

Empathic skills on nursing consultation to the patient with cardiovascular disease: an integrative review

Habilidades empáticas na consulta de enfermagem ao cliente com doença cardiovascular: uma revisão integrativa

Habilidades empáticas en la consulta de enfermería al cliente con enfermedad cardiovascular: una revisión integradora

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The aim of this study is to describe the contributions of scientific studies on nursing consultation ambulatory care, valuing the empathic skills in clients with cardiovascular disease. An integrative review was carried out with search in the Virtual Health Library databases in March 2017, considering the period from 2012 to 2016, with 15 articles being selected, which gave rise to two categories: the Nursing Consultation; and evaluation of clients on nursing practice in nursing consultation. Regarding the results, it was found that the nursing consultation should exceed the limits of orientation, providing a real time of its transformation. In addition, the empathic skills like compassion, active and welcoming listening, and understanding of health problems, are fundamental in the trust building process and maintenance of the therapeutic relationship. For such, it is essential that the professional have the comprehensive understanding of cardiovascular conditions to implement effective measures. One highlights the need for nurses to act thinking about the subject in all aspects. To that end, they should have or develop skills.

Descriptors: Ambulatory Care, Cardiovascular nursing; Empathy

O objetivo deste estudo é descrever as contribuições dos estudos científicos sobre consulta de enfermagem em nível ambulatorial, valorizando as habilidades empáticas, em clientes com doença cardiovascular. Foi realizada uma revisão integrativa com busca nas bases de dados da Biblioteca Virtual de Saúde em março de 2017, considerando o período de 2012 a 2016, sendo selecionados 15 artigos que deram origem a duas categorias: a Consulta de Enfermagem; e a avaliação dos clientes sobre as práticas do enfermeiro na Consulta de Enfermagem. Encontrou-se como resultados que a consulta de enfermagem deve ultrapassar os limites da orientação, proporcionando um real momento de sua transformação. Também que as habilidades empáticas como compaixão, escuta ativa e acolhedora, e a compreensão dos agravos à saúde, são fundamentais na construção da relação de confiança e na manutenção do vínculo terapêutico. Para tal, é fundamental que o profissional possua a compreensão abrangente das condições cardiovasculares, para implementar medidas efetivas. Destaca-se a necessidade de o enfermeiro atuar pensando no sujeito em todos os seus aspectos. Para isso, precisa possuir e ou desenvolver habilidades.

Descritores: Assistência Ambulatorial, Enfermagem cardiovascular; Empatia.

El objetivo de este estudio es describir las contribuciones de los estudios científicos sobre consulta de enfermería en nivel ambulatorial, valorando las habilidades empáticas, en clientes con enfermedad cardiovascular. Fue realizada una revisión integrativa con búsqueda en las bases de datos de la Biblioteca Virtual de Salud en marzo de 2017, considerando el periodo de 2012 a 2016, siendo seleccionados 15 artículos que dieron origen a dos categorías: Consulta de Enfermería; y la evaluación de los clientes sobre la práctica del enfermero en la Consulta de Enfermería. Se ha encontrado como resultados que la consulta de enfermería debe ultrapasar los límites de la orientación, proporcionando un real momento de su transformación. También que las habilidades empáticas como compasión, escucha activa y acogedora, y la comprensión de los agravios a la salud, son fundamentales en la construcción de la relación de confianza y en la mantención del vínculo terapéutico. Para tal, es fundamental que el profesional posea la comprensión abarcadora de las condiciones cardiovasculares, para implementar medidas efectivas. Se destaca la necesidad del enfermero actuar pensando en el sujeto en todos sus aspectos. Para eso, necesita poseer y o desarrollar habilidades.

Descriptores: Atención ambulatoria, Enfermería cardiovascular; Empatía.

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INTRODUCTION

This study was aimed at the Nursing Appointments with clients with cardiovascular disorders on an outpatient basis: valuing the empathic skills.

