

## Nonverbal communication in the care of hypertensive patients in the Family Health Strategy

### Comunicação não verbal no cuidado com usuários hipertensos na Estratégia Saúde da Família

### Comunicación no verbal en el cuidado de usuarios hipertensos en la Estrategia Salud de la Familia

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The aim of this study was to analyze nonverbal communication in the care of hypertensive users in the Family Health Strategy. This is a descriptive research with a qualitative approach, carried out in a municipality in the countryside of the State of Ceará, Brazil, in 2016. Data were collected using a checklist based on a systematic non-participant observation, subsidized by a field diary, and treated using thematic content analysis. The results generated two categories: *Non-verbal communication in the interaction between the health professional and the hypertensive patient* and *Understanding non-verbal meanings and expressions in the relational context of the interactions*. A greater incidence of verbal language was observed in the meetings in different spaces of attention, where non-verbal meanings present in the communication process went unnoticed, signaled by means of body expressions, gestures, posture or other subtle ways of expression during the therapeutic action. Health professionals need to have more knowledge about non-verbal communication in the relationship with hypertensive individuals, since the recognition of the importance of verbal and non-verbal communication enhances actions and acting in health.

**Descriptors:** Communication; Professional-patient relations; Hypertension; Family health strategy; Primary health care.

O objetivo do estudo foi analisar a comunicação não-verbal no cuidado com usuários hipertensos na Estratégia Saúde da Família. Trata-se de pesquisa descritiva, com abordagem qualitativa, realizada em um Município do interior do Estado do Ceará, em 2016. Os dados foram coletados por um *checklist* para observação sistemática não participante, subsidiados por um diário de campo, tratados pela análise temática de conteúdo. Os resultados evidenciam duas categorias: *Comunicação não-verbal na interação profissional de saúde-hipertenso* e *Compreensão dos significados e expressões não verbais no contexto relacional das interações*. Observou-se maior incidência da linguagem verbal nos encontros dos diferentes espaços do cuidar, passando despercebidos os significados não verbais presentes no processo de comunicação, sinalizados por meio de expressões corporais, gestos, postura ou outras maneiras sutis de expressão durante a ação terapêutica. Os profissionais de saúde precisam ter maior conhecimento sobre a comunicação não verbal na relação interacional com os hipertensos, pois o reconhecimento da importância da comunicação verbal e não verbal potencializa o atuar e o fazer na saúde.

**Descritores:** Comunicação; Relações profissional-paciente; Hipertensão; Estratégia saúde da família; Atenção primária à saúde.

El objetivo del estudio fue analizar la comunicación no verbal en el cuidado con usuarios hipertensos en la Estrategia Salud de la Familia. Se trata de una investigación descriptiva, con abordaje cualitativo, realizada en un Municipio del interior del Estado de Ceará, Brasil, en 2016. Los datos fueron colectados por una *checklist* para observación sistemática no participante, subsidiados por un diario de campo, tratados por el análisis temático de contenido. Los resultados evidencian dos categorías: *Comunicación no verbal en la interacción profesional de salud-hipertenso* y *Comprensión de los significados y expresiones no verbales en el contexto relacional de las interacciones*. Se observó mayor incidencia del lenguaje verbal en los encuentros de los diferentes espacios del cuidar, pasando desapercibidos los significados no verbales presentes en el proceso de comunicación, señalizados por medio de expresiones corporales, gestos, postura u otras maneras sutiles de expresión durante la acción terapéutica. Los profesionales de salud necesitan tener mayor conocimiento sobre la comunicación no verbal en la relación interactiva con los hipertensos, pues el reconocimiento de la importancia de la comunicación verbal y no verbal potencializa el actuar y el hacer en la salud.

**Descriptores:** Comunicación; Relaciones profesional-paciente; Hipertensión; Estrategia de salud familiar; Atención primaria de salud.

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## INTRODUCTION

Communication can be understood as a social practice in which human interactions are established and that considers verbal and nonverbal expressions, which are fundamental in the discussions and reflections about care practices in the Family Health Strategy (FHS). It is one of the competences<sup>1</sup> that need to be put into practice by the health team, since it facilitates the understanding of the other, their world view, their way of thinking, feeling and acting, favoring the identification, understanding, and comprehension of the problems that occur, besides helping professional and patient interaction.

