Effective communication in the nurse-patient relationship in the light of Transcultural Interprofessional Practice model

Comunicação efetiva nas relações enfermeiro-paciente à luz do modelo Transcultural Interprofessional Practice

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ABSTRACT

Objective: to analyze the use of elements of effective nurse-patient communication in the light of the Transcultural Interprofessional Practice model. **Methods:** an integrative literature review was carried out in the CINAHL, LILACS, MEDLINE, SCOPUS, and Web of Science databases, without a time limit. **Results:** 12 studies were analyzed, most of them published in the English language, in 2017. Two categories were elaborated: effective verbal and non-verbal communication between nurses and patients. The elements of effective verbal communication were presented as speech and language; non-verbal ones presented as signals, distance, eye contact, time, touch, listening, empathy, and patience. Technology-assisted communication was part of both. Less frequently, the verbal communication process was hindered by language and non-verbal communication due to a lack of time availability. **Conclusion:** effective communication favors the establishment of trust, interaction, and the nurse-patient relationship.
Descriptors: Communication; Nurse-Patient Relations; Nursing; Nursing Theory; Transcultural Nursing.

RESUMO

Objetivo: analisar a utilização dos elementos da comunicação efetiva entre enfermeiro e paciente à luz do modelo *Transcultural Interprofessional Practice.* **Métodos:** revisão integrativa da literatura realizada nas bases de dados CINAHL, LILACS, MEDLINE, SCOPUS e *Web of Science*, sem recorte temporal. **Resultados:** foram analisados 12 estudos, sendo a maioria deles publicada em idioma inglês no ano de 2017. Elaboraram-se duas categorias: comunicação efetiva verbal e não verbal entre enfermeiros e pacientes. Os elementos da comunicação efetiva verbal apresentaram-se como fala e idioma; os da não verbal apresentaram-se como gestos, distância, contato visual, tempo, toque, escuta, empatia e paciência. A comunicação assistida por tecnologia fez parte de ambas. Em menor frequência, o processo de comunicação verbal foi dificultado pelo idioma e a não verbal, pelo tempo. **Conclusão:** a comunicação efetiva favorece o estabelecimento da confiança, a interação e a relação enfermeiro-paciente.
Descritores: Comunicação; Relações Enfermeiro-Paciente; Enfermagem; Teoria de Enfermagem; Enfermagem Transcultural.

Introduction

Communication is a process mediated by understanding and sharing ideas and exchanging messages[1]. The *Política Nacional de Humanização* (National Humanization Policy) predicts that communication is the element that gives transversality to health practices and through it, the bilateral sender-receiver sequence can be broken and the involvement of people and environments is achieved[2]. The nursing team uses verbal and non-verbal communication to allow or improve the provision of care, to establish a closer relationship with the patient, approaching contact, interaction, or the mixing of cultures, experiences, and knowledge exchange.

Verbal communication takes place through words and is expressed through writing and speaking. The non-verbal form happens through gestures, actions, or facial expressions, which mean some information. Verbal communication is commonly the most understandable, observed in the nurse-patient relationship[3] and used to validate non-verbal communication - as this is not always understood[4].

The communication process is the essence of nursing care, which must be based on knowledge and epistemology. Thus, nursing, as a science, develops and uses theories to scientifically support its teaching, research, and practices processes, which influence its object of work: nursing care. Among the theories, cross-cultural nursing stands out, which presupposes competent nursing care for the individual[5-6].

The Transcultural Interprofessional Practice model[7] has two major concepts: culturally competent care and cultural communication. About cultural communication, the key concept is effective communication, which presupposes the exchange of meaningful information between two or more people, shared by feelings, ideas, attitudes, expectations, perceptions, and behaviors. Effective communication presents conversation as the key element of verbal communication and, from non-verbal communication, gesticulations, distances, looking, facial expression, the time offered to that client, touch, listening, empathy, patience, the environment where the dialogue takes place, the language, the silence, the way of speaking and, finally, the use of technologies for assisted communication, such as the internet and the smartphone[8].

The Transcultural Interprofessional Practice model consists of a scientific, systematic, logical, and ordered process for culturally competent client-centered nursing care. Its assumptions are based on quality evidence and care for people of different origins throughout life. Thus, its main components include the context from which values, attitudes, beliefs, and practices related to people's health arise; the interprofessional health team; the problem-solving process, and the communication[7]. The perspective is to meet the set of international patient safety goals, which are key in structuring safe and person-centered care. Effective communication infers safe care and must occur at all stages of care between the professionals, patients, and caregivers involved, always with the confirmation of their understanding[9-10].

