ORIGINAL ARTICLE

THERAPEUTIC COMMUNICATION BETWEEN NURSES AND PATIENTS IN PRE-OPERATIVE DURING AN ADMISSION IN A MEDICAL SURGICAL UNIT

ABSTRACT

Objective: to analyze the therapeutic communication between nurses and patients preoperatively in a unit of Clinical Surgery. Method: a descriptive study, quantitative, conducted at a Surgical Hospital School, located in the city of João Pessoa/PB/Northeastern Brazil. The study included nine nurses. Data collection was carried out from October 2010 to February 2011, through a type of instrument checklist and analyzed by SPSS after approval of the research project by the Ethics in Research Protocol 114/10. Results: it was observed that for the majority of admissions of patients preoperatively performed by nurses, was not developed effectively therapeutic communication, as well as their verbal and nonverbal aspects. Conclusion: it is relevant to a human and technical preparation to improve the assistance provided during the preoperative period, with regard to communication.

Descriptors: Health Communication; Nursing; Surgical Procedures; Patient Admission.

RESUMO

Objetivo: analisar a comunicação terapêutica entre enfermeiros e pacientes em pré-operatório em uma unidade de Clínica Cirúrgica. Método: estudo descritivo, quantitativo, realizado na Clínica Cirúrgica de um Hospital Escola, localizado no município de João Pessoa/PB/Nordeste do Brasil. O estudo incluiu nove enfermeiros. A coleta de dados foi realizada no período de outubro de 2010 a fevereiro de 2011, por meio de um instrumento do tipo check-list e analisados pelo programa estatístico SPSS, depois da aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, protocolo nº 114/10. Resultados: observou-se que durante a maioria das admissões dos pacientes em pré-operatório realizadas pelos enfermeiros, não foi desenvolvida de modo efetivo a comunicação terapêutica, bem como os seus aspectos verbais e não verbais. Conclusão: torna-se relevante, un preparo técnico e humano para melhorar a assistência prestada durante o pré-operatório, no que se refere à comunicação. Descritores: Comunicação em Saúde; Cuidados de Enfermagem; Procedimentos Cirúrgicos; Admissão do Paciente.

RESUMEN

Objetivo: analizar la comunicación terapéutica entre enfermeras y pacientes antes de la operación de una unidad de Cirugía Clínica. Método: estudio descriptivo, cuantitativo, realizado en un Hospital Escuela Quirúrgico, ubicada en la ciudad de João Pessoa/PB/Noreste de Brasil. El estudio incluyó a nueve enfermeras. La recolección de datos se llevó a cabo entre octubre de 2010 febrero de 2011, a través de un tipo de lista de verificación de instrumentos y analizada por SPSS después de la aprobación del proyecto de investigación por el Comité de Ética en Investigación de Protocolo 114/10. Resultados: se observó que para la mayoría de las admisiones de pacientes antes de la operación realizadas por las enfermeras, no se desarrolló la comunicación con eficacia terapéutica, así como sus aspectos verbales y no verbales. Conclusión: es relevante para una preparación humana y técnica para mejorar la asistencia prestada durante el periodo preoperatorio, en lo que respecta a la comunicación. Descriptores: Comunicación para la Salud; Enfermería; Los Procedimientos Quirúrgicos; La Admisión del Paciente.

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**INTRODUCTION**

The preoperative hospitalization is always preceded by the feeling of fear, anxiety and insecurity. Commonly, the patient is vulnerable and needs physiological, psychological and social alteration, making it prone to physical and emotional imbalance. Thus, the need to receive information, care and support, it is essential, therefore, often accentuated the perception of the patient trying to capture something can interfere with your surgery.¹ ²

Corroborating this point, during the preoperative threat to the physical integrity caused the patient causes a disruption in the level of their behavior and lifestyle, because the surgery is characterized by a state of discomfort that may involve a loss or threat of individual's identity. Thus, the relationship nurse / patient is extremely important in this period, as the professional, as well as having technical skills in relation to equipment and procedures relevant, should be able to talk, see, touch, experience and stay with the patient.²

In this perspective, during patient care that will perform the surgery, the nurse should be always interacting with the customer, however, make this interaction occurs effectively requires professional knowledge of therapeutic communication, which means the desire to understand the other, to develop the bond so selfless and sincere, thus treating the patient in a humane way.³

