



CHARACTERISTICS OF COMMUNICATION PROCESS IN NURSING TEAM
CARACTERÍSTICAS DO PROCESSO DE COMUNICAÇÃO NA EQUIPE DE ENFERMAGEM
CARACTERÍSTICAS DEL PROCESO DE COMUNICACIÓN EN EL EQUIPO DE ENFERMERÍA

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ABSTRACT

Objectives: to analyze the elements of the communication process in the nursing team and discuss their implications for nursing care. **Method:** qualitative, exploratory and descriptive research. There were 25 participants members of the nursing staff at a university public, federal, hospital. There were individual interviews held, participant observation and thematic content analysis. The research project was approved by the Research Ethics Committee, under the Protocol 198/09. **Results:** the results showed that for effective communication, it is important to consider the attitudes of the source and the receiver, the domain that have the subject and the hierarchy among professionals. **Conclusion:** the communicative process is dynamic, active, founded on positive interpersonal relationships being essential to establish a proper interaction in the team. **Descriptors:** Nursing; Nursing Staff; Communication.

RESUMO

Objetivos: analisar os elementos do processo de comunicação na equipe de enfermagem e discutir suas implicações para o cuidado de enfermagem. **Método:** pesquisa qualitativa, exploratória e descritiva. Participaram 25 membros da equipe de enfermagem de um hospital universitário público federal. Realizou-se entrevista individual, observação participante e análise temática de conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, sob o protocolo nº. 198/09. **Resultados:** os resultados mostraram que para uma comunicação efetiva, faz-se importante considerar as atitudes da fonte e do receptor, o domínio que têm do assunto e a hierarquia entre os profissionais. **Conclusão:** o processo comunicativo é dinâmico, ativo, alicerça-se em relações interpessoais positivas para as quais é imprescindível que se estabeleça uma adequada interação na equipe. **Descritores:** Enfermagem; Equipe de Enfermagem; Comunicação.

RESUMEN

Objetivos: analizar los elementos del proceso de comunicación en el equipo de enfermería y discutir sus implicaciones para el cuidado de enfermería. **Método:** investigación cualitativa, exploratoria y descriptiva. Participaron 25 miembros del equipo de enfermería de un hospital universitario, público, federal. Se realizó entrevista individual, observación participante y análisis temático de contenido. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, sobre protocolo nº 198/09. **Resultados:** los resultados mostraron que para una comunicación efectiva, es importante considerar las actitudes de la fuente y del receiver, el dominio que tiene del asunto y la jerarquía entre los profesionales. **Conclusión:** el proceso comunicativo es dinámico, activo, basado en relaciones interpersonales positivas para las cuales es imprescindible que se establezca una adecuada interacción en el equipo. **Descriptor:** Enfermería; Equipo de Enfermería; Comunicación.

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INTRODUCTION

Health professionals in general, especially nurses, are not used to have communication with team members. There are enough competent professionals in their specialties and in the handling of techno-scientific equipment, but in interacting and communicating their purposes to people, they have difficulties.¹

An effective communication process and valid messages where there are fundamental principles guiding the process, whatever the environment and context are, help to sustain communication as a basic instrument of nursing care. In addition, in nursing care only by using the communication process is possible to develop a care plan at any level of care because with sharing thoughts and values, the professional knows the real needs of the client.² From this, it is highlighted the importance of a communicative process quality performed in health work from human relationships, either with the team or with the client.³

Sending and receiving messages depends on the willingness and attitude of the sender and factors such as beliefs, values, previous experiences and existing relationships between people.¹ Thus, regardless of the operating form of therapeutic or practice activity, the meetings among the subjects involved are connected through speaking, listening, that is, the communication.⁴

The human communication process is very complex, being involved the behavior of people, the relationship between speaker and listener, factors that positively and negatively influence the communication process and its results.⁵ Knowing how is this process, its stages and elements that enable to find ways to try to increase the understanding and effectiveness of communication.

