

COMMUNICATION IN THE INTERPERSONAL RELATIONSHIP NURSE/PATIENT WITH AN INDICATION FOR KIDNEY TRANSPLANT¹

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ABSTRACT

This is a field study, descriptive, with a qualitative approach aimed at patients undergoing the hemodialysis process with an indication for kidney transplant. Its object is communication between nurse and patient in the hemodialysis process, with a view to transplantation, outlining these objectives: verify the patient's pathway to the surgical procedure; find out the guidance provided in the mediate preoperative period; and discuss the importance of nurse/patient communication. The technique for data collection was semi-structured interview, where a predetermined and subdivided script was used, with questions related to the study object. Data were analyzed by means of thematic content analysis, resulting in four categories: Referral to Kidney Transplant, with the subcategory Institution's Structure for Transplantation; Guidance for Transplantation, and the subcategory Patient's Interest in Transplantation; Nurse's Responsibility in the Communication Process; and Importance of Nurse/Patient Communication. The results point out structural aspects for the communication process with a patient undergoing hemodialysis with a view to transplantation, capturing all of its meanings and procedures involved. The need for further development of communication to the nursing practice became clear, regarded as a significant tool in patient preparation during the preoperative phase, in strengthening the interpersonal relationship, and in the success of educational activities conducted by a nurse with those who are provided with care.

Keywords: Communication. Relationship. Nursing. Hemodialysis.

INTRODUCTION

Chronic kidney disease (CKD) is the result of irreversible and progressive kidney damage caused by illnesses that make the organ unable to function. As the kidneys are capable to adapt to loss of normal function, major signs of kidney failure appear only in the advanced stages of CKD⁽¹⁾.

Life maintenance through renal replacement therapies, such as hemodialysis, peritoneal dialysis, and transplantation, are very complex and it is not always possible for a patient to fully comply with treatment, although adherence is a decisive factor for her/his survival and quality of life⁽²⁾.

In order to achieve adherence to information provided to a patient during her/his preparation for transplantation, it is believed that communication consists in a significant aspect in nursing care.

The word *communication* comes from the Latin *comunicare*, which means 'put in common'. When observing the word's origin,

we see that, when communicating to other people, we must have the concern of being understood by them, because this is the only way to establish a successful communication process⁽³⁾. In the health field, it is key to know how to deal with people. Nursing communication is perceived as one of the crucial elements of care, without which nursing care is no longer performed; it has an interactional nature⁽⁴⁾.

The essence of humanized nursing care is interpersonal communication, which translates into the interrelationship between health professional and patient, constituting a crucial axis, an essential instrument, in the sense of providing help and support to a person who is facing the most difficult moments of her/his life⁽⁵⁾.

For the health sciences, above all nursing, care means admitting that the human body is an energy system and that, in the act of providing care, a care field is constituted in which professionals are the observers responsible for evocation of health recovery possibilities, through conscious attention and intentionality⁽⁶⁾.

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A nurse, on the other hand, has the specific function of enabling conditions so that this is a safe and good-quality care, by means of managerial actions. Thus, in the process of a nurse's professional improvement, it is a must to emphasize leadership as a facilitator.

Communication, in its various modalities, when no longer feasible due to advanced stages of bodily dysfunctions, can offer comfort and a sense of human purpose. This care is expressed in a 'know-how' based on science, art, ethics, and aesthetics, aimed at needs of the individual, the family, and the community^(7,8).

Considering that communication is the indispensable channel between nurse and patient, we designed as the object of this study the communication between nurse and patient in a hemodialysis process with a view to transplantation, outlining these objectives: verify the patient's pathway to the surgical procedure; find out the guidance provided in the mediate preoperative period; and discuss the importance of nurse/patient communication. It is believed that, as a nurse sees the importance of communication in the educational process and realizes its effectiveness, she/he promotes the dialogue and exchange of knowledge to achieve goals⁽⁹⁾.

The relevance of this study stems from the possibility of rereading the nursing process in all of its stages and nurse's participation by acting in a specialized and individualized way, particularly aimed at a nephropathic patient in the communication process, allowing the maintenance of essential care for achieving significant results, contributing to other studies with the same theme, guiding the behaviors adopted and enabling greater success in actions.

METHODOLOGY

This is a descriptive study, with a qualitative approach. What is important to the qualitative researcher is direct and constant contact with the daily life of subjects under analysis, because they are influenced by context, something which can lead to changes during the data collection process⁽¹⁰⁾.

