Educational action research on Facebook®: combining leisure and learning

Pesquisa-ação educativa no Facebook®: aliando lazer e aprendizado

Investigación acción educativa en lo Facebook®: combinando ocio y aprendizaje

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ABSTRACT

Objective: To analyse the path of dialogical education in leisure and mental health in social media.

Method: Action research based on the theoretical-methodological framework of Paulo Freire, conducted with 11 nursing students of a public university in the state of Paraná, Brazil, during seven days of June 2015, in a closed group on Facebook®. The dialogues were called, 'Virtual Culture Circles' and preceded by self-administered questionnaires that addressed the relationship between leisure and mental health. The data were analysed in an interpretive way, using the encoding and decoding proposed by Freire.

Results: The students related leisure to pleasurable activities and quality of life; however, it is not widely or critically practiced in their personal lives or education.

Conclusions: The Virtual Culture Circles provided emancipatory dialogues and a critical analysis of the subject matter, with possible repercussions on the personal and professional lives of the subjects.

Keywords: Nursing. Education, Nursing. Leisure activities. Mental health. Community-based participatory research.

RESUMO

Objetivo: Analisar o percurso da educação dialógica sobre lazer e saúde mental desenvolvida em mídia virtual.

Método: Pesquisa-ação pautada no referencial teórico-metodológico Freireano, desenvolvida com 11 acadêmicos de enfermagem de uma universidade pública do estado do Paraná-BR, durante sete dias do mês de junho/2015, por meio de grupo fechado na mídia virtual *Facebook*®, cujos diálogos foram denominados "Círculos de Cultura Virtuais", precedidos de questionários auto aplicados que versavam sobre a relação entre lazer e saúde mental. Os dados foram analisados de forma interpretativa, por meio de codificações e decodificações propostas por Freire.

Resultados: Os acadêmicos relacionam o lazer às atividades prazerosas e à qualidade de vida; contudo, não é praticado de forma ampliada e crítica na sua vida pessoal e no processo de formação.

Conclusões: Os círculos de cultura virtuais permitiram diálogos emancipatórios e desvelamento crítico sobre a temática, com possíveis repercussões para suas vivências pessoais e profissionais.

Palavras-chave: Enfermagem. Educação em enfermagem. Atividades de lazer. Saúde mental. Pesquisa participativa baseada na comunidade.

RESUMEN

Objetivo: Analizar la educación dialógica sobre salud mental y ocio en el medio virtual.

Método: investigación-acción basada en el marco teórico de Freire, desarrollada con 11 estudiantes de enfermería de una universidad pública del estado de Paraná-BR durante siete días de junio/2015, a través de un grupo cerrado en el medio virtual Facebook®, cuyos diálogos fueron llamados "Círculos de Cultura Virtual" precedidos por cuestionarios autoaplicados que se centraron en la relación entre el ocio y la salud mental. Los datos fueron analizados de forma interpretativa a través de codificación y decodificación propuestos por Freire.

Resultados: Los estudiantes relacionan el placer con actividades de ocio y calidad de vida, sin embargo, no son practicadas en una escala más amplia y crítica en su vida personal y en el proceso de formación.

Conclusiones: los círculos virtuales de cultura permitieron el diálogo emancipador y el descubrimiento fundamental sobre el tema con posibles repercusiones en sus experiencias personales y profesionales.

Palabras clave: Enfermería. Educación en Enfermería. Actividades recreativas. Salud mental. Investigación participativa basada en la comunidad.

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■ INTRODUCTION

Leisure is defined as a set of occupations by which individuals can rest, have fun, recreate and play freely and spontaneously[1]. The basic functions of leisure are rest, amusement, and personality development. Thus, leisure could be considered one of the fundamental requirements of wellness[1-3].

The study of leisure began in the mid-19th century, opposing the existing political demands of capitalist society, when health, especially its determinants and conditions, started to be recognised, valued, and discussed within the scope of the production of social life[1-2].

These discussions and conceptual advancements led to the understanding that leisure is the determining factor in the health-disease process, more specifically in the context of mental health. Several leisure activities, especially socialising activities, in the form of amusement and social support, promote physical and mental wellness[3-6]. In this respect, despite the shortage of recent studies, leisure is considered a protective factor for mental health, and its absence in the activities of daily life is believed to cause anxiety and stress[2, 5-7].

