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ORIGINAL ARTICLE

CONSULTATION PERFORMANCE OF NURSING FOR THE ELDERLY: ANALYSIS BASED ON THE THEORY OF HALL

DESEMPENHO DA CONSULTA DE ENFERMAGEM A IDOSOS: ANÁLISE À LUZ DA TEORIA DE HALL

DESEMPEÑO DE LA CONSULTA DE ENFERMERÍA A ANCIANOS: ANÁLISIS BASEADO EN LA TEORÍA DE HALL

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ABSTRACT

Objective: to analyze the performance of nurses in nursing consultation for the elderly based on the theoretical framework of Hall. ***Method:*** descriptive, exploratory study of a quantitative approach, with 32 nurses linked to the Health District III and 32 elderly enrolled in Family Health Units. The data were collected through footage of nursing consultations, evaluated every minute of interaction with an instrument backed in Hall's Proxemics Theory and analyzed by non-parametric statistic. The research project had the approval of the Committee of Ethics in Research, CAAE 03499412.1.0000.5188. ***Results:*** most of the nurses were not prepared about effective assistance from strategies that facilitate non-verbal communication, prevailing Thermal Code factors Voice Volume. ***Conclusion:*** the training of nursing about non-verbal communication enables the establishment of bonds with the elderly and culminates in effective care. ***Descriptors:*** Nursing; Non-Verbal Communication; Elderly; Primary Health Care.

RESUMO

***Objetivo*:** analisar o desempenho dos enfermeiros na consulta de enfermagem a idosos à luz do referencial teórico de Hall. ***Método*:** estudo exploratório descritivo, de abordagem quantitativa, com 32 enfermeiros vinculados ao Distrito Sanitário III e 32 idosos cadastrados nas Unidades de Saúde da Família. Os dados foram coletados por meio de filmagens das consultas de enfermagem, avaliados a cada minuto de interação com um instrumento respaldado na Teoria Proxêmica de Hall e analisados pela estatística não paramétrica. O projeto de pesquisa teve a aprovação do Comitê de Ética em Pesquisa, CAAE 03499412.1.0000.5188. ***Resultados*:** a maioria dos enfermeiros não possuía preparo sobre a assistência efetivada a partir de estratégias que facilitam a comunicação não verbal, ao passo que prevaleceram os fatores Código Térmico e Volume de Voz. ***Conclusão*:** a capacitação de enfermagem acerca da comunicação não verbal possibilita o estabelecimento de vínculo com o idoso e culmina no cuidado efetivo. ***Descritores*:** Enfermagem; Comunicação Não Verbal; Idoso; Atenção Primária à Saúde.

RESUMEN

***Objetivo*:** analizar el desempeño de los enfermeros en la consulta de enfermería a ancianos baseado em el referencial teórico de Hall. ***Método*:** estudio exploratorio descriptivo, de enfoque cuantitativo, con 32 enfermeros vinculados al Distrito Sanitario III y 32 ancianos inscriptos en las Unidades de Salud de la Familia. Los datos fueron recogidos por medio de filmaciones de las consultas de enfermería, evaluados a cada minuto de interacción con un instrumento respaldado en la Teoría Proxémica de Hall y analizados por la estadística no paramétrica. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE 03499412.1.0000.5188. ***Resultados*:** la mayoría de los enfermeros no poseía preparación sobre la asistencia efectiva a partir de estrategias que facilitan la comunicación no verbal, al paso que prevalecieron los factores Código Térmico y Volumen de Voz. ***Conclusión*:** la capacitación de enfermería acerca de la comunicación no verbal posibilita el establecimiento de vínculo con el anciano y culmina en el cuidado efectivo. ***Descriptores*:** Enfermería; Comunicación No Verbal; Anciano; Atención Básica de la Salud.

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INTRODUCTION

Aging is an inherent and inevitable condition to any human being that can be associated or not to the clinical changes that cause compromises and/or limitations, allowing to be accompanied by the decline of biological, physiological, psychological and sensory functions, which make the individual more prone to the development of communication problems arising from visual, hearing, tactile or language deficits. To this end, the communication can be facilitated when the nurse sends an understanding message to the elderly, explaining such understanding, configuring then, the positive feedback of the interaction, resulting in execution of care. As soon as the communication is inherent in every human being, an effective communication can be established when a nurse and elderly remain accessible, permeating the exchange of information. Thus, it emerges the need for nurses to recognize communication problems of their clients and adapt strategies that encompass understanding of the factors that compromise the communication to improve assistance.