The research was conducted at the hemodialysis unit of a public university hospital located in Rio de Janeiro city. The study

participants were 4 nurses who work at the hemodialysis service who provide or provided nursing care to patients undergoing the hemodialysis process and 5 resident nurses, who met the inclusion criteria, making up a total of 9 nurses interviewed. We adopted as inclusion criteria:

- Nurses from the permanent staff who work at the hemodialysis sector for at least six months;
- Resident nurses from the first and second year of the undergraduate course in Nursing who work or worked at the hemodialysis unit and participate in the therapy of patients who could undergo kidney transplant.

The exclusion criterion was nurses who were on work leave for an long period.

Data collection was carried out during the first half of 2013, by means of a semi-structured interview, based on the communication that a nurse, participant in this study, establishes during the hemodialysis treatment of a patient indicated for kidney transplant. We used a script, previously prepared, consisting of three guiding questions: how does the identification of patients undergoing a hemodialysis procedure with an indication for kidney transplant take place? Which are the strategies used by a nurse in the communication to clients during the preoperative period for kidney transplant? We sought to define how a nurse perceives communication in the care process to patients who will undergo transplantation.

The study was approved by the institution's Ethics Committee under the Opinion 234,320, in accordance with Resolution CNS n. 466/2012⁽¹¹⁾. The participants' identity was preserved by adopting code names; professionals from the institution's permanent staff are designated as 'nurse' (N) followed by numbering (N1 to N4) and students are designated as 'resident nurse' (RN) followed by numbering (RN5 to RN9).

The interviews were conducted in a reserved place and recorded after participants' authorization and the material was fully transcribed. The results were analyzed qualitatively, based on the conceptual framework of communication⁽¹²⁾ and grounded in Joyce Travelbee's Human-To-Human Relationship Theory.

Four categories emerged from data analysis: a) Referral to Kidney Transplant, with the

subcategory Institution's Structure for Transplantation; b) Guidance for Transplantation, and the subcategory Patient's Interest in Transplantation; c) Nurse's Responsibility in the Communication Process; and d) Importance of Nurse/Patient Communication.

DATA PRESENTATION AND DISCUSSION

The following statements legitimize nurse's participation with regard to the relevance of communication for guidance and interpersonal relationship nurse/patient undergoing the hemodialysis process and they express in each category the dynamics developed in each moment.

Referral to Kidney Transplant

In this category, nurses reveal how procedures are conducted for patient referral to the nephrological surgery sector.

[...] Patients usually get an opinion saying they are going to a feasible transplantation [...] a screening is done for those interested. (N1)

Who makes this identification is the physician. (N1, N2, N3, RN5, RN6)

We follow the patient and then advise him according to his doubts, we focus on information needed. (N4)

[...] the sector's head knows the patients well and she has a better focus for transplantation [...] she monitors the patients, talks to the team about the transplantation, and knows who wants the transplantation. (N2, RN5, RN6, RN9)

[...] the physician tells us if that patient is indicative of transplantation or not. When this happens, we refer [...] I could do it, because I know those who fit the profile because I am experienced in transplantation. (N3)

We have the health department's protocol that everyone has to follow. (N3)

We fill in a form and what is done is this [...]. It enters the renal program and when waste is stabilized, at the level of chronic kidney disease undergoing treatment, i.e. we start working with these patients adjusted to treatment. (N4)

[...] if he is interested in transplantation or if he is undergoing renal replacement therapy for a

month, or if he is adapted to treatment, he is referred. (N4)

We observe in these statements that the nurse takes great responsibility before a patient in the educational actions and the indication for transplantation. However, we should consider that the individual may have characteristics that contraindicate the transplantation, generating a false expectation, shown as a concern in the speech of one participant, but the nurse can and should provide the information needed on the subject. This is so because we need to know the patient, her/his needs and doubts to be able to insert her/him or not in the transplantation program that is facilitated by interpersonal relationship between nurse and patient. Hence, it is relevant to know the specificities of each person interested and then stimulate her/him.

In the act of communicating, we have to make predictions about how the other person will behave, creating expectations or forecasts concerning others and ourselves. These expectations or predictions can be developed by perfecting our ability to put ourselves in the other's shoes, for the purpose of interaction. Thus, role-playing and interaction are useful tools to improve communication efficiency⁽¹³⁾.

We found out that it is common for nurses to supplement the medical guidelines, whose understanding is out of reach to some patients.