Because of the hegemony of the biomedical model, both in most vocational schools, as in hospitals, practitioners tend to value the technicality during service, disregarding, in most cases, the individual and emotional aspects of the client¹, a fact that impacts negative and directly on the quality of care, because it prevents the realization of comprehensive care.

The success of customer treatment with cardiovascular disease (CVD) strongly depends on the user's participation and involvement as an active part in his/her treatment. A self-care attitude that takes the style and practices of healthier life, as well as the adherence to treatment, depends not only on a professional prescription, but also on a user's awareness of his/her health condition and its relation with the practices².

To develop the autonomy it is necessary the development of health education with a focus on self-care, approaching the patient to his/her treatment, making him/her the subject responsible for his/her own health³.

The Resolution COFEN 311/2007 states that the nursing professional exercises his activities with competence for the promotion of the human being in his entirety, in accordance with the principles of ethics and bioethics⁴.

Currently, the CVDs are the most common cause of mortality worldwide, both among men and women, producing a serious functional and emotional impact on the lives of patients and family⁵. Discussion about CVDs is extremely important because, in addition to the impact on quality of life, these conditions represent major socio-economic costs for the country, as they are responsible for many hospitalizations, amputations, loss of mobility and other neurological functions, which reflect in high rates of absenteeism, reduced productivity and increased number of retirees⁶.

In Brazil, in 2015, it was estimated a direct and indirect cost with CVDs of more than R\$37 billion, which corresponded to 0.6% of GDP (Gross Domestic Product) and per capita spending of R\$ 172.62⁷.

Therefore, this study aims to describe the contributions of scientific studies on nursing appointment on an outpatient basis, valuing the empathic skills in clients with cardiovascular disease.

METHOD

This is an integrative review, which seeks to bring together and summarize the scientific knowledge already produced on the subject investigated, that is, allows one to search, evaluate and synthesize the available evidence to contribute to the development of knowledge in the area⁸.

For its preparation, it is necessary to go through six distinct steps; similar to the ones in conventional research. The first step refers to the establishment of the guiding question that will involve all the research, choice and theme definition and the identification of descriptors. The guiding question was: "*What are the contributions of the scientific studies on nursing appointment, using empathic skills, to clients with cardiovascular disease on an outpatient basis?*". The descriptors used were "Ambulatory care", crossing it with the descriptors "Cardiovascular Nursing" and "Empathy."

The search was carried out in March 2017, considering the Virtual Health Library (VHL). At first, the terms were used with no filter and then it was applied the year of publication between 2012 and 2016, the languages: Portuguese, English and Spanish and the full texts available. Monographs, thesis and dissertations were excluded from the analysis, as well as the duplicates (only one remaining when the bases were repeated).

In a third time to read all articles, only those relevant to the area of interest were considered. For setting the levels of evidence of the articles the following hierarchy was used:

- Level 1: evidence from meta-analysis of multiple randomized controlled clinical trials;

- Level 2: evidence from individual studies with experimental design;
- Level 3: evidence of quasi-experimental studies;
- Level 4: evidence from descriptive studies (non-experimental) or qualitative approach;
- Level 5: evidence from case or experience reports;
- Level 6: evidence based on expert opinions.

The articles were placed in a chart, considering: year, author, place of publication, place of study, evidence level and title, and after that, they have been categorized and, when necessary, subcategorized.

RESULTS

As Chart 1, 393 articles were found in the first search.

Chart 1. Articles found only by the descriptors in VHL. Rio de Janeiro, March 2017.

DESCRIPTORS	TOTAL
Ambulatory care and Cardiovascular nursing	226
Ambulatory care and Empathy	146
Cardiovascular Nursing and Empathy	21
Total	393

When considering year of publication between 2012 and 2016, be in the languages: Portuguese, English and Spanish, and the texts

be available in full, besides the exclusion criteria, 55 articles were obtained.

Chart 2. Articles found in VHL relating descriptors between 2012 to 2016. Rio de Janeiro, March 2017.