It is crucial that the nurse uses effective communication in the relationship with the patient, so that the care offered has a positive impact on the maintenance and recovery of health. Thus, the use of a theoretical model scientifically supports the knowledge of cross-cultural care with different groups, decision-making, and problem-solving, which are central to nursing practice.

Therefore, we aimed to analyze the use of elements of effective nurse-patient communication in the light of the Transcultural Interprofessional Practice model.

Methods

This is an integrative literature review, carried out through the following stages: identification of the theme, selection of the hypothesis and outlining of the research question; establishment of inclusion and exclusion criteria/sampling or search and selection in the literature of primary studies; definition of the

information to be extracted from the selected primary studies/categorization of the studies; critical evaluation of the studies included in the integrative review; data analysis and interpretation and synthesis of results or presentation of the review[11].

The study had the following guiding question: How are the elements of effective communication, proposed in the Transcultural Interprofessional Practice model, used in the nurse-patient relationship, and propagated in the production of nursing knowledge?

We applied the strategy research problem-variables of study-achieved results to identify the keywords and, consequently, define the descriptors "communication", "nurse-patient relations" and "nursing" on Medical Subjects Headings (MeSH). The crossing "communication" AND "nurse-patient relations" AND "nursing" was applied in all selected databases.

Inclusion criteria were defined as original scientific research, published in Portuguese, English and Spanish languages, which emphasized the use of verbal and non-verbal communication by the nursing team for the provision of care. We opted not to use a time limit for publications, seeking to include a greater number of studies. Literature review articles, experience reports, case studies and findings that did not answer the research question were excluded.

The paired search was carried out between September 2019 and March 2020, using the portal of journals of the *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* (CAPES) (Coordination for the Improvement of Higher Education Personnel), in the databases Cumulative Index to Nursing and Allied Health Literature (CINAHL), Literature Latin American and Caribbean Health Sciences (LILACS), Medical Literature Analyzes and Retrieval System Online (MEDLINE), SCOPUS and Web of Science.

To help to understand and to show the steps of data search and the number of articles, the Preferred Reporting Items for Systematic Reviews and Meta-Analyzes[12] (PRISMA) model was used, described in Figure 1. Two researchers participated in the study selection process with PRISMA, and there were no disagreements between them.
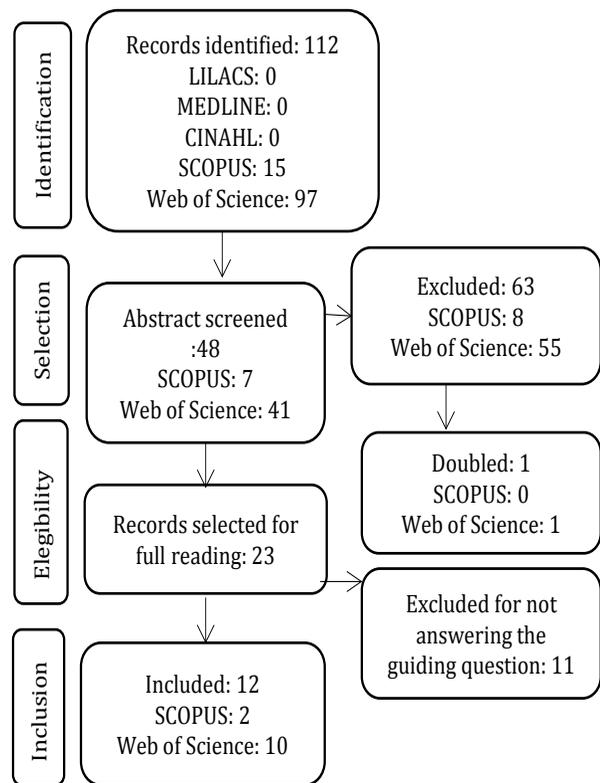

Figure 1 – Flowchart of the search and selection process for primary studies. Crato, CE, Brazil, 2020

Of the 23 articles submitted to full reading, 11 were excluded because they did not answer the guiding question. Thus, 12 articles made up the final sample of the study.

For the data collection stage, we used an own instrument composed of information related to title, author, year of publication, place of the research, methodological approach of the study, sample, objective, and main results. It is worth mentioning that, from the primary studies, it was noticed that the elements of effective communication were necessarily contained in two types of communication: verbal and non-verbal. Thus, it was possible to elaborate two categories of results, which corresponded to elements of effective communication in verbal communication and elements of effective communication in non-verbal communication. The data were analyzed descriptively in the light of the theoretical framework Transcultural Interprofessional Practice[7].