In this sense, communication when performed effectively allows the nurse to establish appropriate interpersonal relationships with patients, helping them in their recovery and creating conditions that can promote your well-being, especially when it comes to moments before performing a surgery.⁴ ⁵

Therefore, we can reflect on the actions of patient care in the preoperative period, due to the changes that cause the human being, so essential, the use of therapeutic communication, favoring an interaction nurse / patient in a humane contributing to quality care. Thus, the study aimed to analyze the therapeutic communication between nurses and patients in preoperative admitted to a surgical clinical unit.

**METHOD**

A descriptive study that was carried out in the Surgical Clinic of a university hospital located in the city of João Pessoa / Paraiba / Northeastern Brazil. The clinical hospital owns 32 beds. Performs elective and emergency considered only to occurrences of own inpatients. There are made all kinds of surgeries, except neurological and orthopedic.

The study included nine nurses, of which 28 were observed admissions made by the nurse to the patient preoperatively. The selection met the following criteria: nurses who performed the admission of patients during the preoperative period in which the researcher was collecting data on site and agreed to participate signed an informed consent form (ICF). Data were collected from October 2010 to February 2011. We used a semi-structured type of checklist, filled only by the researcher during the systematic observation of admission.

Data were analyzed by SPSS and in accordance with the literature. The results were presented by means of tables and figures. This research started from a larger research project, which contained the IC all aspects of this study, meeting the requirements of Resolution 196/96 of the National Health Council which regulates research involving human subjects and was approved by the Committee of Research Ethics of the University Hospital Lauro Wanderley (CEP / HULW) and is registered under the protocol No. 114/10.⁶

**RESULTS AND DISCUSSION**

Participants were nine nurses, eight females and one male. Their ages ranged from 24 to 59 years, and the time to practice ranged from 6 months to 26 years. The weekly workload of these professionals was 30 hours. Observed were 28 admissions made by the nurse to the patient preoperatively.

Watching as the nurse initiates the admission with the patient preoperatively, was obtained as a result total nurses in the sample, less than half (35.7%), is presented, informing the patient of his name and activity plays at the clinic, 75% remained at the bedside, while the remaining (25%) remained distant from the patient at the time of communication.

It's the time of identification that nurses have the opportunity to introduce the members of the nursing team differentiating the function of each and showing his. To keep the key elements of the communication process between nurse and patient during the admission, it is essential that presentation, facilitating customer recognition to those who care for or provide services to the unit.⁷ ⁸

As regards the use of clear and objective phrases, or easily understood by the customer, most admissions occurred (85.7%),
nurses used appropriately. A competent communication requires clarity and objectivity, ie, information must be capable of being interpreted and decoded. Under this view, the ideas must be organized to be understandable to the receiver.¹⁰

Corroborating this result, in a study of nurses in a university hospital, it can be seen that among the techniques contained in the group expression, the one that was present was the provision of information in accordance with the understanding of the patient. It is noteworthy that this technique can be used to clarify possible questions, explain procedures, information on the routine of the institution, which should be offered so slow and in a tone of voice appropriate speaking vocabulary according to the individual, ie, the communication should be simple and straightforward, explaining only what is necessary.¹⁰

During the admissions made by the nurse to the patient preoperatively, were observed following oral expressed in Table 1.

Table 1. Distribution of verbal aspects observed during the admissions of patients carried out by nurses. João Pessoa, 2011

<table>
<thead>
<tr>
<th>Aspects Observed</th>
<th>Frequency</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Often</td>
</tr>
<tr>
<td>Make open-ended questions</td>
<td>26 (92,9%)</td>
</tr>
<tr>
<td>Avoid using words or critical stances</td>
<td>25 (89,3%)</td>
</tr>
<tr>
<td>Use simple language</td>
<td>28 (100%)</td>
</tr>
<tr>
<td>Repeats the main care</td>
<td>2 (7,1%)</td>
</tr>
<tr>
<td>Confirms the understanding</td>
<td>16 (57,2%)</td>
</tr>
<tr>
<td>Accepts what the patient thinks and how it feels</td>
<td>26 (92,9%)</td>
</tr>
</tbody>
</table>

As shown in the above table (Table 1), 92.9% of admissions, nurses often held open questions, while only 7.1% stopped to objective questions present in the history of nursing (admission form). And with 89.3% of admissions professionals avoided postures or words they thought the patients, but in 10.7% of observations that occurred, usually associated with the use of alcohol and / or tobacco, not preventive exams among other behaviors presented by the patient.

