



# Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

## ORIGINAL ARTICLE

### THERAPEUTIC AND NONTHERAPEUTIC COMMUNICATION BETWEEN NURSES AND HOSPITALIZED ELDERLY CITIZENS

#### COMUNICAÇÃO TERAPÊUTICA E NÃO TERAPÊUTICA ENTRE ENFERMEIROS E IDOSOS HOSPITALIZADOS

#### COMUNICACION TERAPEUTICA Y NO TERAPEUTICA ENTRE ENFERMEROS Y ANCIANOS HOSPITALIZADOS

Jean Talis da Silva Lima<sup>1</sup>, Danielle Samara Tavares de Oliveira<sup>2</sup>, Tatiana Ferreira da Costa<sup>3</sup>, Fabiana Ferraz Queiroga Freitas<sup>4</sup>, Salmana Rianne Pereira Alves<sup>5</sup>, Kátia Neyla de Freitas Macedo Costa<sup>6</sup>

#### ABSTRACT

**Objective:** to verify the communication between nurses and hospitalized elderly citizens and investigate the use of therapeutic communication techniques among these individuals. **Method:** descriptive and observational study, with quantitative approach, accomplished at a Medical Facility of a school-hospital in João Pessoa - PB, encompassing a sample of 13 nurses having the Informed Consent Forms been signed. Data was collected between March and May 2010, through systematic observation. For data register, a check-list was used. It contained strategies for the communication fulfillment, according to each interaction. The research was approved by the Research Ethics Committee of the Lauro Wanderley University Hospital of the Federal University of Paraíba, under protocol CEP/HULW nº 019/10. **Results:** from a total of 171 times (86,4%) therapeutic communication techniques were used, and in 27 times (13,6%) the nontherapeutic one. Expression techniques occurred 146 times while the clarification and validation ones were used 15 and 10 times, respectively. **Conclusion:** it was possible to verify that the nurse must be skilled to use therapeutic communication as a means of promoting qualified care linked to the patients' needs and singularities, recognizing, therefore, the specificities pertaining to the senescence process. **Descriptors:** nursing care; elderly citizen; communication; hospitalization.

#### RESUMO

**Objetivo:** verificar como ocorre a comunicação entre os enfermeiros e pacientes idosos hospitalizados, e investigar o uso das técnicas de comunicação terapêutica e não terapêutica entre enfermeiros e idosos. **Método:** estudo descritivo, observacional, com abordagem quantitativa, realizado na Clínica Médica de um hospital escola no município de João Pessoa-PB, com amostra composta por 13 enfermeiros, com assinatura dos termos de consentimentos livres e esclarecidos. Os dados foram coletados entre março e maio de 2010, por meio de observação sistemática. Para registro dos dados utilizou-se *check-list*, contendo estratégias para efetivação da comunicação, segundo cada interação. Os dados foram submetidos à estatística descritiva frequencial simples; em seguida, agrupados em uma tabela e, posteriormente, analisados de acordo com a literatura. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa do Hospital Universitário Lauro Wanderley da Universidade Federal da Paraíba, sob protocolo CEP/HULW nº019/10. **Resultados:** por 171 vezes (86,4%) foram usadas as técnicas de comunicação terapêutica, e 27 vezes (13,6%) a não terapêutica. Técnicas de expressão ocorreram 146 vezes, as de clarificação e validação por 15 e 10 vezes, respectivamente. **Conclusão:** foi possível verificar que o enfermeiro deve estar apto a utilizar a comunicação terapêutica como um meio de promover uma assistência qualificada atrelada às necessidades e singularidades dos pacientes, reconhecendo as especificidades do processo de senescência. **Descritores:** cuidados de enfermagem; idoso; comunicação; hospitalização.

#### RESUMEN

**Objetivo:** verificar como se produce la comunicación entre enfermeros y pacientes ancianos hospitalizados, e investigar el uso de técnicas de comunicación, terapéutica y no terapéutica entre enfermeros y ancianos. **Método:** estudio descriptivo, observacional con abordaje cuantitativo, realizado en la Clínica Médica de un hospital escuela en el municipio de João Pessoa (PB), con un muestreo compuesto por 13 enfermeros, con firma de los términos de aceptación de libre voluntad. Los datos se recogieron entre marzo y mayo de 2010, por medio de observación sistemática. Para registro de los datos se utilizó un *check-list* que contiene estrategias para la realización de la comunicación, según cada interacción. Los datos se sometieron a estadística descriptiva frecuencial sencilla; a continuación, agrupado en una tabla y finalmente, analizados de acuerdo con la literatura. El proyecto de investigación fue aprobado por el Comité de Ética e Investigación del Hospital Universitario Lauro Wanderley de la Universidad Federal de Paraíba, bajo protocolo CEP/ HULW nº019/10. **Resultados:** en 171 ocasiones (86,4%) se utilizaron técnicas de comunicación terapéutica y 27 veces (13,6%) la no terapéutica. Técnicas de expresión se verificaron 146 veces y las de clarificación y validación 15 y 10 veces respectivamente. **Conclusión:** fue posible verificar que el enfermero debe estar apto para utilizar la comunicación terapéutica como un medio de promover una asistencia cualificada vinculada a las necesidades y singularidades de los pacientes, reconociendo las especificidades del proceso de senescencia. **Descritores:** cuidados de enfermería; anciano; comunicación; hospitalización.

