

## POLARITIES EXPERIENCED BY NURSING STUDENTS IN LEARNING THE COMMUNICATION: PERSPECTIVES OF THOUGHT COMPLEX<sup>1</sup>

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### ABSTRACT

Communication is a competence to achieve in the training of nurses. The objective of this study was to understand the polarities experienced by nursing students in the development of communication skills. A comprehensive qualitative study, a case study, carried out with 55 students from an Integrated Nursing Curriculum of a public university that has communication as one of its transversal themes. The data collection performed through a focus group, in which they recorded, filmed, transcribed in full and submitted to content analysis. The results discussed according to the complex thinking of Edgar Morin. All ethical precepts have fulfilled. The results pointed out some polarities experienced in the teaching-learning process of communication: theory and practice, verbal and non-verbal communication, silence and speech. In the perspective of complex thinking and the dialogical principle, the dualities presented in this study, even though apparently contradictory, must be understood as inseparable and complementary, so that their intertwining makes communication teaching more comprehensive and integrated.

**Keywords:** Nursing. Education in nursing. Communication.

### INTRODUCTION

Nursing is a science that has as the Foundation provide care to individuals, in order to maintain health and human dignity. Therefore, communication becomes an essential element in the process of care, constituting the Foundation of interpersonal relationships. The communicative complexity exceeds the use of the words, as well as perceived by the body language, expressions and gestures demonstrated emotion, possessing significant role on humanization of care<sup>(1)</sup>.

In this way, the communication in nursing is more than a basic instrument and interpersonal skills to achieve. The formation of the nurse has gone through transformations and changes over the past years, based, in particular, by the directions of the National curriculum guidelines for undergraduate education in nursing (DCNENF), which elect the communication as one of the five general competencies to be developed<sup>(2)</sup>.

In this context, the academic training of structuring nurse have encouraged the clinical reasoning, the integration between theory and

practice, active learning and curricular flexibility, in recognition of multidisciplinary, in appreciation of the critical and creative thinking and the use of active methods<sup>(3)</sup>.

Thinking in nursing education from the perspective of Edgar Morin is thinking in the teaching of complex shape and contextualized. Morin defines the complexity as that which woven together, where there is joint, set, universe, considering that all things are interconnected, exerting influence over each other. The author argues that, in complex thinking, there is a Dialogic movement whose polarities must be considered, because, despite having antagonistic definitions, it becomes desirable to consider them next, so that complement each other<sup>(4)</sup>.

We observe that, in the process of formation of the nurse, the development of communication competence should include consideration of the Exchange present in the Act of communicating, so this question weighted becomes relevant and get to understand the teaching and learning process of the communication on an integrated curriculum of nursing, that addresses this issue

<sup>1</sup>Derives from the master's thesis entitled "communication in the formation of nurses: reflections from the perspective of students and of thought complex", presented to the nursing program at the State University of Londrina, defended in 2016.

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of cross way, during the four series of course.

Consolidated, the question of the study: nursing students experience polarities in the development of communication competence during training?

The objective of the research was to understand the polarities experienced by nursing students in the development of communication competence. It intended to contribute to the debate and reflection on the teaching and learning of communicative skills in the training of communication competence of future nurse.

## METHODOLOGY

Qualitative research, understanding, of type case study, carried out through focus groups with nursing students. Justify the use of the case study, for the lead with a nursing course which develops integrated curriculum for over fifteen years and has some differentials of other institutions, among them the fact that adopt cross-cutting issues in their teaching and learning process, being the communication one of these themes. So the study site was the nursing degree from a public University in southern Brazil, annual scheme offering 60 vacancies through entrance exam, with a duration of four years full-time, with a total of 4,152 hours<sup>(5)</sup>.

For the viability of the focus groups, the lead researcher invited students in the classroom, showing the purpose and interests of the study, as well as strategies that would adopted in the collection of data. After lifting, if new invitation by e-mail, confirming the date and location of the data collection. The inclusion criterion was being regularly enrolled student in one of the four series of the course of nursing. Excluded students who performed part of the course in other educational institutions.

