acquired forms of deficiency can be avoided by primary, secondary and tertiary actions. The primary include genetic counseling, better nutrition, prevention of infections or maternal disease, immunization programs, improvement in prenatal, perinatal and postnatal health care. Secondary actions include neonatal screening, clinical and biochemical exams, genetic manipulation and intrauterine surgeries to correct biochemical and anatomical abnormalities. Finally, tertiary actions correspond to those related to complications of diabetes mellitus, rehabilitation from post-stroke, avoidance of limb amputations and loss of ocular function (VIEIRA; GIUGLIANI, 2013). The acquisition of knowledge about prevention and control of disabling diseases were identified.

Communication is pointed out in the speeches as essential for a productive nurse-patient relationship. Considered as a basic tool for care, whether to guide, inform, support, comfort or meet the patients' needs, communication should be based on specific approaches to the particularities of each SUS user. In this way, a humanistic, personalized, individualized assistance is made possible (FAVRETTO, CARVALHO, CANINI, 2012; BROCA, 2012; REBOUÇAS et al., 2012; WANDERLEY et al., 2010).

The experiences during undergraduate studies are sometimes inexistent or insufficient to turn professionals into excellent communicating agents. This acquisition of knowledge and concepts will enable the promotion of effective health care, self-knowledge and authenticity during the nursing consultation (REBOUÇAS et al., 2012). The speeches reflect the search for accessibility for blind patients through communication in nursing care. It is clear that nurses should improve their knowledge in this area, since they present difficulties in communicating, demonstrating flaws in the process of identification and reception of blind patients.

Communication enables socialization and understanding among individuals. However, the practice reveals communicative difficulties, since there are no interpreters in health institutions, but lack of knowledge of the language, preparation and training instead (DANTAS et al., 2014; BRITO et al., 2014).

Nursing uses a variety of communication techniques on a daily basis. However, for the most part, the lack of knowledge of these techniques and of their differences, and by not understanding communication as a process, nursing ends up establishing an ineffective and non-targeted dialogue with patients (PAGLIUCA et al, 2014; REBOUÇAS et al., 2012).

The students pointed out the role of non-verbal guidelines for the expression of feelings and emotions between interlocutors during the nursing consultation to blind patients. In this sense, the group points to the importance of the tone of voice in the consultation, which imposes imperative or informative character in the dialogue and also expresses feelings (BROCA, FERREIRA, 2012). Non-verbal communication allows us to perceive and understand more than words, e.g. the interlocutor feelings (RAMOS, BORTAGARAI, 2012).

As for the acquisition of knowledge on the functions of verbal communication, the discourses of nurses made it possible to highlight the conative, expressive and referential functions. The discourses in this study emphasize that the referential function allows the exchange of information and the emotive function is the most expressive and the most cited by the group (WANDERLEY et al., 2010; PAGLIUCA et al., 2011).

It is noticed that the knowledge of the functions and elements of verbal communication is fundamental for the establishment of a skilled communication with blind patients. Melo et al. (2013) indicate that the mastery of these elements can make communication more effective and its proper use will allow nurses to perceive implicit or explicit messages from patients.

It should be noted that this study referred to the first hierarchical level of pedagogy of skills, the knowledge. Further actions to bolster attitudes and communication abilities with blind patients are necessary to promote the acquisition of communication skills by the study group.

5 FINAL CONSIDERATIONS

The study demonstrates the acquisition of new knowledge through DE. The boards and the chat show the understanding of the importance of communication as a tool for accessibility and qualification of
nursing consultation for the blind patient. These findings reinforce the positive impacts of DE with the study group.

The autonomy provided in distance learning allowed autonomy and motivation in the construction of knowledge. The assessment tools provided the opportunity for the integration and collective construction of knowledge among participants, validating instruments for seizing knowledge and assuring the student's attendance to the DE. This represents, therefore, a valuable training tool, with expressive acquisition of knowledge within a short space of time and by a large number of nurses.

REFERENCES


