

**EFFECTIVE COMMUNICATION IN THE REACH OF SAFE PRACTICES:  
CONCEPTIONS AND PRACTICES OF THE NURSING TEAM****A COMUNICAÇÃO EFETIVA NO ALCANCE DE PRÁTICAS SEGURAS:  
CONCEPÇÕES E PRÁTICAS DA EQUIPE DE ENFERMAGEM****COMUNICACIÓN EFECTIVA EN EL ALCANCE DE PRÁCTICAS SEGURAS:  
CONCEPCIONES Y PRÁCTICAS DEL EQUIPO DE ENFERMERÍA**

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**ABSTRACT**

**Objective:** To analyze the actions taken and the challenges of the nursing team to achieve the goal of effective communication security in a surgical center of a teaching hospital. **Method:** Case study with a qualitative approach, carried out with the nursing team in January and February 2019. Data collection took place through interviews with a semi-structured script, which were submitted to content analysis. **Results:** Three thematic categories were evidenced: Communication in the conception of the nursing team: importance and instruments used; Effective communication: challenges experienced and repercussions in nursing care; Benefits of communication between health professionals and patients: building bond and trust. Challenges identified: absence of meetings and work overload, which favor the occurrence of errors. **Conclusions:** Changes in the communication process and investment in human resources are necessary in order to implement a culture of organizational safety. **Descriptors:** Patient Safety; Communication; Surgical Nursing.

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## RESUMO

**Objetivo:** Analisar as ações realizadas e os desafios da equipe de enfermagem para alcançar a meta de segurança de comunicação efetiva em um centro cirúrgico de um hospital de ensino.

**Método:** Estudo de caso com abordagem qualitativa, realizado com a equipe de enfermagem nos meses de janeiro e fevereiro de 2019. A coleta de dados ocorreu através de entrevistas com roteiro semiestruturado, submetidas a análise de conteúdo. **Resultados:** Evidenciaram-se três categorias temáticas: Comunicação na concepção da equipe de enfermagem: importância e instrumentos utilizados; Comunicação efetiva: desafios vivenciados e repercussões na assistência de enfermagem; Benefícios da comunicação entre profissional de saúde e paciente: construindo vínculo e confiança. Desafios identificados: ausência de reuniões e sobrecarga de trabalho, os quais favorecem a ocorrência de erros. **Conclusões:** São necessárias mudanças no processo de comunicação e no investimento em recursos humanos com a finalidade de implementar uma cultura de segurança organizacional.

**Descritores:** Segurança do Paciente; Comunicação; Enfermagem Cirúrgica.

## RESUMEN

**Objetivo:** Analizar las acciones realizadas y los desafíos del equipo de enfermería para alcanzar la meta de seguridad en la comunicación efectiva en un centro quirúrgico de un hospital de enseñanza. **Método:** Estudio de caso con abordaje cualitativo, realizado con el equipo de enfermería en enero y febrero de 2019. La recolección de datos ocurrió a través de entrevistas con guión semiestruturado, que fueron sometidas a análisis de contenido.

**Resultados:** Se evidenciaron tres categorías temáticas: Comunicación en la concepción del equipo de enfermería: importancia e instrumentos utilizados; Comunicación efectiva: desafíos vividos y repercusiones en el cuidado de enfermería; Beneficios de la comunicación entre profesionales de la salud y pacientes: construcción de vínculo y confianza. Desafíos identificados: ausencia de reuniones y sobrecarga de trabajo, que favorecen la ocurrencia de errores. **Conclusiones:** Los cambios en el proceso de comunicación y la inversión en recursos humanos son necesarios para implementar una cultura de seguridad organizacional.

**Descriptor:** Seguridad del paciente; Comunicación; Enfermería Quirúrgica.

## INTRODUCTION

The communication process is composed of verbal models and non-verbal models. The verbal is attributed to writing and language. The non-verbal, on the other hand, refers to expressions, gestures, looks and posture towards the other and the objects that surround him. Communication is everything that can be used by individuals, leading them to attribution of meaning.<sup>1</sup>

From this perspective, one of the great challenges to ensure patient safety in

the hospital environment is to establish effective communication as a goal to be achieved by the nursing team, as it enables a workspace free of failures. Thus, communication is essential for improving the service, as it is in the dialogue that the bond between the team and the user is strengthened.<sup>2</sup>