DESCRIPTORS	TOTAL
Ambulatory care and Cardiovascular nursing	27
Ambulatory care and Empathy	24
Cardiovascular Nursing and Empathy	4
TOTAL	55

When considering the publications analyzed for relevance, duplicity and online

provision, 15 articles were obtained, as shown in Figure 1.

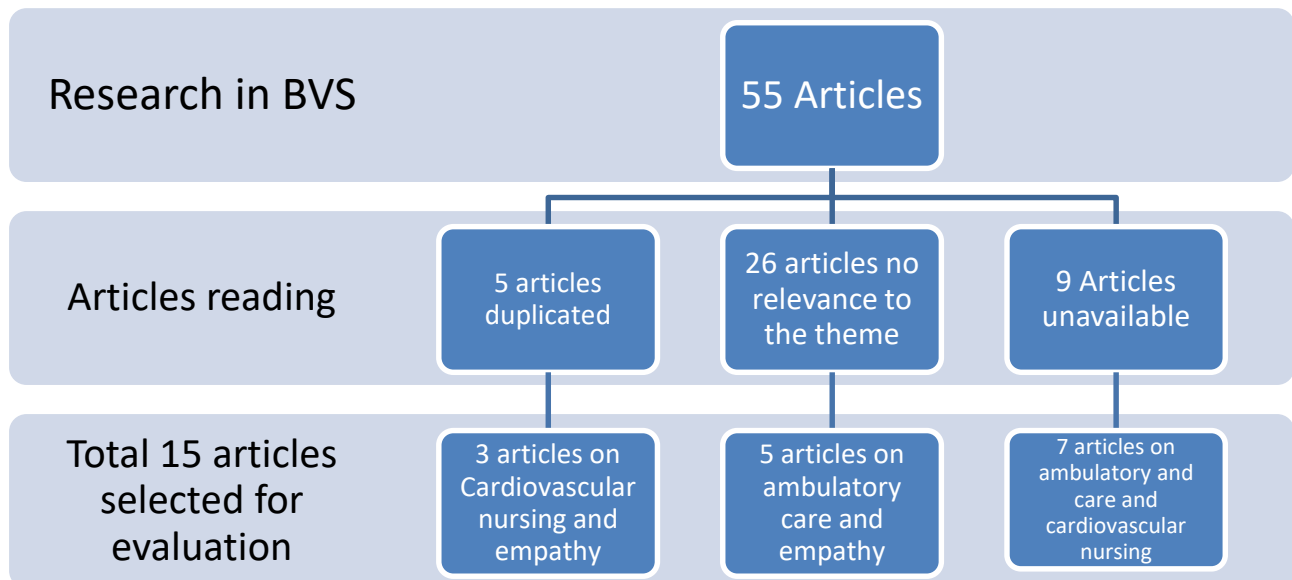


Figure 1. Articles considered in VHL as descriptors - 2012 to 2016. Rio de Janeiro, March 2017.

Chart 3. Articles with the theme Empathy and Cardiovascular Nursing in Nursing Appointments, from 2012 to 2016. Rio de Janeiro, March 2017.