Although the human being does not make use of understandable verbal language, their movements, gestures, body and facial expressions will be responsible for transmitting what it is wrong. Therefore, it is necessary that the nurse adopt behaviors, gestures and body language to convey the patient to ensure that assistance is being offered. This suggests the need for nurses to become more conscious of their gestures and body position, their facial expressions and their tone, once all the gestures made by nurse transmit messages and may constitute a barrier to communication.[1]

It is evidenced the elderly as a relevant client in social spaces and health services which become the target of a priority care, being necessary a prime service for maintenance of health, given by the provision of an effective care. To this end, the non-verbal communication is pointed to as a strategy that enables the inter-relationship between nurses and the elderly, maximizing the completeness of the care which demands more time for the completion of assistance and requires the utmost care of nurses, being essential for them to understand non-verbal signals and use them as a form of effective interaction.[2]

Given the above, the objective os this study is to:

- Analyze the performance of nurses in nursing consultation for the elderly based on the theoretical framework of Hall.

METHOD

Exploratory descriptive study with quantitative approach. Data collection was carried out with nurses and registered elderly in the Family Health Strategy (FHS) belonging to the III District Health in the city of João Pessoa-PB.

The population was composed of 54 nurses and all the elderly enrolled in the Family Health Units, but only 32 of these nurses were selected according to the criteria for inclusion. It was established that the nurse should be part of the basic care assistance and be present at the time of data collection. In addition, 32 elderly participated who were assisted by these nurses during the collection period, it was established of being part of the community and be awaiting the appointment with the nurse at the time of data collection.

The data were collected from the footage of the nursing consultation with elderly patients, during the period from August to September 2012, using of two cameras, positioned strategically in order to better visualize the study participants and their non-verbal communication. The use of two cameras was in order to use the image, by refinement after collection, to present best angulation of the consultations. During the shooting, only the nurse and the elderly were in the room and sometimes, an escort, in order to make them more comfortable, since the presence of the cameras could influence the behavior of the participants of the study.

After collection, the data recorded by the cameras were transferred to a computer and converted to WMV format, which ensured a better analysis of the footage. For the transcription of this data, a validated instrument, built based on Proxemics Theory of Hall was used[3], contemplating issues related to the process of non-verbal communication. This instrument has gone through a process of validation from the analysis of three nurses, doctors in communication, making it trustworthy for the analysis of the footage.

The analysis of the footage took place through the participation of three other judges, nurses, properly trained, who watched the filming and filled the validated instrument. It was subsequently initiated an analysis of the footage minute by minute. This condition allowed the images to be evaluated judiciously. When the image was paused after

each minute, the judges made the record, using an instrument for each minute analyzed and filling it individually, without exchanging information with each other. The data from the analysis of the footage was organized in PASW Statistics Statistical software, version 18 and analyzed through descriptive and exploratory statistics.

The research had the project approved by the Ethics Committee in Research of the Health Sciences Center of the Federal University of Paraíba, under Protocol 0220/12 and CAAE: 03499412.1.0000.5188. All subjects were consulted and informed on the participation in the survey, with reading and signing the informed consent term, prepared in accordance with Resolution 466/CNS/12 MH.[4]

To maintain the anonymity and preserve the identity of the participants, they were identified with names of flowers.

RESULTS

Considering the profile of nurses and elderly participants in the research, it was found that in relation to the age group of nurses inserted in the sample, most of them 56.25% (18) were between 40 and 59 years old, followed by 37.5% (12) between 20 and 39 years old, and 6.25% between 60 and 68 years old. In gender, 90.63% (29) were female, and 9.38% (3), male. As for the age group of the elderly inserted into the sample, were 65.63% (21) between 60 to 69 years old, accompanied by 25% (8) of 70 to 79 years old and 9.38% (3) over 80 years old. As regards gender, 65.63% (21) of the sample were women, and 34.37% (11), men.

Of the 32 nurses that were followed up in this study, 16 (50.00%) of them are operating in the FHS from Mangabeira neighborhood, 7 (21.88%) in the neighborhood of Valentina de Figueiredo, and the rest are distributed in neighborhoods of Bancários 3 (9.4%), Cidade dos Colibris 1 (3.1%), Jardim São Paulo 1 (3.1%) and José Américo 4 (12.5%).

The factors postulated by Hall are the Posture-gender (Factor 1); Sociofugo Sociopeto axis (Factor 2); The assessment Distance (Factor 3); Kinesthetic (Factor 4); Contact behavior (Factor 5); Visual Code (Factor 6); Thermal Code (Factor 7); Olfactory code (Factor 8) and Voice Volume (Factor 9)[3].