One of the models to explore the communication process indicates that it should be sought the inter-relationship among source, encoder, message, channel decoder and receiver.⁵ Source and receiver have factors that influence the ability; attitude; the level of knowledge and the social and cultural systems. In this model, for communication occurring, it is necessary to be a source, a person or a group of people with a goal, an objective, and a reason to be communication. The encoder is responsible for receiving the ideas from the source and code them, exposing the objective of source in a message. The message is the translation of ideas, goals and intentions in a code, in a

systematic set of symbols, since the message exists in a physical form.

The channel (vision, hearing, touch, smell and taste) is the driver of messages and can be only one, but the choice of which channels should be used is an important factor to have effective communication. In the decoder, there is the sensory abilities used, being considered the senses as decoders in communication. When a person speaks, he communicates in order to be informed or shared, and whatever else there is in the end of the channel, it is necessary to have a receiver.

Therefore, understanding mechanisms of a process of communication that will help a better performance to the customer is as important as improving communication, that is, the relationship between the nursing members¹ that can generate simple changes to do care. In this sense, the object of this research is the process of communication in the nursing team and its implications for nursing care, and the objectives are:

- To analyze the elements (source, message, channel and receiver) that make up the communication process in the nursing team.
- To discuss the implications for nursing care.

METHOD

Article elaborated from the dissertation << *The communication process in the nursing team* >>, of the Graduate Program in Nursing from Anna Nery Nursing School of the Federal University of Rio de Janeiro/ EEAN UFRJ, 2010.

Qualitative, exploratory and descriptive research, with data production in March and April 2010, with semi-structured interviews with questions about the dynamics of communication, how it happens, its formative elements, characters, content and elements facilitating and hindering the process. There were 25 professionals from the nursing team, in a medical clinic hospital sector, of a university, federal and public hospital.

The inclusion criteria of the subjects were being nurses, technicians and nursing assistants, of both genders, members of the nursing teams of the sector chosen for the research, since they wanted to participate. There were excluded those who were away from work for any reason (vacation, leave, etc.) and those who declined to participate.

Participation was consensual and the identification of the subjects was by alphanumeric codes which the letters

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represent the professional category (N-nurse, NT-nursing technician; NA-nursing assistant), followed by the number of order of occurrence of interviews.

The techniques of thematic content analysis were applied to the corpus of data.⁶ It was sought the occurrence of themes and their frequency in the texts to organize the categories of analysis that showed how was the communication process and the participation of the team members in that process, the use of the elements that structured them, strategies for achieving the goals and the use of the channels of communication. The categorization process by box was used, in the search for each element that structures the communication process proposed by the theorist who served as a reference for research.

The research project was approved by the Ethics Committee in Research of the University Hospital Clementino Fraga Filho of the Federal University of Rio de Janeiro, Protocol 198/09, in compliance with Resolution 196/96 of the National Health Council, revoked by Resolution 412 of 2012.

RESULTS

♦ Characteristics related to the source and the receiver

Source and receiver were analyzed together, because it was identified certain dynamics at a given time the subject be source and the other be the receiver. The role of source and receiver and their importance to the communicative process are clear in the statements.

So I think is not only necessary to have or want to communicate, there is the need to know if the receiver will want to as well. If he is willing to understand what I'm telling him, what I'm communicating. (NT2)

Communication must be clear, the source needs to know how to use words well and the receiver need to be aware to what is speaking, he needs to listen.

It has to be a clear communication, friendly, giving and receiving attention from the other, because if the other is not paying attention in what you are talking about, everything you tell him, he will not understand and will not give you back the message you are wanting to give! (N3)

It is know how to listen, there are a lot of people who do not know to listen, you're talking, they walk away. For me the key is listening. (N7).

Another skill needed to have an effective communication process is that source and

receiver need to know to relate, and this is important in the process.

Because if you do not have a good relationship, there is not a good communication. But, if [the nurse] has a good relationship with her team, all communication will be great! Because she will have results. (NT8)

People communicate when they trust each other. In a good communication you begin to open, it is an opening communication, you begin to trust the colleague, say what you want, listen too, accept the opinion of others. I think it's more confidence, communication is well when we trust! (NA3).