REFERENCE	YEAR	AUTHORS	PLACE OF PUBLICATION	COUNTRY	METHOD	EVIDENCE LEVEL	TITLE
28	2012	Bala et al.	Wiley Online Library	Sweden	Qualitative, descriptive and exploratory	Level 4	The Experience of Care at Nurse-Led Rheumatology Clinics
26	2013	Jorstad <i>et al.</i>	Heart	Netherlands	Quasi-Experimental	Level 3	Effect of a nurse-coordinated prevention programme on cardiovascular risk after an acute coronary syndrome: main results of the RESPONSE randomised trial
21	2013	Garcia <i>et al.</i>	Fertility and Sterility by American Society for Reproductive Medicine	Spain	Quasi-Experimental	Level 3	Training in empathic skills improves the patient-physician relationship during the first consultation in a fertility clinic
11	2013	Macedo; Sena; Miranda	Revista Brasileira de Enfermagem	Brazil	Qualitative, descriptive and exploratory	Level 4	Consulta de enfermagem ao paciente com HIV: perspectivas e desafios sob a ótica de enfermeiros
19	2014	Hendriks <i>et al.</i>	Behalf of European Society of Cardiology	Netherlands	Quasi-Experimental	Level 3	The effect of a nurse-led integrated chronic care approach on quality of life in patients with atrial fibrillation
22	2014	Oterhals <i>et al.</i>	European Journal of Cardiovascular Nursing	Switzerland	Quantitative and Descriptive	Level 4	European Cardiac nurses' current practice and knowledge on anticoagulation therapy
24	2014	Larsen; Neighbour	British Journal of General Practice	United Kingdom	Expert analysis	level 6	Five Cards: a simple guide to beginning the consultation
13	2014	Amorim et al.	Revista Brasileira de Enfermagem	Brazil	Qualitative outlined in Case Study	Level 4	Cuidado sistematizado em pré-operatório cardíaco: Teoria do Cuidado Transpessoal na perspectiva de enfermeiros e usuários
23	2014	Albarran <i>et al.</i>	European Journal of Cardiovascular Nursing	UK	Qualitative and Descriptive	Level 4	Patients' perspectives on the educational preparation of cardiac nurses
14	2014	Komatsu; Yagasaki	European Journal of Oncology Nursing	Japan	Qualitative	Level 4	The Power of nursing: Guiding patients through a journey of uncertainty
12	2015	Andersson <i>et al.</i>	Journal of Clinical Nursing	Sweden	Qualitative and Descriptive	Level 4	Registered nurses views of caring in coronary care – a deductive and inductive content analysis
27	2015	Smith <i>et al.</i>	Journal Cardiovascular Nursing	U.S	Quasi-Experimental	Level 3	Nurse-led Multidisciplinary Heart Failure Group Clinic Appointments: Methods, Materials and Outcomes Used in the Clinical Trial
20	2015	Cooper; Zimmerman	Public Health Nursing	USA	Quasi-Experimental	Level 3	The Evaluation of a Regional Faith Community Network's Million Hearts Program
31	2016	Bessa; Mesquita; Stipp	Revista Online de Pesquisa Cuidado é Fundamental	Brazil	Quantitative, descriptive and exploratory	Level 4	Saúde do homem e doença cardiovascular: gerenciamento do cuidado de enfermagem em nível ambulatorial
29	2016	Ferguson <i>et al.</i>	BMC Medical Education	Australia	Quantitative and Descriptive	Level 4	Education and practice gaps on atrial fibrillation and anticoagulation: a survey of cardiovascular nursing

Of the selected articles, only 3 were developed in Brazil, demonstrating that the subject should be further explored in the country. In addition, it should be noted that only 5 articles are quasi-experimental type, with most of them with low level of evidence of descriptive, non-interventionist type.

From the reading of these articles, publications were classified into two categories:

- Nursing Appointment; and,
- The evaluation of the clients on nursing practices in Nursing Appointment.

DISCUSSION

Category 1: The Nursing Appointment

The nursing appointment is a private activity of the nurse and is foreseen in the Law of Professional Practice of Nursing, Law No. 7498, June 25, 1986⁹.

The Resolution of COFEN (Federal Nursing Council) No. 358, October 15, 2009 states that the process of Nursing, when performed in institutions providing ambulatory health care, corresponds to nursing appointment, which should be based on a theoretical basis, systematically, with 5 interconnected steps¹⁰:

- Nursing History - deliberate, systematic and continuous process, carried out with the aid of varied methods and techniques, which aims to obtain information about the person, family or human community and about its answers at any given time of the health and disease process;
- Nursing diagnosis - process of interpretation and data collection in the first step, culminating in the decision making on the concepts of nursing diagnoses they represent, which are, more accurately, the person's, family's or human community's answers at a given time of the health and disease process; and which form the basis for the selection of actions or interventions with which it aims to achieve the expected results;
- Nursing planning - determining the results expected to be achieved; and actions or nursing interventions to be carried out in view of the responses of the person, family or human community at a given time of the

health and disease process, identified in the Nursing Diagnosis step;

- Implementation - carrying out certain actions or interventions in Nursing Planning step;

- Nursing Assessment - deliberate, systematic and continuous process of check on the changes on the person's, family's or human community's answers at a given time of the health and disease process, to determine whether the actions or nursing interventions have achieved the desired result; and verify the need for changes or adaptations on the steps of the Nursing Process.

