

ORIGINAL ARTICLE

NURSING AND USERS HOSPITALIZED: COMMUNICATION IN A MILITARY UNIT*
ENFERMAGEM E USERES HOSPITALIZADOS: A COMUNICAÇÃO EM UMA UNIDADE MILITAR
ENFERMERÍA Y USERES HOSPITALIZADOS: LA COMUNICACIÓN EN UNA UNIDAD MILITAR

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ABSTRACT

Objective: to analyze the communication process between the nursing team and the user hospitalized. **Method:** this is a qualitative, descriptive study, with 21 nursing professionals and 20 users hospitalized in a medical and surgical clinic of a military hospital. Data was obtained through semi-structured interviews, analyzing them using the Content Analysis technique in the Thematic Content Analysis modality. **Results:** it is evident, despite some noises found in the communication process, that there is, on the part of the nursing team, an attempt to understand and respond to needs when they arise, thus becoming empathetic towards users and family members. **Conclusion:** it becomes clear that the communication process is not an easy task; on the contrary, it requires a lot of effort among those involved. Communication, with a view to quality in health and patient safety goals, needs to be clear, efficient and concise so that no information is missing or that incorrect information is not passed on, thus avoiding errors that can lead to adverse events and, consequently, decrease the quality of service. **Descriptors:** Communication; Hospitalization; Nursing Care; Nursing, Team; Inpatients; Hospitals, Military.

RESUMO

Objetivo: analisar o processo de comunicação entre a *equipe de enfermagem* e o *usere hospitalizado*. **Método:** trata-se de um estudo qualitativo, descritivo, com 21 profissionais de enfermagem e 20 useres hospitalizados em uma clínica médica e cirúrgica de um hospital militar. Obtiveram-se os dados por meio de entrevistas semiestruturada, analisando-as pela técnica de Análise de Conteúdo na modalidade Análise de Conteúdo Temática. **Resultados:** evidencia-se, apesar de alguns ruídos encontrados no processo de comunicação, que existe, por parte da equipe de enfermagem, a tentativa de compreender e de responder às necessidades quando surgem, assim tornando-se empática para com os useres e familiares. **Conclusão:** torna-se claro que o processo de comunicação não é tarefa fácil, pelo contrário, exige bastante esforço entre os envolvidos. Precisa-se a comunicação, visando à qualidade em saúde e às metas de segurança do paciente, ser clara, eficiente e concisa para que não falte nenhuma informação ou que para que não sejam passadas informações equivocadas, dessa forma, evitando erros que podem levar a eventos adversos e, conseqüentemente, diminuir a qualidade do serviço. **Descritores:** Comunicação; Hospitalização; Cuidados de Enfermagem; Equipe de Enfermagem; Pacientes Internados; Hospitais Militares.

RESUMEN

Objetivo: analizar el proceso de comunicación entre el equipo de enfermería y el *usere hospitalizado*. **Método:** este es un estudio cualitativo, descriptivo, con 21 profesionales de enfermería y 20 useres hospitalizados en una clínica médica y quirúrgica de un hospital militar. Los datos se obtuvieron a través de entrevistas semiestructuradas, analizándolas a través de la técnica de Análisis de Contenido en la modalidad de Análisis de Contenido Temático. **Resultados:** es evidente, a pesar de algunos ruidos encontrados en el proceso de comunicación, que existe, por parte del equipo de enfermería, un intento de comprender y responder a las necesidades cuando surgen, lo que genera empatía hacia los useres y los miembros de la familia. **Conclusión:** queda claro que el proceso de comunicación no es una tarea fácil, por el contrario, requiere mucho esfuerzo entre los involucrados. La comunicación es necesaria, apuntando a la calidad de la salud y a los objetivos de seguridad del paciente, debe ser clara, eficiente y concisa para que no falte información o que no se transmita información incorrecta, evitando así errores que puedan conducir a eventos adversos y, en consecuencia, disminuyen la calidad del servicio. **Descriptor:** Comunicación; Hospitalización; Atención de Enfermería; Grupo de Enfermería; Pacientes Internos; Hospitales Militares.