<sup>1</sup>Nurse Assistant Primary Health. João Pessoa (PB), Brazil. E-mail: [jeanlima\\_enfufpb@hotmail.com](mailto:jeanlima_enfufpb@hotmail.com); <sup>2</sup>Nurse. Master's Program Graduate Nursing, Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. E-mail: [daniellesamara@hotmail.com](mailto:daniellesamara@hotmail.com); <sup>3</sup>Nurse Specialist in Prehospital and Hospital/FASP. Master's Program Graduate Nursing/UFPB. João Pessoa (PB), Brazil. E-mail: [tatxianaferrreira@hotmail.com](mailto:tatxianaferrreira@hotmail.com); <sup>4</sup>Nurse. Master's Program Graduate Nursing/UFPB. João Pessoa (PB), Brazil. E-mail: [fabianaft@hotmail.com](mailto:fabianaft@hotmail.com); <sup>5</sup>Master's Graduate Program in Education Sciences. João Pessoa (PB), Brazil. E-mail: [sal\\_rienne@yahoo.com.br](mailto:sal_rienne@yahoo.com.br); <sup>6</sup>Nurse. Professor, Department of Clinical Nursing/DENC and the Graduate Program in Nursing at UFPB. João Pessoa (PB), Brazil. E-mail: [katianeyla@yahoo.com.br](mailto:katianeyla@yahoo.com.br)

## INTRODUCTION

The hospitalization process can be understood as an unpleasant experience for those who live it, as it is permeated by various technologies, invasive and painful procedures and also by the use of technical language by professionals who provide care. Accordingly, these factors can trigger fear and anxiety in the patient, as it is faced with numerous unknown actions. Moreover, the patient is away from daily contact with their family and friends.<sup>1</sup> Nevertheless, it is noteworthy that with the hospital, especially the elderly patient is vulnerable to several types of physical and emotional aggressions, making it fragile especially in the psychological aspect, because it disrupts their routine, involving themselves in addition to the consequences of the disease that led to internation.<sup>2</sup>

With regard to the hospitalization of geriatric patients, it is imperative that the therapeutic interpersonal relationship and communication between nurses and elderly are configured as indispensable elements for achieving a comprehensive and humane care. However, a study involving teachers and nurses revealed weaknesses in the use of therapeutic communication, clarifying that there is difficulty in establishing the interaction and the use of therapeutic techniques due to problems such as the relationship between nursing staff and patient, and the lack of knowledge of therapeutic communication techniques, which can limit the interaction of nurses with the patient, causing damage mainly to identify the true individual needs.<sup>3</sup>

It should be emphasized that the elderly, due to the aging process, may experience cognitive deficits, changes in speech and language, decreased visual acuity and hearing, being able to commit their communication and interaction. Furthermore, the presence of polypathogeny, quite often these patients, can cause doubt, particularly during hospitalization, which could be minimized, by clarifying the concerns regarding the treatment, diagnosis, clinical procedures, thus contributing to the reduction of fear and anxiety in their clinical situation.<sup>4</sup>

It should be noted in this context that the nurse must understand the importance of establishing effective communication, especially in relation to the elderly, not forgetting to look for changes and possibly deficits evident in these patients, thus adapting their care. In this sense, there is

communication as an indispensable instrument for nursing care, which may influence a satisfactory quality of care, welfare, learning and recovery of the patient's health and also the prevention of injuries. It is noteworthy, therefore, the need for the process of therapeutic communication in relation to the care directed to the elderly.<sup>1</sup>

Communication therapy is defined as a unique instrument of interpersonal interaction that contributes to the excellence in nursing care, which enables substantially the relationship between nurse and patient, assisting in the resolution of physical, mental, emotional and spiritual problems. This type of communication aims to identify and recognize the needs of the patient, raising a bond of trust between individuals, and promote patient safety.

Given the above, this study aims to determine how communication occurs between nurses and elderly hospitalized patients, and investigate the use of therapeutic and nontherapeutic communication techniques between nurses and elderly.