The nursing appointment is used to spread information and conduct guidelines on the pathology and to call the client for active participation in care. In addition, through it, it becomes possible to promote the support, reception, listening and dialogue with the patient, being an important educational moment for exchange of knowledge and strengthening links¹¹.

For further discussing the findings, this category was divided into two subcategories: The practice of nursing appointment as to the subjective aspects of care and the *Praxis* of nursing consultation: the experience as it is or as it should be.

Subcategory 1.1: The practice of nursing appointment as to the subjective aspects of caring

The nursing appointment must go beyond the boundaries of information and orientation to the client, providing real time of the individual transformation, allowing him to feel welcomed, understood and feel free to talk about any questions, concerns and anguish¹¹.

Nursing care must take place through dialogue and cooperation with the patient, being an important facilitator to pay attention to the thoughts and desires of the client. There is also the need to develop interventions according to needs and resources of the individual and his daily life¹².

Understanding the client is part of the nurse's work. A research has shown that listening was the main mechanism used during the nursing appointment to build a relationship of empathy and trust with the client, an essential point to offer emotional

support and the treatment is established efficiently¹¹. In addition, the sensitive listening and open dialogue make possible place nurses in a different role, being perceived as a close person, someone one can trust, far beyond being only a health professional¹¹.

The first part of any nursing care, including the appointment, should be listening to the client, a necessary tool to properly know a person. The act of hearing is linked to the act of being of the person who is cared, in a relationship that realizes the whole formed by the mind, body and spirit. Understanding the physical, emotional, spiritual and social needs of the client requires the professional continuous updating of theoretical support able to offer favorable results from diagnostic and interventions¹³.

A study in Japan reported that nurses have made substantial efforts to connect with their clients, to understand them. These efforts began by adopting an attitude "*We care about you*" to show care to their clients. Furthermore, they not only heard their clients, but also made an assessment to discover and share their needs, considering their values and desires. Moreover, they insisted that attentive listening is not enough to help their clients, but only the beginning¹⁴.

Empathic skills, such as compassion, attentive and welcoming listening, and understanding of health problems, as well as signs and symptoms, are fundamental to building trust bond, essential in building and maintaining the therapeutic bond¹⁵.

Empathy is the result of a multidimensional construct that involves affective components (ability to be sensitive to the situation experienced by the other that can be shared or not), cognitive (the ability to make a reading of the perspective of the other. What is he thinking/feeling?) and behavioral (ability to communicate verbally and non-verbally the understanding of the situation)¹⁵.

Regarding the cognitive aspect, a study¹⁶ was carried out with medical students, in which the Jefferson Scale of Physician Empathy and the Facial Expression Recognition of basic emotions (REF). As a

result, it was found that people with greater empathy recognized better the basic expression of sorrow, showing that an empathetic person can better identify the suffering of others.

Empathy is the ability to understand what a person is feeling and convey her understanding, while maintaining certain objectivity to be able to provide the necessary help¹⁷. Therefore, to understand the sense of an individual and carry out interventions according to the needs and resources of the person, it takes a sensitive listening and dialogue. In addition, intervening objectively and correctly, the client will trust the professional, to have been understood and also because he will witness an improvement in his quality of life.

It is important to develop a care planning that is not limited to the technical-scientific conducts, necessary to control disease and modeling behavior, but one which can contemplate the subjectivities immersed in the disease process and constitute driving situations of anguish, fear and suffering¹¹.