FHS is a model that establishes bonds of commitment and co-responsibility with the population, contributing to the expansion of primary care in its political-institutional dimension, through the promotion of equity and integral care, favoring multidisciplinary work, a focus on the family, and humanization in the provision of care<sup>2</sup>.

To do so, it uses communication as a guiding thread for the promotion of humanized care through a dynamic process, which can be expressed by its verbal and/or non-verbal dimensions, involving perception, understanding, and transmission of messages<sup>3</sup>.

The interaction of FHS professionals and users in health services should be intermediated by both spoken and written communication, as well as messages expressed by gestures and body language, things seen as therapeutic tools in the health care assistance. Regarding this, it is necessary<sup>4</sup> to make a conscious use of the communication competence, aiming at the wellbeing of those who need healthcare, regardless of their place of care and the expected results. This is one of the fundamental human needs in healthcare, since without it there would not be a therapeutic interpersonal relationship between professionals and users<sup>4</sup>.

The ability to listen and understand someone, so that there is good communication and interaction among people, not only includes verbal language, but

also the movements of the body, known as non-verbal communication<sup>5</sup>. The first refers to written and spoken messages<sup>4</sup>, that occur using words as elements to communicate. The second<sup>4</sup> occurs in a person-to-person interaction situation, excluding words, and can occur in four ways: paralinguistic, kinesics or body language, proxemics, and tactical.

Considering the complexity of the communication process, there are non-verbal types of communication<sup>5</sup>. Whatever the mode of communication, verbal or non-verbal, it is a part of the therapeutic scene, conveying conscious or unconscious contents, whose significance is linked to the context in which it occurs<sup>4</sup>.

In the context of the work in the health field, due to its specific characteristics, it is necessary to make effective and appropriate communication exchanges, to bring the caregiver closer to the care, as well as to offer a more resolute and health promoting work, a necessary situation for the success in diagnosis, treatment, and care.

Professionals who work in the FHS and work in direct contact with other people should develop a humanized practice focused on the need to communicate from the perspective of a therapeutic relationship, to bring the caregiver closer to the patient — especially with hypertensive users, so it could be possible to provide adequate responses in care relationships and contribute to adherence to treatment and self-care promotion.

Adherence to treatment is a complex process and requires the implementation of strategies for its expansion, involving the health team and the users<sup>6</sup>. In this context, some determinants of poor adherence can be cited, such as: knowledge deficit in relation to the disease, polypharmacy, and innumerable daily doses of drugs and their side effects<sup>7</sup>. To soften these situations, health professionals, in order to act effectively, proposing and implementing actions that meet the real needs of this population, need to know the users and to identify the factors involved in the lack of adherence to treatment<sup>8</sup>.

In the relational process, communication is substantial and allows

users to be welcomed and cared for, taking into account their problems and their health needs, so that the organization of care<sup>9</sup> involves, simultaneously, actions and services that operate on health and illness with a look beyond the concepts of the units of the health system, which focus on living conditions and favor the expansion of healthy choices.

Systemic Arterial Hypertension (SAH) is a disease that presents a high social cost, being responsible for about 40% of the cases of early retirement and absenteeism at work, besides having potential to lead to death, or to generate severe cases of incapacity, representing a serious public health problem<sup>10</sup>. Thus, it is necessary that the professionals of the FHS improve the actions and health services and the therapeutic relationship with hypertensive users to favor adherence to the treatment and to improve care practices.

About the care provided by the FHS, it was noted that, in the follow-up of hypertensive users, the focus is on the irregularly use of antihypertensives or in the non-use of them, because these situations generate an uncontrolled blood pressure or lead to the abandonment of treatment. In addition, patients do not exercise, nor do they adhere to the recommended diets, thus favoring the elevation of pressure levels found prior to treatment. It can also be perceived that verbal communication prevails in the different places where these meetings happen. The nonverbal signals are ignored, compromising the communicational process in the relationships of care and health assistance.

Primary Care (PC) professionals should always focus on the fundamental principle of person-centered practices and, consequently, involve users and caregivers at the individual and collective levels in the definition and implementation of hypertension control strategies<sup>11</sup>. For this, it is up to the FHS team to know the communication mechanisms<sup>5</sup> that will facilitate a better performance of their professional functions in relation to the user, as well as strengthen the relationship among the team members.

