



Acta Scientiarum. Health Sciences

ISSN: 1679-9291

eduem@uem.br

Universidade Estadual de Maringá

Brasil

Valladares Broca, Priscilla; Ferreira, Márcia de Assunção
Action plan for the communication process in a nursing team
Acta Scientiarum. Health Sciences, vol. 38, núm. 1, enero-junio, 2016, pp. 23-31
Universidade Estadual de Maringá
Maringá, Brasil

Available in: <http://www.redalyc.org/articulo.oa?id=307245984004>

- How to cite
- Complete issue
- More information about this article
- Journal's homepage in redalyc.org

redalyc.org

Scientific Information System

Network of Scientific Journals from Latin America, the Caribbean, Spain and Portugal

Non-profit academic project, developed under the open access initiative



Action plan for the communication process in a nursing team

Priscilla Valladares Broca* and Márcia de Assunção Ferreira

¹Fundamental Nursing Department, Anna Nery School of Nursing, Universidade Federal do Rio de Janeiro, Rua Afonso Cavalcanti, 275, 20211-110, Rio de Janeiro, Rio de Janeiro, Brazil. *Author for correspondence. E-mail: priscillabroca@gmail.com

ABSTRACT. The objective of this study is to propose an action plan for the communication process in the nursing team. The theoretical references were: the model of a communication process proposed by Berlo and essential concepts of King's Theory. It is a qualitative, convergent-care research. The data production technique was the semi-structured interview with 25 nurses of a public hospital. Data used the thematic content analysis technique. The elements of the communication team are: perception, self, space, time, stress, role, authority, power, status, audience, empathy and nonverbal communication. The plan proposes a dynamic, flexible, interactive and relational communication process, in order to contribute to the professional qualification and make new practices of care viable. It was concluded that its elements do not have a fixed and stable position, but throughout the process they are used according to the needs of each party.

Keywords: communication barriers. nursing team. nursing theory.

Plano de ação para o processo de comunicação da equipe de enfermagem

RESUMO. Objetiva-se propor um plano de ação para o processo de comunicação na equipe de enfermagem. Os referenciais teóricos são: o modelo de um processo de comunicação proposto por Berlo e os conceitos essenciais da teoria de King. Pesquisa qualitativa, convergente-assistencial. A técnica de produção dos dados foi a entrevista semiestruturada, com 25 profissionais de enfermagem de um hospital público. Aos dados foram aplicadas as técnicas de análise de conteúdo temática. Os elementos que integram a comunicação da equipe são: percepção, *self*, espaço, tempo, estresse, papel, autoridade, poder, *status*, audiência, empatia e comunicação não verbal. O plano propõe um processo de comunicação dinâmico, flexível, interativo e relacional, de modo a contribuir para a qualificação profissional e viabilização de novas práticas de cuidado. Concluiu-se que seus elementos não possuem um lugar fixo e estável, mas que ao longo do processo são usados de acordo com a necessidade de cada interlocutor.

Palavras-chave: barreiras de comunicação. equipe de assistência ao paciente. teoria de enfermagem.

Introduction

Nursing professionals can be characterized by the exceptional ability to listen actively, carefully observe, and then carefully interpret and analyze the information before proceeding with the assistance (Rosenberg, 2015). Thus, sharing difficulties, problem situations, frustrations and sufferings caused by ineffective interactions (Silva, Terra, Freitas, Ely, & Mostardeiro, 2013), can help selecting the communication styles that best fit the context of the involved process (Rosenberg, 2015).

Such factors can be introduced into the daily life of these professionals through their valorization, motivational incentives, and cooperation; possible by effective communication and relationship among all members of the nursing and health staff. Thus, influencing a nursing care focused on the patient's needs, showing that the provision of care depends on the relationships developed within a team (Cowin & Eagar, 2013).

The consequences of the lack of dialogue, incentive, motivation, valuation, being heard, may cause lack of interaction and fellowship among professionals (Freeney & Tierman, 2009). Also, it can directly reflect on the care provided to the patient, such as the failure on the process of medication administration (Franco, Ribeiro, D'innocenzo, & Barros, 2010), in which non effective communication process can lead to an error, threatening a patient safety.

For this process become effective and validated among professionals, a plan of action is proposed for the communication process in the nursing team. This plan would become a guide indicating where to go, how to follow, how to overcome obstacles and difficulties and how to return if necessary in the process of achieving the goal. In nursing, the plan may indirectly influence (positively) the communication of the nursing staff with the patient to become effective and validated.