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*Article extracted from the Undergraduate Thesis << Communication process between the nursing team and users hospitalized >>. Federal University of the State of Rio de Janeiro/UNIRIO. 2019

How to cite this article

Braga BR, Lima AMM de, Souza VR de, Freitas VL, Costa AJ da. Nursing and users hospitalized: communication in a military unit. J Nurs UFPE on line. 2020;14:e244221 DOI: <https://doi.org/10.5205/1981-8963.2020.244221>

INTRODUCTION

It is known that communication is part of the life of all human beings and through it social relations are established. It is added that people can communicate in many ways, for multiple reasons, with different people.¹ It is explained that the purpose of communication is to understand the world, in addition to relating and transforming oneself and the other.²

It should be understood, within this thought, which, in health, communication is a very important process; paying attention to the way information is transmitted to users and family members, needing, on the part of the speaker, the concern to carry out adaptations in communication according to the level of understanding of who is receiving the message. It is believed that the relationship between transmitter and receiver is very important so that the content is fully understood by the receiver.²

It is pointed out that the essence of Nursing as a profession arose from caring for the other; therefore, it demonstrates that human relationships and communication are essential elements in care. It is detailed that the ability and sensitivity in communication are attributes recommended as humanized care, knowing how to listen, what and when to speak, sharing ideas and decisions are fundamental ingredients for the horizontal establishment of care. Through efficient communication between the members of the Nursing team and other teams, relationships in the work environment are established and, according to how these relationships will be established, the result may be better care and more humanized or not.²

The Nursing team is able, through an effective communication process, to inform and clarify various situations to the user and their families, in addition to identifying needs that are not expressed by the users' speech. The relationship with other users, with the multiprofessional team and / or with family members is also promoted through a good interaction between Nursing and the user, thus developing health education, exchanging experiences and changing behaviors, among others.³

There is the user who needs to be hospitalized, often, anguished with the reason for the hospitalization, being full of doubts and with a mixture of feelings at that moment. It means hospitalization away from your home, from your "normality" and being now on the routine and schedules imposed by the institution where you are. It is recommended that Nursing, as a team that receives and is twenty-four hours with this user, needs to start a relationship of interaction and trust, which will be built from then on. It is explained, at this moment, that the conversation

established through words is a step of established dialogue that will become an important means of communication and will promote integration, interaction and a way to encourage possible crises imposed by the hospitalization process, as well as by the clinical picture itself. The professional needs to be sensitized that the conversation is not just about speaking (in a vertical way), but in listening and exchanging information, in addition to using body language such as the tone of the voice, the touch, the look, the expression facial. Thus, the Nursing team needs to exercise sensitivity in the relationship with the user, as technical knowledge is important to care for the other, but, in addition to it, also the interpersonal relationship sustained in the dialog between the Nursing team and the user.⁴

In this way, the importance of interlocutive activities and practices is perceived. It is shown, by the interaction between those involved in this process, how important is this basic activity that the profession performs and how much interpersonal relationships are relevant to improving the quality of care and humanization.⁵⁻⁶

The Nursing team goes through daily communication problems that directly interfere with the continuity and quality of care provided to the user. Good communication, then, is essential for a satisfactory development of teamwork.²

Thus, the motivation to study the experience of researchers in the hospital unit was born, where users are provided with an excellent service and assistance process, but there are challenges in implementing good communication between the Nursing team, users and the multiprofessional team.

The study is justified by virtue of what was mentioned, because it understands how the communication between the Nursing team and the user can influence and/or contribute to the quality of care provided.

OBJECTIVE

- To analyze the communication process between the nursing team and the user hospitalized.

METHOD

This is a qualitative, descriptive study, in a large military hospital, located in the northern area of the Rio de Janeiro (RJ) city, Brazil, on the 10th floor of that unit, covering wings A and B. Justifies the choice of the scenario because it is the user's hospitalization floor, covering the specialties of Medical and Surgical Clinic.