Data collection occurred in October 2014 and August 2015. The time interval between the collections in reason to strike at the institution. The lead researcher of this research coordinated the focus groups, with the collaboration of the faculty advisor and two observers. These have made notes of support to assist in transcription.

For the approach of the theme under study, initially, exposed himself to the students of the focus groups the video titled "Nursing-we make the difference!", with duration of 5 minutes, available on You Tube<sup>(6)</sup>, which deals with the

everyday life of the professional nurse, with background music and honoring the work of nurse patients. We opted for the video by enabling the visualization of different types of communication.

As a result, led the focus group with following questions: how communication developed in the course of nursing? I wish you could talk to any related experience with communication. The focus groups audiotaped. The curriculum course matrix also used as a support feature: leaf sulfite printed, separated by series, made available to students during the focus groups to assist them in this analysis.

With the participation of 55 students, six focus groups conducted two with the first series (18), two with the second (19), a third (11) and a fourth series (7). Justified the holding of more than one focal group for series due to the number of interested in participating in the research, following methodological rigor that seeking the focal group proposes: ranging from 7 to 12 students per group, in the range of 60 to 90 minutes.

The discussions resulting from the focus groups were transcribed in full and submitted to content analysis proposed by Bardin<sup>(7)</sup>, following three steps - pre-analysis, material exploration and processing of results - which include coding and inference.

During the analysis of content of reports from students, seek topics that, in the course of their training, refer to polarities experienced in the teaching and learning process of the crosscutting issue communication. The results discussed according to the thought of Edgar Morin complex, addressing the Dialogic principle.

The participants informed of the objectives of the research, audiotaped, anonymity and, finally, the signing of the informed consent. To preserve the anonymity of respondents, the focus groups represented by the letters GF, followed by the serial number. We used the letters "a" and "b", when conducting more of a focus group of the same series; to refer to students, we opted for the letter E, followed by the number of the student within the focal group.

The study included the approval of the Research Ethics Committee of the institution to which you are linked to the main author as 466/12 Resolution, with number 18931613.5.0000.5231, in CAAE 18 November 2013.

## RESULTS AND DISCUSSION

The Dialogic principle argues that seemingly contradictory concepts are, in reality, constituting a phenomenon and inseparable complex<sup>(4)</sup>. The Dialogic has the meaning of interlacing what separated, as reason and emotion, the real and the imaginary, among others<sup>(4,8)</sup>. Thinking on the teaching of communication in Dialogic perspective made it possible to organize the results in three thematic categories that express: theory and practice; verbal and non-verbal communication; silence and speech. This organization aimed to understand the polarities experienced by students in the teaching of communication, seeking to slow down the barriers of class and this antagonism in these actions, so they considered and rebuilt in their complementarities and inseparability.

### Theory and practice

Theory and practice have been debated for a long time by philosophers and scholars challenged to build the teach Act. However, we still with educational acts denoting a look dichotomy. This same look found in nursing students mentioned activities in which content and situations involving communicational aspects worked out theoretically, sometimes-idealized manner and no relation to the practice. Stated that, faced with the reality, understood the dynamics of communication in a more comprehensive and complex.

Because inside the hospital the patient is beautiful... who is in there cannot be beautiful, and that we do not learn to deal with, because inside the hospital no one is happy, and we learn as if you were nice, in theory. Is that not the practical lessons: we will, but it's not actually, and the teacher didn't say that-at least I didn't hear any teacher talk: "look, we're learning to tie the patient and he's going to bite you, so be careful, or you're going to be a prisoner, he can grab your tweezers, so, be careful". You know, there is this. I think I lack a lot that is not going to be easy, because I see that they want to paint too, let beautiful, but it is not; it is beautiful, but it is very difficult, and if anybody teach us to treat a person who will treat you badly, we will not be humanized professionals. (GF1aE5)

The students highlighted the need to, in theoretical debate moments and reflect on issues closer to reality, which may contribute to become humanized professionals and learn to deal with

situations such as those in the report. Authors argue that is a function of institutions of higher education training nursing students in communication skills and interpersonal relationships<sup>(9,10)</sup>.