Amusement, learning, and the collectivity that socialising leisure enables modify the daily lives of people and have positive physical, mental and social effects[2] by promoting health and quality of life. Undeniably, leisure adds health and education[4-8], which are considered inseparable areas.

Education for leisure seeks to teach individuals to spend their free time in a more positive manner, thus ensuring a full development process, based on a construction where they can expand their self-knowledge and their knowledge of leisure and relationships with life and with the social fabric[2, 4, 9-12].

Nothing would be more fitting than to consider leisure as an instrument of education since individuals who participate in leisure activities are also developing individually and socially[9-11]. In this regard, technological developments have reconfigured leisure practices and educational strategies, and virtual tools have been used to guide the learning process in an enjoyable and timely manner[12-13].

With regard to nursing, the demand for learning about leisure is unquestionable; however, scientific literature is scarce, showing a knowledge gap in this subject matter. To consolidate leisure, nursing professionals must expand their knowledge on the subject and acquire a conception of health that appreciates the biopsychosocial and spiritual aspects of individuals[8-11], for their own personal and professional experience.

Thus, the construction of an educational activity based on leisure and mental health cannot occur without educational, dialogical, problematising, and emancipatory references. This demand led to the adoption of the educational assumptions of Paulo Freire, an internationally renowned Brazilian educational theorist, who introduced dialogical education as a form of freedom, autonomy, and emancipation[14-15]. According to Freire[11-12], dialogical education must be based on reality and the direct involvement of students in order to incite epistemological curiosity. Thus, dialogical education is based on dialogue and part of the apprehension of reality; it is mediated by reflection and the introduction of a new transforming action[14-15].

In view of the reality of nursing scholars on the subject of leisure and their relationship with mental health, both in their personal experiences and their professional training, the questions this study sought to answer were: What is leisure and how is it related with mental health from the perspective of nursing students? Can your knowledge of leisure and its relationship with mental health, from a personal and professional standpoint, be transformed by dialogical education mediated by virtual media?

To answer these questions, the aim of this paper was to analyse the path of dialogical education in relation to leisure and mental health in social media.

■ METHOD

Type of study

This is a descriptive, participative study with an action research design[16]. This branch of research seeks to transform reality through the participation of the persons involved by focusing on themes that are relevant to the collectivity[16], as was our intention with regard to leisure and mental health from the perspective of nursing graduate students.

Action research can be organised with several different data collection techniques and procedures, and theoretical and philosophical participatory references[16]. For this study, we adopted the theoretical framework of Freire[14-15] and the methodological approach of the research itinerary of Freire composed of the following stages: Thematic Investigation, Encoding/Decoding, and Critical Unveiling[14-15].

Study participants

The participants were 11 students of a nursing course at a public institution of higher education, in the state of Paraná, Brazil. Research lasted for seven days, in June 2015.

All the nursing students of the institution, which amounted to 126, were invited to participate in research. However, only 11 met the inclusion criteria, which were nursing students, regularly enrolled in the course, and interested and available to participate in the educational path. In action research with an educational approach, free interest to participate is a prerogative, and this requisite was observed and considered in this study.

In addition to the students, a research team interacted with the study, consisting of an undergraduate student, a graduate student, and a professor, all of the nursing department of the respective university.

Study design: data collection and analysis through the research itinerary of Freire

The **Thematic Investigation** was the first step of the research since it brings the researchers close to the universe of the respondents, including their experiences, ideas, and words[14]. Considering the theoretical framework of Freire[14], dialogicity was used to give voice to the study participants. The approximation with the thematic universe occurred through an open-ended, self-applicable questionnaire to collect the sociodemographic characteristics of the participants, and their existing knowledge of leisure and its relation with mental health.

The analysis and representation of the data in the questionnaires guided the thematic investigation, and provided the real problem situations that, according to the framework of Freire, are called limit situations[14], that is, situations that must be overcome to enable a critical awareness of the problems of reality.

These situations were used to identify the generating themes – which are the topics that exemplify and justify the limit situations. The limit situations and generator themes were used to plan the dialogical educational activity and define the objectives and programmatic content.

