THERAPEUTIC COMMUNICATION: BASIC CARE INSTRUMENT IN HOSPITALIZED CHILDREN

COMUNICACIÓN TERAPÉUTICA: INSTRUMENTO BÁSICO DO CUIDADO EM CRIANÇAS HOSPITALIZADAS

RESUMO

Objetivo: identificar estratégias de comunicação terapêutica mais utilizadas na assistência de enfermagem à criança hospitalizada. Método: estudo descritivo, observacional, com abordagem quantitativa, realizado entre os meses de março e abril de 2013, com 13 enfermeiras, 25 técnicas de enfermagem e todas as crianças atendidas na clínica pediátrica e no setor de observação pediátrica de um hospital público na Paraíba. Para o registro dos dados, utilizou-se checklist, em seguida, estes foram agrupados em tabelas e analisados a partir da literatura. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE: 12950813.0.0000.5179. Resultados: evidencia a pouca utilização das técnicas de comunicação terapêutica pela equipe de enfermagem durante a assistência, sugerindo uma maior atenção desses profissionais sobre a temática. Conclusão: considera-se necessário trabalhar e desenvolver estratégias para efetivar e priorizar o processo de comunicação terapêutica como atividade de enfermagem relevante e essencial ao cuidado durante a hospitalização infantil. Descritores: Enfermagem; Comunicação; Criança Hospitalizada.

ABSTRACT

Objective: to identify therapeutic communication strategy most commonly used in nursing care for hospitalized children. Method: a descriptive, observational study with a quantitative approach, performed between March and April 2013, with 13 nurses, 25 nursing technicians and all children assisted in pediatrics and pediatric observation unit of a public hospital in Paraíba. To record data a checklist was used, then, grouped in tables and analyzed from the literature. The research project was approved by the Research Ethics Committee, CAAE: 12950813.0.0000.5179. Results: it shows the low use of therapeutic communication techniques by the nursing team during the service, suggesting greater attention of these professionals about the subject. Conclusion: it is considered necessary to work and develop strategies to obtain and prioritize the process of therapeutic communication as relevant and critical care nursing activity during children’s hospitalization. Descriptors: Nursing; Communication; Hospitalized Children.
Communication involves seeking understanding, knowledge, and contact. It is a link, transmitting feelings and ideas. The communication is used daily by nursing professionals, being fundamental in the relationship of help from nurses, nursing technicians, hospitalized children and their families, working as an indicator of care provided to this patients.

The communication becomes satisfactory when there is understanding between sender and receiver, with a positive feedback between the communicators. Communication is seen as an essential tool for nursing care quality, contributing to promote the emotional care, especially to hospitalized patients.

Hospitalization is a process in which the human being is in a different environment than their own, away from their families and loved ones, surrounded by devices that little know what they are for, causing feelings of anxiety and stress for the client and family.

As for hospitalization of children, it is known that this process tends to be aggravated because the illness and hospitalization are stressful experiences involving profound adaptation of the child to several changes in their daily routine, with painful and unpleasant experiences, causing crises in their life, because it is a strange and often aggressive place, reflecting on their intellectual and psychosocial development.

Nurses can and should alleviate this situation by providing information; recreation; presence of family members; affection from the health team and interpersonal interaction. Assuming to be the man, a single, unique and holistic, this interaction of nurse, nursing technician and child establishes a communication process that facilitates the clarification of doubts as to the prognosis, treatment, rules and routines of the service, procedures to be performed, thereby reducing the stress and anxiety that interfere with the clinical picture of children.

For this to happen, it is essential that nurses and nursing technicians have knowledge of therapeutic communication and its relevance as a basic instrument of care, which when incorporated into nursing care provides faster recovery. Because, it is the capacity of the professional to help others, to discover and solve their problems using their skill and capability to resolve conflicts, recognizing their own personal limitations, adjusting to what cannot be changed and facing their own challenges, looking for live in a healthier way, seeking to make sense to live independently.