Berlo (2003), as one of the theoretical references, presents the communication process model with elements of how people communicate, what are the factors composing it and the role of language in human behavior. Also, he analyzes the individual's behavior, the relationship between the speaker and the listener, attempting to identify and describe the factors that influence positively and negatively the communication process and its results and searches for ways to increase understanding and effective communication.

A communication process shows: source, coding, message, channel, decoder and receiver, with some factors influencing them (Berlo, 2003). In this sense, identifying the components of the process can be an attempt to interfere in order to make it more comprehensive and assist in its effectiveness.

King (1981) proposes a conceptual structure of interactive systems, such as: personal, interpersonal and social systems. A personal system can be understood as the position of the individual in the environment; an interpersonal system is when individuals interact with each other to form pairs, trios or small and large groups; and social system is when individuals see the need to form organizations that compose communities or societies due to special interests and needs.

In this sense, communication can be characterized as a structure of symbols and signs imposing order and meaning to human interactions. With that, this structure contains verbal and nonverbal behaviors, being the non verbal recognized as the most accurate information when compared to verbal statements.

Therefore, the aim of this article was to identify the elements that influence the communication process and propose an action plan for the communication process co-built with the nursing staff.

Material and methods

This is a qualitative, convergent-care research. It requires the active participation of individuals, aimed to make changes and or introduction of innovations in health practices, so it involves researcher and participants in a mutual supportive relationship (Trentini & Paim, 2008).

In the healthcare field, there is a variety of problems that need research so that they can expand the possibilities of solutions for the benefit of the assistance. On the other hand, it is possible to be considered that the solutions are already placed on the field itself, and, therefore, they deserve to be

investigated to validate their practice and effectiveness and be spread out to the entire scientific and healthcare environment, thus improving patient care. The method of the convergent analysis enables the establishment of a close relationship of know-think with the know-how because of the caregiving practice indicates innovations and alternatives to mitigate or solve problems and difficulties of the quotidian of health professionals.

The implementation of convergent-care research occurs through different phases: design, which is the choice of the topic, the direction of the guiding question, the establishment of the research objectives and literature review; instrumentation, that is the methodological procedures; reading in detail, including how was the collection and collation of data and; analysis and interpretation, apprehension processes, synthesis, theory and recontextualization (Trentini & Paim, 2008).

In order to establish an action plan for the communication process in the nursing team it is necessary to sensitize all individuals involved in the process and secure their commitment. For that, it was necessary to expose to everyone the purpose and importance of such a plan to be integrated into the communication process. That was made possible through the convergent analysis, once the method requires from the researcher great attachment to nursing care, promoting greater interaction with the subjects and the research scenario. As the research is developed, there are exchanges of knowledge, actions, experiences, thoughts and ideas about the research topic, and thus, there may be a dissemination in the context in which they are inserted.

The research was carried out from 2011 to 2013, with data collection between October and December 2012. The data production technique was the semi-structured interview based on a script with open questions, characterized by a meeting with individual conversations. All the verbal material was transcribed in full, and analyzed applying the content analysis technique. The categorization process was carried with a pre-established system of categories, based on the essential concepts of the theoretical references (King, 1981; Berlo, 2003). In this type of analysis, it was sought the occurrence of themes on the content of the messages that are classified in the boxes, organizing the categories indicating that the most frequent themes, also considering the co-occurrences of the subjects in units of testimonies (Cavalcante, Calixto, & Pinheiro, 2014). After that, the elements that

influence the communication process were identified in their positive and negative aspects, in order to build a proposal of a communication plan with the nursing staff.

To facilitate the construction and visualization of the plan, a preliminary action plan was taken into the scenario. It was not a complete plan, with problems and established strategies, but a scheme/skeleton of how relationships occur or would be desirable to occur. To create such a flow, the researcher had the data from previous research as a parameter.

Throughout the communication process established between the researcher and the nursing staff, the preliminary plan was completed according to the findings from the interviews and at the end of this relationships, participants expressed their opinion if the collected impressions were correct or not, and changes were made together. Thus, the plan was formalized according to the data from each interview, and from the individual plans, a collective plan was created, built with the collaboration of all participants based on the reflections about their practices, converging the research with assistance.

