COMMUNICATION BARRIERS: PERCEPTION OF A HEALTHCARE TEAM[1]

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ABSTRACT

Objective: To apprehend the health team's perception of communication barriers and to identify factors that contribute to or interfere with health team communication. **Method:** Qualitative research with 12 health and administrative professionals, members of a health team at a large pediatric hospital in Curitiba, PR. The data were collected through a semi-structured and recorded interview. For the analysis of the data the analysis of content proposed by Minayo was used. **Results:** The professionals had knowledge about the concept of communication, about the meaning of communication barriers and the possible consequences. Communication barriers include lack of communication, interruption of communication before the message reaches the destination, lack of interest of the receiver, overload of work and information, non-adequacy of language and technical problems with the medium used. **Conclusion:** Good communication is needed to ensure that environmental adversities do not interfere with care, so understanding the elements that permeate the development of effective communication is of paramount importance.

Keywords: Barrier communication. Communication. Patient care team. Language. Leadership. Information exchange.

INTRODUCTION

All activity involves some form of communication, direct or indirect, on planning, organization, leadership or monitoring, and therefore the subject is considered important. This implies that the communication skills of each individual affect personal and organizational effectiveness[1]. Communication can be a complex process, the possibility of sending or receiving incorrect messages is constant. In the area of health, verbal and non-verbal communication is one of the main tools for developing effective care.

In the performance of management functions, it relies on communication all the time, to interact with small groups such as the team, the organizational network, among others, and in the exercise of leadership and uses both spoken and written communication. Health professionals constantly cope with communication problems that interfere with the continuity and quality of work or the satisfaction of the professionals' needs. For the development of teamwork, communication is essential[2].

It is important to emphasize that the quality of the service provided to the health user is determined not only by equipment, materials and application of technical-scientific knowledge. The quality of service is also closely linked to the relationships established by the health team with the user[3]. Therefore, ineffective communication is dangerous, since it can generate from small administrative misunderstandings to incorrect diagnoses and procedures.

For this reason, it is imperative that the professional is aware of the components of the communication process and of its impact on the relationships established between him, patients, staff and other professionals as a way of improving practice, maximizing positive effects and to prevent or minimize misunderstandings of poor communication, preserving the integrity and well-being of the patient and team[3].

The factors that lead to communication barriers are many and include work overload, lack of privacy, lack of training, specialization of professionals working in the same unit, embezzlement in the team, different languages, even the time of work and professional experience can influence the communication between professionals.

The theme became relevant in view of the

difficulties and friction experienced in daily practice, because these were mostly the result of obstacles or blockages in communication between professionals and this reflects in patient care, in addition to the professional relationships being worn by these conflicts. Faced with the mentioned points, the research question was asked: What are the perceptions of the health team about communication barriers?

This study aimed to understand the health team's perception of communication barriers in a pediatric hospital and to identify factors that contribute or interfere in the communication of the health team in a hospital context.

MATERIALS AND METHOD

This is a research of qualitative nature adopting a descriptive exploratory character, in agreement with the proposed objectives, since there is no concern in quantifying data. The central focus of this type of research is the understanding of the human reality lived in society and the meaning is the objective of the research[4].

The study participants were twelve (12) professionals from the health area and the administrative sector, working in a large pediatric hospital in Curitiba - PR. The data were collected between April and June 2018. The inclusion criteria used were: to be at least eighteen years old, to act directly or indirectly in patient care, to work in the institution for more than six months.

The information was collected through a semi-structured interview conducted by two of the authors of the research, in a reserved place in the sector where the participant worked. The interviews were audio-taped and had an average duration of 20 minutes and were guided by the following questions: What is communication for you? What do you mean by "communication barriers"? What communication problems/barriers do you perceive in your industry/work environment? Do you believe effective team communication contributes to patient safety? What do you believe could be done to minimize or circumvent these barriers? What do you do to minimize or circumvent communication barriers?

The interviews were transcribed integrally and then submitted to content analysis[4] following the three steps proposed: Step 1 - Data ordering: the transcription of interviews, reading of the material and organization of the reports in a certain order, already assigning the data an initial classification; Step 2 - Classification of data: using the theoretical basis the data obtained through the relation of theoretical and empirical questions were classified. Step 3 - Final Analysis: dependent on previous forms, with the final interpretation of the findings, where a dynamic, dialectical movement occurs between the empirical and the theoretical.