Adequate communication is the one that tries to reduce conflicts and misunderstandings and to achieve defined objectives for the solution of problems detected during the interaction with patients<sup>5</sup>. It is part of human life and, in the health field, it is essential to obtain valuable information for therapeutic decisions, although in everyday life many people have difficulty expressing themselves or interpreting the language of communication<sup>12</sup>.

Therefore, the relevance in approaching this subject lies in the understanding of non-verbal aspects that compose the communication process in the interaction between health professionals and hypertensive users in the FHS, seeking to achieve effectiveness in communicational exchanges, in the dimensions of care and in the maintenance of a standardization for disease control. It is a complex process<sup>4</sup>, but it increases the capacity of the professionals to act in the process of human communication. It is also necessary because the subject is not often experienced in the FHS and can contribute to broaden the discussions about this issue and to create spaces for more effective interventions in the communication with the users and among professionals.

In order to care for someone and to create a bond of trust, an empathic behavior, with attitudes such as looking directly into the eyes, tilting the thorax, positively nodding while listening, and using adequate and understandable words is necessary<sup>5</sup>. Thus, professionals working in the FHS need to have a greater understanding of the meanings that involve verbal and non-verbal languages, demonstrating empathy, attention, interest and care.

Recognizing the importance of this issue, this research considered the following question: how does non-verbal communication take place in the process of attending hypertensive users in the Family Health Strategy? From this perspective, this study aimed to analyze nonverbal communication in the care of hypertensive users in the Family Health Strategy.

## METHOD

This is a descriptive study with a qualitative approach. It is the result of a larger study, developed in a Family Health Strategy (FHS) team of a municipality in the countryside of the State of Ceará. The choice of the team was due to the speed in access to the informations, profitability of time and knowledge of the environment and the dynamics in the work process, due to the experiences lived in this Primary Healthcare Unit (PHU).

The municipality has seven Family Health Units, two in the urban area and five in the rural area. It has an estimated population of 16.070 and is 585 km distant from the state Capital, Fortaleza. It is in the Macro-region of Cariri and in the 20th Micro-region of Crato, Ceará.

The population of the research was composed of 14 hypertensive users and two health professionals of the FHS: a physician and a nurse. Regarding the users, the following inclusion criteria were considered: to be enrolled in the Health Unit; live in the area covered by the FHS; and having attended health consultations for at least six consecutive months. Cognitive disorders or being bedridden were the exclusion criteria.

For health professionals, the inclusion criterion established was: to work in the Family Health Strategy for at least one year. Being on leave from work for any reason (holidays, leave, others) was the exclusion criterion. The data were collected from April to May 2016.

For the data collection, non-participant systematic observation was used, supported by a checklist containing the groups of therapeutic communication strategies: expression, clarification, and validation<sup>4</sup>. The collection was complemented by a field diary for the recording of nonverbal expressions complementary to the verbal communication demonstrated by hypertensive patients, as well as other notes considered relevant during the observations of eight medical appointments and six nursing appointments. Each participant was observed for about 15 minutes, generating a total of 210 minutes of recording.

The empirical material obtained through the observations and records in the field diary was submitted to thematic-modality content analysis<sup>13</sup>, in three stages: pre-analysis; exploration of the material with the categorization and codification of the data; and treatment and interpretation of said data.

The patients were identified by emotions and feelings observed, such as joy, sadness, anxiety, apathy, yearning, and others, according to the conditions they presented during consultations, and the health professionals were coded by letters, E - Nurse and M - Physician, to preserve anonymity.

All the requirements of Resolution 466/12 of the National Health Council regarding researches involving human beings were respected<sup>14</sup>, and the study was submitted to the Research Ethics Committee (CEP) of the Universidade Estadual do Ceará (UECE) and approved under protocol No. 1.506.165/2016 and CAAE 50475315.5.0000.5534.

## RESULTS

A total of 14 hypertensive patients participated in the study, and the following profile was found: predominance of the group aged from 39 to 72 years, with an average age of 59.5; twelve women; eight were married, followed by three widowers. As for the educational level, ten were illiterate and the others had incomplete Elementary School (1 to 4 years of study).

In relation to family income, seven received up to two minimum wages. No users of alcoholic drinks were found. However, three patients were smokers, ten were sedentary, and only eight tried to follow the diet recommended by health professionals. From this sample, nine revealed forgetting to take the drugs regularly, a fact also observed during the medical and nursing consultations.