Results

Twelve articles developed in the following countries: Brazil, China, England, Denmark, United States, and Holland (the last one was the most representative of the theme, with three articles) were analyzed. The main context was the hospital institutions, mentioned in nine articles, followed by institutions for the elderly, telehealth systems, educational institutions, and an outpatient clinic. Most of the studies were published in English (ten articles), between 1998 and 2017, and this last year included four of the publications. As for the study method, for eight articles, the qualitative, descriptive design stood out, with the data collected through interviews, which had sometimes been filmed. The research participants were nurses, nursing students, and patients.

The objectives and main results of the findings and elements of effective verbal and non-verbal communication are described in Figure 2.

Authors	Objective	Main results of the effective communication elements
Caris-Verhallen WM, et al.[13]	To explore the occurrence of non-verbal communication between nurses and elderly patients in two different contexts: home care and nursing homes.	The study addressed non-verbal communication, pointing out elements such as gesture, touch, and eye contact.
Hemsley B, et al.[14]	Explore nurses' perceptions of communication with patients with severe communication impairment.	The use of non-verbal communication was observed through gestures, time (chronemic), patience, and eye contact.
Chan EA et, al.[15]	Explore nurses' perceptions of patient communication in practice and identify their methods of communication.	The communication method used is verbal, through speech.
Peña AL, et al.[16]	Describe the child's experience of interacting with nurses during hospitalization.	Among interactions, the child-nurse communication allowed therapeutic adherence. The conversation was part of verbal communication.
Razera AP, et al.[17]	Investigate the relationship between response behavior to nurses' suggestions and patient satisfaction.	Patient satisfaction was observed through verbal communication, conversation, and non-verbal communication, with the availability of time (chronemic) and listening to the patient.
Souza RC, et al.[18]	Identify communication strategies referred and used by the nursing staff in the care of aphasic post-stroke patients.	The team used verbal communication, establishing a slow speech, and nonverbal communication, using the elements gesture, touch and distance (proxemic)
Leeuw J, et al.[19]	Describe nurse-patient communication in 2 consecutive follow-up consultations after head and neck cancer, with or without the presence of a partner.	Verbal communication through speech and the elements of nonverbal communication identified were time (chronemic), patience, distance (proxemic), and empathy..
King-Okoye M, et al.[20]	Explore the experiences of nursing students in the second and third years of assisting cancer patients during clinical internships.	The conversation was used as an interaction strategy and is part of verbal communication. Eye contact, time (chronemic), touch, listening and empathy are elements of nonverbal communication, also important for the professional-patient relationship.
Jones SM[21]	Explain how a trusting relationship is developed between the Spanish-speaking Mexican-American patient and the nurse, from the patient's perspective.	For a trusting relationship between professional and patient of different languages, language emerges as an important element of verbal communication, which can be complemented with nonverbal communication, through gestures and time availability (chronemic).
Holm A, et al.[22]	Explore the communication between non-sedated patients on mechanical ventilation and nurses in the intensive care unit.	The use of nonverbal communication was observed. Gestures, time (chronemic), patience, and empathy are key to the success of communication with the critical patient.
Barbosa IA, et al.[23]	Evaluate the perception of nurses regarding interpersonal communication while providing care via telehealth.	The communication took place verbally, through speech and technology-assisted communication, such as telehealth. Nonverbal communication - distance (proxemic), gestures, time (chronemic) and eye contact - was identified in the research, but because there was a lack in its use.
Moreira AG, et al.[24]	Identify the proxemic factors determining nursing professionals' communication during hemodialysis, and analyze the influence of behaviors in interaction and care.	Besides the distance (proxemic) element in nonverbal communication, hearing, eye contact, empathy, touch and patience were observed. Verbal communication, through conversation, was also used.

Figure 2 – Summary of the articles' objectives and main results of the effective communication elements. Crato, CE, Brazil, 2020

Therefore, the categories of the elements of effective communication in verbal and non-verbal communication are presented.

Elements of effective communication in verbal communication

Concerning the elements of effective communication, speech/conversation[15-20,23-24] and language[21] were obtained as verbal elements. Non-verbal actions were gestures, distance/proxemic, eye contact, time/chronemic, touch, listening, empathy and patience[13-14,17-24]. Technology-assisted communication is a combination of both ways of communicating.

The nursing team used the conversation as an element of effective communication, to provide care to patients with aphasia after stroke[18]; with a hospitalized child, the conversation allowed greater receptivity of the therapy, for entertainment and distraction, making the event playful[16]; in the context of hemodialysis, it was the means to keep the interaction with the patient throughout the preparation and maintenance of the machine, in the evaluation of vital signs and to give attention to the patient[24].