It is revealed that the participating subjects in which 21 nursing professionals and 20 users hospitalized in a medical and surgical clinic of a military hospital. The inclusion criteria were:

nurses / nursing technicians inserted in the study scenario for over a year working on the site. In relation to users, those over eighteen years old and with more than five days of hospitalization at the medical or surgical clinic were selected. Those patients hospitalized for elective surgeries were excluded.

Data was collected through semi-structured interviews where the subjects answered individually to a written questionnaire, which was guided by the following guiding questions: "What information is given by nursing professionals to the hospitalized user in a medical and surgical clinic?"; "What information does the hospitalized user, in a medical and surgical clinic, receive during the hospitalization period?".

Subjects were identified by letters (C for users and P for professionals) and numbers in order to maintain their anonymity. The subjects were informed about the study before it was carried out and, after all doubts had been resolved, they signed the Free and Informed Consent Term (FICT), as recommended by national and international regulatory standards for research involving human beings. This study was approved by the Ethics and Research Committee under protocol CEP 11059019.1.3001.5256.

The interviews were read repeatedly as a mechanism to understand the meaning of the statements, thus enabling the making of the thematic units. In the interpretation of the results, the meanings of the testimonies were identified, using the principles of Berlo¹ for being a student of Psychosociology that addresses the communication process.

It is clarified,¹ that communication is all the resource used by people aiming to transmit the message's meaning to the recipients, because, in the whole communication process, there are interrelated elements that structure it, composed by: "the source: a person or a group of people with a goal; an objective: reason for communication; the encoder: performed by the motor skills of the source (vocal mechanism, the muscular system of the hands and the muscular systems of other parts of the body); the message: the translation of ideas, objectives and intentions into a code, in a systematic set of symbols; the channel: the middleman, the message driver; the decoder: sensory skills; and the receiver: the other person at the end of the channel ". Thus, the ideas were analyzed and grouped by means of the Thematic Analysis technique.⁷

RESULTS

It is reported that the expected total number of professionals for the research was 28 participants, ten nurses and 18 nursing technicians. However, a total of 21 interviewees were obtained, of which eight were nurses and 13 nursing technicians. It is

signaled that the other seven professionals abstained from the research, as they did not show interest in participating, failing to answer the questionnaire.

It is exposed that, among nursing professionals, 12 were female (57.14%) and nine, male (42.86%); the age group was between 23 and 47 years old, being ten single (47.61%), seven married (33.33%), two divorced (9.53%) and two did not answer about their marital status (9.53%); with regard to education, two have only high school (9.52%), 18 have higher education (85.72%) and one did not answer (4.76%), of which 13 work as nursing technicians (61.90%) and eight are nurses (38.10%). The working time in the institution varied between one and 26 years.

Twenty users were interviewed, seven female (35%) and 13 male (65%), with the age group between 45 to 83 years old, two singles (10%), 14 married (70%), one divorced (5%) and three widowers (15%); with regard to education, one was illiterate (5%), eight had elementary school (40%), ten, high school (50%) and one, higher education (5%) and, among professions, 12 were inactive military personnel (60%), four from home (20%) and four had other professions (20%).

As for the reasons for hospitalization, it appears that five had musculoskeletal disorders (25%); five, neurological disorders (25%); three, cardiopulmonary disorders (15%); two, genitourinary disorders (10%); two, gastrointestinal disorders (10%); one, autoimmune disorder (5%); one, skin disorder (5%) and one did not know how to answer (5%). Regarding the length of stay, a variation between eight and ≥ 31 days was observed.

After the data collection, the speeches of the interviewed subjects were analyzed, locating the nuclei of meanings that contained meaning related to the object studied. These groups were grouped into thematic categories. Thus, the following categories were identified: Perceptions about routines in the sector; Needs presented and guidance offered; Apprehensions x mitigating factors and Views on the importance of communication.

◆ Category 1: Perceptions about sector routines

It was noticed, notoriously, that the information is broken or modified when transmitted to the user, since, when they were asked about the information received regarding the routines of the sector, they responded, in large numbers, that "nothing" was informed to them.