Regarding the health professionals, the length of professional experience in the FHS varied from two to four years, and they had an average of three years of service in total. The age group between 20 and 30 years was

more prevalent, with an average of 25 years. The professionals were single and had completed post-graduation courses.

After the content analysis of the checklist records and the relevant excerpts from the field diary, the following categories emerged: *Non-verbal communication in the interaction between the health professional and the hypertensive patient; and, Understanding non-verbal meanings and expressions in the relational context of interactions.*

In the context of the research, we sought to analyze the care given to hypertensive patients by professionals working at the FHS, emphasizing the productive actions provided to these subjects in the dialogical interaction between the caregiver and the person being cared for, in the perspective of nonverbal communication.

*Non-verbal communication in the interaction between the health professional and the hypertensive patient*

The analysis of the speeches reveals kindness and the politeness in face-to-face relations, in a dialogue permeated by a harmonious environment and positive contact. A clear and accessible language can be perceived, but, between the lines, the non-verbal communication in the ever-continuous process of healthcare is not valued:

*M: What are you feeling? Apathy: Too much headache, Doctor. I'm going through problems that worry me a lot; M: The pressure is good (signing the Elder Follow-up Journal). Keep taking the drugs for the pressure. I'll give you a medicine for your headache. Try not to worry so much; Apathy: All right, Doctor (silence and crossing her arms). M: Your pressure is high (signing the Elder Follow-up Journal); Concern: (seemed to be far away); M: Are you taking the blood pressure medicine every day? Concern: No, Doctor. Sometimes I forget to take it; M: You need to take the drugs regularly to maintain a normal blood pressure.*

Through the narratives exposed, there is a reduced attention to the binomial complaint-conduct, where verbal communication permeates all moments of interaction. Failure to understand the non-verbal messages shown by hypertensive users creates barriers to the maintenance and improvement of health care, invalidating the importance of nonverbal language in the production of care.

Health professionals working at the FHS have greater proximity to users in their area of coverage, making it possible to create bonds, trust, and mutual respect. For this, perceiving and being sensitive to nonverbal communication contributes to the establishment of a more effective and complete communicative process:

*E: You are so quiet today. What happened? Yearning: I'm going through family problems (cries); E: You want to tell me to relieve this anguish a bit [...]; Yearning: I'm more relieved, the doctor listens to me [...].*

Differently from the narratives presented before, here the approach of the professional shows concern and sensitivity with the patient's problem, valuing the messages not made explicit by the speech, giving attention and being available to listen to the needs shown by the patient. The practice of caring with a harmonious, welcoming and humanized relationship is perceptible.

*Understanding non-verbal meanings and expressions in the relational context of interactions*

The multiple meanings present in the interactional space need to be understood to widen the connections that involve the practice of caring, since verbal interactions never happen alone, which means that the nonverbal communication should not go unnoticed. The nonverbal communication is signaled by body expressions, gestures, posture or other subtle ways of expression during therapeutic action:

*D: How are you? Anxiety: I'm doing ok [...], feeling discomfort in the right breast (lean forward); D: (verifies blood pressure). Can you tell me more about this pain? Anxiety: it is a squeeze, a suffocating pain [...] (closes hands); D: The blood pressure is normal [...]. E: Good morning! How are you? Anxious: Can the doctor take a look at my exams? E: Of course [...]. You have some altered exams. I'm going to refer you to the doctor; Anxious: Is it serious? (Frowns); E: No. The doctor will evaluate and prescribe the necessary drugs. Do not worry. Now, you have to be careful about eating and doing exercise.*

It can be noticed from the speeches, in the context of the pre-established relationships with the hypertensive patient that the health professionals present a dialogic relationship that is characterized by orientations and prescriptive measures, showing availability to guide and explain the

doubts of the users, providing them with support and safety.

However, facial expressions, body posture, and gestures such as "moving the arms," "shaking the head," leaning forward," "clenching hands", and "frowning" were not valued in verbal and non-verbal interaction by the professionals, and are important aspects to expand the possibilities of offering better health care to the users who are under their care. It can be inferred, then, that in body language, also called kinesics, there is a synchrony with verbal language, and health professionals should be more attentive to the information the body shows in the communicational process.