However, therapeutic communication of nurses and nursing technicians with these children is still complex, since it is observed unpreparedness of nursing professionals regarding the ability to use appropriate communication techniques. There is the need to pay attention to solving this aspect even during their studies and/or vocational training, as this represents the starting point so that there is an effective interaction between the two. Thus, it is noteworthy that from the therapeutic communication, a mutual relationship is built of trust essential to building a therapeutic approach.

In this context, being communication an important aspect of nursing care and by being the nurse and the nursing technician professionals with greater proximity of the child and family, this study then contributes to the reflection of nursing professionals, in order to provide quality care to hospitalized children and their families from the therapeutic communication.

To guide the study, the following goal were defined: to identify the therapeutic communication strategy most commonly used in nursing care for hospitalized children.

Method

Descriptive, observational study with a quantitative approach, developed in a public hospital of Paraiba, in the areas of Clinical Pediatric and Pediatric Observation in Emergency. The choice of these places is justified by the high turnover of children in the sector. The Pediatric Clinic is structured with 03 wards, containing 12 beds, distributed in a wing. In the Pediatric Observation there are 05 beds in that area of the emergency.

There were 13 nurses, 20 nursing technicians and 15 children between one and twelve years old participating in the study. The objectives of the research were presented to the nurses, who agreed to participate in the study, and then signed the Informed Consent Form - TCLE, and the children and their parents, who agreed and signed the Consent Form and the TCLE respectively. To be part of the research and ensure the uniformity of the sample group, the following criteria have been established for professionals: being a nurse or nursing technician, agreed to participate and be employed by that institution; for the child: being hospitalized in pediatrics or pediatric...
Data were collected from March to April 2013. In the data collection, Non-Participatory Observation Technic was used, consisted of an instrument adapted by Lima³, checklist type, composed of three groups, expression, clarification and validation. Regarding to Expression, there were techniques that allowed the description of the experience and verbalization of thoughts and feelings at the beginning of the therapeutic relationship of nurses and nursing technicians with children. In Clarification, there were techniques that have helped the professional to clarify who was sentenced by the patient, and finally, in the Validation group, there were techniques that have identified if the child’s understanding was correct and that the professional could understood the child.

The observation occurred during interactions between the nursing staff and the children, as the nursing consultation, execution of technical procedures and guidelines regarding the care provided.

To avoid changes in the behavior of professionals, the researchers have integrated the search field seven days prior to collection, in order to be part of the reality observed.

The collected data were grouped and presented in tables, and then analyzed and discussed according to the literature about the theme. The guidance inherent in the research protocol contained in Resolution 466/12 CNS⁴ were respected, about research involving human being and it was approved by the Research Ethics Committee - FACENE/FAMENE under the Protocol 25/2013.

RESULTS

There were 13 nurses and 20 nursing technicians participating, observing an age variation among nursing technicians of 27 to 65 years old and among nurses of 27 to 60 years old; the period of professional practice ranged from 0.5 to 33 years in nursing technicians and 1.5 to 27 years among nurses. With regard to weekly working hours, there was 30 to 150 weekly hours in nursing technicians and 30 to 100 weekly hours for nurses, prevailing, however the average of 40 to 80 weekly hours. Regarding the training time, most of the technicians and nursing had 11 years formation.