In this sense, the use of the technique of asking open questions allows nurses to get more information about the patient’s feelings in order to encourage him to pursue the matter and clarify their ideas. It should be made in a clear, simple, short and objective form, with appropriate pace and speed, conveying the message properly.¹¹

As regards the use of simple language which can identify all interactions occurred observed, which allows the patient to understand everything that was being reported. Thus, we understand this as something positive, as the more technical words and difficult to understand are used, the more it shows how the other does not know what is being verbalized, losing the opportunity of dialogue and expansion of knowledge takes place as the exchange and sharing of knowledge.¹²

In Table 1, we determined that 67.9% of the interactions, the nurses never repeated the main care, not highlighting the importance of a better understanding of the client, 17.9% rarely repeated such information, and only 7.1% often or sometimes. The nurse should always emphasize the information offered, and ask the patient to repeat what was said, as it serves to verify that he understood the message issued by the professional. This avoids continue care based on false assumptions and, consequently, with inadequate care.¹³

Regarding item confirmation of understanding, ie, ask the patient if he understood what was said, had a percentage of 57.2% frequently questioned the patient about this. So, this attitude is part of the validation of therapeutic communication techniques and allows the professionals as well as patients, confirm the contents of the interaction, generating the possibility to reflect on their behavior and corrections when necessary. It is therefore desirable to the frequent use of these techniques as well as its recognition by the professional.¹⁴

Noting also in Table 1 to accept that (a) patients think and how you feel, it was noted that 92.9% of admissions to the patient in the preoperative period, the nurses did it. This aspect confirms the expression group in which to accept the manifestations of the patient’s behavior, such as anxiety, pain and suffering, through empathic understanding, verbally or non-verbally, without judging it.¹³

We analyzed also the nonverbal aspects that are also part of therapeutic communication, as shown in Table 2.
Through the data expressed in the above table, we can see that 85.7% of admissions made by nurses, they directed her gaze to the patient while they communicated and the remaining 14.3%, the professional conduct of the questions used in the present historical nursing and answer them only by directing the gaze seldom or rarely. With regard to hold the head on a level with the patient 78.6%, often maintained this posture, 10.7% sometimes, rarely ever and 7.1% and 3.6%, respectively.

The non-verbal component is an integral part of any therapeutic communication, in which expressions, gestures, eye contact and body postures are essential elements used during a service. Thus, nurses should not forget in your practice verbal communication must be associated with nonverbal communication, confirming verbally expressed by the person.¹¹⁻¹⁵

As for whether to show available 75% of admissions occurred, the nurse showed devote time to the reception, the remaining 25% showed interest and patience sometimes, rarely or not shown, for various reasons, among them, excessive obligations be met. Therefore, the nurse takes the time to show that the patient must use non-verbal communication, keeping in proper position to avoid looking all the time to the clock or the output port, among other manifestations of discomfort or impatience may transmit patient disinterest, indifference and irritation, causing blockage in communication.¹³

Based on this understanding, so that communication occurs satisfactorily between patient and nurse, this professional must learn to listen, speak when necessary, give vent to the achievement of questions, be honest, and above all dispense enough time to talk and show interest in the same. With various communication skills nurses can contribute to a holistic care, considering the patient’s feelings and identifying their needs.⁴⁻⁶

In addition to the aspects considered above, other complementary data were observed during the admissions made by nurses, for example, the tone of voice used in communication, whether or not patients were encouraged to express their thoughts and feelings, if it had been tried and opportunity to speak, as shown in Figure 1.

As shown in Figure, 86% of admissions, nurses have the opportunity to talk to the patient, without interrupting what was being reported, 43%, professional sought ways to make the patient to express what you think and what I was feeling that time, 32% were used a tone of voice down when conversing with patients, making their requesting a repetition of what had been verbalized, and in 18% of interactions, they used terms that judged somehow patient.