This is a research conducted at the Medical Clinic department of a federal university hospital in the city of Rio de Janeiro, with 25 nursing professionals. Inclusion criteria were: being a nurse, technician or nursing assistant, of both genders, integrating the nursing staff elected for the research, 18 years old or more. The exclusion criteria were: being away from work for any reason during the researching period.

Research approved by the Ethics Committee in Research of the hospital with number CAAE 01305512.9.0000.5257. The participant's rights were respected according to the National Health Council Resolution 466/12. All of them signed a consent form. The identification of the research participants was through alphanumeric codes, and the nurses identified by the acronym N; and nursing technicians by NT acronyms, followed by the sequential number of the interview.

Results

To establish the plan, some essential concepts of theoretical references were used as background and parameters indicated as positive influencers or negative elements of the process. Thus, the elements that influence the communication process were identified and how such influences usually occur. Soon after, the action plan was presented with the influential elements and examples of how professionals act, or would act when facing them in order to have fidelity in the interactions.

The influential elements of the communication process of the professionals' discourses are perception, self, time, space, stress, non-verbal communication, authority, hierarchy, power, and status.

In the nursing professionals statements, perception is understood as an instrument: 1) To observe the other as a whole, accepting him as he is, and thus, paying due attention and knowing how to deal with him; 2) The empathy when differences are respected and the way of being of each one; 3) A good communicative process; and 4) To understand the problems and try to resolve them. Such findings can be seen in the following statements:

For you to know how that person is, don't you think ?! Because nobody is identical! So, how you will approach that person, how you are going to talk to that person, so you don't annoy that person. Not to cause any trouble. So you have to watch how you approach that person to be able to talk to her. (N1)

We have to understand each other, because not everybody thinks the same way, do you agree? None thinks the same. Each one has his/her own opinion, his/her own way of being. You have to give one, have to, as they say, have to pay attention to the person, it is important yes, perception is everything, with perception you have a lot. (NT18)

The nurses reported that they use the 'self' to exercise companionship, patience, tolerance, respect, understanding each other, and to do a self-assessment and self-reflection of their attitudes and behaviors. As noted:

People are not patient and not tolerant anymore! Then one thing pulls the other, pretty soon there is no more solution! Hard to undo it! However, the little we can do, we do! We do it slowly! Even if we cannot make the tree to grow! At least, the seed we put it there! (NT2)

The only strategy I had was to call the two of them to talk and explain the situation, asking them to do a self-assessment, a self-reflection, I told them what I had observed in my shifts, their professional approach and showed them the complaints that came to me, from patients, caregivers and from their own colleagues. (N4)

Regarding the space, it was possible to observe that its use is favorable and appropriate to establish the communication processes and interactions, as well as to respect each other's space and the time.

Here it is a quiet and clean place. So, it does not prevent nor hinder anything, no. (NT7)

It is to learn to understand each other's space! Important! Let each one to respect the space of the other, because I think it improves the relationship. It will improve a lot. Also, because each one

experiences in a different way the problem they are facing. (NT3)

They have enough time, but it is necessary to manage it and plan the activities to provide assistance with tranquility pay better attention to the patient and have an effective communication process with each other. Also, this planning needs to be organized in the morning, and if there were more professionals on the team, tasks could be shared, and there would have even more time. Following there are testimonials:

Actually, we have time, we say that we don't, but we do have time. [...] Let's think? ... It's a matter of knowing how to manage it. Just manage it! (NT5)

As I told you, if we start early in the morning, we'll have time to talk, talk about patients, sometimes even work better with them. (NT7)

We have a work overload, you know? We have to fulfill many tasks before we pass on our duty at seven p.m., so sometimes we have no time to stop [...] if at least, there was one day nurse, it would help a lot. Because one would be on the paperwork and the other into general care, you know? (N4)

Nursing professionals use internal strategies, such as attitudes and behaviors performed by the nursing staff and; external strategies, such as actions in practice before interacting with the nursing staff to better cope with stress. As an internal strategy, professionals reported that they must learn to deal with differences and to respect and be tolerant with their co-workers, since each individual has received influences from various systems and each one has a different view of the world, and his own limits to meet a particular stressor.