It should be noted that, since this programme is based on reality, the dialogical action is already present to overcome the usual programmatic definition that is out of context of the knowledge and previous wishes of the students[14].

The **Encoding/Decoding** and the **Critical Unveiling**[14-15] were parts of a dynamic process created through the dialogical interaction of the study participants and researchers in the dialogues that occurred during the course of this research. Its aim was educational, to drive the participants toward the transformation of naive knowledge to critical and reflective knowledge of the problems that permeate leisure and mental health, fostering new ways of thinking and acting in the theme matter, both in the personal life and professional training of the participants.

To follow these premises, the Culture Circles were used as a strategy to develop the educational activity inextricably linked to data collection. The circles are understood as spaces for learning and the exchanging of knowledge, and where the participants gather during their education to investigate topics that interest the group itself[14, 17].

In this work, where there was no face-to-face contact, these circles were named Virtual Culture Circles (VCC) and the space was provided in a closed group on Facebook® social media.

This social network was chosen because it provides technological tools that enable new forms of contact and interaction between people, and access to knowledge and research development[18-19]. Facebook® is potentially an educational and data collection because it essentially offers resources that enable the interaction and communication between the participants[13, 18-19], as preferred in the itinerary of this research.

Five VCCs were held for seven days of June 2015. Each limit situation and generator theme was developed in the VCC.

The situations and issues used to trigger the dialogues were posted daily in the closed Facebook® group created exclusively for this purpose. These situations and triggers were presented in a way that encouraged participation, with clear commands and the use of images, videos, and a variety of materials to support the VCC. The dialogues generated by the VCC were arranged in a Microsoft Word® document, version 2013, for further analysis.

Throughout the path of the VCC, new **Encoding and Decoding** were introduced to allow the **Critical Unveiling** to occur, apprehended when the participants jointly proposed to substantiate their knowledge and practices in the view of the world they recognised in themselves and in others, toward the emancipation of their knowledge and practices[14-17].

The entire educational path created by the research itinerary was analysed and discussed from the perspective of Freire with regard to dialogicity, the collective construction of knowledge, emancipation, and shifts of reality, which are prerogatives inherent in the process of dialogic, emancipatory, and libertarian education[15].

Ethical aspects

The project is linked to the university study, '*Pesquisa-ação nas demandas educativas no cenário da enfermagem*' (Protocol #401/2013-PPG/EMU), approved by the Standing

Committee of Human Research of the Universidade Estadual de Maringá (CAAE: 12664813.9.0000.0104/#375.459 of 05/08/2013). This inquiry observed all the ethical precepts of Resolution 466/2012 of the National Health Council[20], and the participants acknowledged and accepted to participate in the research by signing an informed consent statement. To protect the identity of the subjects, their statements were transcribed and identified with the letter 'p' for 'participant', followed by an Arabic number according to the order of analysis.

■ RESULTS AND DISCUSSION

The study participants were 11 nursing students, all women, aged between 18 and 25 (average of 19 years of age). Of these participants, two were in the first series of their graduate studies; five, were in the second series; and four were in the third series.

Since this study was based on action research, results were presented in two moments: Investigative Moment and Educational Moment, although they occurred simultaneously and complementarily, as permitted in the research itinerary.

Investigative Moment

The Thematic Investigation apprehended the fragile understanding of leisure and mental health of those involved in the research since they conceived leisure as being related to enjoyable activities and quality of life; however, it is not broadly and critically practiced in their personal lives and education.

Based on the theoretical framework of Freire[14-15], the conceptions and practices of leisure in limit situations were defined and characterised, as shown in the statements that describe them (Table 1). The statements in this frame were the most significant for the proposed evidence.

The initial perceptions of the participants rested on three basic functions highlighted in literature: rest, amusement, and development. It was also observed that they did not mention the contents of the leisure activities, suggesting the low criticality and understanding of the physical, practical artistic, intellectual, social, virtual, and tourist interests that must be considered in leisure practices[1, 11, 19].

The theoretical framework of leisure does not merely apply to interventions in the time available to the population, but also to interventions that target personal development[4,11] and help improve the quality of life in a comprehensive manner that is not restricted to the absence of disease, as highlighted by the participants of this study.