The use of therapeutic communication strategies to stimulate the expression of the patient’s feelings, for example, which is part of the expression, demands attention and accurate perception to try to correctly
identify what the patient is saying. In the survey, less than half of the observed interactions, this incident occurred, which requires professional skill and knowledge in the use of this technique, as implied interpret the feelings of the patient is not an easy task.$^{13}$

As regards the aspect analyzed on the use of low voice, the nurse should consider that the anxiety experienced by the patient during his hospitalization may hinder the understanding of long offered by professional guidelines. Thus, explanations should be given concisely and in a voice audible to the patient. $^2$

It was also examined whether professionals were silent while the patient is speaking, the patients maintained the same subject, stimulated them to communicate and comparisons were made to better understand the patient to the message, according to Figure 2.

Figure 2. Distribution of communication between nurses and patients.

As expressed in the figure, 89% of admissions observed, the nurse remained silent while the patient was talking, 71.4% made the patient remain in the subject that was being discussed, only 17.9% sought to make the patient feel free to speak, and only 7.1% made comparisons to better understanding.

Listen reflectively is one of therapeutic communication techniques more effectively, through which it is transmitted to the patient that he is accepted and respected as a human being. This approach also allows a better understanding of non-verbal communication signals emitted by the patient. The therapeutic use of silence corresponds to a technique that, when put into practice by the nurse encourages the patient to start a conversation, as well as providing support and understanding by your state.$^{11}$

Looking further aspects, it was observed that in most of the interactions the nurse did the patient remain in the same subject; it helps to maintain the flow of communication addressed to a target. This technique helps the patient to delve into a subject of real interest to him and describe their experiences. Thus, combining this strategy with the listening reflectively, nurses can understand what are the topics that lead the patient to change the subject.$^{13}$

One of the actions is poorly developed during the admissions nurse in accordance with Figure 2, was to stimulate comparisons, which is inserted into the clarification of group communication strategies for therapy. The nurse should clarify common terms, ask the patient who needs the agent of action and describe the events in a logical sequence, helping in understanding the patient, clarifying the guidelines set by the professional.$^{17}$

Figure 3 also includes some factors that were observed during the admissions of patients preoperatively.
With regard to the direction of the conversation, in 75% of admissions, nurses individualized communication with the patient, a significant percentage, 53.6%, induced patients to answer, especially for the way the questions were made.

Depending on how they are formulated, some questions tend to drive too and induce responses. Very broad questions, when in excess, generate dispersion and loss of objectivity. It is important, then, realizes you are asking formally or with a real interest in what will be answered, which will influence the quality of responses to be obtained.¹⁵

Also in Figure 3, one can observe that less than half of admissions (35.7%) nurses used the therapeutic humor, and only 10.7% were used descriptive phrases, ie, explained the routine hospital pathology or condition health presented by the client, in addition to surgery and examinations to which she would be submitted.

In this perspective, humor is a form of communication spontaneous and contextual, characterized by verbal expressions, facial and laugh. Good humor and joy, represented by laughter, are able to relieve tension in the context of pain and suffering.¹³

According to the analysis of observed actions, it was realized that there were very descriptive phrases used during admissions, which is known to them through the nurse can highlight the essential guidelines to the patient being admitted as explanations of the hospital and inpatient unit, so that the patient feels more familiar with the site, along with their families, however, must use clear language, concise messages, precise and without technical jargon, and pay attention not to confuse use of descriptive phrases and statements with advice.⁸

The results allowed to consider that nurses do not understand the communication as a key element to nursing care that should be used, especially at the time of admission the patient preoperatively, represented by feelings of fear, insecurity and anxiety. It was also found that, in most cases, these professionals do not give due attention to therapeutic communication techniques, even for not knowing them, as well as the verbal and nonverbal aspects, are communicating undirected.

Becomes relevant, so a human and technical preparation for nurses to be aware of the need to improve the assistance provided during the preoperative period, in relation to communication and interaction with the patient, which can be achieved through investment in continuing education as a way to warn and enlighten professionals on the importance of therapeutic communication, and moreover, incorporate communicative teaching at undergraduate, since the curriculum of most nursing courses still does not address this aspect.

CONCLUSION

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