Nothing, which associates a shortage of crew in relation to the number of patients. (C19)

Nothing. (C05)

Nothing was reported. (C16, C11)

However, it should be added that other users, regarding the same questioning, say they receive general information about various cares (aspects about visits, meals, hygiene, medications, tests, among others), in addition to considering personal presentations (from the whole team) multiprofessional) as a routine in the sector.

One was informed about the permanence, clothes, food, assistance to the patient, hygiene, medication, bathing hours and coexistence. (C10)
Right at the beginning of hospitalization, all the professionals who would be working (doctor, nurse, technicians, nutritionist) were presented. All very helpful. (C06)

It is noticed the existence of noise in the communication when the users diverge in relation to the guidelines received at the moment of hospitalization, and the routines are considered, in a way, standardized and should circulate in a similar way in the understanding of these customers who need to be hospitalized in the institution.

It is observed that the professionals are, for the most part, already taken by the institutionalized and mechanized model, as they, regarding the routines of the sector in receiving and serving the user at the moment of hospitalization, listed the following: bed identification; placing identification bracelets on the user; anamnesis and physical examination; performing bacteriological screening as needed and patient safety guidelines.

Check if there is a need for screening, routines guidelines, apply risk protocols and general care. (P07)

Check medical records, identification bracelet, risk of falling and allergy, collect Nursing history and physical examination. (P23)

Presentation of the team, placement of the bracelet and nameplate, verification of vital signs and guidelines such as: use of the bell, visiting hours and medical. (P06)

It is explained that these are institutionalized forms, however, many times, they are not the real knowledge needs on the part of the user, since when they intern, they expect and crave the most diverse information that will also, in a way, be individualized and according to your needs at that time.

◆ Category 2: Needs presented and guidance offered

This category emerged from the divergences observed in the speeches between users and professionals, since users pointed out as needs information regarding the medications they used; times when care would be provided; clarification of your clinical condition; creation of a manual with guidance on medication schedules, care, among others and general guidance directly by

professionals and not by other people, like other users and / or companions.

I would like to receive more information about the medications administered to be able to deal better and clarify more about the disease. (C02)

I did not receive information about the hospital and room routine, I was informed by the other patients. (C11)

I believe that making a manual with schedules and routines would be really cool. (C29)

It is noted that, in the view of the nursing professional, the conduct offered in view of the users' needs are: to be available whenever it is triggered by the user; transmit information for accident prevention; schedule of medical visit and Nursing visit and inform, when in doubt, about clinical conditions and that they should be clarified with the doctor.

Risk of falling, activate the team whenever necessary [...]. (P08)

As for the sector's routines and care for fall prevention and to activate Nursing if necessary. (P20)

Medical visit schedule, routine and nursing conduct. (P06)

Any questions regarding medication and health status, ask the doctor during the visit. (P22)

The discrepancy between the needs presented by the users and the conduct offered by the professionals is evident from the statements cited above.

◆ Category 3: Apprehensions x soothing factors

It is understood that hospitalization is a stressful process and causes changes in much of the context of family life, including distance. Several factors must be considered for coping with hospitalization.

In this way, fears, insecurities and doubts will arise regarding the period in which you will need to move away from your daily life and adapt to that of the health institution, shown in the speeches of users when accused of what made them apprehensive in the period of hospitalization.

The environment. (C22)

About length of stay [...]. (C10)

Hospital confinement and infection. (C29)

Every day is a question mark. (C20)

Know about the patient's real situation. (C06)

Limitations are often imposed by the operation of a hospital, and, in addition to having to adapt to it, they also need a subjective reorganization to deal with a strange environment, full of devices, unknown people, lights, noise, as well as as with a routine of painful and invasive procedures to which customers are exposed daily. It was found that the procedures that need to be carried out for an effective treatment, often generate fears and insecurity.

Find the vein to puncture, as they are difficult and cause pain. (C02)

In this way, it is necessary that the Nursing team takes new attitudes and postures in relationships, in order to become more sensitive to the user and be receptive to the presence of the family member in the daily care, in addition to reassuring and comforting them. Therefore, humanization is considered as a constant challenge in health institutions.