As for the children, the age ranged from one to 12 years old incomplete in both genders, and there were ten males (66.6%) and five females (33.3%). There were 139 interactions observed between nursing staff and children during hospitalization, with 117 (84.17%) in expression group; other 15 (10.79%) for clarification and 07 (5.04%) for validation. Among nurses and children, there were 115 interactions found, with 92 (80%) in the group expression; 10 (8.70%) for clarification group and 13 (11.30%) for validation group.
Table 1. Distribution of variables used in the Expression Group of Therapeutic Communication by Nursing Technicians (n=20) and Nurses (n=13). - João Pessoa-PB, 2013.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Nursing Technician</th>
<th>Nurse</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remains silent</td>
<td>03</td>
<td>02</td>
<td>15,38</td>
</tr>
<tr>
<td>Listening reflectively</td>
<td>05</td>
<td>05</td>
<td>38,46</td>
</tr>
<tr>
<td>Shows interest</td>
<td>14</td>
<td>11</td>
<td>84,62</td>
</tr>
<tr>
<td>Shows acceptance</td>
<td>07</td>
<td>05</td>
<td>38,46</td>
</tr>
<tr>
<td>Uses incomplete sentences</td>
<td>03</td>
<td>03</td>
<td>23,08</td>
</tr>
<tr>
<td>Repeats comments made by the patient</td>
<td>11</td>
<td>06</td>
<td>46,15</td>
</tr>
<tr>
<td>Repeats the last words said by the patient</td>
<td>06</td>
<td>04</td>
<td>30,77</td>
</tr>
<tr>
<td>Asks questions to the patient</td>
<td>17</td>
<td>11</td>
<td>84,62</td>
</tr>
<tr>
<td>Focuses on the main idea</td>
<td>01</td>
<td>03</td>
<td>23,08</td>
</tr>
<tr>
<td>Shows doubts</td>
<td>07</td>
<td>07</td>
<td>53,85</td>
</tr>
<tr>
<td>Talks in a non-therapeutically way</td>
<td>10</td>
<td>09</td>
<td>69,23</td>
</tr>
<tr>
<td>Stimulates expression of underlying feelings</td>
<td>02</td>
<td>01</td>
<td>7,69</td>
</tr>
<tr>
<td>Uses humor</td>
<td>02</td>
<td>02</td>
<td>15,38</td>
</tr>
<tr>
<td>Encourages questions by the patient</td>
<td>04</td>
<td>04</td>
<td>30,77</td>
</tr>
<tr>
<td>Returns the expression made by the patient</td>
<td>10</td>
<td>03</td>
<td>23,08</td>
</tr>
<tr>
<td>Gives information according to the patient’s understanding</td>
<td>12</td>
<td>09</td>
<td>69,23</td>
</tr>
<tr>
<td>Allows the patient choose other matters</td>
<td>02</td>
<td>05</td>
<td>38,46</td>
</tr>
</tbody>
</table>

Regarding the therapeutic communication techniques included in expression group, there was fluctuation of 1 (5%) to 17 (85%) among the nursing technicians in the variables interactions and 1 (7.69%) and 11 (84.62 %) among nurses.

Among all the variables, the most used were Showing interest with 14 (70%) of nursing technicians and 11 (84.62%) among nurses; Repeats comments made by patients with (55%) of nursing technicians and six (46.15%) of nurses; Asks questions to the patient in 17 (85%) of nursing technicians and 11 (84.62%) of nurses; Talks in a non-therapeutically way with 10 (50%) of nursing technicians and nine (69.23%) of nurses; Gives information according to the patient’s understanding with 12 (60%) of nursing technicians and nine (69.23%) of nurses. The other techniques were used to a lesser extent.

Table 2. Distribution of variables used in the Clarification Group of Communication therapeutic by Nursing Technician (n=20) and Nurses (n=13). - João Pessoa-PB, 2013.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Nursing Technician</th>
<th>Nurse</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stimulates comparisons</td>
<td>03</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Encourages the use of terms in common by the patient</td>
<td>01</td>
<td>05</td>
<td>01</td>
</tr>
<tr>
<td>Describes the events in a logical sequence</td>
<td>11</td>
<td>55</td>
<td>0,9</td>
</tr>
</tbody>
</table>

Table 3. Distribution of variables used in the Validation Group of Communication therapeutic by Nursing Technician (n=20) and Nurses (n=13). - João Pessoa-PB, 2013.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Nursing Technician</th>
<th>Nurse</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeat messages to the patient</td>
<td>04</td>
<td>04</td>
<td>30,77</td>
</tr>
<tr>
<td>Asks the patient to repeat what was said</td>
<td>01</td>
<td>05</td>
<td>04</td>
</tr>
<tr>
<td>Summarizes what was said in the report</td>
<td>02</td>
<td>05</td>
<td>38,46</td>
</tr>
</tbody>
</table>

In the relationship between Nursing Technicians/Nurses and the child and his family, the variable remaining silent was similar to nursing technicians and nurses. Silence can represent some feelings for the patient, how to find that the professional is indifferent to the case, provoking anxiety. However, when the silence is therapeutically used, it exposes the patient to the need that the professional participates actively in the
recovery process, and being responsible for the communication process. Tolerance to silence differs from person to person, but generally is ephemeral, because it is too long may cause anxiety in all participants of the interaction.