The World Health Organization (WHO) defines patient safety as the reduction of damage or injuries, associated with health care to an acceptable minimum.<sup>3</sup> This theme has come to occupy

a prominent role in public health policies, since the release of the document entitled *To err is human: building a safer health system*, published in 1999 by the Institute of Medicine.<sup>4</sup>

In this context, the WHO launched six International Goals for Patient Safety, which are: correct identification of the patient, effective communication, safe administration of medication, safe surgery, reduction of the risk of infection and patient falls.<sup>3</sup> In Brazil, the safety of health systems was the object of the National Patient Safety Program (PNSP) founded by the Resolution of the Collegiate Board (RDC) n°36 of the National Health Surveillance Agency, responsible for implementing specific conducts and standards for patient safety in the scenario of the Unified Health System (SUS).<sup>5</sup>

In this sense, the Surgical Center (SC) is a hospital sector where anesthetic-surgical, therapeutic and diagnostic procedures are performed, both on an emergency and elective basis. This space needs trained professionals in order to accommodate the numerous needs of users, in the presence of the great technological heterogeneity and the various occurrences that attribute an inherent practice of health care.<sup>6</sup>

Therefore, the place of choice for carrying out the research was the CC, since it is considered a high-risk place, where

work methods are based on complex, interdisciplinary actions, with activities at the individual and team level, in circumstances governed by stressors.<sup>6</sup>

It is the responsibility of the nurse to guide the surgical patient regarding his health status, the surgical procedures to be performed, and how he can get involved and cooperate in his rehabilitation, informing him in the pre- and postoperative period, through an expression objective and clear, respecting their culture and knowledge.<sup>7</sup>

Therefore, it is necessary to recognize, value and understand the numerous relationships that permeate the communication process, as it influences the safe execution of anesthetic-surgical procedures, and when insufficient, it is capable of generating errors, resulting in negative repercussions for users and professionals.<sup>1</sup>

Thus, the communication process requires debates and considerations from all workers involved in the CC, since such a scenario needs restructuring, aiming to develop strategies to overcome interactional difficulties, in view of the demand for coordination of the flow of patients, supplies and health team during the care.<sup>6</sup>

Given the relevance of effective communication in the SC and the aspects that guide it, the guiding question of this

research arose: how is communication carried out by the nursing team to achieve the safety goal? In this way, the present study aims to analyze the actions taken and the challenges of the nursing team to achieve the goal of effective communication security in a surgical center of a teaching hospital.

## **METHODS**

This is a descriptive study with a qualitative approach, which aims to analyze a social unit, seeking to understand complex social phenomena and answer “how” and “why” they occur. This research method was chosen because it allows the researcher to capture significant characteristics present in a real context.<sup>8</sup>

The unit of analysis was the Surgical Center of a medium-sized hospital in Zona da Mata Mineira, considered philanthropic in nature and linked to a teaching hospital of a federal university, where students develop practical activities.

The research participants were a nurse responsible for coordination and assistance in the CC and thirteen nursing technicians (NT), both of whom worked as room circulators and provided assistance in the post-anesthesia recovery room, totaling 14 participants.

The following were included in the research: nurse or CC TE, regardless of the length of time in the function. The defined

exclusion criteria were: being removed from the position for any reason, and TEs who worked in the sector during the night shift. It should be noted that the ETs who worked at night primarily developed activities related to forecasting and provision of materials for surgeries the next day, which is why they did not participate in the study. The participants were intentionally chosen because they are involved in the sector's assistance activities. It is noteworthy that in the researched sector there was only one nurse hired who performed care and management actions.

Data collection was carried out in the months of January and February 2019, during the daytime, through individual interviews conducted through a semi-structured script, containing questions that allowed the characterization of the participants and questions, which sought to understand the nursing team's conception of communication, the strategies used by the participants for prevention error involving surgical patient care, in addition to the challenges experienced by professionals in establishing effective communication in the SC.

The interviews took place within the sector itself, in a room reserved for the professional to expose their experiences calmly and safely. The testimonies were recorded with the authorization of the

study participants and later transcribed in full. For the purpose of preserving anonymity, participants were referred to by the letter E (interviewee), followed by the number corresponding to the order in which the interviews were carried out, namely: E1, E2, E3 and so on.