## METHOD

Descriptive and observational study with a quantitative approach, performed in a reference teaching hospital in the city of João Pessoa. We selected the branch of clinical medicine because of the large turnover in elderly patients. The clinic consists of 27 wards with 64 beds divided into two wings. The nursing staff was composed of 19 nurses and 58 nursing technicians.

Data were collected from March to May 2010, during a period of 4 hours / day on average, in three shifts according to the scale of each professional to be observed. The study population consisted of all nurses linked to the teaching hospital that performed their activities in that sector. The sample consisted of those present at the time of collection, who agreed to participate freely in the study and signed the Instrument of Consent (IC). It is worth noting that two professionals refused to participate in the study, whereas four others were not present at the time of collection, there is incompatibility of duty with three of these and one was on vacation. Thus, the sample consisted of 13 nurses and 11 public servants were effective, a resident with an emphasis in Health Care for the Elderly and the other volunteer nurses.

Data collection was performed using the technique of non-participant observation

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systems, characterized by advance planning. For this purpose, we used a type of instrument check-list adapted by Stefanelli.<sup>6</sup>

The technique of observation occurred in the moments of interaction of nurses with elderly patients during the visit nursing, performing technical procedures and guidelines for the care to be developed.

To conduct the study were covered all the standards of Resolution 196/96 of the National Council of Health, which was examined and approved by the Ethics Committee in Research of the University Hospital Lauro Wanderley from the Federal University of Paraiba, protocol CEP / HULW No. 019 / 10. The research objectives were presented to the nurses, who agreed to participate in the study and then signed the consent form. From the beginning of the collection, the professionals did not know when nor which procedure, exactly, was being evaluated.

In addition, the researcher entered the research field seven days prior to collection, to be part of observed reality. These precautions were taken to avoid drastic changes in the behavior of professionals.

The data were subjected to simple frequency descriptive statistics, and then grouped into a table, which included items pertaining to therapeutic communication and subsequently analyzed according to the literature.

RESULTS

• Interaction between nurses and elderly

32 interactions nurse-elderly were observed, and 13 interactions (40.6%) were at the time of visiting nursing; other five (15.6%) in times of guidance for laboratory exams, and four (12, 5%) during the performance of

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capilar glycemy. Procedures such as ECG, urinary catheter delay, withdrawal of venous dissection, administration of intravenous medication, changing position, measurement of blood pressure, emotional support, patient admission, installation and evaluation of oxygen and oxygen saturation were observed only once (3.2%), revealing little percentage interaction between these subjects.

• Use of therapeutic and non therapeutic communication between nurses and elderly

In the 32 nurse-elderly observed interactions have been used more than once, the therapeutic or non-therapeutic communication, totaling 198. The use of therapeutic communication techniques, evidence was 171 times, ie, 86.4% considered this type of communication as the most frequent being the group most frequently used words, totaling 146 times, followed by groups of clarification and validation , which were used by 15 and 10 times, respectively. These techniques are outlined below. The non therapeutic communication was not used 27 times, which corresponds to 13.6%.

• Using therapeutic techniques of the expression group

With respect to therapeutic communication techniques belonging to the group of speech, as proposed by Stefannelli (1993), it is found that 22 times (15.06%) the nurse provided information according to the understanding of the patient, for 19 times (13.1%), he did question the patient in their approach and in 16 times (13.1%) was used humor; in 15 (10.27%) opportunities nurses verbalized acceptance and have focused the main idea of the interaction, and 10 times (6.84%) underwent repeat comments made by the patient. The other techniques were used to a lesser extent and are presented in Table 1.

Table 1. Distribution of the techniques of therapeutic communication within the group of expression, which were performed by nurses during interactions observed. João Pessoa, Brazil, 2010.

| Technics of the Expression Group                                 | Number | %     |
|------------------------------------------------------------------|--------|-------|
| Passes information according to the understanding of the patient | 22     | 15,6  |
| Makes question to the patient                                    | 19     | 13,01 |
| Uses humor                                                       | 16     | 10,95 |
| Verbalizes acception                                             | 15     | 10,27 |
| Focuses in the main idea                                         | 15     | 10,27 |
| Verbalizes interest                                              | 12     | 8,21  |
| Repeats coments made by the patients                             | 10     | 6,84  |
| Promotes questions made by the patient                           | 6      | 4,10  |
| Listens reflexively                                              | 6      | 4,10  |
| Uses incomplete phrases                                          | 5      | 3,42  |
| Repeats the last words said by the patient                       | 4      | 2,73  |
| Verbalizes doubts                                                | 4      | 2,73  |
| Gives back the expression made by the patient                    | 4      | 2,73  |
| Keeps in silent                                                  | 3      | 2,05  |
| Leaves the patient choose other subjects                         | 2      | 1,36  |
| Says non therapeutically                                         | 1      | 0,68  |
| Total                                                            | 146    | 100   |

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### ● Use of therapeutic techniques of the clarify group

In the group of clarity, we found that such techniques were used 15 times in total. Among them, the stimulation of comparisons appeared six times (40%), followed by the description of the events occurring in a logical sequence five times (33.3%) and the stimulation of common terms in the patient being performed four times (26.7%).