In the care provided to hospitalized children, the presence of silence is necessary for professionals to identify what is wrong with the child, and depending on the age of the child, the child may not know to say or express his/her feelings in an effectively understandable way.

To remain silent is part of listening, not just hearing, but use gestures to express acceptance and foster demonstration of feelings. When the professional prioritizes communication, it is necessary a change of focus and attitude, moving from do to listen, observe, understand, and from then on, planning actions.

Listening reflectively was identified in 25% of nursing technicians and 38.46% of nurses during the procedures. Good listeners are few, being a very difficult task, they need to be predisposed to listen to each other and learn to suspend preconceived ideas not to block what the patient wishes to verbalize. Although essential and indispensable in human daily life, communication is not as simple as it requires various skills, among them, the ability to listen, which is valuable tool in the development and strengthening of a helping relationship, leaving the other leading content of their communication.

There was a greater use of this listening by nurses, this factor may be assigned to their own professional training, where the communication issue is discussed since graduation.

The variable showing interest during the interactions, was recorded in 70% of nursing technicians and 84.62% among nurses. It is possible to see a greater interaction of professionals in that item having the largest participation of the child, through questions and finding answers that convince. Throughout the procedure, it is necessary for the child to express his/her questions so they understand what is happening to their body at that moment. Thus, it is necessary for nurses and nursing technicians observe signs that can identify what and how the child is feeling at that moment. If the child verbalize or express their doubts or uncertainty, the professional must clarify them, seeking to understand the messages provided. When the professionals interact therapeutically during their procedures, they establish a trust and dependency relationship between the two of them, showing that the gateway communication for consolidation and implementation of a good relationship.

As the variable showing acceptance, it was observed in 35% of nursing technicians and 38.46% of nurses. Showing acceptance is one of the basic human needs, because to feel safe to speak, they need to feel accepted. To this acceptance be genuine, nursing professionals need to have a holistic view of the patient as a person, so the child will experience through empathy with each other, the feeling of being accepted.

At the same time, this feeling will be complemented by the trust to be developed from the demonstration or verbalization by the nursing professional, making the patient feel comfortable to express their feelings, establishing a therapeutic relationship.

Also in the expression group, the variable uses of incomplete sentences was present in the interactions of 15% of nursing technicians and 23.08% of nurses. This category expresses the articulation between education strategies and objectives of it. Its use, aimed at identifying what the patient already knows, guiding professionals and patients because it will give the team information about their understanding of current events, to thereafter guide their work in assisting using methodology, specific techniques and teaching in order to make better understanding of the offered information.

In the variable repeats comments made by the patient, 56% of nursing technicians and 46.15% of the nurses used it during interactions, suggesting an effective behavior to good communication between professionals and hospitalized children.

By repeating the comments made by the child, the professional shows interest and attention to what they expound, valuing their speech, prompting them to keep talking about a subject that had stopped and explain it better. So this repetition serves as echo so they can reflect more deeply on the subject discussed of what they heard.

The variable repeats the last words spoken by the patient, it was observed in 30% of the interactions of nursing technicians and 30.77% of nurses. These professionals express concern about the child voice, and give them the attention that they transmit which implies a positive assessment of the patient about what was explained. With that, it is prompted to explain the matter that was communicating, helping the description of the experience and expression of thoughts and feelings.
Since the variable asks questions to the patient was observed in 85% of nursing technicians and 84.62% of nurses. Some authors highlight the use of this technique, because depending on how it is used by professionals, they can modify or not the expected results and impact on well-being.\(^5\)

The realization of the question should always take place in a clear, short and simple way, using common terms among the participants, avoiding inducing answers, worrying not to ask too many questions, since many of them lead to emotional fatigue making a less confident patient. It is essential to avoid sentences starting with “how” and “why”, since the patient may feel intimidated or pressured.