The external strategy is not let the problems outside the workplace interfere with care and not let them accumulate with the problems faced at work. In the following statements these findings can be observed:

I think it is important to learn to deal with each other's differences. Then you know how to handle every situation, know how to deal and talk. Then, you learn to respect, to be professional! (N1)

Leave the stress out there! Leave them at home and not bring them to work, for you not to cause damage to your night shift colleague. If you live with stress try out there to do something to remedy this stress, but not here! (N4)

The use of nonverbal communication in the communication process is through kinesic language and paralanguage. For this, they make use of observation and perception with greater intensity in

the care of facial expressions and the eyes and the voice is used. The testimonies are:

I think at least paying attention, watching, giving attention! Facial expression! So, this communication is very important! To observe the facial expression is important. (N4)

Everything has to do with the way of speaking. You conquer the person by the way you approach her! One thing is the same goal, in the same sentence, the tone as you talk to the person is the tone you can get a no or a yes! It depends on the way you talk! (NT2)

When reporting about authority, hierarchy, power and status, group meetings with effective dialogue and respect were important steps to deal better with these elements. As noted in the following testimonials:

It is necessary to really have a communication, a dialogue, a conversation, where the professional is not intimidated to talk to his boss, and his boss is not embarrassed to talk to his employee. I believe that everything can be achieved with the meetings! (N5)

Certainly the group meetings! Because it is difficult to expose, day by day, your problems, an improvement in the environment and what's going on inside your team. This person (who has a role of authority, hierarchy, power and/or status) is always above you and doesn't give opportunity to listen to you. So, it will be her and my way to give the yes or no for the things. (N1)

Action plan for the communication process proposed by the nursing team

The plan was composed of the main strategies reported by nursing professionals regarding the key concepts (King, 1981) and the noise (Berlo, 2003), highlighting: empathy; attention; kindness; self-assessment; care planning; to be tolerant; do not bring problems to work; offer the audience needed to better observe and understand; understand the body language and the look; group meetings, with an effective dialogue in order to provide understanding among all participants of the process; and space to respect the time of each one when wanted to be alone in certain contexts.

The action plan (Figure 1) is represented diagrammatically by a cone, to confirm that the process is formed by elements which are combined to form a whole, emphasizing the result: in this case, the effective interaction of the nursing staff in favor of nursing care, and for the practice of humanization in care, once it involves the level of interactive relationships. Circular arrows are to demonstrate that the cone has continuous motion.

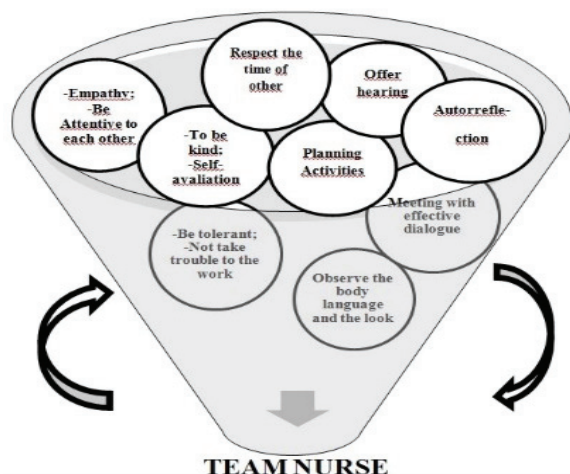


Figure 1. Action plan for the communication process of the nursing team.

Discussion

According to King (1981), perception can be considered as the representation of each individual regarding reality, that is, the consciousness of an individual's about the objects and events that surround him. The author says that despite the individuals living in the same world and having some common experience (or similar), they differ in what they select to enter in the perceptual area.

With perception, there is an awareness of your own self, objects, relationships, established interactions, communicative acts and worldview through the senses, allowed by the actions of recognize, observe and select; and thereby gaining significant knowledge because all individuals perceive the objects and the environment around them in an individual way, and these experiences provide information on things. Although each individual is unique, there is a similar instrument, such as senses, where each person can perceive differently (King, 1981) a living environment.

Each attitude, behavior, action, thinking, and reasoning are based on the interpretation that individuals make of the context around them, not just on their reality. Every human being perceives the world in a special and different way, where a particular situation, object, and even a person is interpreted in a certain way and is given a distinct importance according to each moment.

A concern of professionals in trying to understand and respect the other's way of life was identified, adapting to their time and space to have interaction, understanding why the other changed his attitude and behavior unexpectedly. Such attitudes are in line with the thinking of Rosenberg (2015), where the author states that before

communicating with patients, families and other healthcare professionals, must select the communication style that best suits the context, the confidentiality of the content, the potential impact on the person and how they are, sentimentally speaking, in the moment.

Nursing professionals know how to approach, analyze the way of speaking not contradicting the other, understanding that no one is equal because each person thinks and acts in a different way. They understand that they must respect the space of others and show disposition to adapt and get used to other's behavior.