The World Health Organization defined health as the state of complete physical, mental and social well-being and not only absence of affections and diseases¹⁸. Therefore, it is essential to search all the client's needs, including his psychological ones, as it is understood that the concept of health transcends the absence of disease. The nursing appointment, in its turn, should address these issues, aiming at comprehensive care to maintain the quality of life and mental well-being.

Related to mental well-being, in a study of customers with atrial fibrillation, it was shown that psychological factors such as anxiety and depression increase the risk of developing the disease, and other cardiovascular diseases, and reduce the individual's quality of life, showing that comprehensive care performed by nurses have a vital role. It has also been shown that lower knowledge of the client on the pathology can decrease his quality of life by increasing the chance of anguish and depression¹⁹.

The nurse's guidelines are important because they solve client's questions about his condition, medications, treatments, and other issues, as it is common to the human being to fear the unknown.

Still on the psychological issues, a study showed that it would be interesting to look at the spiritual practices during nursing care in order to assist stress management²⁰.

A research²¹ from a training activity for professionals, with the following topics: empathy as a whole, emotional intelligence, verbal and nonverbal communication, active listening and types of behavior, resulted in greater patient satisfaction in the categories of quality information, communication skills, dedicated time and experience.

When reading the articles, it was found that the objective practice of nursing care must occur after the bond creation with the client assisted. It is necessary to gain his trust and meet his demands beyond the pathology, to make him an active participant in his care. To achieve this goal it is necessary the nurses develop empathic abilities.

Subcategory 1.2: *praxis* nursing consultation: the experience as it is or as it should be

To implement interventions and conduct guidelines, it is necessary a physical space and adequate time, as well as continuity. Deficient working conditions can make the patient care marginalized¹².

Nurses have a key role to guide customers about the potential and side effects of drugs and the importance of adhering to treatment¹⁶. In a study with people using anticoagulation drugs, education for proper administration of the drug and its side effects was the most common assignment for the nurses²².

In addition to the guidance on drugs, other key issues to be addressed by nurses during the consultation include: risk factors for heart disease, diet, exercise, sexual health, stress and life style changes¹². To carry out such guidelines, it is crucial the professional to possess a comprehensive understanding of cardiovascular conditions, and knowledge to implement the effective measures²³.

To perform the appointment, the nurse must use different tools in order to maintain a continuous, independent and effective monitoring.

The Systematization of Nursing Assistance (SAE), which as an organizational process is able to offer support for the development of interdisciplinary and humanized care methods represents an important achievement in the field of nursing care. Nevertheless, the professional imbued with this process should consider that the selection of interventions should be directed to the subject that has the diagnosis (not the diagnosis) and influenced by the client's conditions, resource availability, cost and staff experience¹¹.

It is stressed that SAE guided by a theoretical framework and the taxonomies gives clarity to the nursing work process. User satisfaction can be checked by the professional from the evaluation of the results (NOC) of the interventions (NIC) proposed, also revealing the effectiveness or not of the measures¹³.

In addition to the SAE, other resources must be used to ensure a positive effect of nursing consultation. In a research conducted in the United Kingdom²⁴ some strategies were described to be used during a medical consultation, which can also be used by nurses. The consultation should be carried out in 3 steps, in which the first must be the patient (free to express his experiences previous to consultation, thoughts, ideas, concerns and expectations), the second step of the professional (conducting of the research and processing the lay narrative into technical jargon) and the third step is the shared one (for setting the action plan)²⁴.

The same study²⁴ considered that to obtain the ideas, concerns and expectations of the clients, it should be detailed questions such as: "*What do you think is causing it?*" (Ideas); "*Do you have any particular thing worrying you?*" (Concerns); "*How would you like me to help?*" (Expectation). In addition, phrases were indicated to be said to encourage the patient to talk, "*Thank you for telling me that*"; "*Talk more*"; "*This is useful*"; "*I'm glad you mentioned it*"; "*I can see that it*

worries you a lot"²⁴. Such strategies can help the professional to know his client more and propose specific interventions for each individual.