It is very common for patients to have doubts [...] when this happens, we give them [the patients] all the guidelines needed to prepare the transplantation. (N3)

[...] when well advised, they have a gain in life, so the strategy is this, monitoring the patient since the moment is admitted to dialysis and gets interested in transplantation until he is stabilized: reduced urea, creatinine, and potassium levels. (N2, N3, N4)

[...] it is relevant to have no doubts. (N4, RN7, RN8)

Therefore, to establish communication to a patient, nurses interfere with the construction of knowledge along with the active subject in this process. This relationship in the hemodialysis unit under study occurs in an intensified way, observed in the interviewees' statements when they say: "the patient is embraced and he experiences a family environment." This fact

contributes to solidify communication in the substitutive therapy process.

We believe that only through effective communication the nurse can help a patient to identify her/his problems, tackle them, visualize her/his participation in the experience and alternatives for their solution, in addition to help them find new patterns of behavior. However, among all professionals in the health field, the nurse, by interacting directly with a patient, needs to be more attentive to using interpersonal communication techniques⁽¹²⁾.

Another factor to be considered is health education, which reinforces the importance of self-care and patient's commitment to health. The practices making up the set of nursing actions in health education, when analyzed separately, reveal remnants from nursing educational projects with a view to autonomy for self-care up to a set of authoritarian, normalizing, and disciplinary practices aimed at behaviors⁽¹⁴⁾.

Regarding the subcategory Institution's Structure for Transplantation, the nurses pointed out structural difficulties for taking their actions.

[...] the hospital's physical structure complicates and hinders the work we do with patients who want to be transplanted. (N1, N2, N4, NR7)

[...] there is a desire to set up a transplantation ward, I think the operation of this unit could be very relevant because we would use a systematized assistance for this type of patient. (N2)

We will have to make all adaptations needed with the new unit, which is a proposal for the future [...] we would set up a qualified nursing service, a multiprofessional team, nursing appointment, pre- and post-transplantation monitoring [...] People have already tried to create such a facility, but the hospital did not have structure and qualified personnel to do this. (N4)

Here we do not experience the transplantation reality, we do not have physical structure and personnel. (N2)

The patient stays for a certain period with us, we monitor him before transplantation. It would be interesting to follow them up later. (N1)

Although the institution does not perform the transplantation procedure, since the patients interested in it are referred to other reference units after preparation (guidelines by the medical

and nursing teams, examinations, and compatibility with a donor), it is up to health professionals, particularly the nurse, conveying the transplantation process to a patient undergoing hemodialysis therapy. It is also relevant to consider that some patients may not fit the profile required for the procedure, but she/he has the right to know about the renal replacement therapies available.

Communication is an auxiliary tool in the process and it has a vital relevance for the nurses' work, so that without this, it becomes impossible to carry out the exchange of information in a safe, complete, and precise way⁽¹⁵⁾.

Guidance for Transplantation

When nurses talk about patients' interest in undergoing transplantation, they clearly denote the latter's position with some shyness.

[...] usually when they show interest, we advise [about] the risks and benefits of transplantation, treatment after this and medications that are expensive and can cause transplantation loss. (N3)

Some patients have no interest in undergoing transplantation [...] sometimes because the person is uncontrolled concerning blood pressure and does not take that dose of prescribed medication because she/he does not want to decrease sexual function or because she/he has already seen another patient undergo transplantation and die [...] They are in doubt whether facing this situation [...] therefore, it is necessary to explain that each case is a case. (N4)

[...] although we try hard to communicate, advise, the patient's will is sovereign [...] we have to respect him if he does not want to undergo transplantation. (N4)

We notice in the statements above that the patients present the most varied doubts regarding transplantation. Therefore, there is a need to inform them, guide them about the entire process involving such a procedure.

The final decision whether to transplant belongs to the patient, but the nurse, as an eternal educator and disseminator of information, has the duty to care for the patient in a unique way and clarify all doubts needed.

Through individual narratives, the nurse has access not only in the sequence of life events

relevant to the individuals' clinical history, but also to their reference contexts for health education, enabling reflection and 'committed' participation among patients and nurses⁽¹⁶⁾.

Nurse's Responsibility in the Communication Process

In this category, nurses were emphatic in highlighting their responsibilities in patient care in hemodialysis therapy.