Such behavior of the nursing staff can be characterized by the fact of creating on the other, expectations that influence the actions before accomplishing them (Berlo, 2003). This is what characterizes the empathy. Thus, one is able to recognize a person not only physically but correctly predicting what he/she will do, say and behave in face of a certain reality.

Empathy is a human quality that to be practiced the individual sets aside prejudice, cultural restrictions and any difference between human beings; because it is more important to take into consideration the individual and the context he is into and not be influenced by differences and behaviors that undermine compassion and human valorization (Dawood, 2010).

To be able to interact with the surrounding reality, individuals make use of the values and beliefs to help them balance their lives, and thus form and shape their ideas, thoughts and knowledge. When there are inconsistencies in the values and beliefs, the 'self' tries to avoid them or, at least, clarify them, since each new experience tends to influence a change in itself (King, 1981), and each one of these new insights is unique to the individuals.

'Self' is what makes the person what he/she is, what he/she thinks it is, it is what is essential to be what one is and the qualities are what differentiates people from each other, giving subsidies for the formation of the identity of the individual, so to become aware of what is done, what values and goals to achieve and how people recognize and identify him/her.

'Self' can be a product of human interactions because often the attitudes towards 'self' are reflections of the attitudes towards others, and it is a part of human experience (King, 1981). Such thoughts are supported by Berlo (2003) when he says that the individuals involved in the communication process need to have a positive attitude in order to have loyalty in the interaction. It is also important the attitude towards each other,

which when one has great affinity to whom you are related to, greater will be the effectiveness. Thus, it happens to the 'self', because when there is a good interaction with the environment, with themselves and with others, the greater the chance to share experiences will be.

Many times people are mirrored in the attitudes and behaviors of others to get the courage to face a situation or reality because they do not have enough willpower or simply do not know how to act, due to insecurity or by never having gone through that experience before. Then, when reflecting on the experience of the others, being that positive or negative, they learn a new value for the 'self' and attitudes are changed towards that particular reality or it will serve as an example to others.

Each individual experiences and perceives the space in one way, thus, each one has a specific concept when experiences it, and the way he/she uses it is associated with the type of culture, behavior, and the communication process. A position that is occupied and the interactions that are experienced can provide feelings of safety and better use of the space (King, 1981).

The use of space for each individual is influenced by perception and how sensory stimuli identify and observe such environment. This can be influenced exclusively, by their needs, past experiences and their culture (King, 1981). The cultural system can influence how it is used and define the space because of beliefs, values and ways of doing things dictate the type of behavior that one must have towards each other (Berlo, 2003).

In this sense, the space seen by the nursing staff is similar to the environmental concept which can be characterized by the use of physical, social, professional and interpersonal relationships space established in the working process which are directly involved in health care, therefore providing warm, problem-solving and guided attention in the precepts of humanization (Ribeiro, Gomes, & Thofehrn, 2014). For the professionals the space used for nursing care is seen as conducive and adequate, that is, a facilitating tool of the working process and the quality of health production.

Space is not only the physical environment but can also be the personal space of each one. In some moments of life, space is what individuals want. The individual needs to be alone on his 'world' with no one around, without requirements, speculation, judgment, and accusations. It is a space to think, reflect and even cry without audience; because his needs in that situation, is of loneliness to face reality.

Fears, anxieties, joys, and pleasure influence the need for space (King, 1981).

The time is not only the order and sequence of events, but also the length of them experienced by each individual, being described as a concept that is cyclic or on the other hand, that is linear and irreversible, measured by clocks and calendars or that is a relational process in which all events are organized in a succession (King, 1981).

The nature of time is complex and abstract; nevertheless, there is a certain consistency and individuals talk about it, trying to measure it with clocks and calendars increasingly modern. Also, the time controls the activities of daily life, whether at work or leisure. That happens in a hospital where the nursing team has a pre-set time to administer medications and perform the various procedures needed to provide nursing care with quality.

Therefore, professionals relate their time with the activities carried out on a working day, such as a bath, the administration of medicine; send the patient to carry out an examination, the application of the nursing process by the nurse. The performance of activities at the right time is required so that everything will proceed properly synchronized because their main concern is to provide a qualified and efficient assistance to meet all or part of the needs of the individuals.