This technique provides the child feel that the nurse or nursing technician are attentive and interested in their situation at the time of interaction. The reliable diagnostic decisions depend on good communication, where questions are necessary, answers and understanding by those involved.

As the variable focusing on the main idea, only 5% of nursing technicians used it, while 23.08% of nurses used it in the interaction. The demonstrated little knowledge of nursing technicians about this communication theme, while nurses express greater role on this issue, even though they still used unconsciously. In these situations, the patient focuses on message content listening to what professional means, concentrating on the meaning of words and the context of information.

In the interactions, 35% of nursing technicians and 53.85% of the nurses showed doubts, which enables dialogue through which the patient expresses his feelings and experiences, strengthening the bond between them and the nursing staff.\(^17\) By verbalizing their doubts, professional nursing places the child in the care process, because “answering doubts” will show their purest and real feeling, thus facilitating the diagnosis of nursing.

The variable talks in a non-therapeutically way showed that 50% of nursing technicians and 69.23% of nurses have used it during the interaction with the children. The “no” is the honesty and integrity of professional, when not properly used it can cause the patient to be manipulated.\(^7\) Thus, there is a need to be used in times of interaction where the child appears to be more accessible. It represents the boundary between the power and no power, and its understanding is critical to successful treatment, welfare and child’s sense of freedom.

Among nursing technicians, 10% used the variable stimulates the expression of underlying feelings, but among nurses the percentage was 7.69%. To use well this technique, nursing professionals need a lot of concentration, because at any time, interference of their beliefs, behavior and ideals can interfere. In the event of personal interference by these professionals, there will be interpretations of feelings of the patient, which will not be beneficial to the his clinical outcome.\(^5\)

Thus, it is worth noting that the discovery of these feelings is possible for professionals who use non-verbal communication techniques, which enables greater observation of the child, facilitating the understanding of what it is not manifested.

The variable, uses humor during interactions is used by 10% of nursing technicians and 15.38% of nurses. When using it in a particular way and intentionally, humor can meet diverse needs, whether related to social interaction or own style of each individual. The mood in the work environment must function beyond fun, also acting as a mediation device in the process of interpersonal interaction built on the work environment, favoring the union of the group and promoting the stress confrontation.\(^13\)

Out of the observed professionals, 20% of nursing technicians and 30.7% of the nurses used the variable stimulates the questions of the patient. When stimulated by questions, professionals express their anguish, leaving implied their questions about treatment and effects that can suffer their body, mind and feelings.\(^14\) When using this item, professionals provide a closer relationship with the child making them participate and face treatment satisfactorily, taking along commitment with their caregivers.

In the interaction using the variable returns the expression made by the patient, appeared in 50% of nursing technicians and 23.08% of nurses. It is common to use this resource to facilitate contact and expression of patients about their experience. When returning the expression made by the patient during the service, the professional shall provide the communication of opinions, emotional expression and reactions as resources to seek interaction. This result is justified because it is the nursing technician, within the whole healthcare team involved in patient care, who performs most of the tasks and therefore, having longer time with them, developing unique trust and complicity ties.

The variable passes information in accordance with the patient's understanding...
was a highlight with 60% of the interactions between nursing technicians and 69.23% among nurses. Using this type of nursing technique, there will be a clear, concise and precise language not using technical or professional jargon. It can be used to answer questions, explain procedures, report the operation and routine of the hospital, which should be communicated with appropriate tone and slowly, speaking according to the vocabulary of the patient and should make use of a simple and direct communication, explaining only what is necessary.

However, this technique can lose its value if it is used in an authoritarian manner as an order. By using this type of technique, the patient’s anxiety will tend to decrease considerably, as it is often in a threatening and unfamiliar environment.