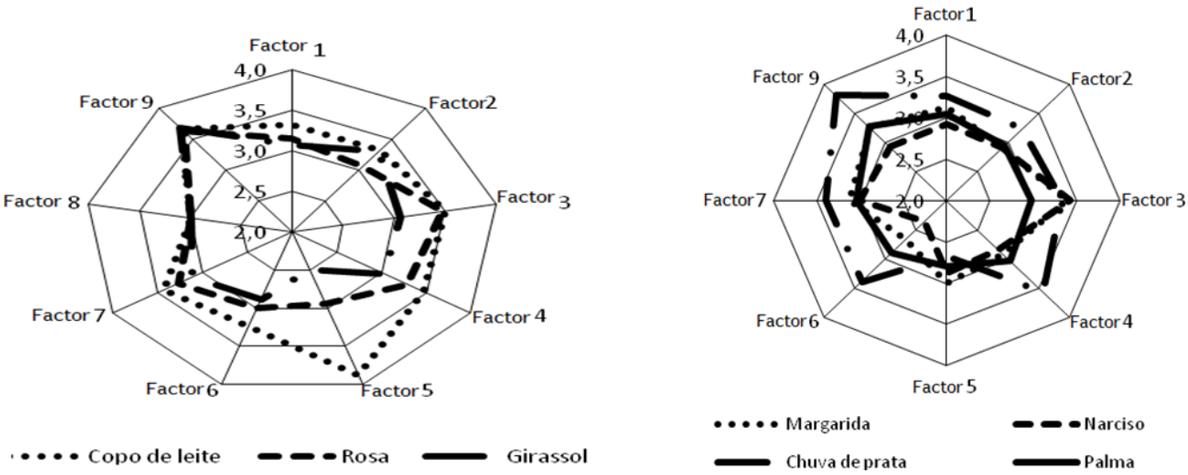

Figure 1. Average performance of nurses by factor for the neighborhoods of Bancários e José Américo.

In Figure 1, in the neighborhodd of Bacários, for the Olfactory Code and Voice Volume factors there is a very close performance of the nurses Copo de leite, Rosa and Girassol. In addition, it should be noted that the evaluation of the nurse Rosa was similar statistically, from the two other nurses in situations of non-verbal communication that involved the behavior of Posture-gender, Visual Code and Thermal Code factors. The performances of Chuva de Prata and Palma are similar to the Sociofugo Axis Sociopeto factors, as well as the similarity of Rosa and Girassol to the Contact Behavior factor, reflecting the performance of the nurse Copo de leite being superior to the other two professionals for almost all factors.

By observing the neighborhood José Américo, nurse Chuva de Prata presented on average, the highest scores for almost all factors while the nurses Margarida and Narciso remained close in all dimensions of Hall´s range evaluation.[3]

Table 1. Comparison of the averages of the factors by nurse in the neighborhood of Mangabeira - João Pessoa, 2013

Nurse	Posture-gender	Sociofugo sociopeto axis	Distance evaluation	Kinesthetic	Contact behavior	Visual Code	Thermal Code	Olfactory Code	Voice Volume
Tulipa	3,03	3,00	3,34	2,91	--	2,32	3,27	3,00	3,32
Lavanda	2,95	3,05	3,22	2,80	2,00	2,37	2,77	2,46	3,26
Lírio	2,97	2,86	3,28	2,79	2,80	2,25	2,69	--	2,47
Perpétua	3,03	3,24	3,33	2,78	2,70	2,64	2,95	3,00	3,54
Mimosa	3,17	3,00	3,67	3,38	2,95	3,05	3,00	--	3,36
Cravo	3,12	3,09	3,35	3,09	2,80	2,84	3,05	3,12	3,43
Menta	3,15	3,13	2,74	3,41	--	3,06	3,70	3,36	3,70
Babianas	3,06	3,07	3,00	3,14	3,33	3,02	3,43	3,33	3,32
Hortência	2,83	2,99	2,94	2,70	2,17	2,41	2,93	2,80	3,00
Anis	3,19	3,18	3,19	3,21	3,17	3,08	3,11	--	3,53
Flor de lis	3,23	3,24	3,00	2,87	--	2,29	3,26	--	3,14
Goivo	3,32	3,12	3,06	3,18	3,67	3,16	3,42	3,33	3,83
Bonina	2,93	2,59	2,87	3,00	--	2,80	3,00	--	2,73
Copo de leite	3,28	3,12	3,01	3,29	3,00	3,21	3,28	--	3,90
Açucena	2,95	2,96	2,93	2,96	2,67	2,58	2,95	3,00	3,02
Sempre viva	3,12	3,14	3,01	3,09	3,17	2,80	3,40	3,00	3,45