For data analysis, Bardin's content analysis technique was performed, which proposes the following phases: pre-analysis, material exploration and treatment of results. Thus, initially, a fluctuating and exhaustive reading of the interview questions was carried out in order to become familiar with the text and obtain an understanding of what the subject sought to convey. Then, the thematic selection was carried out, which consisted of identifying the core meanings, or semantically similar elements, for subsequent categorization and interpretation in the light of the literature.<sup>9</sup>

The research was developed respecting the ethical aspects, according to Resolution 466/12 of the National Health Council and submitted to the Ethics Committee for Research with Human Beings of the Federal University that proposed the research (opinion n° 1.821.022).

## RESULTS AND DISCUSSION

As for the characteristics of the study participants, it was found that eleven

were female. The average age of participants was 35 years. Training time ranged from 4 to 10 years and time working in the CC ranged from nine months to 7 years.

After analyzing the data, three categories emerged: Communication in the conception of the nursing team: importance and instruments used; Effective communication: experienced challenges and repercussions on nursing care; Benefits of communication between health professionals and patients: building bonds and trust.

### **Communication in the conception of the nursing team: importance and instruments used**

It is known that communication is defined as a social activity resulting from the relationship between individuals, which is expressed through dialogue, writing and non-linguistic signs. Therefore, it is a fundamental resource for the practice of nursing, as it promotes the exchange of information associated with the care provided.<sup>10</sup>

The following statements demonstrate the conception of communication from the perspective of the nursing team:

*You communicate with the patient... when the patient arrives and you ask his name, age, which surgery the person is going to have, if he is allergic to any medication (E1).*

*It's when all people speak the same language, they understand each other (E2).*

*It's a way for you to receive information and also for you to pass on information (E4).*

*Exchanging information with another person, whether in the form of dialogue or written messages (E6).*

*I think... Even a look, a gesture... It's communication, isn't it? (E7).*

*It ranges from a smile, a gesture, even speech (E8).*

Through the testimonies it was possible to identify that there is some knowledge about the conception of communication, as this process takes place through conversations, writing, expressions and gestures.

Effective communication occurs between health professionals through the transfer or receipt of certain information in an integral and clear way, and when passed on to the transmitter, it must confirm the information received by re-reading the data. This communication takes place in several ways in health organizations, either

through the transmission of information through verbal reports directly between professionals, by telephone, through forms and also during the transfer of patients between sectors.<sup>11</sup>

The communication process is complex, contemplating several modes of expression in addition to speech, and it is necessary that such possibilities of understanding be expanded for better understanding among team members. In this context, the act of communicating demands a series of concepts, since it must be clear and objective, so that the quality of the transmitted and received message is satisfactory.<sup>1</sup>

In the CC, effective communication is employed by completing instruments related to patient care, records related to the Systematization of Nursing Care, in addition to reports and occurrence books (Table 1).

**Table 1-** Main instruments used by the nursing team to achieve effective communication in a SC of a teaching hospital in the interior of Minas Gerais, 2019.

communication instruments	Percentage (%)
Shift handbook	84.6
Room sheet (instrument where the surgical act is described)	53.8
<i>Check list</i> (instrument that contains essential elements in order to guarantee a safe surgery)	46.1
Anatomopathological notebook (notebook for recording anatomical specimens that will be sent to the laboratory for biopsy)	23
Medical record	15.3
Patient identification (performed through records on dressings, wristbands, beds, sector instruments and medical records)	15.3
Whatsapp	15.3
Phone calls	15.3
Book of damaged materials (book for recording materials that are damaged in the sector)	7.6
Surgical map (document where surgeries are registered with their respective dates)	7.6
Tickets	7.6
Email	7.6

Source: Research Data, 2019.

Among the communication instruments shown in the table, the checklist stands out, which aims to minimize the occurrence of harm to the patient, serving as a barrier to prevent errors, helping and coordinating the activities carried out by the surgical team. In addition, studies show that the checklist reduces mortality rates and complications associated with surgical procedures, therefore reducing the number of errors related to miscommunication between the team.<sup>12</sup>

Another recent communication instrument is WhatsApp, a technological

tool that helps in the collection, processing, storage and exchange of information in health environments. Such a communication device allows individuals to overcome the obstacle of distance, time and expense, contributing to sociability, dialogue and interaction between health professionals and the community.<sup>13</sup>

Given the above, it is known that to achieve effective communication through the secure passage of information, it is necessary to implement structured protocols. An alternative is the use of briefing (before) and debriefing (after), an instrument that helps in the occurrence of

safe surgeries. Another strategy is the SBAR (Situation; Background – previous history; Assessment; Recommendation), a standardization method that contains patient information, ensuring the safe transmission of information related to the patient.<sup>14</sup>