Together with the issue of the relationship ability, the attitude of people, sources and receivers, has been identified as an intervening element in the process. Attitudes can be identified relating to themselves or the subject matter through behaviors that indicate shyness, lack of confidence or disregard for the process.

I think that shyness interferes too, insecurity, it interferes a lot in communication. So, the less insecure, the less shy, less blocking for you to communicate. Got it?! But, I think the main factor is safety. (NT1)

I communicated with everybody, everybody heard what I had to speak, so I will monitor the work of each one to see if that information I actually gave was well understood, and to see how the procedures are from then on. (N4)

On the attitude toward the receiver/source, the receiver proves more willing to accept what the source says when he likes the person who initiated the communication. When they know the way of being, character, another's behavior, and know that the reaction is not good, they avoid talking to the person, speaking as little as possible or accepting what he asked for fear.

There are some nurses I know they are rude, so it is difficult to ask. Sometimes I say something, but I know how that person is, so I did not ask! (NT9)

Another feature that involves the relationship between the source and the receiver is credible to the knowledge of the subject to be treated in communication. Knowing he subject is very important but it is necessary to know how to use it and with whom. In addition, there is the professional hierarchy, because due to occupy a lower position within the nursing team, some members are prejudged on their level of knowledge.

I'll have some kind of communication with a person who is in my area, with a person who

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has little education, as a cleaning person, you have to be more clear and objective as possible, it does not help you use technical terms [...]. (NA 4)

There are those who do not trust what you're talking about! If you will communicate something: ' _ Oh no, he is an assistant... he will not know what is talking about.' They don't see us credible! Then, we do not have that firmness to continue communication. (NA2).

◆ Characteristics linked to messages

Messages are behaviors products related to internal states of people; they are scratches on papers, sounds in the air, marks in the stone, body movements, facial expressions; they are human products and it is common that they still exist long after source and receiver have disappeared. It consists of code, content and treatment.

The code most used by the nursing team is the speech, because through it there is the idea of the kind of emotion that the person is having, in addition to being the fastest, but the writing was also emphasized in prescriptions and nursing developments such as a way to communicate. Furthermore, there is the annotations written in small blocks or simply paper sheet.

The speech, speaking, I think the most important. Because often when people write, you do not have a sense of the kind of emotion that is involved there. And talking you can identify it. (NT1)

Speaking by gestures, by writing, mostly written here! Most of the time, we communicate knowing what happened reading the prescription and evolution. So speaking, in writing, by gestures! The writing is also very important. (NT9)

I always have my notepad, everything that happens I'll note, because often you do not remember everything to give the information [on duty]. (NT12)

Regarding the content, the nursing professionals try to be the most clear possible to prevent the information being contradictory, and cited examples of situations where the lack of content harm them somehow at work.

Being the clearest, the most objective as possible. To prevent the information being distorted, with contradictions, being clearer on what you want to say. (NT1)

It was a failed exchange on duty, a friend did not tell me that she could not work for me, because she had missed and I did not know and it brought a lot of confusion here! She did not inform me! (NA4)

On the treatment, the way the person transmits information, for example, being aggressive and imposing things, can harm the

communicative process and have consequences for both the source and the receiver. In this sense, the figure of the intermediary in communication is a strategy that can be effective for achieving the communication goals.

The way a person speaks. Speaking aggressive, you change completely, sometimes it's the same phrase, but it changes the information, if you talk more calming. Sometimes it is a most boring thing, but the person accepts better than you speak aggressively. (N7)

I talked with a particular employee and it seems that he did not understand much, so I asked for another person, which is also closely linked to that employee, and asked him for help, because sometimes he could have other methods that he understood, because what I used the person did not understand! I saw that had a nice result! It was good! One strategy that I used and it worked! (N5)

◆ Characteristics linked to the channel

The vision and hearing are the main channels used by the team, because when the person with whom you communicate is observed, the emotions and feelings can be identified, and without hearing what he says, there is no communication.