The practice of leisure is pleasurable for the individual[12], and it can help boost self-motivation, bring personal and social satisfaction and, consequently, improve quality of life[13]. Thus, leisure is permeated by recreational, free, and collectivist activities that can potentially reduce stress and promote self-knowledge and social inclusion. It is closely related with mental health and health promotion, and becomes indispensable to lead a balanced life, especially in terms of the work overload that students must face[5,8].

These aspects were superficially singled out by some of the research participants, and directed the educational action to better explore these concepts and practices. Consequently, the fragile understanding of leisure and its relationship with the quality of life led to the development of the educational activity.

Educational Moment

The educational activities were permeated by dialogue and anchored in dialogical, liberating, and emancipatory education that required the construction of a pleasurable and appropriate environment for learning. This setup occurred since the planning stage to create an educational path that was not restricted to the exchanging of knowledge, and provided opportunities of leisure and enjoyable interaction.

The use of virtual media aimed to spark the interest of the participants, and the programmatic content observed the identified limit situations and respective generator themes to meet the demands of the public (Table 2) and increase understanding of mental health and leisure.

The first VCC was used to introduce the participants and present their expectations, with the exchanging of experiences and knowledge, interaction and group contribution, as shown in the statements below:

My expectation with this group is to exchange experiences and knowledge, as well as help to guide the group. (p5)

" […]" I hope to learn, meet new people, and also add something to the group. (p8)

This moment of interaction reduced the anxiety with the activity and brought the participants together, making the virtual educational environment more pleasurable. It also introduced dialogue as a way of learning.

The second VCC was used to initiate the discussions about leisure in the personal lives of the students, and, through dialogue, allowed them to address the practices and knowledge of others. The students stated that their

Limit situations	Statements that describe them
Leisure was perceived as a pleasurable activity that differs from the routine	*Leisure is when I'm not doing the everyday things, it is when I can devote myself to things that make me lighter, carefree. (p3)* *Leisure is something I do to distract myself, that is, something I do outside my daily routine, and that gives me pleasure. (p4)* *Leisure is what we do without worrying about commitments and problems; it is doing something we like without an appointment... It is everything we do out of the workplace or the university. That's what we like to do. These things, most of the time, are done with friends and family. (p7)* *Leisure is the moment when I'm doing things that are unrelated to my everyday life, and feel free to play sports, read, paint. (p2)*
Leisure was regarded as influential in the quality of life and the promotion of mental health	*Leisure is very important for people's health because it reflects physiologically. (p1)* *Leisure helps people find themselves and feel good about themselves. If people feel good about themselves, that reflects on their mood and body, that is, it reflects on their health, as a happy person is a healthier person. (p5)* *Leisure is very good and should be practiced all the time, because it makes people more relaxed, happier, and with better health. Research indicates that stress can cause serious health problems, such as cancer. (p9)* *Leisure should be part of everyone's lives. People need a moment just for themselves. (p10)*
The training of nursing students in leisure was considered fragile during graduation studies	*When I started to answer this questionnaire I found it difficult to address the subject of leisure because I realised that it is not so explored. (p2)* *It is very important and underexplored, because we students have to think about promoting health, we have to stress the importance of leisure in the life of the population, but how can we guide them if we do not even know the meaning of leisure and its importance? (p9)* *Undergraduate students should know the importance of leisure and its benefits for themselves, and for the people they take care of. (p11)* *I know very little about leisure. Maybe in the next few years we will study this subject. (p8)*

Table 1 – The listed limit situations and the statements that support them.

Source: Research data, 2015.

everyday leisure activities included staying with the family, cooking, and cycling.

The dialogical proposal was introduced when the members asked for posts on the subject of leisure that they knew and liked. After posting the images, which encoded their experiences, the discussion enabled decoding and generated an interesting synthesis marked by the preferences and individual concepts of leisure, as stated by this participant:

You can cook to prepare things for the picnic, go with the family, by bike, and then 'burn' all in muay thai! [symbol of laughter]. (p1)

This synthesis revealed group experiences and preferences, assuming that leisure can be viewed and performed in different and complementary ways.