Some students reported that the development of communication occurs in practice, it is not possible for teachers to teach the subject only of theoretical form, once they need the environment, people and situations for which this ability develops.

There's no way the teachers teach us in theory, because really we all will learn in practice, on stage, because there's no way they teach; we're not in the environment for them to teach. (GF1aE9)

The practice is essential for the development of communication skills in nursing students, that being the time in which they are encouraged by teachers to establish communication with the health team, patient and family and, at the same time, their communicative weaknesses are identified<sup>(10,11)</sup>. The theory, therefore, not invalidate aspects of practice, and the practice dilutes the knowledge acquired in theory, keeping the complementarity of each other.

The scholars of the fourth year, at the end of their training, were able to relate the theory with the practice, especially during the boarding school, drew up a portfolio theory justifying the events of everyday life.

In the first year, people write in a way that we think, in short, but I think it is much more consistent now that we are at boarding school; we do the synthesis by assimilating the theory and the practice. Everything is theory and practice, so we cite author, CITES some things of your thinking, but all related: theory and practice. We come from growing the first year here, but it gets stronger in the fourth year. (GF4E5)

This integration between theory and practice reported by students is consistent with the DCNENF, with their directions for curriculum changes and the proposed new structuring academic pillars in the formation of the nurse, which encourage the inseparability between the knowing and the doing<sup>(2,3)</sup>.

In terms of complexity, the dialogical theory-practice requires different and complementary explanations. While the theory has explanatory features, the experience about a particular understanding streamlines theme. Morin proposes changes in the educational setting, arguing that

such reform must start with the re-education of educators<sup>(4)</sup>. In this way, the teacher cycling knowledge between theory and practice, exhibiting at the concrete experience of the actual theory, and showing in practice how the future professional must act so interconnected and contextualized.

During the lectures, practice, and context, during the practical training, indispensable deepening theoretical. When students placed in the context of nursing work, experience situations that hark back to the real needs of the individual or society, and these experiences promote learning, enabling them to become more critical and reflective.

### Verbal and non-verbal communication

Human communication includes verbal and non-verbal aspects, which are present in the same individual and synchronized. Verbal communication refers to the words expressed, written or spoken, and the non-verbal, to any other resource that promotes contact with each other without association with words, and can be gestures, expressions, posture and even silence<sup>(9,12)</sup>. So much verbal communication as the non-verbal reported by academics in their experiences with patients and family members — most of the time, separate mode — during academic practices.

We observe that students have experienced delicate situations of verbal communication between health professionals and user or family.

A verbal experience, so we were on the drive, so the patient transferred from a male to tisiology, and then had an escort of a lord that was there on the side of the patient who had transferred, and then the technician said, "Yes, I think your husband lost his friend there, he's not coming back". I am not being impressed, but also I was not normal; you are in the hospital, the person may die from his illness, but the way he spoke to little Miss... (GF1bE8)

In statements, the students identified verbal communication as a key element in the process of care, in that the words seen as important tools.

Verbal communication interferes directly in the relationship between nurse and patient, once the nursing professionals are the closest to the patient and the family shall communicate appropriately, guiding them and seeking to ease their concerns, fears and anxieties during the illness<sup>(13)</sup>.

The non-verbal communication perceived as

predominant in relations between students and patients or family members. Students emphasized that, on several occasions, had to use non-verbal strategies for approaching patients of different age groups and in diverse situations.