The look for me I think that says it all in the person, transmitting credibility, safety, anger, everything, it transmits love, care. The look is all for me. (N1)

I think is to hear! To be heard. It is missing to hearing the world! When you find someone who sits down, listens, sometimes it is better than a cure. So, listening is very important! (NA3)

◆ Teamwork on nursing staff

Emerging from the professional statements of content analysis, a theme that referred to the importance of communication to keep the team together emerged, in order to achieve the goal of everyone, that is, the client's service.

You know there's always someone, you should give explanations, always passing everything that is happening, all with the staff. I believe it to be so, to be all right! Communication together always works! (NT12)

With the sum of each one performing their function is that we can get the goal in order to assist with quality. Communicating effectively without the communication is not good! It gets hard! (N3)

When the nursing professionals of a team share the same goal - nursing care - and when they act in cooperation, the communication becomes easier. There are examples of evidence of this type of cooperation in daily

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work, asking and having their wish or when a professional offers help spontaneously when they see that the colleague is in need of assistance.

[...] When colleagues offer help, they arrive on the ward, "- Do you need something? Do you need help? ", Then you go and help! (NT11)

[...] We were one per ward, then we go to help each other! I learned that here is a lot of solidarity. I think this is a good experience, the colleague is always willing to help each other, you know?! (NT2)

The nursing work is developed based on a technical and social division, which implies in hierarchy and this organization is recognized in the communication process in the team.

Here, it is full of hierarchy, so I have to get that person here the nurse leader, because that is what will convey to others, so it will follow the communication. (NT10)

The team recognized as such when referring to the fact that there must be times of meetings in order to make them closer, improving the interaction, which in turn, will promote the communication process.

More meetings, a lot of meeting with the staff, a more relaxed thing to distract the person, to unite the people, let the staff more together, more interacted. (NT7)

DISCUSSION

♦ Characteristics related to the source and the receiver

Any situation of human communication involves the production and reception of the message by someone. When someone writes, the other should read what was written; when someone paints, another one must see the picture; when someone speaks, another one must listen.⁵

It may seem that there is a beginning in communication, a source, and an end, the receiver. However, it is not what happens in this process, because calling an individual of source implies to paralyze the dynamics of the process at some point, and call it receiver implies that simply cut the case in another point.⁵ Thus, who was a source in some point has also been receiving in another.

The source and receiver communication skills from the perspective of nursing staff can be divided into coding related to the source and decoders, related to the receiver. The encoders are writing and speech, and decoders reading and listening, but there is a third one, crucial to the source and the receiver: the thought or reasoning.

When speaking or writing, it is necessary to have an adequate vocabulary that can express

good ideas, not just using words that express the education received, but using words that express clearly and objectively the intention of the subject in communication, and have the words in order to make the thinking clear.

The skills in handling the talking, what is read, written and how is heard, ease or not to handle the codes of language, affects human ability to interpret the thoughts, influencing the thought.⁶ The thought is connected to experiences to what is read and seen.

For effective communication, it is necessary to establish a good relationship between the subjects. The relationship can be considered as a pattern of interaction between two people, and it has to do with sociability. A sociable person speaks to all, shows sympathy, and involves friendship, creating bonds of trust, which leads to accept good and best speech of the other. In the meantime, it is that the relationship between people is emerging as a skill to be well managed in the communication process. Therefore, it is understood to have emerged from the results as an important feature of the encounter between source and receiver in the communication process.

Meanwhile, the dimension of attitude matters in the process. The attitude means a behavioral project that allows making constant value options on a given situation, that is, the trends of a person before an action.⁷ Attitudes of a source and receiver influence the means by which it will proceed, their view, the meaning of things. The communication process involves three types of attitudes: to himself, towards the subject and to the source/receiver.

The attitude to himself is related to how the person sees his assessment of himself and his world view. The person may have a negative or positive vision of himself. For the nursing staff, the kind of attitude to himself more focused as negative of the communicative process was the person who has no self-confidence, is shy, afraid of being exposed, to talk, to present his observations and thoughts.