The present research followed the ethical precepts established in Resolution CNS/MS 466 of December 12, 2012 and the project was approved by the Research Ethics Committee under No. 2,560,499. All participants signed the Informed Consent Form prior to the start of data collection.

RESULTS AND DISCUSSION

Twelve (12) professionals agreed to be interviewed and met the inclusion criteria: one (1-8,33%) administrative assistant, two (2-16,66%) hotel assistants, one (1-8.33%) pharmaceutical, one (1-8.33%) physiotherapist, one (1-8.33%) nutritionist, one (1-8.33%) psychologist, one (1-8.33%) nursing resident and three (3-24.99%) nursing technicians.

The proportion of professionals by area in a health team can also be perceived in relation to the professionals interviewed, in which the majority was nursing technicians. The nursing category represents the largest contingent of human capital tied to hospital care; it is the only one to stay with the hospitalized patient in an uninterrupted manner, and also to the nurse is linked to the managerial dimension inherent to the nature of the work[5].

The level of education of the participants was quite varied, due to the range of professionals interviewed, the highest concentration of professionals is in the 'high school' series, represented by four employees (4 - 33.3%), which reflects the sample of the research, since most of the participants were nursing technicians. The second largest category has three (3 - 25%) of professionals who only have a postgraduate degree as a form of specialization.

The age of the professionals was varied, being the maximum fifty eight (58) years and the minimum twenty three (23) years-old. Regarding the working time, the longest-serving professional has worked for thirty-one (31) years-old, while the youngest employee has been working in the institution for only six (6) months. The age difference between the professionals and the time of performance in the institution can be factors that interfere in the effective communication between the professionals, since this implies in the use of different colloquial terms and also in different levels of knowledge about the functioning of the institution.

From the reports of the participants were grouped, classified and analyzed according to the theme and affinity of the answers, resulting in a large category, which is subdivided into five other subcategories for discussion, containing the records as can be observed in the scheme (Figure 1):
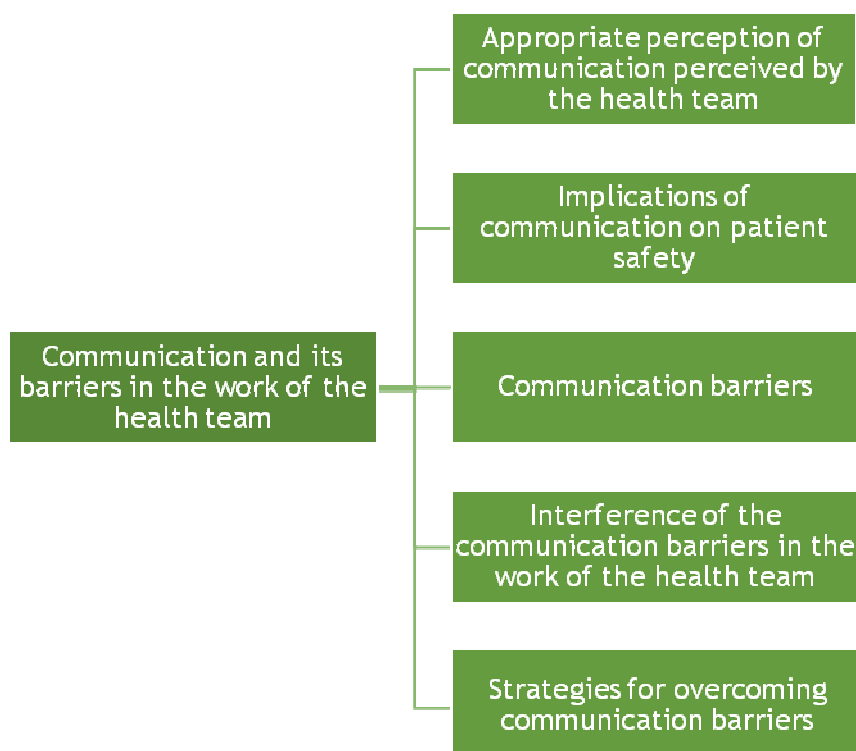

Figure 1. Categorization and subcategories resulting from content analysis.
Source: research data, 2018.