### ● Using therapeutic techniques of the group of validation

The techniques use the validation group occurred by 10 times, and the summarizing what was said in relation occurred six times (60%), repetition of the message is used by the patient 3 times (30%) and the technique of asking the patient to repeat what was said was to a lesser extent, being used only once (10%).

### ● Identification of the non therapeutic communication used in nurse-elderly interactions.

Regarding the 27 non-therapeutic uses of communication, we show that induction of the patient's responses is the most occurred in relationships of nurses with elderly patients and is used nine times (33.3%). Failure of providing opportunity for the patient to express feelings, non individualized interaction and stimulation of non-patient questions occurred three times, accounting for 11.1% each item. The items related to non listen to the patient, do not treat the patient by name, offer weak reassurance and ask lots of questions occurred twice (7.4%). Finally, the behavior appears to be defensive as representing a smaller percentage, corresponding to (3.7%).

## DISCUSSION

With regard to procedures that promote the interactions of nurses with elderly patients, can divide them considering a study that ranks: procedures that use exclusively the communicative practice and procedures, and communication, there are also need to have the professional technical skills. In this direction, the actions that are based only on communicative procedures identified in the study, emotional support, which occurred in only one interaction nurse-elderly. Have procedures that use the communication and technical knowledge, we can mention the visit nursing guidance for laboratory exams, the patient's admission, the electrocardiogram accomplishment, achievement of glicosimetry

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between others.<sup>9</sup>

Given this finding, we can deduce that the communication process is still closely tied to the performance of technical procedures, since a total of 32 interactions identified; only one was closely associated with communication as part of care which should guide in a humanized and individualized for the elderly. This result, now found, can be related to the hegemonic dominance of the biomedical model and the emphasis on technical procedures, which are still very common in everyday nursing, rather than a comprehensive and humanized assistance.<sup>10</sup>

It should be emphasized that care, such as nurse's role should not be restricted to the execution of technical procedures, but should be included in a broad overview covering the multidimensional individual, especially when it comes to the elderly.<sup>11</sup> In this sense, the nurses also must master the skill of communication, in order to promote the care of the needs of the elderly patient; it is known that aging issues go beyond the biological and technical approach. Old age is a heterogeneous phenomenon, complex and comprises several individual determinants including, in this environment, social and cultural aspects.<sup>12</sup>

Among the procedures that combine the technical knowledge to communication, visiting nursing was the one which obtained bigger frequency. It stands out, so that every visit nursing should be based on key stages, which comprise the interview and physical examination. The visiting nurse comes in three times, and at first there must be a professional presentation, including name and function. At the development of this one should be emphasized that effective, therapeutic communication as it is at this point where patients' needs are identified. Finally, in closing, after the physical examination, the nurse should educate the patient, giving him the opportunity to expose something not yet observed during the internation.<sup>9</sup>

Thus, there is the visit of nursing as an important instrument for the realization of the process of therapeutic communication to promote the establishment of a trustful relationship with the patient. Thus, the guidelines are offered to elderly patients should aim to make it active individuals in their health-disease process, to promote knowledge and self-care instructions to the caregiver, and should aim to reduce fears and anxieties about the disease and the hospitalization process thus improving their

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quality of life. Also noteworthy, then, that communication must be part of the activities of nurses in the anamnesis, physical examination, care planning, medical record notes and guidelines for individuals, families and communities. It is noteworthy, therefore, the relevance of knowledge of how is given the communication process and the elements which compose.<sup>13</sup>

#### • The use of therapeutic and non therapeutic communication in the interactions nurse-elderly.

In this study, a higher frequency of use of therapeutic communication in relation to non-therapeutic communication in the interactions of nurses with elderly patients was identified. This result is consistent with another study, which obtained the highest frequency of therapeutic communication (86.3%) compared to the non therapeutic (13.7%).<sup>14</sup>

However, although the therapeutic communication has occurred in greater frequency, it is necessary to have knowledge that also occurred to a lesser extent, non-therapeutic communication is the generating factor of stress among nursing staff and elderly due to its state of greatest weakness in various aspects, including biopsicossocial. Should also be remembered that, although this result is positive, this finding may not apply to other contexts, because the elderly may experience cognitive deficits, language disorders and memory. Associated with this, the small number of specialized professionals in the field of gerontological nursing could help not alone, that occur predominantly non-therapeutic communication. Moreover, in this study, using the techniques of therapeutic communication was heterogeneous among nurses. Expression only in the group of four nurses were responsible for the techniques used by 104 times. Thus, it can be seen that a small portion of nurses performed the therapeutic communication, which can generate the reflection that, in general, this type of communication which can not be performed efficiently by all nurses in the sample.