As the concept and the way time is confronted are abstract, inherent in every person, the value and the importance given to it will be based on the experience of each individual. And, consequently, the way to perform daily tasks too, because each individual has a way of working and acting, that is, one could be fast or slow. However, if the activities are initiated in advance, planned and focused without interruption, time may be enough as shown in the testimony of NT5 and NT7. Thus, planning favors the contact and, therefore, the practice of humanization.

However, it is necessary to consider that even planning and being available to provide care for quality and efficiency, if there are no materials and human resources, the professionals become overworked and consequently tired, affecting the care provided. As evidenced in research conducted in twelve European countries, where professionals were asked if they had time in their last shifts to perform all nursing tasks, they said that due to overload of activities some were set aside, such as pain management, for only a small minority of professionals in almost every country; and the act of providing a communication comfort and health education for patients and families, was in almost

half or more than half of nurses in most countries (Aiken, Sloane, Bruyneel, Heede, & Sermeus, 2013).

In another research conducted in nine European countries it was evidenced that in each increase of one patient per nurse, there is 7% increase in the probability of a patient dying in a period of 30 days of hospitalization. Each increase of 10% in number of nurses in a hospital, there is a reduction of 7% of this probability (Aiken et al., 2014). Thus, this evidence subsidizes the speech of N4 showing the importance of having an adequate quantity of nursing professionals to avoid any harm to the patient.

Regarding the stressors, they are not limited to a certain area or a certain time, that is, they are everywhere; and to react to it, it is necessary that the individual had the energy to face the threats and noxious stimuli (King, 1981). If the stressor stimulus is related to fear, the professional will have greater difficulties to address the work-related obstacles. According to Oommen, Wright and Majjala (2010), fear influences the emergence and maintenance of the stress when the nursing professional realizes that his opinion was not valued, there is a difficulty in thinking independently to be able to act and the decisions of superiors cannot be questioned.

Thus, stressors are not limited to a certain area or a certain time, that is, they are everywhere. To react to it, one needs energy to face the threats and noxious stimuli (King, 1981). As the process of communication and the interaction also require energy (Berlo, 2003), the nursing professional may have to choose between what demands less energy or, what is more, important to engage and make use of his energy.

Therefore, nursing care can be affected because the stressors can influence the activities of the professional, due to difficulties in labor relations and nurse-patient interaction may not be effective due to decrease of energy that was spent to better cope with the stress. However, the opposite may happen: professionals can spend their energy on nursing care and the lack of it may lead to illnesses. Consequently, the use of strategies becomes important to address the life events as best as possible, whether they are pleasant or unpleasant. Moreover, when sharing such strategies, confronting the stressors and the actual stress can be mitigated because there is a multiplication of energies as the interaction ties are developed, cooperation and improvement of confidence (Oommen et al., 2010).

It is necessary to consider that even with knowledge sharing, the way individuals face the stress and the increase and decrease of experienced

tension is particular, that is, each one reacts in a different way, and this response is influenced by space, time, age, gender, personality and motivation (King, 1981). Changing the way of facing such situations can come over time after the person experiences and reacts to the same stress several times; showing that the individual feels comfortable in that situation.

Nonverbal communication can be characterized by the manifestations of behavior, not understood by words, but exposed by their facial and body expressions: the postures when facing the other, the way we touch, the body signals, natural or superficial somatic singularities, by behavior, organization of objects in space, and the distances we maintain in interpersonal relationships with the other individual (King, 1981).

As can be seen, the nurses have set their understanding and importance of nonverbal communication in body language. This type of nonverbal communication is centered on body signals and behavior, that is, the balance of the head, body position, legs and crossed or uncrossed arms, symmetry of the arms, the look, the hand gestures, the appropriate contact, slight bending towards the other (Little, White, Kelly, Everitt, & Mercer, 2015).

By their facial expressions, it is possible to show a range of feelings, attitudes and information; however, some aspects of the behavior expressed by the individual and the physical appearance may be intentionally generated, while others occur more spontaneously or are even unable to be changed by choice (Hirschmüller, Johannes, Nestler, & Back, 2013). Thus, it is an important indicator of the effectiveness of the communication process, as if the source identify expressions of indifference and inattention, one can change the strategy used to address the receiver and thus have a process to reach a goal. Thus, it is important to confirm with the caller what one is willing to show, such as: joy, frustration, anger, worry, sadness, impatience, among others; so there are no contradictions and misinterpretations.