Based on the table above, it is possible to observe that writing is one of the most important mechanisms for effective communication in nursing services. The writing aims to: develop effective communication between the nursing team and the other professional categories included in providing care to the individual; can be considered a support for planning the patient's care plan; it is a source of contribution in order to estimate the quality of the assistance offered; assists in monitoring the patient's improvement; it can serve as a legal file, both for the nursing team and for the client; collaborates with the audit and contributes to research and teaching in nursing.<sup>15</sup>

A study carried out in a teaching hospital in the southern region of Brazil demonstrated the difficulties of adherence by the nursing team to the standardized transfer note script between sectors. It is possible that these are related to the lack of computerization of communication instruments, making the process time-consuming and subject to incomplete information.<sup>11</sup> In the present study, the

participants also did not use computerized records, which can hinder effective and accurate communication, making it difficult to continuity of care.

Therefore, it is up to management to support the development and implementation of instruments that result in safety conduct based on scientific bases and protocols, with the aim of establishing an organizational safety culture.<sup>16</sup>

### **Effective communication: challenges experienced and repercussions on nursing care**

In this category, the challenges experienced by the nursing team to establish effective communication in the sector and its repercussions on nursing care will be highlighted. The following were highlighted: interpersonal conflicts, ineffective communication between the health team, lack of meetings, lack of qualified listening and work overload. According to reports, such difficulties affect safe practice, as shown:

*Is it a problem you bring from home or you have it here (E2).*

*I think there is a lack of collection and meetings in the sector. There will be some change in the sector, only one shift receives the information and the other does not know anything. Missing meetings! (E3).*

*There should be more collective meetings, so we could clarify our doubts, and in the end I think that everything you talk about is well understood, it is resolved (E4).*

*It's people not listening to you, it makes it very difficult (E5).*

*Different opinion (E7).*



*The amount of surgeries we have is difficult, it's a lot of surgeries! It may be that at some point something fails, right (E8)?*

*I think it's time. Sometimes if we had more time with the patient... to prepare him, to approach him, it would be better (E9).*

*The tightness, the day-to-day rush (E12).*

*Sometimes the understanding of what you are saying...because sometimes you speak fast, but you don't clearly convey everything you need (E13).*

A challenge identified by the participants was the lack of meetings with the team, which was considered an important strategy for resolving problems and conflicts. It is noteworthy that collective meetings allow coordinators to carry out performance assessments and establish feedback, discussing points that can be improved by the entire nursing team.<sup>17</sup>

Research carried out in the largest public hospital in the state of Ceará, also showed the absence of meetings and interpersonal conflicts as challenges in promoting patient safety. It is noteworthy that individual and group strategies focused on communication skills and establishing mutual respect at work act as barriers to destructive behavior and, if properly instituted, have a positive impact on patient safety.<sup>17</sup>

Therefore, it is necessary that health professionals, together with hospital management, promote a work environment that employs open communication, establishing shared decision-making.

Permanent education actions are also necessary, using participatory approaches, such as realistic simulation, in order to help professionals recognize their difficulties in establishing effective communication.<sup>17</sup>

Another weakness identified by the participants was work overload. The reduced time and number of surgeries reported by the nursing team reveal the insufficient number of human resources, directly influencing patient safety.

Some studies confirm these results and point out that the precariousness of staffing is closely associated with the growth in the rates of pneumonia associated with mechanical ventilation, falls, length of stay, infection and mortality.<sup>18</sup> These findings corroborate with other studies that emphasize that tiredness and stress are human factors that contribute to the error, and it is the responsibility of the institution's management to create conditions so that these weaknesses are not the cause of professional error and do not reach the patient.<sup>16,18</sup>

Thus, such challenges must be minimized, as they are an obstacle in the implementation of effective communication, in addition to causing adverse events (AE) in hospital institutions. According to the WHO, AE is defined as any preventable circumstance

resulting from care, not associated with the underlying disorder, which generates unnecessary damage to the patient. It is estimated that AEs occur in approximately 4 to 16% of all hospitalized patients, being more prevalent in surgical activities.<sup>12</sup>

AEs associated with surgical procedures can cause serious damage, leading the individual to death, resulting in emotional and physical sequelae, increasing hospital costs and the patient's length of stay, in addition to causing a negative impact on the health institution.<sup>12</sup>