#### • The therapeutic communication in nurse-elderly interactions

The techniques of therapeutic communication can be classified into three groups: group expression, clarification and validation. In the group of expression are contained techniques that assist in the description of experience and expression of feelings and thoughts of the patient. The techniques of the group of clarification help

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the nurse clarifying or make clean the informations that were exposed by the patient. For example, encouraging comparisons of what was said by the patient for confirmation, ask the patient to clarify what was said or what he describes events in a logical sequence. Finally, the techniques of the validation group offer the opportunity to maintain meanings in common between the patient and the professional one, for example, repeat the message by said patient, to ask the patient to repeat what has been said and summarizing the content of the interaction.<sup>16</sup>

Among the three groups, the expression was the most attended in the interactions of nursing professionals. Among the 17 techniques in the expression group that was present was more than the provision of information according to the understanding of the patient. In this respect, it is observed that using this type of technique, the nurse makes use of clear language, concise and accurate abstaining from technical or professional jargons.<sup>15</sup> This technique can be used to clarify possible questions, explain procedures, information on the routine of the institution, which must be offered in pause mode and an appropriate tone of voice, speaking according to the vocabulary of the individual, ie, the communication should be simple and direct, explaining just which is enough. Their use can significantly decrease patient anxiety, compared to its pathological picture and hospitalization, as these are causing stress and fear.<sup>3,13</sup> In the case of elderly patients, the nurse should assess their cognitive ability, in order to promote forms of verbal or nonverbal efficient communication.

The second most widely used technique among nurses was to hold questions to the patient. Some authors call attention to this technique, because depending on how it is implemented before the patient can modify the expected results and also influence the welfare of the same.<sup>15</sup> The question must be carried out in a clear, simple and short with similar terms between the individuals involved, avoiding induction of responses, and one should take care to do a lot of questions because many of them can result in emotional fatigue and make the patient less confident. It is essential that sentences beginning with "why" and "how" are avoided because the patient may experience a feeling of intimidation or feel pressured.<sup>13,15</sup>

Another group technique of expression, which had great significance in this study, was the use of humor. Its use can minimize or relieve tension and anxiety, especially by

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elderly patients. Good humor can assist you in coping with problems that are presently experiencing in relation to pathology, family, and/or other socio-economic order, thus allowing the erosion of common hospitalization. Finally, among other techniques we can show the repetition of comments made by the elderly. It is worth noting that when the professional repeats the comments made by the patient, makes it clear that you are interested and aware of what he speaks. Thus, the nurse values the patient's speech, urging him to clarify the issue that was reporting. In the case of the elderly, this feature is essential because in addition to stimulating the memory, there is also the appreciation of their experiences. Some techniques of expression of the group were little used by nurses, but are relevant in the care offered to elderly patients and should be known and used as such. Among these stands out, saying no is therapeutic. This technique represents honesty and sincerity of the professional. The word "no" when used improperly, the nurse can make the patient go to manipulate it.

The technique of keeping in silent appears, too, rarely in interactions with the elderly, it is not easy to perform. This posture can help to improve anxiety, therefore, provides space for expression and feelings of being old. The technique of stimulating expression of underlying feelings of the patient, also in this study were infrequent. In this sense, it is emphasized that nurses should refrain from their beliefs, attitudes, behaviors, to stimulate the expression of the patient's feelings, seeing, therefore, subjectivity. The understanding of "being" elderly requires knowledge on the part of nurses, that there are different ways of looking at aging and old age as both the health problems that can be triggered at this stage of life. It should be noted in this context that this technique is prone to be used in the context of care for elderly patients because this need to express their feelings, especially when they are associated with negative aspects arising from the rejection of old age or disease.