As the variable allows the patient choose other subjects, 10% of nursing technicians and 38.46% of nurses have used it, enabling patients to participate effectively as well as touching on issues that these professionals have not brought into focus during service. When this variable appears, it demonstrates how this is essential and effective for communication.

By allowing the child to participate in the assistance, accepting their suggestions, respecting their opinion, respecting their requests, to the extent possible, the nurses will have an “ally”, “collaborator”, “helper” and not just another patient. The medication will have better acceptance, there will be less crying and resistance to necessary procedures during hospitalization, as they will feel part of the team.

The technique to encourage comparisons is used by nursing professionals to help patients express their ideas. If used well, this technique provides the patient reflect on similar past experiences, seeking to find solutions to their current problem, thereby reducing anxiety. Using this technique offers the chance to the patient to note that some events experienced by him throughout his life, have similarities with each other. It is necessary for the nursing staff to be cautious in using this technique, because it can interfere with the results of communication. For this reason, it is worrying to not use this variable by nurses.

As the variable stimulates the use of terms in common by the patient, this technique can be used to not being able to identify or understand the meaning of the message conveyed by the patient, making it necessary to clarify, showing the patient that both nurses as nursing technicians try to understand him. Therefore, nursing professionals must express themselves properly, sharing an understandable language and in common with the patient.

These unusual terms are appearing gradually in the relationship between nursing staff and patients, since each one has their own vocabulary, religion, educational level, culture, presenting an individual way of communicating. In the event of an unfamiliar term of nursing professionals, they should ask the patient to explain what they mean by those terms or phrases.

For the item describes events in logical sequence, it is a communicative and effective technique, particularly in patients undergoing generating stress conditions, such as hospitalized children. This technique appeared among the most used by nurses with 52.9% of interactions. Therefore, to report the events in chronological sequence, there is the possibility of establishing relationships between cause and effect or to correct the information given before, describing the events in a logical sequence helping in patient education, which has to be relevant in care.

The group clarification becomes necessary when the patient cannot express clearly or understand the precise moment they are going through, their thoughts and feelings, and when they cannot describe the events in sequence. By clarifying what was expressed by the patients, nursing professionals offer new opportunities for correction of information.

Communication determines a relationship, so the information must not only be transmitted, but it must have different behaviors and character in relationships that are often set deliberately and consciously. It is essential to clarify the messages by everyone involved throughout the process of communication.

The validation group is shown in Table 3. Repeating the patient’s message is used to facilitate understanding and learning. By using this technique, nursing professionals seek to return the message while the wait for confirmation by the patient.

By asking the patient to repeat what was said, this technique should be performed frequently, as many messages expressed by them may have different meanings for everyone involved in the therapeutic process. Thus, their use can confirm the understanding of the message transmitted between the communicated people. Thus, it is important to note that among the professionals who most used this technique there are nurses, featuring a plus point for nursing care in the
pursuit of effective care. When the nurses summarize what was said in the relationship, they reinforce the message clearly and concisely, trying to leave no doubt as to the content of the communication.

CONCLUSION

Communication is an important element of human interaction, and therefore impact on working groups and organizations. This research aimed to identify therapeutic communication strategy most commonly used in nursing care for hospitalized children, highlighting the role that communication plays in the interactions between nursing staff and children in the hospital researched.

It was noticed that the therapeutic communication between nursing technicians, nurses and hospitalized children could be improved due to the low percentages validated for each variable, although all of them have been identified in the study. It was evident that nurses use most frequently techniques related to this type of communication, where the expression group is the most used, followed by clarification and validation techniques. The same occurred with nursing technicians. This fact may have related to the working hours of these professionals, which can make them with little time and inclination to seek new skills, fostering the realization of a work without the effective use of communication resources as a therapeutic process.

The study of this issue contributes to the knowledge of the communication scenario with children, suggesting the need for incentives for the training of nursing professionals in this field. This research may provide support to direct future research and disseminate existing knowledge in the area, encouraging new studies, as well as perfecting the context of the communication idea with hospitalized children.

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Therapeutic communication: basic care...


Submission: 2014/12/23
Accepted: 2015/08/18
Publishing: 2015/11/01

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