Regarding the haptic type of communication, an instrumental touch can be noticed through the measurement of the blood pressure and the cardiac and pulmonary auscultation, and only the physical contact necessary for the accomplishment of a specific procedure takes place.

The affective touch, such as an embrace or handshake, was not observed during the medical and nursing appointments, being it necessary for the professionals to rethink the importance of this touch, since it can represent a form of care, and an opportunity for interaction and appreciation of affective relationships, thus improving the self-esteem and self-care of hypertensive patients.

In the communicational dimension, the use of space is represented by a personal distance in the moments of the care practice with the hypertensive users. Proxemic communication, that describes measurable distances in the relational process, is an additional tool for health professionals to complement the care in a productive way, seeing interpersonal relationships as a device for health promotion.

It is also worth mentioning that a docile and calm relationship, expressed through the appropriate tone and volume of voice, involves the use of the paraverbal element, as a resource that enables a warm and humane assistance in the therapeutic action.

## DISCUSSION

The predominance of women patients stands out because they notice their health problems more than men and seek the health services more often<sup>15</sup>. It is also possible to observe that hypertension increases with age. People from 50 to 59 years old have 5.35 times more chance to be hypertensive than those in the 20-29 age group<sup>16</sup>. Low educational levels, together with old age, increases the frequency of risk factors for cardiovascular diseases, especially hypertension.

The lower the educational level, the greater the attention that should be paid to the follow-up of the hypertensive patient. In addition, low educational levels are closely associated with a higher prevalence of smoking, as the smoking habit is more common among lower-income and lower-educated individuals<sup>17</sup>, thus increasing cardiovascular risks. Another aspect is a sedentary lifestyle, which, associated with other risk factors, may contribute to elevated blood pressure levels, which in the long term may lead to the development of hypertension<sup>18</sup>.

Hypertension reaches a large number of people in Brazil, where a small portion knows that they have the disease and an even smaller number of those who do undergo continuous and adequate treatment<sup>19</sup>. This is worrying because it is proportional to the knowledge about prevention of risk factors for the development of diseases in general, especially in the case of hypertension<sup>20</sup>.

Therefore, interpersonal relations in the FHS should be in tandem with a welcoming, humanized, and resolute space, with effective communication, to improve the quality of care provided to hypertensive patients, in a process of exchange and participation aiming at promoting autonomy and co-responsibility.

Regarding the health professionals, the length of professional experience and the qualifications become a driving force in the production of care, contributing to attend for the health needs of the individual and the collective. In the empirical field, the importance of the post-graduation is evident,

for professional qualification and for changes in the practice in the FHS to occur<sup>21</sup>, reflecting in the improvement of the services provided to the population.

In the care provided to the hypertensive patients in the FHS, health professionals establish a relationship of mutual respect, trust, bonding, and politeness, which translates into a treatment and care within a welcoming and humanized space. Despite the effort and concern with hypertensive patients, the medical professional needs to overcome the gaps in verbal and nonverbal communication related to the practice of caring, since what prevails now<sup>22</sup> is a professional-centered care that, made natural by users, immobilizes self-care actions, or even disregards a type of medicine that aims to be based on ideas of integrality.

In this context, the nurse shows greater sensitivity to the messages between the lines during the interpersonal relationships that permeate health assistance, where care is perceived<sup>23</sup> as the essence of daily practice. In this case, it is possible to see an attempt to replace a biologically fragmented way of health assistance with a broader approach of the human being on subjective and social issues.

Therefore, it is necessary to provoke changes in healthcare issues that use light technologies, such as communication, especially in Primary Care<sup>4</sup>. For the people that are cared for, communication always exists, whether through the eyes, facial expressions, gestures, and words, or even the way they occupy the environment<sup>24</sup>.

There is no isolated verbal communication, the message transmitted is always an interaction of verbal and nonverbal aspects. Words are the beginning of the interaction, but beyond them lies the solid ground on which human relationships are made, the nonverbal communication<sup>5</sup>. In the setting of this study, health professionals need to be more attentive to nonverbal messages signaled by hypertensive patients in the spaces of care, for a better performance in the work and health care process.

Nonverbal communication is very important to know the other and also to know yourself, because it is from this interaction with the other that the human being is built, and it makes it possible to exercise an integral care focused on a humanized practice<sup>25</sup>.

The process of communication is only possible when people use a group of verbal and nonverbal expressions and signals, so the message being transmitted can be correctly understood and it is possible to know if one had an effective communication<sup>1</sup>.