In the first subcategory, the interviewees reported an appropriate perception of communication perceived by the health team.

> Communication is the way we have to express ourselves; it can be verbal or non-verbal. (ESP1)

> [...] it is a message from a person to another person, which can occur in various ways, through speech, gestures, the person's countenance... (SUP1)

> It would be the exchange of information through a language, mainly verbal. [...] and also in writing in which you will exchange this information... it would be clarity both in transferring and receipting, [...] But an effective [communication] would be transfer and understanding. (MR1)

> [...] it is the way I can get the message of what should be done, what should be remembered, what my sector "must touch". I use various ways to do this. (ESP3)

> Communication is a way of being you, passing information, and presenting yourself to the world. [...] there is no way to be in society without communicating all the time ... communication is this, it is living in society. (DR1)

It is noted that the interviewees have knowledge about the meaning of communication and define it as a way of passing or exchanging

information and also as a way, verbal or not, to dialogue with the other. In agreement with the answers given by the interviewees we can define communication as one of the ways of intervening in the conflicts and that implies a two-way channel: speaking and listening. It can be understood as a process of transcendence inherent in interpersonal relationships[6]. It is also possible to define communication as the exchange of information, thoughts and feelings between people using speech or other means, [...] this is a two-way process[7], it is the sharing of meaning and without meaning there is no communication[8].

The ability to communicate and interact with one another is inherent in human behavior. Thoughts, feelings, actions, and reflections can be shared with our fellow human beings and this makes us human beings[9-10]. Two or more people understanding the communicated message create a shared meaning between them about the sent message[10].

In the second subcategory: implications of communication on patient safety, according to the interviewees' understanding. All have stated that they realize the importance of effective communication for the patient's safety and the risks that his/her lack presents.

> For sure! The information is passed more correctly, you have more security in what you do, everyone knows what is happening, for example, everyone has to know what is happening to the patient even though you are not assuming it [...]. And, mainly, the nurse. (ESP1)

> Ever! Ever! It contributes [to patient safety] because [...] communication is important for you to be aware of everything; [...] it makes a lot of difference for us [from nursing] to the cleaning staff, to the maiden... to pass right things to each other, you know what I am talking about, and the other person also understands, there is no such discord [...]. (IN 1)

> Yes, imagine... if I cannot make a clear prescription it will have several stages of problems [...]. The first problem is with me, and it has to be read in the lactario, both by the nutritionist who is responsible, and by the lactarist, who prepares, and I usually need gauging and precision down there (in the lactario). If they cannot do {the diet according to the prescription} there is to the patient a wrong diet and that can be toxic then I can aggravate and

prolong the hospitalization time and sometimes the exchange [of the diet], ... until the child is put to death, [...] even in the corridor at the time of administration and when setting up the diet there may be an exchange by the technician or by whom he is installing and also bring that child to death. (MR1)

All interviewees understand that communication is important for patient safety and that lack of communication can generate errors at various levels of severity. It is through communication that they know the patients and their industry and, according to them, good communication avoids the repetition of procedures, exams and medications and helps to ensure a correct and quality care. Effective communication skills of health professionals are vital for the provision of quality patient care [11], since communication among health professionals accounts for most of the information flow during care, the dialogue does not level, it does not generate reductionism, on the contrary, it stimulates respect among people engaged in crossing barriers[12] and avoiding failures in performance.

In this sense, the structuring of an organizational culture based on objectives and strategies, which provide a more effective communication, will reflect positively on the care processes and, consequently, on the quality of services and patient safety[13]. The third sub-category: communication barriers.

> {Communication barrier} may be lack of understanding, maybe some lack of some word or double meaning, right? Or simply, sometimes, there is no such communication [...]. (ESP2)

> Barriers of communication is when the person does not communicate with you, does not pass that something that should have passed. (EF2)

> Not knowing how to express yourself, not knowing how to communicate, for me it is that. (IN 2)

> Everything that hinders this process. All that hinders is a barrier. (SUP1)

> Barriers? I suppose it's not a good thing. I think it's a statement that is not very good, that something bad is going to happen, that's what I think. (EF1)

Almost all subjects interviewed defined communication barriers as some form of

hindrance, blockage or interruption in the communication process. The interviewee EF1 defined as a barrier of communication the passage of bad news or negative information, which may increase communication difficulties in the sector.