In his Nursing Theory, Travelbee segmented into distinct stages the nurse-patient relationship process, with some division of characteristics held by Larsen and Neighbor for consultation, with the main difference the shared step between the client and the professional, with the focuses on self-care and the care of the self²⁵. It was divided into 4 phases, as follows:

1st - Phase of pre-interaction: It is the stage in which the nurse identifies the person and obtains the necessary information for the development of the relationship (recognize his feelings, thoughts and behaviors);

2nd - introductory or orientation phase: It is time to know and understand each other, their uniqueness; It is a unique moment in which both experience personal growth;

3rd - Phase of emerging identities: it is characterized by the resolution of the problems encountered in the previous phase, that is, the full development of the person-to-person relationship;

4th - Phase conclusion: one of its important features is that nurses should remind the patient the commitment they have; examine the scope of the proposed objectives, the importance and reasons for the conclusion and prepare him to remain independent in what is possible²⁵.

Reinforcing the importance of nursing consultation, studies have shown that people with cardiovascular disease continuously cared by nurses have fewer readmissions for complications related to their basis disease^{19,26,27}, causing an individual and collective benefit (due to high cost hospitalizations, sick leave and loss of productivity).

In a survey conducted in the Netherlands, one of the reasons for the decrease in hospitalizations was the 37% increase in the proportion of patients who were classified as having good control of risk factors, evaluated by two different scales⁹. Another study¹² stressed the increase of knowledge about the disease as essential,

while improving the quality of life of the surveyed ones. Also noteworthy is the improved self-care and higher adherence to treatment¹³.

For the work to be effective, nurses need to know to answer basic questions and provide good orientation^{22,28}. It seems obvious, but a study in New Zealand and Australia showed that cardiovascular nursing staff had insufficient knowledge of oral anticoagulant therapy, regarding the warfarin interaction with other medicines. Lack of knowledge on these topics can contribute to inadequate counseling and education. In addition, the communication of inaccurate information can reinforce myths and misconceptions surrounding the anticoagulation²⁹.

To improve this fact, the research suggests that all nurses must participate in at least 20 hours of continuous professional development, annually, on anticoagulation, including risk of bleeding and lifestyle change that can help in maintaining a good standard of care and the development of cardiovascular nursing²⁹.

There is no resolution of COFEN to indicate the minimum hours necessary to be made available for update of nursing professionals. The COFEN Resolution 293/2004 only indicates that the technical responsible for the nursing staff should have 3-5% of the overall picture of the nursing staff to cover situations related to staff turnover and participation in continuing education programs. This fact needs to be seen as it is essential to keep the professionals updated, so that nursing care is done correctly, accurately, safely and with no errors.

The nursing consultation has to be carried out in a suitable place in a systematic manner, based on a theory with the use of a taxonomy to give clarity to the nursing process. The nurse should be prepared to provide guidance on the pathology; risk factors; changes in lifestyle; use of drugs, their side effects and interactions. This requires you to split the consultation so that the client can express all his questions, thoughts and anxieties and create strategies according to each individual.

Category 2: The evaluation of the clients about the practice of nurses in the Nursing Consultation

in a research conducted in the UK patients reported that they wanted to be taken care of by people who were technically competent and experienced, but equally important, they wanted nurses who could also demonstrate their compassion and respond to emotional concerns through effective interpersonal skills²³.

They also said that they considered that cardiovascular nursing staff must be equipped and prepared to support, guide and engage patients in various stages of rehabilitation. This includes interpersonal skills, behavior change models, counseling skills and allocation strategies to promote an adequate level of optimism among patients about the future²³.

Such statements show the importance of careful objective of the disease, but that the subjective part is also extremely important, also to ensure that the guidelines are well understood and followed. It is clear that customers want to be seen as a whole, not just their illness.

In the same survey, patients expressed a particular concern related to understanding by the nurses on the pharmacology and how the information about their medications was transmitted. Participants suggested that when they had questions about their medications, nurses were often unable to explain the drug's effects and side effects associated²³.