In the nurses' perception, the different forms of verbal and non-verbal communication were presented aimed at the interaction through talking, to promote health education and to strengthen ties[15]. For nursing students, the conversation was the strategy chosen to establish communication with cancer patients and their families, promote interaction, share information about their health conditions and meet their emotional needs[20]. In this perspective, when the conversation was slow, it improved the understanding about the therapy to be followed[18] and endorsed effective health education, allowing care to be reproduced outside the hospital environment and guaranteeing patient satisfaction with the offered therapy[17]. Language emerged as an aspect of verbal communication, although it can become a linguistic barrier and, consequently, impair the development of trust in the nurse-patient relationship[21].

Elements of effective communication in non-verbal communication

About non-verbal communication, the gesture element was evidenced in several studies[13-14,18,21,23] in which signs were used so the patient could better understand the professional in the health education process[18], when showing affection and for better reception of the information offered to the client[13]. The gesture was perceived as a complementary strategy to verbal communication, so that the patient could better understand the information[14], as well as support, when there were language barriers, in the case of different languages between the nurse and the patient[21]. In the telehealth system, non-verbal communication was impaired, as it does not allow nurses to perceive the client's gestures[23].

The relationship between distance and proximity between the nurse and the patient took place in the context of improving understanding about the therapy to be followed[18]. The purpose was to improve the interaction and optimize the understanding of the client's needs[19,24]. On the other hand, distance impaired interaction in cases of telehealth care, including eye contact[23]. When verbal communication was impossible, the look helped the nurse to understand the patient[14], and face-to-face contact improved the understanding of patients' needs and allowed the demonstration of affection[13].

Regarding the availability of time to remain with the assisted person, the nurse showed affective communication with the patient, improving the interaction between them[17,22] and establishing trust in this relationship[21]. The time available to assist the patient varied according to the periods of the day, favoring or not the accessibility of the patient to the nurse, which can be a limiting factor in the opportunity for communication[14,21,23]. Touch provided effective health education and interaction with a demonstration of affection[18], improving embracement and providing closer ties[13], empathy and trust[20].

Listening was seen as a nurse's communication

skill[20] who promoted client satisfaction and affection, also better user embracement and understanding of the user's needs[17]. Empathy was demonstrated by nurses, suggesting an understanding of communication in the nurse-patient relationship, which urges the need for professionals to develop it as a skill[20,22].

Patience came up as an element that contributes to the achievement of communication in the context of nursing care with critical patients whose communication is impaired[14,22]. Effective communication was assessed based on the authors' perception after reading the articles in full, which enabled to identify the elements of communication and how they were presented in the nurse-patient relationship, as well as the outcome of the nursing care provided.

Discussion

As a limitation of the study, we point to the use of only one crossing of descriptors. Such a choice may have suppressed studies with the theme nursing-patient communication that were not selected because they did not have the keywords in the title.

Despite this, we seek to contribute with the valuable discussion about effective communication, not with suddenness, but with reflection as a role and competence of nurses and other health professionals who use it to guarantee quality health care, which is a logical and necessary consequence.

In the present study, the elements of effective communication used in the nurse-patient relationship were identified. It was evident that conversation was the main verbal method for nurses to communicate with the patient and vice versa[13,18,20-21,23-24], as well as speaking slowly to establish and authenticate the nurse-patient relationship, granting the understanding of what was said.

In verbal communication, the language of what is said refers to the exchange of significant information obtained from the conversation between those involved[8]. In this sense, the understanding of communication as an organized system allows a nurse-client interaction[7]. Given the above, it is up to the nurse to praise it, since training, as well as in clinical practice, especially in care, to establish the affective bond with the patient.

Communication should be used as an instrument for the humanization of nursing care, since informing the patient about their health status can contribute to effective and beneficial care[25]. The dialogical nurse-patient interaction promotes a bond for humanization based on the perception of the patient's needs, helping to provide comprehensive, safe, and effective care.

In this sense, for communication to be effective, understanding what was said mutually is essential. The nurse, to be understood in his/her speech, must use clear and accessible, respectful, and polite language. Thus, to solve barriers in verbal communication, colloquial expressions, technical terms, and abbreviations should be avoided[7].