Regarding the group of clarification, the techniques that allow include the messages sent to become clear and understandable to the patient. Thus, these techniques reduce anxiety and doubts that are considered stressors during hospitalization.<sup>14</sup> The nurse who uses the techniques of clarification has new opportunities to obtain greater reliability of the information.<sup>15</sup> Among these, with highest use is stimulation of comparisons. It is noteworthy in this sense that the nurse helps

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the patient to express themselves, and can, through this technique to evaluate the ability of elderly in correlation to what is being said. Stimulation of comparisons offers the opportunity for the patient to perceive realities experienced during their life path and who keep similarities among them.<sup>15,17-18</sup>

The description of events in logical sequence was the second most widely used technique in the interactions. In other studies, this technique was incident at the most interactions, and is used at a frequency of 52.9%. Its use is effective, especially in elderly hospital patients, who are in a strange place; away from family life that often contributes to the patient has pictures of disorientation and forgetfulness due to the remoteness of the people who live in their daily lives. When events are reported in chronological sequence, it may be easier to check between the cause and effect.<sup>15</sup>

Moreover, this stimulation helps the exercise of memory and cognition in elderly people who may be with deficits in these aspects, due to the loss of functionality of cognitive spheres and language.<sup>19</sup> The stimulation and use of terms in common by the patient that occurred was the technique less frequent, among the techniques the group of clarification. The use of common language the patient can be used when you cannot identify feelings and understand the meaning of the words spoken by the patient. It is necessary in this case, in order to clarify that the patient realizes that the nurse tries to understand him.<sup>13</sup> Normally, unusual terms appear in the nurse-patient relationship, as each individual according to their vocabulary, their culture, region of origin, education, among others, has its own way of communicating. When a term is not known by the nurse, it may ask a patient to explain the meaning of the word or phrase.<sup>15</sup> Depending on the social and cultural context in which the elderly live, there may be changes in some words that are unknown by nurses. It is noteworthy, therefore, the need for professional use strategies that facilitate the understanding of social and cultural elderly glimpsing an effective channel of communication.

Regarding the technical validation group, it was found that these occurred less frequently in the two previous groups. Within this perspective, we stress the importance of its use, because some messages may have issued several meanings for the individuals involved in the therapeutic process. If the nurse does not validate the message of the patient may

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interpret it according to their values and beliefs, resulting interpretations erroneous.<sup>13,15</sup> Associated with this, it is emphasized that the realization of an summarization of what was spoken to the elderly, and repeat the message and ask for the patient to explain what was said, are techniques that help nurses to evaluate cognition, memory and language, as these functions are not homogeneous in this decline clientele.<sup>19</sup>

It is important to clarify that the care offered to elderly patients, this group communication becomes essential, since the nurse should provide clarification of procedures not only the elderly but also the caregiver, and promote health education and preventive measures against complications and comorbidities of its pathological picture, which may occur during and after hospitalização.<sup>20</sup> When there is the establishment of the interventions, the nurse must use validation to check whether the elderly actually understood the information exempted, hence, could include assistance and communication effective therapy.

Communication is one of the most important aspects of nursing care who sees a better customer service that is experiencing anxiety and stress from the process of hospitalization. Therefore, communication is critical to establish a relationship between professional and client.<sup>21</sup>

In this context, a study in London showed the need for nursing students learn to communicate in the classroom for the future to be a professional competent.<sup>22</sup>

#### ● The nontherapeutic communication

The use of nontherapeutic communication does not imply mutual losses in the nurse-patient relationship. In this sense, the power of communication should be linked to the performance of technical function, so that the patient has a resolute care with scientific and humanitarian bases. If nurses do not practice such action against the patient, especially the elderly, it probably will not notice a therapeutic setting, which will influence in a direct way in individualized care, resulting in communication barriers. The induced responses of the elderly was one of the most common communication failures, and that kind of behavior deserves consideration, because the nurses do questions which are already included in the patient's responses. It is important to clarify that the use of this type of communication can bring harm to patient care, which will have the opportunity to put their subjectivities. This, therefore,

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undertakes comprehensive care as the information will be inconsistent with reality, thus reducing the resolution of attention. It should be noted, therefore, the need for nurses to provide opportunity for the elderly to express their needs, in addition, there must be a singular vision in their interactions. In our society, old age as well as heterogeneous is still seen as something negative, where the prevailing belief that older people are frail, disabled, inactive and useless. Thus, this patient may feel socially rejected, which may reach him psychologically affecting your health.

Other non-therapeutic behaviors pertaining to the acts of not listening to the patient, not treating the patient by name, offer reassurance and weak to do a lot of questions occurred less frequently, and should be avoided in the practice of nurses, because these attitudes depersonalize the elderly, and do not provide a decent service and consistent with completeness.

#### CONCLUSION

The process of hospitalization of the elderly can be understood as an experience that creates fear, anguish and anxiety. Thus, it is understood that nursing can use light technology for the care, like relational interaction tools to assist these patients in full. Within this perspective, it emphasizes the importance of therapeutic communication in the care given to hospitalized elderly. In this study, we found that most nurse-elderly interactions, this work used the techniques of therapeutic communication. However, this finding does not clarify whether the communication process is added to the scientific background, which is essential for effective communication. It was found also that there were nurses who used therapeutic communication and not therapy and that a small portion of nurses who formed the sample made use of therapeutic communication techniques. This shows inconsistency and subjectivity, reflecting the need for continuing education courses in health, so that those professionals can perform actions in which they have scientific knowledge in order to guide its assistance in the face of these clients.