For successful communication with a team or others we must understand the communication environment and the barriers that prevent messages from being sent and received successfully[8]. A barrier of communication is anything that prevents the receiving or understanding of the message that someone uses to convey information, ideas and thoughts. Ineffective communication can cause depression, anxiety, hopelessness and decrease in patients' quality of life[14].

In the following subcategory: interferences of the communication barriers in the work of the health team, the interviewees were questioned about the barriers they perceived in their sector of action or what barriers of communication they thought were the most interfering in their work.

> There is a lot {barriers}. The staff does not communicate, like, at lunchtime they do not talk on duty, and we have to do all the stuff alone, when they have medication to get them from the pharmacy and nobody says anything, then it's late, and the person is at lunch, this is lack of communication. (EM3)

> For example, you have an examination to do, you told it to the colleague; the colleague did not tell it to another colleague, in the end, it was not done and that lack of communicating makes a big disorder [...]. The information catches enough, quite a lot, on everyone in the team. [...]. Passing information, for example, someone passed something to you to talk to information that was really needed and that was suddenly forgotten or left there. (IN 1)

> There is this difficulty, because sometimes you give some specific care to a particular patient so that it is done both during the time you are here and during the shift, the night, including [...] many times you arrive the next day and it did not happen or because the person simply passed it to a third person and the third person did not pass it or because they did not do what they had to do, which is to have passed. So there is the lack of communication, both here in the sector {UTI} and throughout the institution and not only at the care level, but also administrative. (ESP2)

> The problem is also the time of duty change, shift changes.(MR1)

The interviewees mentioned several barriers, but focused mainly on the communication barriers that permeate their work activities or that most disturb them in a personal way. As process barriers were cited the total lack of communication, the lack of guidance, or the difficulty in getting the information to arrive at its destination. When communication does not occur completely, there may be negative interference in nursing care, causing important information to be lost in the course of the process, thereby damaging the individual's health-disease process, treatment and recovery[3].

> There may be physical barriers I think, I do not know, for example the phone is in trouble you cannot talk or you are in a very big place, and there are [...]

> The physical barriers, the noise, when there are many people in the same environment. [...] when there are many people, information can be lost, so [...]. (ESP1)

Only one interviewee mentioned the physical barriers to communication, saying that the devices used in communication can generate loss of information. Overcrowded environments increase staff pressure and fatigue, lower the irritability threshold, which can lead to unwanted behaviors or total or partial failures in communication [15]. Another problem identified in their study was that defective communication channels, in need of maintenance or, still, the professionals' inability to handle the media are also important factors for communication failures.

Other factors that may disturb the communication process may be improper temperature, excessive noise, lack of ventilation in the environment and lack of privacy [16], the conditions of the clinical environment have a great effect on the quantity and quality of communication[17].

> [...] the person who does not have a correct way of communicating with the other, who does not use the proper vocabulary. I have seen problems in this part of not using the appropriate terminology for the patient, or to another professional, using very technical terms that the person does not understand. (SUP1)

Understanding also, sometimes many professionals fail to understand our greatest communication tool that is writing, by prescription, some professionals cannot make a reading of this prescription. (MR1)

Because there is a father who I think does not understand us, he thinks we are… so I think it's difficult to communicate with them like this, right? In question, parents are already more like us, right? There are some who are cooler, some who are tougher (sic). And with the nurses too, huh? The fact that we, well, people do not understand well, right? Because the nurses are more like that, right? (EF1)

Some interviewees focused on the semantic barriers, linked them to the use of words and technical terms and also reading the documents used, such as the prescriptions. The use of technical or colloquial language by both patient-professional and professional-professional relationships is very important for quality communication[11].