The third VCC sought to stimulate the participants to encode and decode the importance of leisure in their

Limit Situation	Generator theme	Description of the educational action	Encoding/Decoding	Critical Unveiling
Leisure was perceived as a pleasurable activity that differs from the routine.	Concept and practice of leisure.	Each participant was encouraged to write about their leisure activities.	The participants stressed that the concept of leisure was broader than initially believed, and encoding was possible through the photos they posted.	Understanding of the various forms of leisure in the daily lives of people and the individualities and particularities regarding leisure.
Leisure was regarded as influential in the quality of life and the promotion of mental health.	Mental health and leisure in the personal practice.	Dialogues on the benefits of leisure in the lives of the participants.	The participants were encouraged to discuss obligations, leisure, and mental health.	Understanding leisure related to mental health and quality of life.
The training of nursing students in leisure was indicated as fragile in the graduate studies.	The university as a space for training in leisure and its relationship with healthcare, especially mental health.	Practical situation to discuss knowledge and nursing practices.	Clear concept for the participants; however, the manner in which it was approached with others needed to be explored (in this case, the person in care).	Appreciation of the leisure dimension in care.

Table 2 – The development of the educational activity: limit situations, themes, description of the educational activities, encoding/decoding, and critical unveiling

Source: Research data, 2015.

lives. For this purpose, the activities of the first VCC were listed for the participants to arrange them in order of priority. This order gave priority to academic obligations, as reported below:

> Studying; internship; extension/research project; eating; sleeping; helping with household chores; dating/family – every 30 days if I am lucky; tidying up my room and doing nothing are the last; and the rest I never or almost never do. (p5)

> Eating, sleeping, studying, internship, extension/research projects, academia, helping with household chores, talking to friends; Do what my mother, father, or guardian asked me to do; dating, listening to music, tidying my room, Shopping in the supermarket with my mother, father, or guardian; Watching television; dancing, playing (physical activity); going out. Doing nothing. (I don´t play instruments or do manual activities). (p2)

The dialogues that followed and the posted comments reveal the difficulties of the students in organising their academic activities to prioritise leisure. This finding stimu-

lated a new discussion through a trigger question: 'Why are obligations a priority rather than pleasure?' This question led to the following statements:

> An obligation like studying, for example, is what will drive my future, so it becomes a priority. Leisure is important to make life lighter, we socialise. (p8)

> I think there should be a balance between the two so you don't go insane. We end up forgetting about leisure to study due to lack of time, but if we organise ourselves we can relate leisure time with our studies!!! I don't know if it's clear [symbol of laughter]. (p3)

> I think we 'don't have time' ... I try not to talk about it anymore, because I think that we always have time when we want to, it's all about organisation, I can't stop doing my duties or doing the things I like. (p4)

The participants stressed their concerns with training and its impact on their future, but pointed out that the balance between leisure and obligations depends on individual organisation.

The activity led the group to encode/decode that their routine obligations must be concurrent with leisure since they are not opposite dimensions of human life and need to be inserted in their daily lives[1, 5].

To continue with the emancipatory dialogues, the students were encouraged to reflect on the care practices of nurses in relation to leisure, and consider how this human need is valued and included in nursing care. At this point, the participants acknowledged the fragility of their care practices in their academic education experiences because they usually disregard this dimension of care and do not find this practice among the other nurses.

Thus, the activity promoted the exchanging of experiences, comments, and discussions:

In the few experiences I've had, sometimes at the hospital we end up saying, 'Oh sir, you need to go for a walk'; but, with the patients of my project or others I know better I can guide them according to what they like to do!!! (p2)

[...] with our words, the patients themselves identify the activities that they like to do. You don´t need a lasting bond for that, you can just include it in care. (p4)

I don't think it's difficult to guide patients in terms of leisure, and I don´t feel the need to have that bond. During the procedures, or even in the medical history, I ask him what he does to relax, or what he likes to do to forget his problems, if it is something that he cannot do at the moment, we arrange a second option. I think it's natural [...] But as far as I recall, I've never asked the question, 'what do you do for leisure?' (p6)

These dialogues show that the limit actions were revealed and defined as concrete realities that require transformations[14]. This unveiling is, in itself, an important educational pathway for the emancipation of knowledge and practices; it incorporates the praxis as action-reflection-action since the concrete, existential reality, encoded and decoded by the dialogue, is now reflected and gains new configurations through the critical unveiling, which inevitably leads to the transformation of reality[14].