[...] we are responsible for stimulating the patient who is undergoing dialysis and has the hope to be transplanted [...] it is not enough to stimulate that everything is going to work [...] it is necessary to inform and guide him and to provide conditions that favor a successful transplantation. (N1)

I am experienced in transplantation, but I cannot speak to the patient in any way [...] everything needs to be organized, directed, because everything has its time [...] we have to be very careful about what we are talking to the patient. (N2)

I see that much is within our reach to do the best for the patient [...] see what you have done for him – notice that he has changed his mind, even if he has had the will to die [...] we need nothing else, just embrace the patient, despite the problems they cause. (N3)

Nursing care is uninterrupted. We monitor the whole disease process and the changes that occur in a patient's life, whether they are positive or not. This reality intensifies the responsibility we take before what we speak and advise. Often, great bonds are created, relevant in the relationship between nurse and patient.

It was felt in the subjects' speech how much nursing is committed to its work, they are careful in their speech and seek to perfect their knowledge to provide the most appropriate assistance possible.

Therefore, we noticed that the disease helps people to understand their limitation and human condition. This conception is based on the belief that the experience of disease helps the human being to grow and gets stronger, thus recognizing her/his limitation and potentiality.

The experience of illness leads a person to understand her/his own life and find through it the inner forces needed for the struggle to recover or adapt to a situation that cannot be

changed⁽⁶⁾.

Importance of Nurse/Patient Communication

Communication is the most important way to interconnect nurse/patient, especially those who are submitted to a high-risk therapy, as observed in the testimonies of nurses interviewed.

Communication is important because it prepares for transplantation. (N2)

It is not enough to have conditions [clinical profile, behavior, adherence to treatment], there is a need for accepting change in lifestyle much more than hemodialysis. Communication brings information. (N4)

I think that communication to the nurse is very important [...] sometimes the patient grasps more what nurses are talking about than physicians, they explain in a simpler and rather understandable way [...] their characteristics are taken into account. (N3, RN6)

[...] it is an important relationship, even because nursing has a very great contact to any field of the profession and this is the professional who will be there to solve doubts [...] to be able to support, because I believe that at the moment he can be afraid. (RN6, RN8)

Communication is understood by the nurse, according to the statements under analysis, as a tool of great importance and significance. It becomes clear how much nurses, research subjects, are concerned with the differential treatment/look that each patient requires. After all, we are unique and each person receives the same information in a different way. Hence, it is worth considering these variables.

Communication consists in one of the main elements of nursing care that is possible and crucial for the practice of a rather qualified, specialized, and humanized care⁽¹⁷⁾ and it shows up as an increasing and more complex priority in the surgical process. Moreover, because the nurse is beside the patient and her/his family, guiding them, it is possible to considerably reduce anxiety, fear, and anguish involved in the surgical and hospitalization process⁽¹⁸⁾.

It is believed that nursing care is one of the health actions that most require efforts on the part of a professional, since it is characterized by comprehensive care delivery, requiring observation of the aspects of individuality,

holistic attention, recognition of patient's rights, symptomatic and psychological support, as well as assistance in terms of basic human needs⁽¹⁸⁾.

Communication, when aimed at the patient, taking place in a responsible, supportive, humanized, and ethical way, becomes therapeutic, being understood as something much further than simply speaking – this is something complex and indispensable^(19,20).

FINAL CONSIDERATIONS

When analyzing our findings, we notice that the objective of this research has been achieved and it evidenced that most patients are referred when they demonstrate interest in transplantation, meeting one of the goals proposed, but this becomes a behavior restricted only to those interested, i.e. it is not routine to address all patients, even if they fit within the profile of a recipient.

We found out that there was no specific flow in the unit for referral of the patients, but there was a protocol from the health department, mentioned by one of the participants. Nevertheless, nurses use strategies to achieve their objectives. There was patient guidance concerning preparation for transplantation with specific criteria to include them within this reality.

The objective of these measures was educating them in order to prepare for surgery at the time of deciding to undergo transplantation until the moment of referral (preoperative), which is the reality of the facility under study and objective of the study. However, we admit that when communication reaches the goals it proposes, success in nursing actions is inevitable, even if it is for the patient to choose not to be referred for transplantation.

The unit's structure had a positive assessment in this study, however, people emphasized the need for physical structuring and qualification of the staff involved in transplantation, but despite the small physical space, nurses try hard to provide the guidelines needed with regard to transplantation. We think that the nurse has two tools that go beyond the difficulties faced, i.e. communication and systematization of nursing care to support decision making.

We believe that it is a must to adapt nurse's actions to the horizons available in terms of human and material resources, so that they can appreciate emotional aspects and understanding on the other during the manifestation of interest and the feasibility of performing a kidney transplant as prepared as possible, and this fact became very clear in nurse's responsibility within the communication context.