There was another demand related to waiting for the high. This is expressed from the initial moment of hospitalization, thus, the professional who assists the user needs to clarify the reason for his stay in the hospital environment and say that his departure will depend on his rehabilitation, as a way of easing the expectation, and at that moment, the interaction that is created between the team and the user and their families is essential to establish the bond and the relationship of trust.

Waiting for discharge. (C08)

Waiting to be discharged. (C11)

Apprehensions are generated, often due to lack of knowledge, due to being under another routine, where everything is done mechanically, most of the time. Because of this, the concern related to the medications administered was reported. This theme was mentioned throughout the research, as users want to know more details about the treatment being performed, schedules and its purposes, among others, pointing out an apprehension to be answered.

Delays in medications. (C09)

Medication administration. (C19)

It is pointed out, with regard to the mitigating factors, that the ethical attitudes of the professionals, as well as the orientations offered, can soften the fears, leaving them less apprehensive, because knowing that there is a professional always available, when necessary, is an example of overcoming anguish.

The professionals showed an interest in trying to solve when they answer about their conduct, given the demands presented by customers.

I try to remedy them within the possibilities of the sector / institution and professional competence. (P17)

I try to listen to them without judgment and show interest in their speech. (P14)

I try to clarify in a transparent way and I pass it on to others when I can't solve it. (P06)

It is also noted that there is a professional who guides the patient to clarify their doubts with the doctor.

[...]when necessary, I advise to seek to resolve doubts with the doctor. (P20)

I clarify doubts pertaining to nursing care and, when there are doubts about medical conduct, I refer them to the medical team. (P23)

During the visit, ask the doctor. (P22)

It was found that, despite the attempt to respond to users' requests, there are issues that are not necessarily the responsibility of the nurse professional and need another professional to solve them, however, these professionals should not just pass on the information to another category without before doing a qualified listening, understanding what is the real need for the information that this user is presenting. In addition, it is described that it is important to understand the quality communication between all of the multiprofessional team that provide care to this user and that any situation that occurs, which is not transmitted to the other team member or a failed communication, can cause a mistaken understanding among professionals and even affect the user, impairing their treatment and recovery.

Users tend to increase their concerns due to lack of information and / or answers, interfering with their mental health, consequently causing losses in the interaction between users and professionals.

♦ **Category 4: Views on the importance of communication**

From the speeches of the nursing professionals and the users, the similarity and the importance with which both identify the communication process were observed and, when the professionals were asked about the importance of good communication, speeches like those portrayed at follow.

To effect a degree of confidence [...]. (P07)

Good communication is a two-way street, as it facilitates care and generates patient trust for the team. (P20)

Important for the patient to feel safe [...]. (P06)

It was found that the research users understand that good communication helps to strengthen and establish bonds and trust between those involved, facilitating their care and creating a safe environment.

Communication is a fundamental factor in establishing the essential rapprochement between the patient and the professionals [...]. (C19)

It is very important that there is mutual respect between the patient and the team. The patient feels safe [...]. (C21)

It is pointed out, by users, that communication, in a welcoming and gentle way, eases the tension experienced during the period they are in the hospital and generates trust in them.

The importance is fundamental for the patient to feel comfortable and at ease in the hospital environment [...]. (C10)

It is fundamental to the well-being of the patient and his family, as the hospital

environment is exhausting and depressing[...].
(C06)

Good communication was identified by professionals as a way to improve the assistance provided to the customer, improving the quality of service.

It is important for better planning of nursing care. (P23)

Important for guidance on possible complications and good recovery. (P12)

To provide quality customer assistance. (P03)

It is understood that failures happen, because it communicates with people who have just met and rarely has time to get to know them, and the less the previous experience with this individual, the less the capacity for empathy, so there is a failure the efficiency of communication and, only when empathic attempts are reciprocal, when there is interaction, does the ideal communication situation arrive.

It is verified, according to the speech of the research professionals, that they showed interest in carrying out active listening, in every contact they make with customers, trying to understand and answer their doubts.