In this sense, it is important to use the attention with greater intensity in the communication process in order to capture all this whirlwind of emotions and feelings involving individuals, but this depends on the ability of the source to show their feelings, because each person expresses his emotions and feelings in a unique and different way, and is influenced by the environment and their time of life, which may suggest different interpretations and understandings that individuals are actually living. Thus, it is important not to judge in a situation without first understanding the whole context that surrounds it.

Concerning authority, the individual who exercises it has the task to make decisions that guide his own actions and of others, when managing an event, exercising or not the leading position, being directly linked to the exercise of power (King, 1981; Berlo, 2003). The authority may be seen by some as in the leading role, inherent to the person, and position in an organization, and by others as residing in the person, inherent to the person, by the knowledge and experience, as well as the exercise of power being dependent upon acceptance by someone else.

In the nursing team, these roles are exercised either by a resident on the role (as a nurse section chief) or in a person (such as a nurse on duty with a range of experience at it) that comes to characterize the hierarchy. The hierarchy characterizes authoritarian classification of roles where one is perceived as with a higher value, power, importance and influence than others within the group (Berlo, 2003).

In this sense, the authority has the function of guiding and directing the behavior of an organization and needs to be reciprocal, in order to influence one another; and these behaviors are interdependent, being related to each other (King, 1981; Berlo, 2003). The existence of a strong hierarchy in the work process can influence the onset of problems in the communication process and in the interaction between professionals, due to a vertical relationship (Oommen et al., 2010). They do not always feel free to question the actions of those in authority (Aiken et al., 2013).

Besides that, the status also influences the interactions within the nursing staff system, because it is the position of an individual in a group since he is perceived by others in the group in this important role, which may be reversible (King, 1981; Berlo, 2003). Status comes with privileges, duties, and obligations; linked to the role or position and is related to who you are, what you do, what you know and what you could achieve.

For the nursing staff, the best strategy for the authority/hierarchy/power/status to be exercised and achieved the best way possible, group meetings are advisable. In such meetings a process of effective communication, without fear of roles and positions, exercised sharing good and bad situations, exchange of experiences, not only pointing out the mistakes but the solutions they bring, and minimizing conflicts. However, for this to occur it is important to have a respectful relationship and that one can try, through empathy, to understand the other in his human complexity.

The sense of group meeting can meet one of the humanization policy devices, the humanization of the working group, which aims to be a group meeting of people interested in discussing the work

environment, the dynamics of teams and the relationships established between them (workers, managers and patients), and how they can improve the process of work and the quality of health production, becoming a space to provide good relationships among people, in order to provide an effective communication process that combats the low quality of services (Hirschmüller et al., 2013). With that, worker participation in decision-making is increased, their level of satisfaction and patient's satisfaction, and, therefore, it becomes a space to strengthen the ties among professionals, where they can share information about the patients and better assist them.

Such meetings would have the aim of providing the feedback from professionals about personal views on incidents; learn how to better handle individuals considered complicated and difficult and share thoughts and critical opinions about problems in communication, interaction and hierarchic relationships (Oommen et al., 2010). And with that, lead them to reflect collectively on the working process proposing and welcoming changes that allow improvements and put them into practice.

When there is an increase in the implementation of the communication process, when one is sensitive and sympathizes with the other's behavior and when there is motivation in an interactive relationship, empathic accuracy increases (Berlo, 2003). For the author, to such attitudes, the role of authority may have the 'yes you can' reaction, where regardless the position that the individual holds, some behaviors only dependent on his will. As for example, there are those cited by nursing professionals in the recording units which illustrates this discussion, and thus, one might have the inclination to exercise greater cooperation among the participants of the group's meeting's and provide quality nursing care.

There was care convergence with some nursing professionals in order to become aware of observing each other to assess the way of being, to understand how people behave, the view, the moment what the other is experiencing; to provide space; to learn to be patient and understanding; the importance of nonverbal communication and how to observe it, see it and identify it; to maintain a dialogue with those who have the role of authority, hierarchy and power in order to expose all their difficulties, what is not working, problems that impair assistance while bringing solutions to facilitate teamwork and thus provide a better relationship between them and indirectly or directly a more humanized practice.

The plan was conceived considering a dynamic, flexible, interactive and relational process of

communication, where its elements do not have a fixed and stable place, but in the process are used according to the needs of each one. It is important to emphasize that the changes will not come within a short time in a system that sometimes shows rigid and hierarchic relationships, but they must consider that communication skills can be improved (Oommen et al., 2010) providing a communication process that satisfies all of them.