Regarding language, the authors of the Transcultural Interprofessional Practice model, as they are North American and have English as the official language, endorse the need for health professionals to know/understand another language because one of the challenges in effective cross-cultural communication is when the nurse and the patient speak different languages. In this case, the professional may consider an interpreter to communicate effectively. There is the possibility that this interpreter belongs to the health team and preserves the patient's confidentiality and secrecy[7]. In Brazil, the Unified Health System guarantees universal access to health services, but professionals may need to offer health care to a foreign patient with cultural specificities, so that an effective communicative process is crucial. There is a need for communication strategies to promote and favor health care, in which non-verbal communication supports verbal communication to be understood[26], to provide quality care[21].

Verbal communication, when not effective, directly impacts the provision of nursing care, which sometimes becomes tenuous, increasing the

barriers to establishing a factual professional-patient relationship.

Non-verbal communication, known as paralanguage, refers to any type of communication that does not involve the verbal form, such as: gestures, voice intonation, the distance at which communication occurs, the look, the silence, among other elements. It is the type of communication that does not use speech to express opinions, feelings, and meanings. Gestures are forms or signs people use to communicate, composing an element of effective communication, which has the function of replacing words with signals that signify information, which can be adapted, using images or short sounds, such as "*uh huh*", which expresses agreement[8].

The distance was found and recognized as an important element in nurse-patient communication[18-20,23-24]. The physical distance between communicators is a way of everyday communication, although most people do not have this perception. In nursing, especially in patient care, interest in the proxemic has increased[27].

Proxemic is the study of space and distance between people. The proper use of its assumptions helps patients to relax during the care process. Proximity and personal space are forms of non-verbal communication and are part of effective communication. Depending on the patient and nurses' culture, this type of communication can vary[7]. It is up to the nurse to recognize the cultural context they are in, to ensure that cultural and effective communication is established.

The distance at the moment of communication can be separated into: intimate distance, with distances between 0 to 50 cm (there is physical contact, the perception of temperature, as well as the transmission of odors); between 50cm and 1.20m, in which, although there is proximity, physical contact may not occur, and body odors and heat may not be perceived; social distance, between 1.20m and 3.60m, marked, above all, by visual contact between those involved, and public distance, when over 3.60m, occurring mainly at rallies and conferences, being characterized by collective eye contact[28].

It is in the proxemic that an important element of effective and non-verbal communication is observed: eye contact. The look in the eyes has been described in several studies of non-verbal communication[13-14,23-24]. The eye contact between two people allows defining how the communication is happening, that is, the honesty with which they communicate, since the look is also linked to verbal communication.

Cultural aspects and the country of origin must be considered, as the meaning attributed to eye contact may vary. In the United States, Canada, Europe and Australia, the meaning is the same, expressing honesty and interest and demonstrating that people are participating. In regions of Asia and the Middle East, on the other hand, eye contact is related to disrespect, aggression, or the argumentation of a person's authority[8].

The dialogue through the look/eye contact was found[13-14,23-24]. Non-verbal communication was also observed through touch[13,18,20,24] and listening[14,20]. Several times, non-verbal communication is expressed without awareness of its occurrence. Several non-verbal cues reinforce or even replace or contradict speech. Gestures, facial expressions, posture such as body movements and inclinations, filling the space and touch are essential, especially when they supplant verbal command[28].

Patience was also addressed[14,22] as an aspect of effective communication. Effective communication from the perspective of the Transcultural Interprofessional Practice model also includes the professional's ability to be honest in the client's interest, to be patient with him/her and to be willing to intervene or start over when there are misunderstandings[7].

It is important to know the elements involved in the care provided to the individual for effective communication, as it empowers and enhances professional practice skills, regardless of the level of assistance provided, allowing greater involvement with the client and suitable results in the process of reestablishing the well-being.

Conclusion

The findings of the elements of effective communication were identified in the context of nursing care for in-hospital patients, in which their use contributes to the establishment of trust, interaction and the nurse-patient relationship. The elements of effective verbal communication were presented as speech and language, and non-verbal as gestures, distance, eye contact, time, touch, listening, empathy, and patience. Technology-assisted communication was part of both. The communication process was hampered by a language barrier and lack of time availability.

The findings evidence the importance of providing nursing care based on effective communication, for the establishment of the nurse-patient relationship, from the perspective of a valuable care process based on interaction and trust, promoting greater visibility of the nurse's role, focusing on the effectiveness of the cross-cultural care offered.

Collaborations

Lacerda JFE, Santos PSP, Maia ER and Cavalcante EGR contributed to the design of the project, data analysis, and interpretation, writing of the article, relevant critical review of the intellectual content and the final approval of the version to be published. Oliveira DR and Viana MCA contributed to the final approval of the version to be published.

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