However, the non-verbal, I think prevails. I am the clown, so the clown, he does not just get talking: he has to get in, look at the patient and see if he is authorizing you to enter the room and interact with you. It's not you go in there whenever you want; the room is not yours. You have to enter, look, feel welcome. If he is willing, if he does not want to, if you have a child with fear, just the look you have to find out all of this. Then, you have to watch where you will begin to interact with it, if it is familiar, whether it is by the toy that is there with him. (GF1bE1)

Procedure until is simple, but you end up being a lot of pain, she felt a lot of pain, any pain she felt. Then came near her, she held my hand, then held her hand, then she was just staring at me, and I kept looking for it, while someone else did the procedure that was ending on it, and I was very happy, even little, have helped her at that moment. (GF4E3)

The expression of thought if it makes 7% through words, 38% with paralinguistic signs, involving voice intonation and speed of speech, and 55% for bodily signs. Thus, the non-verbal communication represents more than 90% of the signals that reach the brain through hearing, vision, and breathing and touch<sup>(12)</sup>. Learn to communicate non-verbally is important for intersubjective interactions under personal, social and, mainly, professional, in order to extend the care and health promotion<sup>(14)</sup>.

The two types of communication should not, be understood isolated way: verbal communication does not exclude non-verbal, as if it were non-existent, or vice versa. For more exhibiting different and opposing concepts should, from the point of view of Morin, be seen as inseparable and complementary<sup>(4)</sup>.

Students have experienced communicative experiences in which they realized that integration between the two types of communication. To communicate with patients during procedures, through verbal, received them non-verbal feedback, bringing meaning to the communicative process. This finding is supported by the literature, because it strengthens the communication is the provision or exchange of a message, be it verbal or non-verbal<sup>(1,9,12)</sup>.

We were doing everyone; HGT then had a Lord, he was intubated and was not responding, so I said, and now? Previous classes said the hearing is the last sense that ends, and I rushed in the Lord, I talked to him, I explained everything right, even without having his answer, and then I found out his hand lightly; the time that I was getting, he pulled. If I hadn't mentioned — you see?, disrespect — but then I continued, so I finished everything, and then when I went to play here, I already thanked you, we're done, thank you very much, he was pulling the hand, that is, you know. Therefore, the communication was important. (GF2aE3)

I think everyone met the BC, eight years ago, but she did not speak. We used to sing with her care. In addition, it was not just to get there and do what I had to do and get out: the people had a warning for her, she was very responsive, did not speak, but you could laugh. (GF3E8)

Nursing professionals should acquire the competence in human communication and therapy; it is essential for the realization of Humanized care, real, conscious and transformer<sup>(15)</sup>.

We emphasize the understanding and experiences in relation to verbal and non-verbal communication that were present in the testimony of students. Integrate knowledge that are initially presented in way out of context, disconnected and fragmented is the great challenge for the education of future nurses, encompassing and blaming the agents of this building — educator and learner.

### Speech and silence

Although different linguistic theories exclude the silence, applying only to verbal meanings, conceptualizing it as the opposite of language, referring to the unspoken as a "spare" communication, and not as part of it, the silence is a distinctive part of the language: it is the space that allows the real meaning<sup>(16)</sup>. The language and the silence are two elements that make up the communication, since the individuals, at the same time, express themselves and hide. Thinking in silence is beyond the limits of dialogue, realizing the relationship with the other complex, contradictory and complementary<sup>(17)</sup>.

Speech and silence were in experiences experienced by students in the communicative process. Reported some hostile situations experienced with family patients and health professionals. The reports showed the importance

of communication by means of speech. In the communicative process, you need to know when and what to say, the time to listen and shut up, assume postures of understanding, acceptance and affection, being closer and accessible to the needs of people<sup>(9)</sup>.

In MI had situations like this, there was a girl making stage with me, we had to do the consultation, and the same day arrived two patients who were with the CD4 low rate and high viral load, and would have to introduce medication, the anti-retroviral drugs. Therefore, they left devastated; then the first person they see is you. They arrived in post-consulting room crying in tears, and you have to stay calm, not crying along with the person and, at the same time, remember all the guidelines that you need to take to person and calm person. Are very different situations than you learn over the years that neither in the CID is HIV, tuberculosis; for many people it is the end of life. Then go through these situations helped give a mature like talking with the person: you have to be professional, but remember that the other person is suffering and help her. Therefore, that helped a lot also in the communication. (GF4E3)

Some skills facilitate the communication process, and individuals can develop them, hear the other, use face-to-face communication, which makes it the most complete and compelling message, put yourself in the world of the receiver, going to meet the expectations of the next, develop the sensitivity or empathy, and distinguish the opportune time to send the message. The words must reinforced by the action, and the message must be simple, direct and without redundancy, transmitted in clear language, understand<sup>(12)</sup>.