The lack of knowledge about the colloquial language of the patient or the use of jargon alters the effectiveness of the understanding and in turn of the effectiveness of the communication between the individuals. Other factors that modify the effectiveness of communication are cultural and language differences. The inefficiency of electronic or written forms for team communication is also a problem, he further reports that the difficulty in using electronic devices and in some cases even the digital system used by institutions may delay the establishment of communication[15].

[...] the person who is not open for such communication. (SUP1)

I think the person has to be available to listen to you, you have something to talk and the person has to listen and then make the decision, it would be the willingness to listen. When you turn on the person you do not want to hear what you're talking about, your head is full of problems, anyway. [...] people who do not want to listen when someone is talking and the person is not willing to listen. (ESP1)

[...] In the sector, my biggest problem is with the doctors. Because there are some of them that are open, some that are closed, I have no direct contact with them. [...]. (IN 2)

Psychological barriers were also cited by interviewees who placed hierarchy and lack of interest as major communication problems. Failures to communicate effectively are a major potential obstacle in providing standardized care services[18]. This may result in anxiety, misunderstandings, misdiagnoses, possible maltreatment, and exposure to complications, increased length of hospital stay, wasted resources, and general dissatisfaction of nurses [...]. Good communication can have positive results including decreased anxiety, guilt, pain and other symptoms. In addition, it can assist in patient satisfaction, agreement and cooperation with the health team, and improve the patient's physiological and functional status; this also has a great impact on the training provided to the patient[11].

There is a very large number of people rotations inside here during the day and at night, and even hiring, so sometimes when you can keep the professional in our level he leaves, so it's complicated. (ESP2)

Yes, a lot {communication problems between colleagues}. I think because of the adrenaline of the service sometimes there is much misunderstanding. [...] If the team is not well, if the team does not know each other, there is no way to have good communication, do you understand? {with respect to the barriers} Ah, a lot of anxiety, sometimes because of the difficult moment they are going through you talk, [...] and the situation, the illness makes them {companions/patient} misunderstand what you are saying. (EM4)

Participants also cited staff rotation and team involvement as factors that influence communication with colleagues, patients and family members. Strengthening the communication links between professionals is important for the relationships established with the patient and his family, since, according to the authors, it reflects on a more harmonious and effective nursing care. Establishing a better communication with the client contributes to knowing and understanding their feelings and, possibly, to healing or reducing doubts, fears and fears[3].

In the hospital, the hierarchy ends up causing a problem, which is not necessarily the one that judges on a larger scale of the hierarchy will hear the one on a smaller scale, I think inside would be the main barrier. (MR1)

According to the interviewee's speech, it is observed that hierarchical differences and conflicts in the context of work in the health field have directly influenced the way communication is established, causing the professional categories to act in parallel, to the detriment of the work in team[13]. Among the problems that may affect the relationship between medical and nursing staff are lack of professionalism, inadequate collaboration, lack of return of timely referrals by medical staff, and medical disinterest as common problems affecting communication between doctors and nurses[12-18].

In relation to the main challenges encountered for effective communication in health team work, we have: diversity in the training of professionals, in which training for communication may differ between individuals; the tendency of the same professional category to communicate more with one another; the effect of the hierarchy, usually with the doctor occupying a position of greater authority, a situation that may inhibit the other members of the interdisciplinary team[13]. In the last subcategory: strategies for overcoming communication barriers, practitioners discussed the methods and routines they use to minimize effects or eliminate communication barriers in their work environment.

> [...] I think that trying to direct the information even, maybe, I do not know, to clarify the information. When there's something I need to pass on to everyone, I try to get everyone together [...] or if it's more focused on a person I call, I show [...]. (ESP1).

> Well, this has already been done here, it was a point of view that I had and I can see a lot of improvement that is increasing the staff, right? [...] Yes, in a way yes [increase of employees improves communication]. [...] the staff take time together, try their best to always have that team, that's right, it's a family. Because I know how my brother is, how I have to approach and talk to him, which is different from talking to my mother [...]. Good sense, calmness and patience, especially if it's someone you do not know, and ethics, above all, I think it is {enables} good communication if you do not know the person. (EM4)

> It is training, both for the prescriber and for the one who will read in the lactario, as well as for the one that will install, and also reinforce not only the written form, but also the verbal training for those who will do it. I can pass verbal guidance, in addition to writing, to the schedule that I am here, but among the staff there is the nurse, who will pass on to the other the importance of this. The non-verbal, which is the written, the verbal to reinforce and basically is what is within my limit. (MR1)

In relation to the measures used to circumvent the barriers, the interviewees pointed out the more effective direction of information and the holding of multidisciplinary meetings. The lack of nurses and the presence of critically ill patients in the sector are causes of high stress for professionals and patients, which may decrease the ability and motivation for work and communication[17].