[...]whenever I visit or assist, I show empathy.
(P07)

[...]being attentive when listening, kind when speaking and ready to answer. (P03)

[...]always keeping calm in disagreements, clarifying and guiding in a transparent way, paying attention and trying to listen. (P06)

[...]I always keep an active communication, always being attentive and helpful. (P28)

This harmony and the reciprocity on the part of the users were felt regarding their view of the service provided by the team, which can be demonstrated in the statements below.

[...]succinct and gentle approach. Very welcoming [...]. (C10)

[...]helping whenever possible, answering questions clearly [...]. (C07)

They are all friendly, attentive, leave patients at ease and always ready to help. (C18)

Exemplary. They treat Daddy with dignity. Using a peculiar language that did it very well [...].
(C29)

It became clear, therefore, that there is an attempt to understand and respond to needs when they arise, thus, the Nursing team becomes empathetic towards users / family members and, thus, strengthens bonds and trust in search of easing the apprehensions during the hospitalization process, besides making it less flawed.

DISCUSSION

Human beings generally have a difficulty in reaching their goals and objectives without the help and / or help of another person, as these are interdependent. These relationships give rise to

the formation of multipersonal systems, which are the mutual dependence between people who need to relate to each other in order to achieve their goals.¹

The results of this research emphasize the importance of communication to keep the multiperson system together, as a way to achieve the team's objective, which is nursing care; thus, when information is broken or modified, it can cause a worsening in communication and impair work.⁵

The biomedical and Cartesian model is shown, in many moments, limited, by not being able to support the deepest needs of the human being and meet the concerns of the soul.⁵

It is explained that communication is everything that can be used by people in order to transmit meaning to the recipients, because, in communication, there are ingredients that structure the process, among them, the source, which can be understood as a person or a group of people with a goal to be conveyed. In this sense, in the observed context, a problem with regard to the level of knowledge is evident, because, to transmit information, it is necessary to master the subject, but, on the other hand, the one who knows too much end up using their communicative skills in a way so technical that the receiver ends up not understanding, and this can be demonstrated in the statements when the professional acts with the user in a technical / mechanized way, passing on the information they deem necessary, but do not meet the user's expectations in relation to what they need to hear.¹

Man needs to communicate with others in order to influence them by means that fit his purposes. Expectations are created about others and about yourself. It is revealed that there is a constant exchange of customer / professional information in a hospital unit and each one creates his own means, based on what he accumulates throughout his life, to communicate with others.¹

It is explained, according to Berlô, that the one who was a source in an instant is now a receiver, however, these professionals do not put themselves in the position of receiver, thus, they do not have the ability to hear, read and think, failing receive and decode messages transmitted by the source, who is now the customer, and continue, in this way, transmitting information that is pertinent to themselves, not meeting the real needs of those customers.¹

It is recommended that the language should not be airtight, but understandable so that the information is transmitted without any doubt to the user and his family. The use of sophisticated words and expressions can end up hindering, instead of valuing the role of team members, impairing their interaction and joint work.⁸

It is understood that hospitalization is an exhausting process and that it causes changes in a large part of the context of family life, including detachment. Several factors must be considered to cope with hospitalization, among them are: the implications that the impact of the disease causes on each constituent of the family, the role played by the patient in the family and the way the family itself is organized during the period of the disease. Not only for family members, but also for the users themselves, this confrontation can become complex and painful, since they will have to remodel their lives, aiming to adapt to the rules and routines of this new environment.⁹

Greater security is provided by the reorganization of care, even recognizing the great difficulty of professionals in welcoming all the sufferings contained or externalized by users / family members, both for staff and for the user and their family.⁹

It is understood that the reception goes far beyond the act of welcoming the user and transmitting “rules or norms”, having a more comprehensive conception, of approximation, of acceptance, of being with and listening. In this way, a dimension of the relationship with the other is reached, of otherness and altruism, involving listening and respecting the knowledge and singularities of each one.¹⁰