It can be considered in this study the interactions of nurses were formed mostly during the execution of technical procedures. The main group of therapeutic communication, used by nurses, was the group of expression, which demonstrates some concern regarding the subjectivity of the

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elderly, for example, the emphasis on the experiences, thoughts and feelings.

Finally, we conclude that it is necessary to work and develop effective strategies for communication regarding the interaction between nurses and elderly. This professional must be able to recognize the communicative deficits resulting from physiological changes of aging, with a view to promote an effective and carefully tied to the needs and peculiarities of the elderly.

## REFERENCES

1. Moraes GSM, Costa SFG, Fontes WD, Carneiro AD. Comunicação como instrumento básico no cuidar humanizado em enfermagem ao paciente hospitalizado. *Acta Paul Enferm* [Internet]. 2008 Dec [cited July 5];22(3):[about 4 p.]. Available from: <http://www.scielo.br/pdf/apv/v22n3/a14v22n3.pdf>
2. Martins JJ, Schneider DG, Bunn KR, Goulart CA, Silva RM, Gama FO, et al. A percepção da equipe de saúde e do idoso hospitalizado em relação ao cuidado humanizado. *ACM Arq Catarin Med* [Internet]. 2008 Jan/Mar [cited July 5];37(1):[about 7p.]. Available from: <http://www.acm.org.br/revista/pdf/artigos/532.pdf>
3. López ML, Carvalho EC. A comunicação terapêutica durante a instalação de terapia endovenosa: uso de simulação filmada. *Rev Latino-Am Enferm* [Internet]. 2006 Sept/Oct [cited July 5];14(5):[about 7p.]. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-11692006000500004&lng=en&nrm=iso&tlng=pt](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692006000500004&lng=en&nrm=iso&tlng=pt)
4. Souza R F de, Skubs T, Bretas ACP. Envelhecimento e família: uma nova perspectiva para o cuidado de enfermagem. *Rev Bras Enferm* [Internet]. 2007 May/June [cited July 5];60(3):[about 4 p.]. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0034-71672007000300003](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672007000300003)
5. Roach S. Introdução à Enfermagem Gerontológica. 1ª ed. Rio de Janeiro: Guanabara Koogan; 2003.
6. Stefanelli MC. Comunicação com o paciente: teoria e ensino. 1. ed. São Paulo: Robe editorial; 1993.
7. Costa KNFM. Modelo de comunicação verbal com o cego: desenvolvimento e validação em consulta de enfermagem [tese]. Fortaleza (CE): Universidade Federal do Ceará-UFC; 2009.
8. Ministério da Saúde (Brasil). Conselho Nacional de Saúde, Comissão Nacional de Ética em Pesquisa. Resolução N° 196 de 10 de outubro de 1996: aprova as diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília: Ministério da Saúde, 1996. 83-91p.
9. Negreiros PL, Fernandes MO, Costa KNFM, Silva GRF. Comunicação terapêutica entre enfermeiros e pacientes de uma unidade hospitalar. *Rev Eletrônica Enferm* [Internet]. 2010 Mar [cited 2011 Sept 15];12(1):[about 12 p.]. Available from: <http://www.fen.ufg.br/revista/v12/n1/pdf/v12n1a15.pdf>
10. Avanci RC, Furegato ARF, Scatena MCM, Pedrão LJ. Relação de ajuda enfermeiro-paciente pós-tentativa de suicídio. *Rev Eletr Saúde Mental Álcool Drog* [Internet]. 2009 Feb [cited 2011 July 20]; 5(1):[about 11 p.]. Available from: <http://pepsic.bvsalud.org/pdf/smad/v5n1/05.pdf>
11. Pontes AC, Leitão IMTA, Ramos, IC. Comunicação terapêutica em enfermagem: instrumento essencial no cuidado. *Rev Bras Enferm* [Internet]. 2008 May/June [cited 2011 July 20]; 61(3):[about 6 p.]. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0034-71672008000300006](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672008000300006)
12. Oliveira CJ, Moreira TMM. Caracterização do tratamento não-farmacológico de idosos portadores de hipertensão arterial. *Rev RENE* [Internet]. 2010 Jan/Mar [cited 2011 July 20]; 11(1):[about 9 p.]. Available from: [http://www.revistarene.ufc.br/vol11n1\\_html\\_site/a08v11n1.htm](http://www.revistarene.ufc.br/vol11n1_html_site/a08v11n1.htm)
13. Wanderley LD, Barbosa GOL, Pagliuca LMF, Oliveira PMP, Almeida PC, Rebouças CBA. Comunicação verbal e não-verbal de mãe cega durante a higiene corporal da criança. *Rev RENE* [Internet]. 2010 Sept [cited 2011 July 20]; 11(n.esp):[about 9 p.]. Available from: [http://www.revistarene.ufc.br/edicaoesspecial/a17v11esp\\_n4.pdf](http://www.revistarene.ufc.br/edicaoesspecial/a17v11esp_n4.pdf)
14. Feminino TZ, Carvalho EC. A comunicação terapêutica com pacientes em transplante de medula óssea: Perfil do comportamento verbal e efeito de estratégia educativa. *Cogitare Enferm* [Internet]. 2007 July/Sept [cited 2011 July 20];12(3):[about 8 p.]. Available from: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/10022/6883>
15. Stefanelli MC, Carvalho EC. A comunicação nos diferentes contextos da enfermagem. 1ª ed. Barueri-SP: Editora Manole; 2005.
16. Costa KNFM, Pagliuca LMF, Almeida PC,