To experience delicate situations, such as death, students reported that they did not know how to speak or act and caught. In the absence of words, comes into action to non-verbal communication and silence. This type of communication allows the understanding that goes beyond words, taking into account the expression of feelings<sup>(1)</sup>.

My double was responsible for a family, a woman. We stayed there several times, she always received us very well: serving coffee, made cake and everything else. There was a day we got there on the last day, we write a little letter, and my double bought a gift. We clapped there, her daughter left, she said, "Oh, my mother died two weeks ago. I have caught so I was there at the gate of woman, the girl came in and I stayed there. Maybe I didn't know how to communicate, I don't know what happened

[...] and I didn't know what to tell her, what am I going to tell her, I don't know. I think it's time to communicate also you have to know what you talking about. (GF2aE6)

This week I called a girl; was asking about a Mr. Talked like this: Hi, how are you? I am G., here is HU, wanted to talk to his father. "My father is with Daddy in the sky!" There I was ... That had never happened to me, I didn't know how to react, like: Oh, he died Saturday, do not know what ... Then I froze, because I always call for a lot of people, always: Oh, okay then, bye, Guy, always the person is right, the person had no infection, had nothing, then the person is perfect. Here comes an "Oh, my father died Saturday". So, was I didn't know super difficult if I talked like that, my condolences, if I turned off, if I said, Oh, okay, because I realized her voice so, I began to tremble, and she wanted to kind of crying and I just froze. (GF2aE1)

Silence is a form of expression that is part of non-verbal communication, with meanings and senses. The silence is part of the dialogue, used to supply the language and strengthen the communication. It is not just the lack of words, the void, not even the shadow of verbal: it is a different way to mean, the silence means something<sup>(16)</sup>. The intentional silence<sup>(17)</sup> can demonstrate compassion and respect for the patient, be used to reduce his emotional lability, to support you to recognize, process and reflect on changes in their health, ensuring that he will feel heard.

Even if it is something spontaneous, the unwilling subject against the silence, when the word seems to be missing or escape, understood as an accident, a failure, or a hole in the communicative process. This phenomenon perceived as dangerous, since it can break the dialogue; people need to feed the exchange of words, even not knowing what and how to talk<sup>(16)</sup>.

We reinforced that we need to teach and learn to deal with the silence, even if it is difficult. We find that students taught to communicate, speak, write and use non-verbal signals, but are not yet consistently oriented about the silence. A study<sup>(18)</sup> emphasizes that learning to shut up is not easy. Argues that the pedagogical silence can result in moments of reflection, when students forced into a deeper insight about certain aspects of the practice. However, to silence these reflections generate teaching, the student requires time, and there must be a pedagogical relationship with the educator, based on trust and mutual respect.

The view of this, we emphasize the importance of linking the concepts of silence and speech, since the concept of simplifying each concept is not enough to understand the complexity of the communication as a whole.

Search the deepening complexity and the contextualization of the given phenomenon, as well as the intertwining of seemingly contradictory concepts, to the extent of understanding of the whole<sup>(8)</sup>. In this sense, it is necessary that the interlock education the concepts of theory and practice, verbal and non-verbal communication and speech and silence for the scope of the understanding of communication as a whole.

## FINAL CONSIDERATIONS

During the process of teaching and learning, nursing students experienced polarities that contributed to the development of that competence.

The way these dualities addressed during the training must rethought. We need to teach theory and practice since the beginning of the course, explaining the reality clearly and true, exploring the concepts of communication types of complementary and in dissociable form, helping the student to communicate in adverse situations and delicate, noting the opportune time for the language and for the silence.

From the point of view of complex thinking and Dialogic principle, the dualities presented in this study, although seemingly contradictory, must understood as inseparable and complementary, so that their interlacing makes the teaching of more comprehensive and integrated communication.