> [...] I believe that it's not the new media, new ways of communicating, but making them more effective, that people use them more. [...] So, we train, we use e-mail and, for example, sometimes we have a communication to do, but we use various means to do this... Then we communicate on the book, communicate by email, send message on Whatsapp ... [...], so that we can encircle a larger number of people. [...] we try to use various means for one thing, one statement only. (ESP3)

> First, I think the teams have to be more cohesive, it has to be a Team and not several "I" teams, we should have a lot of multidisciplinary meeting, but in an interdisciplinary way. Not forgetting the cleaning staff and depending on the cases, those cases that we have here in the hospital that sometimes have a lot of repercussion the communication staff, the security ... [...] this prevents the nurse who does not get it right what the doctor wants, there may be a noise there, [...] then you should have a place where you can talk, you can put your doubts in a fearless way, without fear and that all doubts are clarified, I think that would minimize it, right, because taking [the barriers] there is no way. I think that what I always try to do is [...], I talk to the nurse. I pass the case on to the nursing and I sort of argue with her, about what she sees, what she understands because then you can have an ordinary speech, right? It is necessary to talk to everyone in the same language. [...] to show the importance of the multidisciplinary meeting at every meeting, [...] everyone needs to know what is happening... (DR1)

When the health team presents a cohesive, effective, validated and consolidated

communication process, the relationships among professionals can be considered as a factor to provide integral and quality care[3]. Meetings were cited as an important tool to foster professional-individual and team growth as well as to improve performance for the delivery of assistance. In this way, the meetings should be spaces for discussion, reflection, exchange of ideas and dissemination of knowledge, and not only an instrument for solving emergency problems.

Nursing care adds different and varied functions and activities and among them are the interaction and the dialogical relationship that is built with the other, so it is necessary to look for the development of the professionals' ability so that in the interpersonal relationship with the clients the professionals can give attention to their needs through active listening and communication[19].

> Wow! I cannot think of anything {that can be done to reduce the barriers}. (EF1)

A non-effective professional communication can compromise the quality of care, regardless of the area in which the professional. Differences in position and hierarchical role and interpersonal conflicts can damage the communication of professionals and, as a consequence, affect patient safety and quality of care. Poor communication increases the rate of errors, causes the professionals to stop taking care, or repeat care unnecessarily increasing occupational stress[20].

From the reports of those surveyed, it was possible to emphasize that communication is a way of putting oneself and presenting oneself in the world. Through communication routines and work methodologies are established, and the breakdown in the communication process will directly affect patient safety. Effective communication allows professionals to be aware of everything that permeates the routine of their sector and the health-disease process of patients under their care and also allows the professional, regardless of providing direct or indirect care to the patient, safer and more confident way.

There are many communication barriers present in the daily life of health professionals: total lack of communication and hierarchical differences are the main problems encountered by professionals during communication; a major

factor for non-effective communication is the lack of interest of those involved; professionals cannot express themselves in a clear way, using terms and appropriate language, that makes possible the understanding of the other; the environment of action and frequent contact with illness and death are sources of communication barriers; as well as the stress that the context of illness and/or hospitalization exerts on the patient and family is a factor that hinders communication. Another factor that is reason for communication difficulties is the rotation in the team of members of the health team. More effective, through adaptations and training, existing media or use them, is one of the ways to make communication more effective.

FINAL THOUGHTS

The study allowed the apprehension of the communication barriers of each individual, professional and member of a health team interviewed. Through the categorization, analysis and discussion made based on the speeches, it was possible to identify some factors and conditions that affect the communication of the team in a local sphere, within the sector, which could provide a more general description of the institution in general, since in fact, the speeches reflect the vision of professionals not only in the sector in which they are inserted, but of all the sectors and other professionals with whom they have contact.