As shown in table 1, the nurses Lavenda, Lírio, Hortência, Bonina and Açucena showed, in general, the worst performance for most of the factors examined. On the other hand, the nurses Copo de leite, Goivo and Menta were the highest-rated professionals in their non-verbal communication strategies for the elderly, which reinforces the justification already expressed in this study as regards the benefits of professional training as a strategy to assist the better consciously non-verbal performance of the nurse.

Table 2. Comparison of the averages of the factors by nurses in the nieghborhood of Valentina de Figueiredo[(a)] - João Pessoa, 2012

Factor	Junquilho	Amor perfeito	Prímula	Gravata	Camomila	Camélias	Alfazema
Posture-gender	3,25(A;B)	3,44(A;C)	3,25(A;B)	3,50(A)	3,00(B)	3,24(B;C)	3,08(B;D)
Sociofugo Sociopeto axis	2,83(A)	3,07(B)	3,13(B;D)	3,39(C)	3,16(B;D)	3,25 (C;D;E)	3,16(B;E)
Distance evaluation	3,29(A;C)	3,37(A)	3,38(A; B)	3,65(B)	3,00(C)	3,02(C;D)	2,98(C;E)
Kinesthetic	2,88(A)	3,19(B)	3,33(B)	3,65(C)	2,99(A;B)	3,23(B)	2,93(A)
Contact behavior	2,38(A)	2,95(A;B)	--	3,53(B)	--	3,75(B;C)	2,63(A;B)
Visual Code	2,34(A)	2,85(B)	2,94(B; D)	3,40(C)	2,54(A;B)	2,91(B)	2,40(A)
Thermal Code	3,66(A)	3,41(A)	3,28(A;B)	3,57(A)	3,12(B)	3,32(A;B)	3,12(B;C)
Olfactory Code	2,00(A)	2,71(B)	3,00(B;C;D)	3,60 (C;D)	3,00(B;C;D)	4,00(B;C;D)	4,00(B;C;D)
Voice Volume	3,70(A;C)	3,63(A;C)	3,69(A;B)	3,78(A)	3,17(B)	3,31(B;C)	3,45(A;B)

[(a)] For each factor, different letters for the nurse indicate that the averages are statistically differents.

Table 2 shows that the neighborhood of Valentina de Figueiredo, the comparisons of performances evaluations of the nurses were not very clear because of the amount of labels. Analyzing the average scores, it is noted that Gravata, Camélias and Prímula[1] were the nurses with more non-verbal communication strategies used with the elderly. The other professionals were very close in terms of evaluation, with an average of 3.

DISCUSSION

Figure 1 shows that, in Bancários, the evaluation of non-verbal communication of the nurses Posture-gender, Visual Code and Thermal Code indicate better performance for Copo de Leite which obtained the highest scores, with an average of 3.33, 3.24 and 3.44 consecutively.

The best performance of this professional can be associated to several causes such as: professional training, conscious domain of body movements and communication skills with the elderly, which provides a more effective interaction implying that, in maintaining the quality of life of the elderly and guarantee their autonomy and independence.

This shows that in the training of nurses on the non-verbal communication is essential the use of awareness, effective and complementary gestures, avoiding contradictions of posture, body behavior and verbal discourse in favor of interaction.[5] However, there are still gaps in the academic training of these professionals, who do not know or study deepen the theoretical bases of communication to acquire skills of interpersonal relationship.[6] This denotes the need for disciplines devoted to the theoretical and practical knowledge of the non-verbal communication. The neighborhood of José Américo, exposes the evaluation of non-verbal

communication of nurses similar statistically, in Posture-gender and Contact Behavior factor, being Margarida the most highlighted professional in these two factors with averages of 3.13 and 3.00 respectively.

The Kinesthetic, Visual Code, Thermal Code and Voice Volume factors, Silver Rain was who obtained higher score when compared to other colleagues who remained statistically similar. While in the Olfactory Code factor just who introduced non-verbal manifestations was the Palm with score of 4.00. With all this exposed, the good performance of Silver Rain reinforces the justification of Copo de Leite. However, the Contact Behavior factor was highlighted as one in which this professional obtained the lowest average when compared to other colleagues, which stresses the necessity of this orderly broaden the possibilities of bond with the elderly, using the touch as one of the sources that approximates the caregiver of the being cared.