Lima JTS, Oliveira DST de, Costa TF da et al.

Therapeutic and nontherapeutic communication...

Cardoso MVLML, Rebouças CBA. Aspectos da comunicação verbal entre enfermeiros e pessoas com deficiência visual. Rev RENE [Internet]. 2009 Apr/June [cited 2011 July 20];10(2):[about 7 p.]. Available from: [http://www.revistarene.ufc.br/vol10n2\\_html\\_site/Resumos\\_portugues/a03v10n2.htm](http://www.revistarene.ufc.br/vol10n2_html_site/Resumos_portugues/a03v10n2.htm)

17. Calais LL, Borges ACLC, Baraldi GS, Almeida LC. Queixas e preocupações otológicas e as dificuldades de comunicação de indivíduos idosos. Rev Soc Bras Fonoaudiol [Internet]. 2008 Jan/Mar [cited 2011 July 20]; 13(1):[about 7 p.]. Available from: <http://www.scielo.br/pdf/rsbf/v13n1/05.pdf>

18. Vasconcelos SG, Galvão MTG, Paiva SS, Almeida PC, Pagliuca LMF. Recursos humanos de enfermagem: formação e atualização na área do Envelhecimento. Rev RENE [Internet]. 2010 Jan/Mar [cited 2011 July 20]; 11(4): [about 6 p.]. Available from: <http://www.revistarene.ufc.br/revista/index.php/revista/article/view/105/34>

19. Garcia FHA, Mansur LL. Habilidades funcionais de comunicação: idoso saudável. Acta Fisiatr [Internet]. 2006 Aug [cited 2011 July 20];13(2):[about 5 p.]. Available from: [http://www.actafisiatrica.org.br/v1/controle/secure/Arquivos/AnexosArtigos/F7664060CC52BC6F3D620BCEDC94A4B6/editoracao\\_vl\\_13\\_n\\_02\\_87-89.pdf](http://www.actafisiatrica.org.br/v1/controle/secure/Arquivos/AnexosArtigos/F7664060CC52BC6F3D620BCEDC94A4B6/editoracao_vl_13_n_02_87-89.pdf)

20. Medeiros FAL, Leite FA; Araújo DV, Barbosa LNS. Percepção de acadêmicos de enfermagem sobre o cuidar em idosos. Cogitare enferm [Internet]. 2008 Oct/Dec [cited 2011 July 20];13(4):[about 6 p.]. Available from: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/13113/8871>

21. Batista VV, Fontoura EG, Rosa DOS. Significado do cuidado prestado pela equipe de Enfermagem na Visão dos idosos internados em um hospital público. Rev enferm UFPE on line [Internet]. 2011 July [cited 2011 July 20]; 5(5):[about 6 p.]. Available from: [http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1658/pdf\\_555](http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1658/pdf_555).

22. Kemmer LF, Silva MJP. Nurses visibility according to the perceptions of the communication professionals. Rev Latino-am Enferm [Internet]. 2007 Mar/Apr [cited 2011 July 20];15(2):[about 7 p.]. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-11692007000200002](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692007000200002)

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Sources of funding: No

Conflict of interest: No

Date of first submission: 2012/03/16

Last received: 2012/05/23

Accepted: 2012/05/23

Publishing: 2012/07/01

### **Corresponding Address**

Tatiana Ferreira da Costa

Rua Maria José Rique, 369 — Cristo Redentor

CEP: 58071-610 — João Pessoa (PB), Brazil