Moreover, the plan aims to contribute to the professional qualification trying new caregiving practices, with the intention of to be a theoretical and practical support indicating possible ways for the nursing practice to really meet the patients' needs. Thus, it is necessary to consider that caregiving in its whole requires the professional be included as an active subject of this relationship, in order to help building a comprehensive, fair, responsible health system, accessible to everyone.

The limitations found in this study were the performance of a specific scenario; therefore, the expansion of research to other fields of activity of the nursing staff can contribute to the testing of the proposed plan.

Conclusion

The action plan for the communication process in the nursing team represents flows of communication and interaction between them and analyzes the strategies and actions used to combat or reduce the noise of these relationships thereby increasing the process fidelity.

In this way, provide a nursing care aimed at patient's safety and humanization depends a lot of on a teamwork, characterized by an authority and hierarchy gradient that does not prevent the flow of information, and on the use of effective strategies to improve the relationship among them.

References

- Aiken, L. H., Sloane, D. M., Bruyneel, L., Heede, K. V. D., Griffiths, P., Busse, R.,... Sermeus, W. (2014). Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *The Lancet*, 383(9931), 1824-1830.
- Aiken, L. H., Sloane, D. M., Bruyneel, L., Heede, K. V. D., & Sermeus, W. (2013). Nurses' reports of working conditions and hospital quality of care in 12 countries in Europe. *International Journal of Nursing Studies*, 50(2), 143-153.
- Berlo, D. K. (2003). *O processo da comunicação - introdução à teoria e à prática*. São Paulo, SP: Martins Fontes.
- Cavalcante, R. B., Calixto, P., & Pinheiro, M. M. K. (2014). Análise de conteúdo: considerações gerais, relações com a pergunta de pesquisa, possibilidades e limitações do método. *Informação & Sociedade: Estudos*, 24(1), 13-18.
- Cowin, L. S., & Eagar, S. C. (2013). Collegial relationship breakdown: a qualitative exploration of nurses in acute care settings. *Collegian*, 20(2), 115-121.
- Dawood, M. (2010). Empathy speaks all languages. *Diversity in Health and Care*, 7(1), 1-2.
- Franco, J. N., Ribeiro, G., D'innocenzo, M., & Barros, B. P. A. (2010). Perception of the nursing team about causes of errors in the administration of medication. *Brazilian Nursing Journal*, 63(6), 927-932.
- Freency, Y. M., & Tiernan, J. (2009). Exploration of the facilitators of and barriers to work engagement in nursing. *International Journal of Nursing Studies*, 46(12), 1557-1565.
- Hirschmüller, S., Johannes, B. E., Nestler, S., & Back, M. D. (2013). The dual lens model: a comprehensive framework for understanding self-other agreement of personality judgments at zero acquaintance. *Journal of Personality and Social Psychology*, 104 (2), 335-335.
- King, I. M. (1981). *Toward a theory for nursing: systems, concepts, process*. New York, NY: John Wiley & Sons.
- Little, P., White, P., Kelly, J., Everitt, H., & Mercer, S. (2015). Randomized controlled trial of a brief intervention targeting predominantly non-verbal communication in general practice consultations. *British Journal of General Practice*, 65(635), 351-356.
- Oommen, H., Wright, M., & Majala, H. (2010). Stress-promoting and stress-relieving factors among nurses in rural India: a case study. *Diversity in Health and Care*, 7(3), 189-200.
- Ribeiro, J. P., Gomes, G. C., & Thofehrn, M. B. (2014). Health facility environment as humanization strategy care in the pediatric unit: systematic review. *Journal of São Paulo University School of Nursing*, 48(3), 530-539.
- Rosenberg, M. C. (2015). Editorial: communication style makes a difference. *Journal of Nursing & Care*, 4(2), 1.
- Silva, A. A., Terra, M. G., Freitas, F. F., Ely, G. Z., & Mostardeiro, S. C. T. S. (2013). Self-care under the perception of the mental health nursing professionals. *Northeast Network Nursing Journal*, 14(6), 1092-1102.
- Trentini, M., & Paim, L. (2008). An innovative approach to promote a healthy lifestyle for persons with chronic conditions in Brazil. In A. B. Turley, & G. C. (Ed.), Hofmann. *Life style and health research progress* (p. 251-272). New York, NY: Nova Publisher.

Received on November 9, 2015.

Accepted on February 4, 2016.

License information: This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.