All interviewees had knowledge about the concept of communication and about the meaning of communication barriers and the important consequences that communication affected by these barriers can bring to the patient.

The main communication barriers cited were the complete lack of communication and the interruption of communication before the task or request was completed or before the message reached its intended destination. Other barriers cited were the lack of interest of the message receiver, overload of work and information, not adequacy of the language to allow their understanding and technical problems with the medium of communication such as telephone, prescription and system.

Regarding ways of minimizing or

circumventing communication barriers, the most cited attitude was to direct information to all stakeholders, at the same time as information is passed on to all employees in the sector, thus increasing the chances information is not misplaced during the direct dialogue. It was also mentioned the importance of the team meetings, so that the information arrives in all the members of the team. As the main limitation of the study, we can place the actual contact with the interviewees, due to the routine and tribulations caused by the interruption of the activities for the interview, but also by the difficulty presented by some professionals in answering the questions.

Communication is essential for living in society and this is true for the provision of nursing care or health care in general. Good communication is necessary to ensure that the adversities of the environment, such as the flow of care, the amount of routine tasks, intercurrences and emergencies, not only do not harm the patient, but that it is possible, with effective communication, to benefit patients, family members and professionals through the development of a safer and more effective environment.

BARREIRAS DE COMUNICAÇÃO: PERCEPÇÃO DA EQUIPE DE SAÚDE1

RESUMO

Objetivo: Apreender a percepção da equipe de saúde frente às barreiras de comunicação e identificar fatores que contribuem ou interferem na comunicação da equipe de saúde. **Método:** Pesquisa qualitativa com 12 profissionais de saúde e administrativos, integrantes de uma equipe de saúde em hospital pediátrico de grande porte de Curitiba, PR. Os dados foram coletados por meio de entrevista semiestruturada e gravada. Para a análise dos dados utilizou-se a análise de conteúdo proposta por Minayo. **Resultados:** Os profissionais possuíam conhecimento sobre o conceito de comunicação, sobre o significado de barreiras de comunicação e as possíveis consequências. Como barreira de comunicação destacam-se a falta de comunicação, interrupção da comunicação antes que a mensagem chegasse ao destino, falta de interesse do receptor, sobrecarga de trabalho e de informações, não adequação da linguagem e problemas técnicos com o meio de comunicação utilizado. **Conclusão:** Uma boa comunicação é necessária para garantir que adversidades ambientais não interfiram na assistência, portanto o entendimento dos elementos que permeiam o desenvolvimento de uma comunicação eficaz é de extrema importância.

Palavras-chave: Barreiras de comunicação. Comunicação. Equipe de assistência ao paciente. Liderança. Linguagem. Troca de informações.

BARRERAS DE COMUNICACIÓN: PERCEPCIÓN DEL EQUIPO DE SALUD

RESUMEN

Objetivo: comprender la percepción del equipo de salud frente las barreras de comunicación e identificar factores que contribuyen o interfieren en la comunicación del equipo de salud. **Método**: investigación cualitativa con 12 profesionales de salud y administrativos, integrantes de un equipo de salud en hospital pediátrico de grande tamaño de Curitiba, Paraná-Brasil. Los datos fueron recolectados por medio de entrevista semiestructurada y grabada. Para el análisis de los datos se utilizó el análisis de contenido propuesto por Minayo. **Resultados**: los profesionales poseían conocimiento sobre el concepto de comunicación, sobre el significado de barreras de comunicación y las posibles consecuencias. Como barrera de comunicación se destacan la falta de comunicación, interrupción de la comunicación antes que el mensaje llegara al destino, falta de interés del receptor, sobrecarga de trabajo y de informaciones, no adecuación del lenguaje y problemas técnicos con el medio de comunicación utilizado. **Conclusión**: una buena comunicación es necesaria para garantizar que adversidades ambientales no interfieran en la atención, por tanto el entendimiento de los elementos que comprenden el desarrollo de una comunicación eficaz es de extrema importancia.

Palabras clave: Barreras de comunicación; Comunicación; Equipo de atención al paciente; Liderazgo; Lenguaje; Intercambio de informaciones.

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