It is warned that when there is a fragile and poor interpersonal relationship, failures in the communication process can occur and, consequently, noise and barriers that lead to friction and difficulties between nursing professionals and the hospitalized user, impairing the assistance offered.¹¹

It is noteworthy that, to communicate, it is not necessary that the people involved in the process have anything in common or live in the same community. Communication can be considered as a product of the social encounter, as occurs between the Nursing team and the hospitalized user. This complexity, which is the communicative process, can be evidenced in the research data, when the subjects report that communication is expressed in different ways, being something very broad, covering much more than the speech itself, but also with affection, with empathy, trust, sympathy, among others.⁸

It is clarified that the goal of communication is the interaction between source and receiver and interpersonal communication occurs in the context of face-to-face interaction, but one of the basic purposes of communication is to understand the world, relate to the other and transform oneself and the other.¹

It's about interaction,¹ as a goal of communication. It is understood, therefore, that this is understood as the reciprocity of the adoption of roles, in this way, the adoption of a

role, empathy and interaction are useful instruments to improve the efficiency of communication. Empathy is believed to be a useful way of making communication effective, except that there are some weaknesses, such as excessive energy consumption and that prerequisites are not met, for example, projecting oneself on other people's personalities, in other words: understanding and putting oneself in the place of the other in order to be successful in communication requires a lot of the person, it is exhausting and, because of this, the person involved prefers to make inferences of what the other needs and not what is really necessary.

It is reported that the concept of empathy has several aspects, however, all consider the ability to understand the feelings of another person and communicate it from such an experience,⁹ always based on the cognitive, affective and behavioral pillars. For the development of empathic behavior, the real desire to be concerned with the suffering of others stands out, representing a conscious process, which aims to improve interpersonal relationships through the consolidation of the affective bond and communication skills.¹²

Remember that there are recommendations for the inclusion and improvement of this content in the initial and ongoing training of health professionals, since empathy provides both the satisfaction of customers and that of workers, however, its theoretical- practices, in Nursing and in other health areas, are still scarce in this environment.¹³

It is possible to promote human rights, observing individuality and the possibilities of exercising autonomy, to be developed by Nursing, in its care practice, without requiring many efforts. It is believed that the harmony between professionals and users can establish intense feelings of appreciation, which will lead to greater care effectiveness.⁹

CONCLUSION

The study shows the importance of communication in a hospital unit, where there are demands for various information all the time for certain purposes and that, when transmission and reception are not aligned, failures and distortions end up, which can generate, on both sides, negative aspects and lack of satisfaction. It is understood, therefore, that when one participates in a communicative process, there must be a surrender of oneself so that it is possible to understand the reasons, feelings, anxieties, meanings and particularities of each individual.

It is known that communication is a factor that, in the end, will directly reflect on health quality, being the basis of an entire administrative flow inserted in the hospital management system,

which requires all the attention, investment and improvement in the process communication of hospital units.

It is believed that, for there to be effective and successful verbal communication, the sender needs to be clear in what they are transmitting and, for this, they must use a language compatible between those involved in this process, that is: it is necessary to adapt to each situation in which peer communication is involved, always remembering that, when communicating, the human being always has an expectation in relation to this process.

It becomes clear that the communication process is not an easy task, on the contrary, it requires a lot of effort among those involved; in addition, it is necessary to understand that when a user is submitted to a health institution, they are cared for by a team that goes beyond nursing.

Therefore, in order to improve customer service, communication between teams must be clear, efficient and concise so that no information is missing or that erroneous information is not passed on. It is added, in relation to the Nursing team, that the duty shifts must be performed very well so that pertinent information is not lacking, as failures can cause cancellation of procedures, errors in direct care to the user, generating often preventable incidents.

The study demonstrates, in view of the second goal of patient safety, which deals with communication between health professionals, the importance of what is transmitted and received during a hospitalization, either between the nursing team and other teams or between teams and the user and their family members.

In conclusion, it is concluded that a communication failure causes errors and can even generate adverse events for customers, consequently reducing the quality of service.

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Submission: 2020/02/10

Accepted: 2020/12/27

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