The elderly care requires nurses to assist in an environment that oportunize the elderly demonstration of their feelings, so the nurse needs to use a body language with a focus on physical contact, as well as eye contact and verbal language in order to promote the highest degree of participation of the elderly.[7-8] Primary care implies a relationship factors that influence on health of the elderly, i.e. family, culture, social class and health professionals, and those responsible for their direct welfare.[9] In this way, the nurse needs to know the story of life of the elderly assisted, to offer them care, which must be accomplished with technical expertise, scientific knowledge and human skills.

Concerning such characteristics, a study about nurses´care for the elderly in primary care, reaffirms the need of these professionals being trained and are about aging care to expland their actions for the elderly, with a qualified and resolutive care.[10] However, to produce an qualified and resolutive care, it is necessary to implement professional training even in the graduation as the differentiated needs of this growing people in Brazil in order to instigate them a different vision that seeks to maintain the quality of life of the elderly. In this perspective, it is worth highlighting that communication is essential in any relationship and should be efficient to make a humanistic nursing care and personalized according to the needs of the person assisted.[11]

As for the Olfactory Code factor expressed by only one nurse, it is worth mentioning that this non-verbal communication should be avoided, as this may impair the interaction, specifically for the care of elderly, as with the advancement of age they may present problems in speech due to complications or neurological pathologies that imply difficulties in verbal communication. On the other hand, the professional´s long life learning in the culture to which it was or be inserted make them more attentive and trained in non-verbal behaviors decoding of nurses, even though the unconscious level, making them capable of interpreting the interest and respect of nurses towards them during the interaction, as well as their emotions and feelings.[12-3]

Table 1 shows that the worst performance factors of non-verbal communication of nurses with elderly, the results indicate that the Kinesthetic, the Contact Behavior and the Visual Code were the ones who received the lowest scores, and can be justified by the unpreparedness of these professionals about the aging process.

Aging may bring gradual physiological changes and variables from one individual to another, changing the old interaction with the environment and hamper communication. Health professionals need to be prepared to understand the limitations of the elderly, such as decreased visual acuity, which commonly identified in this kind of public, can impair communication, because the elderly may not see clearly the facial expressions and body movements of the communicant.[14-5] This suggests how essential are the reception, the use of vision and listening to the individual needs of the elderly, because through them, their specificities will emerge, and will result in the efficacy of care.[16]

Among the most highlighted nurses on evaluation of non-verbal communication, expressed in table 2, Gravata was the one who obtained the highest scores for the factors Posture-gender, Sociofugo Sociopeto Axis, Distance Evaluation, Kinesthetic, Visual Code, Thermal Code and Voice Volume, which suggests a good use of non-verbal communication mechanisms in the interaction with the elderly. To Contact Behavior and Olfactory Code factors, Camélia nurse was who has obtained the largest score, which in addition to good use of the mechanisms of non-verbal communication in the interaction suggests the use of mechanisms that can disrupt the interaction. In this way, the lack of non-verbal communication skills, or the non-verbal behaviors of ineffective professionals working in primary health care, can be justified, in addition to the training of nurses, not by the high demand for services in these units and by the concern of these

professionals in the large number of customer service he asked, what leads to overlook the quality of care.[17]

It is appropriate to point out that the nurses Prímula and Camomila did not obtain average computed for the Contact Behavior factor, pointing to total absence of touch interaction with the elderly. Thus, the absence of touch commits the nurse´s interaction with the elderly in health primary care, because when evidenced they transmit feelings of love, empathy, and affinity with the elderly, interfering favorably in their physical and emotional state when used below the technical procedures.

CONCLUSION

This study enabled the vision of little training of nurses to use the mechanisms of non-verbal communication in the interaction, which will allow them a better bond with the elderly and will promote the implementation of assistance. It showed the need of the nurses still review their behavior on the facial expressions and the use of touch interaction with the elderly, as well as strategically employ the vision as a way of conveying attention, encouragement and motivation to participation of the elderly in the consultation and future membership associated with the therapeutic guidelines that they will ensure the maintenance of quality of life. This will provide a more appropriate care, in view of the extent of more effective non-verbal communication.

As a limitation of this study, it could be considered the restriction in publications using non-verbal communication among nurses and elderly. Thus, the use of the footage was a limitation, which led to non-acceptance of some nurses to cooperate with the study, by feeling constrained by the use of this resource.

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