In a research conducted in Sweden²⁸, it was reported that the care focused on patient education was described as competent because nurses were proficient teachers both in theory and in practice. The care was experienced as professional and motivating when nurses offered a combination of oral and written information, voicing benefits and discussing advantages and disadvantages, making it easier to follow the guidance.

These studies show the need for continuous updating by professionals, to ensure clients to build trust, so important to generate the necessary bond for a quality service.

In a study carried out with Brazilian nurses³⁰ they highlighted the importance and necessity of technical and scientific knowledge. However, they stressed the importance of including in the educational actions, aspects that consider the paradigm shift in vocational training and health care. Participants highlighted the professional development and autonomy to carry out activities related to the competence of the nurse, highlighting the continuing education as a strategy for acquisition and updating of knowledge and training of multipliers with users and health team.

Nurses have already realized the need to look the client beyond his pathology, wanting to acquire knowledge, not only technical-scientific, but also interpersonal relationships. Furthermore they are willing, through lifelong learning, to get higher education to provide quality care³⁰.

The use of empathic abilities was appreciated by the participating clients in three surveys, evaluating as good nurses those professionals who treated them with empathy, relating this the fact that nurses took seriously the needs of the participants^{21,22,28}.

Study on care in a clinic of rheumatology, led by nurses, reported that the participants expressed that they have been affected by how they were received, by what was shown and what was said. Facial expressions and body language of nurses had an impact on this experience, as well as how they communicated. Through behavior focused on individuals, participants were recognized, creating conditions for a good relationship and establishing a calm, warm and friendly atmosphere. The physical environment has also been described as important²⁸.

In a research with clients with heart failure (HF), most of the participants wrote comments, stating that "talk about" and "share opinions with others" were the best ways to learn how to handle and manage their HF²⁷, which shows the importance of the dialogue for the disease management.

With regard to preventive methods for cardiovascular disease, it was observed that

health services are a major source of information for clients. Users see the nurse as a welcoming professional, enabling greater approximation during the care course, which helps to establish a satisfactory communication and promote health education³¹. This finding demonstrates the importance of nurses in CVD prevention and control of diseases.

As well as big companies conduct surveys to assess client satisfaction with their care and seek their real needs, it is necessary for nurses to do the same to achieve the effectiveness of care, and keep up to date to provide correct guidance to users.

Added to the fact that people want to feel important for the nurse; they want to be treated empathetically, being heard and understood, creating greater relationship than just a client-professional one.

CONCLUSION

It stands out in this review the need for the nurse to act thinking in the subject in all its aspects (physical, psychological, emotional, religious, and others.) and not only in the pathology. For this, they need to possess and / or develop empathic abilities that allow them to create a bond with the client and a trust relation.

To make the client trust in their work and have effective interventions, as well as use of empathy, the professionals need to have the technical and scientific knowledge to meet all possible demands of the individual. For this, one needs to constantly update, through continuing and individual education.

Showing the effectiveness of nursing care on an outpatient basis, the studies showed fewer hospitalizations customers continuously accompanied by nurses, bringing an asset to the individual, his family and community.

About the limitations of this review, the time period considered was from 2012 to 2016 and in this range it was found a few articles in the chosen database, despite the inclusion of articles written in Portuguese, English and Spanish.

Thus, new research covering different databases and increasing the time period can

contribute to outline a more complete picture than the one found in this study. In addition, it is necessary to develop more research on the use of empathy in patient care for clients with cardiovascular disease, especially research that have higher level of evidence, as in this review it was found only five quasi-experimental studies.

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CONTRIBUTIONS

Diego da Silva Moreira was responsible for the design of the project, design, analysis, data interpretation and writing. **Priscila Cristina da Silva Thiengo** contributed with the analysis, data interpretation and review. **Célia Caldeira Fonseca Kestenberg** guided every step of the work and participated in the review. **Elizabeth Rose Costa Martins** and **Alexandre Vicente da Silva** participated in the critical review.

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