To achieve this complementarity of knowledge, it is necessary to be transformation in the form of thinking and acting of educators and students. This transformation must abandon the thought that simplifies and reduces and advance to the thought that covers and integrates, walking towards the shared construction and respectful of meanings and values.

Since the human being is complex, the nursing care becomes equally complex, and future nurses get develop skills to play its role in the best way. And to develop communication skills, it is desirable that teachers wake up to this issue: addressing communication openly, contextualized, multi dimensionalities, global, relating it to the whole; use of reality at health services to create

new opportunities for learning, new opportunities of reflections, involving verbal and non-verbal actions, enhancing the pedagogical and intentional silence pointing ways and choices towards the construction of a more humane health care.

Remain as well, several challenges related to

the results of this study. We highlight those who incite to changes in the attitudes of teachers and students of nursing, as well as health professionals. We hope that the educational institutions to create reflexive spaces aimed at possible changes in the teaching and learning process of communication.

## **POLARIDADES VIVENCIADAS POR ESTUDANTES DE ENFERMAGEM NA APRENDIZAGEM DA COMUNICAÇÃO: PERSPECTIVAS DO PENSAMENTO COMPLEXO**

### **RESUMO**

A comunicação é uma competência a ser alcançada na formação do enfermeiro. O objetivo deste estudo foi compreender as polaridades vivenciadas pelos estudantes de enfermagem no desenvolvimento da competência de comunicação. Estudo qualitativo compreensivo, tipo estudo de caso, realizado com 55 acadêmicos de um Currículo Integrado de enfermagem de uma universidade pública que tem a comunicação como um de seus temas transversais. A coleta de dados foi realizada por meio de grupos focais, que foram gravados, filmados, transcritos na íntegra e submetidos à análise de conteúdo. Os resultados foram discutidos de acordo com o pensamento complexo de Edgar Morin. Todos os preceitos éticos foram atendidos. Os resultados apontaram algumas polaridades vivenciadas no processo de ensino e aprendizagem da comunicação: teoria e prática, comunicação verbal e não verbal, silêncio e fala. Na perspectiva do pensamento complexo e do princípio dialógico, as dualidades apresentadas neste estudo, mesmo sendo aparentemente contraditórias, devem ser compreendidas como inseparáveis e complementares, de modo que seu entrelaçamento torne o ensino da comunicação mais abrangente e integrado.

**Palavras-chave:** Enfermagem. Educação em enfermagem. Comunicação.

## **POLARIDAD EXPERIMENTADA POR LOS ESTUDIANTES DE ENFERMERÍA EN EL APRENDIZAJE DE LA COMUNICACIÓN: PERSPECTIVAS DE PENSAMIENTO COMPLEJO**

### **RESUMEN**

La comunicación es una habilidad que deben alcanzarse en la formación de enfermería. El objetivo de este estudio fue comprender las polaridades que experimentan los estudiantes de enfermería en el desarrollo de la competencia comunicativa. La comprensión de estudio cualitativo, un estudio de caso llevado a cabo con 55 estudiantes de un currículo integrado de enfermería en una universidad pública que tiene la comunicación como uno de sus aspectos de interés común. La recolección de datos se llevó a cabo a través de grupos de enfoque, en el que fueron escritos, cinematográficos, transcritos en su totalidad y se sometieron a análisis de contenido. Se discuten los resultados de acuerdo con el pensamiento complejo de Edgar Morin. Todo se cumplieron las normas éticas. Los resultados mostraron algunas polaridades con experiencia en la comunicación proceso de enseñanza-aprendizaje: teoría y práctica; la comunicación verbal y no verbal; el silencio y el habla. Desde la perspectiva del pensamiento complejo y el principio dialógico, las dualidades presentan en este estudio, a pesar de que aparentemente contradictoria, debe ser entendida como inseparables y complementarios, por lo que su entrelazamiento hace que la enseñanza de la comunicación más amplio e integrado.

**Palabras clave:** Enfermería. La educación de enfermería. Comunicación.

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**Submitted:** 14/09/2016

**Accepted:** 22/12/2016