We point out the need to provide measures that fully inform and involve clients with regard to preparation for renal transplantation, based on the entire preoperative period, significantly contributing to reduce risks arising from the lack of or the fragmentation of communication between a nurse and each patient. We evidenced the need for greater involvement of communication to the nursing practice, aiming at preparation in the mediate preoperative phase, regarded as an significant tool in interpersonal relationship and in successful educational actions taken by a nurse with those who are provided with care.

Therefore, it is still necessary to rethink the nurse's role as an educator involved not only in clarifying, but also in interpreting what the individual wants, adapting her/his working reality to the routine of nursing practice, advising a patient with enthusiasm to self-care.

COMUNICAÇÃO NO RELACIONAMENTO INTERPESSOAL ENFERMEIRO/PACIENTE COM INDICAÇÃO DE TRANSPLANTE RENAL

RESUMO

Trata-se de estudo de campo, descritivo, com abordagem qualitativa direcionada aos pacientes em processo hemodialítico com indicação de transplante renal. Seu objeto é a comunicação entre enfermeiro e paciente em processo hemodialítico, com vistas ao transplante, delineando os seguintes objetivos: verificar o direcionamento do paciente ao procedimento cirúrgico; averiguar as orientações realizadas no pré-operatório mediato; e discutir a importância da comunicação enfermeiro/paciente. A técnica para coleta de dados foi entrevista semiestruturada, na qual foi utilizado um roteiro pré-determinado, subdividido, com questões relativas ao objeto de estudo. Os dados foram analisados por meio de análise temática de conteúdo, resultando em quatro categorias: Encaminhamento para o Transplante Renal, com a subcategoria Estrutura da Instituição para o Transplante; Orientação para o Transplante e a subcategoria Interesse do Paciente para o Transplante; Responsabilidade do Enfermeiro no Processo da Comunicação; e Importância da

Comunicação Enfermeiro/Paciente. Os resultados apontam os aspectos estruturais para o processo da comunicação com o paciente em hemodiálise com vistas ao transplante, apreendendo todos os seus significados e processos envolvidos. Evidenciou-se a necessidade de maior desenvolvimento da comunicação para a prática de enfermagem, considerada uma importante ferramenta no preparo do paciente na fase do pré-operatório, no fortalecimento do relacionamento interpessoal e no sucesso das ações educativas realizadas pelo enfermeiro com aqueles que se encontram sob seus cuidados.

Palavras-chave: Comunicação. Relacionamento. Enfermagem. Hemodiálise.

COMUNICACIÓN EN LA RELACIÓN INTERPERSONAL ENFERMERO/PACIENTE CON INDICACIÓN AL TRASPLANTE RENAL

RESUMEN

Se trata de un estudio de campo, descriptivo, y con abordaje cualitativo, dirigido a los pacientes en procedimiento hemodialítico con indicación para el trasplante renal, teniendo como objeto la comunicación del enfermero con el paciente en procedimiento hemodialítico con miras al trasplante, delineando los siguientes objetivos: verificar el encaminamiento del paciente al procedimiento quirúrgico; averiguar las orientaciones realizadas en el preoperatorio mediato y discutir la importancia de la comunicación enfermero/paciente. La técnica para la recolección de datos fue entrevista semiestructurada, en la cual fue utilizado un guión predeterminado, subdividido, conteniendo cuestiones relativas al objeto del estudio. Los datos fueron analizados por medio del análisis temático de contenido, resultando en cuatro categorías: Encaminamiento para el Trasplante Renal, con la subcategoría Estructura de la Institución para el Trasplante; Orientación para el Trasplante y la subcategoría Interés del Paciente para el Trasplante; Responsabilidad del Enfermero en el Proceso de la Comunicación e Importancia de la Comunicación Enfermero/paciente. Los resultados señalan los aspectos estructurales para el proceso de la comunicación al paciente en hemodiálisis con miras al trasplante, comprendiendo todos sus significados y procedimientos involucrados. Se evidenció la necesidad de más desarrollo en la actuación de la comunicación para la práctica de enfermería, considerada como una importante herramienta en el preparo del paciente en la fase del preoperatorio, en el fortalecimiento de la relación interpersonal y en el éxito de las acciones educativas realizadas por el enfermero para aquellos que se encuentran bajo sus cuidados.

Palabras clave: Comunicación. Relación. Enfermería. Hemodiálisis.

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