The behavior and conduct of all human beings are based on the way in which a situation is perceived, that is, how they give meaning to events, and it is necessary to communicate this perception and meaning in relationships where bonds have been created and there is co-responsibility in healthcare<sup>4</sup>. Considering this, the health team must know the communication strategies that can improve the relationship with the user and, also, among the other professionals<sup>5</sup>, seek to implement these strategies for an effective care that helps detecting what is the real message the client wants to transmit<sup>26</sup>. Concerning this aspect, flaws in communication were found in the setting of this study, especially regarding nonverbal language.

The appropriation of these strategies in the care of the hypertensive patients in FHS favors the integration between the human and the professional aspects of an individual, being essential in the humanitarian care<sup>4</sup>. Thus, communication is inherent to health assistance<sup>1</sup>. However, people often do not realize how important it is, so it is necessary to recognize it as an important basis for interaction with the client and with other professionals<sup>27</sup>.

In order to be communicating "with" someone and not "to" someone, and thereby being effective in the process, <sup>4,5</sup> it becomes imperative to interpret and understand silent messages as well as verbal communication. Verbal interaction is a way of expressing, clarifying or validating the comprehension of something, and non-verbal communication brings forth the human ability to perceive

feelings, doubts, and difficulties people find to put things into words, improving communication and their way of transmitting a message<sup>4,5</sup>.

Demonstrations of doubts, worries and feelings, represented by body language, posture, facial expressions, and other signs that symbolize nonverbal aspects were found during the therapeutic encounters. Non-verbal communication<sup>5</sup> has four purposes: to complement verbal communication, to contradict it, to substitute it and to display feelings.

Kinetics is the language of the body, with its movements, hand gestures, limb and head movements, and facial expressions<sup>28</sup>. It is necessary to understand these movements not only because they bring information about people, but also because our body is an important information source<sup>5</sup>. During the observations, it was noticed that signs, such as leaning forward, nodding, frowning, clenching hands, among other expressions, went unnoticed, but should be valued by health professionals due to how essential they are for interpersonal relationships, since "the body speaks loudly [...] And without masks"<sup>5</sup>!

Concerning haptics, the instrumental touch, which is the deliberate<sup>5</sup> physical contact, necessary for the performance of a specific task like dressing and injecting medication, was the most common. In addition, the expressive or affective touch, which is a spontaneous and affective contact to show affection, empathy, support and security to the patient, and the therapeutic touch, which is the use of hands as a therapeutic technique<sup>4,5</sup>, are part of the expressions of nonverbal communication, but were not found in the setting of this research.

In relation to proxemic language, which studies the interpersonal spaces, the distance between the participants during an interaction<sup>4,5</sup>, evidenced the personal spaces in the unit researched, represented by a face-to-face posture, a look aimed at the patient, observing, guiding, and facilitating the interactional relationship.

This type of language can be understood<sup>1</sup> as the set of observations

regarding the individual's use of space, how he uses and interprets space within the communicative process. This language will be influenced by cultural norms, the social context, space obstacles, relations between the speakers, and the degree of affinity between them<sup>1</sup>.

Proxemic communication is a facilitating tool in the process of interaction between subjects, but it is necessary to know how to use it<sup>29</sup>. For this, training and disposition are required, since only a set of signals allows for the faithful perception of the message. Recognizing this is necessary, since, in order to interpret the other person's communication, one must be able to deal with the way they communicate and be able to increase the effectiveness of communication when one is aware of the importance of body language, especially in relation to proximity, posture and visual contact<sup>5</sup>.

The paralinguage or paraverbal language is made up of grunts, the tone used in the expression of words, the rhythm and speed of words, sighing, clearing the throat, and laughter<sup>1</sup>. Through it, the health professional understands when to use silence as a means of communication. In other situations, the act of listening is a therapeutic action<sup>4</sup>.

In the professional-patient relationship, a mild tone of voice was observed, with no changes in volume, laughter, or situations in which the professional spoke more than the hypertensives patients. However, despite the commitment, the continuous and close bond with these users, and the efforts to meet their health needs, situations that take into account only the verbal aspects, not valuing the nonverbal meanings present in the communicational process are still perceived

Nonverbal communication is an element of communication that is often not given attention and importance by doctors and other health professionals<sup>30</sup>, making it something that should be valued and understood in the different spaces of care and verbal communication, since they are complementary<sup>24</sup>, because it is based on this



interaction with the other that the human being is constituted.

