

## Chapter 7

# The Role of Online Health Education Communities in Wellness and Recovery

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### ABSTRACT

*This chapter discusses the powerful role of online health education communities in wellness, fitness, and recovery. From knee and hip replacement to student service worker burnout, there are many freely available professional online communities, which provide health education and support for a wide variety of needs. Using qualitative inquiry, this multiple case study includes site analysis. This study explores whether adult learning principles are embedded in the design and operation of these popular virtual health education communities. The analysis specifically examines the presence and function of four specific adult learning theories' characteristics: informal learning, self-directed learning, peer learning, and common adult learning principles. Additionally, the nature of benefits and support are documented. Finally, in addition to the analysis and discussion, the chapter provides examples to identify emergent guidelines for discerning trustworthy vs. unhelpful online health education communities. Several suggestions are provided for future research.*

### THE REAL BENEFITS OF VIRTUAL EXPERIENCES

One Friday morning, Isabelle Snead had fallen on the ice on her way to her car. The injury was more than the word “painful” could describe, and the doctor confirmed that the hip was broken. At

55 years old, she needed a complete hip replacement. The first thoughts were, “How am I going to handle all of this by myself?” and “What am I getting into?”

The medical team at the orthopedic surgeon's office was fine-tuned to make arrangements for the surgery and home based physical therapy. The

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doctor and staff took plenty of time to explain the procedure, as well as the benefits and risks. Although her health care providers explained the specifics of her surgery and care, Isabelle needed so much more. She needed social support, understanding, and knowledge. Her friends and family were scattered across the USA, and were far from being the ones to provide the support she needed. She wondered where she might attain these intangibles in a healthcare system, which often seems to value income over patient care.

*Isabelle did what 72% of Americans do when they have a healthcare question; she went online and began searching for answers (Fox & Duggan, 2013).*

Two months after Isabelle's surgery, she is more active each day. The surgery proceeded as the doctor had described, but it was the virtual community at BoneSmart® that was her mainstay of support and information. From detailed medical articles about the surgery and what to expect in recovery, to online forums for asking questions, and the space to chronicle her own journey, she had used the resources day and night during those months. It was an interactive online community of education, healing, and, now, wellness. And unlike many others she had seen, it was not left to the participants to fend for themselves. Instead, BoneSmart.org is hosted (or facilitated) by experienced orthopedic nurses. This fact no doubt was responsible for boosting the credibility and tone of the discussions tremendously.

She remembered that before surgery she was so frightened, mostly of the unknown. Thankfully, she had stumbled upon the virtual community of BoneSmart®. She had navigated to the videos and other materials, which explained the hip surgery and recovery process. So much of her anxiety was reduced by reading articles, which provided important information and facts that she could read and review at her own pace.

Having gained confidence with the value of BoneSmart.org, she had created a free user account and shared that her surgery was days away. When she logged in the next morning, there were multiple well wishes from other BoneSmart.org users who had already been through the same surgery! Now she had a virtual cheering section.

## **The Need**

When a patient receives a diagnosis which requires extensive medical intervention, or worse, the rest of the world and its concerns, fade in comparison. At such times, it may seem like the ominous tunnel of the Unknown includes only fear and confusion. These are some of the reasons that the medical field is called not only a *healing*, but also a *helping* profession.

Since the 1990s in the United States, the medical field has been experiencing tremendous change on several levels (Kooijman, 1999). Not only did technological innovation take on a new pace of advancement with microbiology and genetic research, but also biomedical ethics needed to chart new territory by addressing current issues and anticipating potential consequences. In addition, an equally powerful transformation was in motion -- the metamorphosis of health insurance.

During this time, entire new classifications of health coverage were developed with health maintenance organizations (HMOs), managed care, and more. Promoted through The Health Maintenance Organization Act of 1973 (Pub. L. 93-222 codified as 42 U.S.C. §300e), HMOs are health plans which provide financing and delivery of health care services for its subscribers among a specific set of providers. The customary freedom to select one's doctors, hospitals and other medical services, which had been the norm previous to 1973, was forever changed.

Advancing 40 years after this widespread introduction of managed healthcare, the extensive impact is obvious. Instead of personal choice

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