It is worth mentioning that knowledge about leisure is necessary for the education of nurses because they play a unique role in human care and must, therefore, insert leisure in their practice[2, 8, 17].

In the dialogue about care practices in the scope of leisure, they acknowledged the initial naive knowledge that mould their actions. It also allowed them to reflect on new practices and unfold new possibilities for nursing care by inserting the theme of leisure in care through the recognition and appreciation of leisure in the lives of people in care and by accepting that leisure activities must be included in the nursing routine.

The fourth VCC dealt with a problem situation to contextualise nursing practices in the subject of leisure. Through a simulation of a case of a person with high blood pressure with evident negative effects due to a lack of leisure activities, the participants were encouraged to discuss individualised care, as shown below:

Perform a supervised physical activity. Do a moderate leisure activity, something he likes to do that is mild, like being with the family, being with friends, etc. Not forgetting to provide guidance, follow-up in the basic health unit, make sure they take the medications correctly. (p3)

The guidelines, when available, were based on biological and disease-focused care, and a change of lifestyle, diet, and physical activity. The group proved to be more reflective, which led to some questions that guided the discussions and definitions, and the subsequent critical unveiling.

Some members had difficulty in answering the question. To ensure that everyone understood the context, we posted videos related to the theme and reformulated the questions to trigger the dialogues. The silence in this discussion, as stated by Freire[14], was important for the process of understanding and reflection, as shown below:

'[...]' The videos made me remember some of last year's classes. And of assimilating the stories of stress of the characters in my personal life. And consequently be more certain that moments of leisure are extremely important for quality of life and wellness, as most already know, although we still overlook it sometimes. (p5)

Freire states that not only speaking, but also the absence of speaking, must be apprehended by the educator as a solitary and authentic process of individual transformation, and should therefore be valued and respected. Similarly, the educator must be challenged to pursue the 'being more' that will only occur through dialogue with the other and by confronting the world of the other[17], as applied in this study.

The correction between 'theory' and the benefits of leisure and its inclusion in care were difficult tasks that demanded other educational strategies and reformulations. The process of relationship and empowerment of

the theme, however, effectively occurred in the contact with others through the discussions and reflections that emerged after each participant presented a care plan and when the members improved the plan together.

This VCC led the group to encode, decode, and unveil leisure as a strategy of self-knowledge. This is considered the initial step toward the achievement of autonomy[15] since the dialogic process led them to a new interpretation of leisure and its contextualisation for the practice of nursing that, until then, did not exist.

The fifth and last VCC was used to assess, from the perspective of the participants, the discussed themes, the approach, and the use of virtual media for the VCC. The participants reported that the educational path was beneficial because it expanded their personal knowledge and professional training on the subject. Some of the participants praised the approach and the use of the VCC as a vehicle for an educational action.

■ CONCLUSIONS

The construction of the educational activity was dialogical for the entire path. According to the reality of the students, the educational process started in a dialogical manner and apprehended the prior knowledge of the students about mental health and leisure. Once completed, the VCC that followed transformed the prior knowledge into critical knowledge when they contextualised and rewrote this knowledge as a group. There was no professor, but people who learned collectively through collective reflection based on the concrete reality that they experienced.

This learning, anchored in dialogue, was autonomous because it enabled the free, and therefore libertarian, construction of knowledge. It was also emancipatory because it considered the possible effects on the personal and professional experiences of the students, and transformed the practices that existed until that moment.

The technological tool Facebook® proved effective to conduct the dialogical participation, perhaps because it is widely used by the young people who made up this study.

According to the results of this study, we can infer that educational activities that target virtual participation and dialogue are possible and can be an option for professional education, whether with students or professionals of different areas, especially nursing, due to the easy access, time spent, and practicability. Moreover, and in the area of this study, the path and media used here are real possibilities that can be exploited in further studies.

Understanding the fragility surrounding the theme of leisure, in the reality in question, signals the possibility of repeating this fact in the practice of nurses, with reflections on nursing care that do not include this subject. Consequently, managers and professors should insert the theme of leisure in the agenda of activities of students and working professionals.

The limitation of this study was the impossibility of verifying the effectiveness of the educational action in virtual media, thus creating opportunities for new studies in this direction.

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