In nonverbal communication, it is estimated that only 7% of thoughts are transmitted by words, 38% are transmitted by paralinguistic signals (voice intonation, speed at which words are spoken) and 55% by body signals<sup>5</sup>. Thus, health professionals must communicate with awareness, being attentive to the nonverbal messages imbued in the interaction with the hypertensive patients. This involves special preparation<sup>5</sup>, taking into account the message to be transmitted, the sender, the receiver and the communication technique required.

In this context, realizing the potential of non-verbal communication becomes fundamental in the interaction between professionals and patients, even more so when considering the situations demonstrated in the consultations spaces where this language was represented by feelings of anguish, sadness, and signs in the process of verbalization. Health professionals<sup>4</sup>, through their posture, gaze, touch, and gestures, can give relief to a person in a condition of fragility, helping the users to maintain their dignity, treating them as human beings. Communication with others<sup>1</sup> is carried out to be an effective process and achieve the goal of communication, and the non-verbal language facilitates this process.

Non-verbal communication is still a challenge in the health professional-hypertensive patient interaction in the FHS, since it has a potential role in providing quality care, positively impacting the health status of the users/family/community.

In this context, health professionals, while accompanying, treating and caring for hypertensive patients in the FHS, should promote the process of nonverbal communication in order to achieve promising results in the production of care, since the foundation of therapeutic relationships is based on an effective communication.

## CONCLUSION

In the reflections derived from all the data analysis, it was found that care practices are warm and harmonious relationships, features that emanate from elements such as mutual respect, trust, and affective bonds in the interactions with hypertensive individuals.

However, these practices are still centered on the disease, in prescriptive measures, and only on the information needed to control blood pressure levels. They are based on verbal communication for the establishment of relations with the other.

Hypertension is a chronic disease that needs to be addressed in the promotion of healthcare and requires the replacement of traditional practices for others that allow greater interpersonal interaction, also considering the importance of communication, a peculiar characteristic of the human dimension.

Considering this, health professionals need to recognize the nonverbal elements present in the communicational process with the different subjects involved in the therapeutic relationship, in order to favor the expansion of spaces in the production of new possibilities in care practices.

The communication, in its varied forms, between health professionals and hypertensive users is a tool that moves subjective spaces forward, giving new directions to health care practices. Thus, professionals need to pay more attention to nonverbal messages signaled by hypertensive patients, valuing silence, feelings, facial expressions, among other subtle signs presented in the interactions.

In this aspect, the nurse demonstrated greater understanding of nonverbal expressions emitted during the interpersonal relations, specifically due to her sensitivity and potential when it comes to caring.

However, when analyzing the categories that make up nonverbal communication, only the instrumental touch was evidenced, observed in an interaction that was constructed by personal distance, demonstrated by the soft tone of voice and an adequate rhythm of speech, valuing words above all in the interpersonal relation.

Therefore, it is necessary for health professionals to learn more about nonverbal communication in order to better understand the messages between the lines in the interactional relationship with hypertensive individuals.

The FHS ability to deal with issues involves the power of relational technologies and is anchored by humanization in care and by respect for the other. Those features are strengthened by the bond of trust and by the co-responsibility in health care practices. Therefore, health professionals working in the FHS should recognize the importance of verbal and non-verbal communication as a tool that enhances health and performance, and causes significant changes in the subjects involved in the promotion and production of care.

The study limitations are due to the fact that the research was performed only in a health unit of the municipality, making it impossible to verify the research issue in the various territories that make up the Family Health and, thus, to make comparisons in a larger study. Therefore, considering the theoretical foundations that guided this study, we intend to continue research about nonverbal communication to boost the production of care and quality of work in the Family Health Strategy.

This research revealed the importance of nonverbal communication to revitalize care practices and to give strength to the work of the team, producing changes in subjects and health care. Its results can also contribute to the education of professionals and to the research field, providing opportunities to expand the knowledge of undergraduates and post-graduates, especially nursing professionals, who continuously seek to improve knowledge and practices in health.

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### CONTRIBUTIONS

**All authors** had equal contributions in the design, analysis, and interpretation of data, as well as in the writing and the review.

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