A study carried out in a medium-sized hospital in Minas Gerais, pointed out that nursing technicians did not have clear and theoretically grounded knowledge about aspects involving surgical safety, did not recognize communication instruments as a tool for preventing/reducing commonly occurring errors. occurred in a surgical center and did not know how to use them properly. Such findings corroborate the research in question.<sup>12</sup>

The following statements reveal errors that occurred in the CC as a result of communication failures:

*An exchange of records. We were with a patient and the chart belonged to another. Luckily, the procedure was the same, the condition remained stable... it was because the staff made a mistake outside and they came with the patient with the medical record changed. (E2).*

*A piece for the biopsy that they forgot to write down, they threw it away and didn't ask (E4).*

*With similar names... he called outside and the companion had the same name as the*

*person who was going to operate, he changed his clothes and even entered the block and then when he entered, he said that he only came to accompany. But the patient recognized that he was wrong and the technician also because he didn't ask right. It didn't cause damage, but the patient came in, right? (E8).*

*I asked the patient if she had any health problems and she said no, then we went to see and she had, I think she didn't understand, right (E9)?*

*Unfortunately, sometimes the ampoules are very similar... I dilute the medications all in abd, dipyrone, buscopan... all in abd! Once, they took an ampoule of kcl and put it together with abd, then when I went to do the medication at night... I thought it was diazepam... I took it, diluted it and didn't read it, because I'm trusting, right? So I went, got the vein, when I went to administer it, slowly... the patient screamed! I took it off at the same time! I ran and got the normal serum, and washed the access quickly! I had left the medication ampoule in the sink, then when I got there, I saw it! It was kcl! Nowadays everything I pick up, I look, I read what it is. Never do it without looking, never do it without reading (E10)!*

According to the Brazilian Institute for Patient Safety, effective communication in the hospital context helps to prevent AEs, increasing patient safety. Studies reveal that ineffective communication is responsible for more than 70% of AEs, which are: incomplete prescription, incorrect patient identification, medication administration errors, among others, that occur during care transition.<sup>14</sup>

### **Benefits of communication between health professional and patient: building bond and trust**

In this category, the benefits of communication between health

professionals and patients were identified. The surgical procedure and hospitalization can cause different feelings, such as anxiety, fear, stress and uncertainty. Such a process can cause several changes in the individual's habits and customs, distancing him from his family, affecting his daily life routine. Therefore, minimizing such feelings is essential for the success of the surgery, well-being and patient safety.<sup>19</sup>

The literature points out that the bond between health professional and patient is capable of making the surgical procedure less stressful, in addition to allowing the health team to offer a more holistic care, with the patient as their ally in the care process.<sup>19</sup>

Below, the interviews confirm the findings in question:

*The patient is calmer...you arrive in the room with him, you identify, don't you? I'll follow the procedure, you can rest assured that I'll be here the whole time (E1).*

*Safety for us and for the patient (E3).*

*Sometimes the patient arrives here scared, he doesn't know me... It's more to try to welcome the patient because he is not entering a nice place (E5).*

*The surgical block is taboo for those who don't know it, so if you welcome the patient right at the entrance, explaining to him what's going on, where he's going, how the process will be, that reassures him. For the professional it brings satisfaction, you are doing your job well, and for the patient peace of mind (E6).*

*For the patient it calms down, gives security, gives comfort. Sometimes he comes all apprehensive, wants to vent... And for us employees too, when you are dealing with a calmer patient, I think everything flows better, right (E9).*

Through the interviews, it can be seen that effective communication during the surgical process helps to reduce stress, collaboration and understanding of the entire process that will be experienced by the patient, preparing him physically and psychologically, stimulating the ability to cope.<sup>20</sup>

In addition, therapeutic communication allows the nursing team to provide quality patient care, identifying their needs during the care transition. Such practice enables the professional to create feelings of empathy, comfort, satisfaction and security. Therefore, communication is an essential element for safe and excellent care.<sup>19</sup>

## CONCLUSIONS

The findings of this research identify the importance and use of instruments for effective communication and their benefits. The challenges identified were the absence of meetings, the lack of qualified listening and work overload, which can influence the occurrence of errors, interfering with patient safety.

New strategies need to be implemented in the sector, such as investment in human resources and the systematization of the communication

process in the CC in order to develop the organizational safety culture.

With regard to limitations, the fact that the study was carried out in only one service stands out, which makes it impossible to express the reality of other hospitals. It is recommended that further studies be carried out in order to deepen the identification of more strategies to promote patient safety in complex sectors such as the SC.

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