Regarding the attitude towards the subject, this can be understood when one has confidence in what is going through, in the source and the receiver, he believes and trusts in what is decoding. For the nursing staff, the attitude towards the subject is when they see that the message reached the desired result, when the last report was accepted, accredited by others and he did or understand what was said.

In the communication process, it has to be considered the knowledge that people have about the subject they are communicating. The knowledge implies experience and the individual's thinking in relation to a subject, and this subject area will influence the message because no one is able to communicate what they do not know or who does not know and does not have property what is transmitted. If the source is ultra-specialized, it can make mistakes because their communicators skills be employed in such technique so that the receiver cannot understand it.^{2,5} Thus, the source needs to know the subject and know how to pass it clearly to the receiver. The same thing to the receiver, as if he did not know the subject, probably cannot understand what the source wants to say.

♦ Characteristics related to messages

When dealing with the message, it should be three factors that influence: the code, content and treatment.⁵ The choices in the message should be done consciously, because if not mentally organized by the subject, they can decrease the effectiveness of the communication.⁸

As codes, any group symbols can be considered (elements) able to be meaningful structured to a person or a group that contains all elements (vocabulary) and a set of methods to combine these elements significantly (syntax).⁵ As for example, the Portuguese language contains elements (the alphabet) that arranged in a certain order and organized they have meaning for someone.

Content is the center of a message and can be understood as what is contained in the reports, in written, body movements, facial expressions and among others that the source and the receiver exchange with each other to achieve the effectiveness of the communicative process.⁵ It is necessary to not be too long and difficult to speak to have content, but to be clear, direct, objective and transparent, because it runs less risk of having an ineffective communication.

Treatment can be understood as the way will be passed the message content or the means by which the source rather give content with a presentation of one form or another in order to achieve the goal. Thus, treatment refers to decisions taken by the source on the way to deliver the message, the choice needs to be made by the source with regard to the code and content and method of delivering.⁵ The treatment has linkages with the ability to establish effective interaction with those who want to communicate.

♦ Characteristics related to the channel

In communication, it is necessary to be able, for example, to speak and to listen. The message needs to get to the other person by airborne sound waves. Thus, the channel encodes and decodes messages and it is a way to do it.⁵

It is essential to choose a way to channel the message so that the receiver can decode it, see, hear, touch and even smell and taste, so that messages are not related to the receivers as they are not perceived by them, since the channel connects source and receiver allowing the communication. For this, it is necessary to choose a channel that can reach more people; which has a greater effect; and that can transmit the message to achieve the goal more effectively.

♦ Teamwork: nursing as a social and cultural system

Communication processes can involve many people, such as when part of an organization, a meeting or group discussion, and they to interact with lots of people, but even it is necessary to take into account a person at a time. This increases the complexity of the process by adding people and the effectiveness may decrease. With this, everyone involved in the system need to be aware of the importance of each one to reach the goal of the group.⁹ Furthermore, this reality can influence professionals to adopt automated and mechanistic behavior, that is not engaged in the interaction with the other, impeding the exercise of critical reflection and the establishment of an effective dialogue, occurring deviation of the focus of attention, that should be the subject of care.¹⁰ Thus, there is a second kind of basis for the creation of expectations about human behavior, the existence of social systems, organized human groups.⁵ In order to achieve objectives and goals, there is often the need of cooperation of others, that is, it is more difficult to obtain by himself what he wants, the human being is interdependent.

In order to accomplish the tasks to achieve things in life, it must belong to a social system; groups try to conserve and maintain the productivity of each of its members to produce things they could not produce alone; group is produced more efficiently and effectively,⁵ so the nursing staff can be considered as a social system because it is an organization of people where each has a behavior, an experience, a specific role, but the team has a goal in the health facility: take care of the client.

Members of a social system may have a kind of interdependence, the promoter; which can be considered as a synonym for cooperation. It occurs when all members of a social system come together to achieve their goal, so that one help and share the tasks with each other, because that way they are able to reach the goal more easily and all will feel rewarded.

In a social system, each member has a role to play. It can be understood as a set of behaviors and at a certain position within the social system. The roles are classified, some of them gaining more authority and some are perceived as more valuable than others in achieving the goals or more competent for the implementation of the role.⁵

Considering the nursing staff as a system and teamwork as a basic care instrument,¹¹⁻² in nursing work occurs this division of roles and a hierarchy of relationship, which emerged when there was a citation that the hierarchy needs to be respected by all, and the head must be formally communicated about everything that happens with the client.

Communication plays a major role within a social system because it is through it that systems are produced. When there is adequate opportunities for communication, it can have a broader social system, more complex among the people, so it is necessary to increase the chance that there is communication to help develop the group⁵ and maintaining constant dialogue is an important tool to share the institutional values and to guide the construction of care.¹³

The strategy of having opportunities to increase communication and hence the interaction between the professionals of the nursing team, can be evidenced in the results, which broadcasted the lack of a certain time during duty, so everyone could meet and talk on the problems occurred and what they did not like.

These meetings can be considered as an appreciation of activity and care for the healthcare professional, and as a way of building and knowledge exchange with the expansion of dialogue. It also serves as a way to promote quality of work life. Meetings between workers of the health system are highlighted in the national humanization policy in order to promote changes.¹

The importance of these meeting for professional teams are considered privileged for the construction of internal democracy and promoting the provision of more integral care.¹ Thus, it can build a better health service and try to overcome the difficulties of

working. One must also consider that a social system has individuals who have a way of thinking, acting, dressing, speaking and behave according to the influences they receive from outside of this system. That is, the cultural system of the group, their beliefs, cultural values, acceptable forms of behavior or not or are not required or for their culture, by other social systems to which the individual belongs, and also need to take into account their expectations.⁵

The way to build the communication process on the team, the characteristics of its elements and the strategies used for its effectiveness suggest the implications that good communication can bring to nursing care. If the team identifies problems in this process, it invests in overcoming them, value their optimization, it is expected that, by transferring, doing the same when in full communication with the client.

To work the communication process, it is necessary to invest in the interaction, and both matters to human care, which can be expressed through the interaction between subjects. Considering care in a humanistic approach, health workers and clients are seen as active subjects and protagonists of health actions, because the care is relational, established in the relationship that is built with the other.¹⁴ Thus, both benefit, because they are recognized in that process, that the social and cultural system they live, has a good interaction and, therefore, it must establish good communication.

When considering the nursing team as a sociocultural system, it is necessary to take into account that the client also is part of it, because the main goal should be to provide nursing care, and this is relevant in the communication process of the nursing team, since it constitutes an instrument of care.¹¹ Therefore, it is essential to become effective in health care of the client and avoid behaviors such as contempt, insecurity, fear, sadness, oppression and dissatisfaction; not consistent with a nursing care based on respect, dedication and humanization towards the other.¹⁵⁻⁶

CONCLUSION

For the communication process being established in the nursing team, it is necessary to be willing to participate in it. The communication process is dynamic and active, because its members now take the role of source and sometimes of receiver, sometimes in the same communicative act.

Knowing the communication mechanisms that will facilitate the performance of its functions, the team can use strategies to improve the relationship between its members, for example, have an intermediary to facilitate the process.

As a basic instrument of care, it is necessary for nurses to make good use of the elements of the communication process, knowing to listen to the other, always keeping informed with confidence, knowing the right time to initiate communication, avoiding interrupt or modify information, practicing cooperation, using correctly notes, the clarity and tone of words and concurrently using the vision and listening channels.

There is only communication on the team if two or more individuals actively participate in the process and this relationship could facilitate the practice of humanization, it is a way to qualify the relationship between professionals and thus produce humanized care. Communication has its foundation in interpersonal relationships that are configured from the interaction, and nursing, science and art of caring, taking place in the area of human interaction, where care can also be considered a communicative act.

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