

## NON-VERBAL COMMUNICATION IN THE PEDIATRIC INTENSIVE CARE UNIT: PERCEPTION OF THE MULTIDISCIPLINARY TEAM\*

COMUNICAÇÃO NÃO VERBAL NA UNIDADE DE TERAPIA INTENSIVA PEDIÁTRICA:  
PERCEPÇÃO DA EQUIPE MULTIDISCIPLINAR

COMUNICACIÓN NO VERBAL EN UNIDAD DE CUIDADOS INTENSIVOS PEDIÁTRICOS:  
UNA VISIÓN DE EQUIPO MULTIDISCIPLINARIO

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### ABSTRACT

**Objective:** to understand the meaning of nonverbal communication in the assistance to patient and families in a pediatric intensive care unit (PICU) for the multidisciplinary team. **Methodology:** this is a qualitative study, based on phenomenology, carried out by the multidisciplinary team that operates in the PICU of a philanthropic institution in Minas Gerais. The data were collected using semi-structured interviews in compliance with the 196/96 resolution. **Results:** the results were grouped and described in five categories known as: teamwork – implications of the process of communication in assistance; strategies used by the multidisciplinary team in non-verbal communication; verbal and non-verbal communication: humanization of the process of care; the family as a link in the process of non-verbal communication; difficulties encountered by the team in the process of non-verbal communication. **Conclusion:** the emergence of new discussions about the communication in these units is of extreme importance as a way to reflect on care provided to children admitted to a PICU.

**Keywords:** Non-verbal Communication; Intensive Care Unit; Child; Patient Care Team; Professional Relationships-Family.

### RESUMO

**Objetivo:** compreender o significado da comunicação não verbal na assistência ao paciente e à família, em uma unidade de terapia intensiva pediátrica (UTIP), pela equipe multiprofissional. **Metodologia:** trata-se de um estudo de natureza qualitativa, baseado na fenomenologia, realizado junto à equipe multiprofissional que atua na UTIP de uma instituição filantrópica de Minas Gerais. A coleta de dados foi realizada a partir de entrevistas semiestruturadas, respeitando a Resolução 196/96. **Resultados:** os resultados foram agrupados e descritos em cinco categorias, denominadas: trabalho em equipe – implicações do processo de comunicação na assistência; estratégias utilizadas pela equipe multidisciplinar na comunicação não verbal; comunicação verbal e não verbal: humanização do processo de cuidar; a família como elo no processo de comunicação não verbal; dificuldades encontradas pela equipe no processo da comunicação não verbal. **Conclusão:** é de extrema importância que surjam novas discussões acerca da comunicação nessas unidades, como forma de refletir sobre o cuidado prestado às crianças internadas em uma UTIP.

**Palavras-chave:** Comunicação Não Verbal; Unidade de Terapia Intensiva; Criança; Equipe de Assistência ao Paciente; Relações Profissional-Família.

### RESUMEN

Este trabajo tiene como objetivo comprender la importancia de la comunicación no verbal en la atención al paciente / familia en una Unidad de Cuidados Intensivos Pediátricos (UCIP), por el equipo multidisciplinario. Se llevó a cabo un estudio cualitativo en base a la fenomenología con un equipo multidisciplinario de la UCIP de una institución filantrópica de Minas Gerais. La recogida de datos se realizó a partir de entrevistas semiestructuradas, respetando la Resolución 196/96. Los resultados se agruparon y se describen en las cinco categorías siguientes: Trabajo en equipo - consecuencias del proceso de comunicación en la atención; estrategias utilizadas por el equipo multidisciplinario de comunicación no verbal; comunicación verbal y no verbal: la humanización del proceso de atención; la familia como eslabón en el proceso de comunicación no verbal;

*dificultades encontradas por el personal en el proceso de comunicación no verbal. Es sumamente importante que se realicen más debates sobre la comunicación en estas unidades con miras a reflexionar sobre la atención brindada a los niños en la UCIP.*

**Palabras clave:** Comunicación no Verbal; la Unidad de Cuidados Intensivos; Infantil; el Equipo de Atención al Paciente; Relaciones Profesionales Familia.

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## INTRODUCTION

The pediatric intensive care units (PICU) serve patients from 28 days to 14 or 18 years of age according to internal hospital routines. These units were created with the goal of providing optimal care to critically ill children in order to provide the cure of diseases and enhance growth toward an active life with the full development of their potential.<sup>1,2</sup>

The treatment implemented in the ICUs is considered invasive and complex; both for patients and their families, and for this reason, the work in these units should be developed by a multidisciplinary team consisting of doctors, nurses, nursing technicians, and physiotherapists among others.<sup>3</sup>

In a pediatric ICU, health professionals have a fundamental role in the child's therapeutic process. Although each professional has his/her particularity in the process of care, it is important to highlight that teamwork promotes an exchange of experiences and knowledge providing a better understanding of the patients and, consequently, an integral assistance provided to the patient as a whole.

The hospitalization process of a child is painful and a stressful and traumatic phenomenon because during this period the child faces various challenges. At that time, in addition to the technological and structured knowledge, the bondage, embracement, acceptability, and confidence contribute to the ambiance of the child in the unit.<sup>4</sup>

Thus, to achieve the least traumatic possible hospitalization process, the multidisciplinary team needs to be involved in a differentiated care method that includes the child and his/her family.<sup>5,6</sup>

Parents play a key role in children's hospitalization because they represent the child's reference and are intermediates in the therapeutic relationship between professionals and the patient, in addition to mean security, affection, and support for the child in this challenging time of illness and hospitalization.<sup>7,8</sup>

Therefore, it is of paramount importance that not only the physical and biological needs are met, but also the psychosocial and spiritual ones to ensure full and humanized care, minimizing the effects of hospitalization.

To humanize means to talk to the patient and listen to what he has to say, namely, communication is one of the bases for the humanization of care. By means of communication, it is possible to understand and share messages; these actions directly influence people at a time when the process of communication happens.

Communication can be understood as an exchange of messages that influence the behavior of people involved in this

process. We, humans, relate and convey knowledge through the ability to communicate.<sup>9</sup>

Using the communication, the health professional seeks to identify the needs of patients, inform them about procedures or situations that are of their interest, carry out health education, exchange experiences, and promote behavioral changes. It is through an established communication that the team deciphers what the patients want to say and if they are understood, leading to an effective interaction between patients and professionals. To make this possible, attention must be paid to a communication that is appropriate to a particular situation, person, time, and place.<sup>10-12</sup>

The communication takes place in two specific forms: verbal and non-verbal. Verbal communication occurs through spoken or written messages and is the most used form of communication in everyday life. It can be understood as transmitted by the spoken or written language, by means of sounds and words.<sup>13</sup>

The non-verbal communication reflects any behavioral manifestation through gestures, facial expressions, body posture, distances kept between people, etc. This type of communication cannot be issued by words and, in most cases, is issued by the body without awareness of what messages are being conveyed. The non-verbal communication gains importance because it confirms or denies the message conveyed verbally.<sup>9,13,14</sup>

The following can be used as strategies that pervade the non-verbal communication: alphabets, pictures, magic slate, signs, and cards among others. These are strategies that promote the exchange of information between patient, family, and professionals. Thus, the possibility to generate an individualized care occurs according to the needs expressed by the patient. The notion that non-verbal communication permeates all verbal communication must be present because it reveals feelings and intentions. Thus, the signs should be clarified and questioned in order to obtain a broad understanding about the moment lived.<sup>15</sup>

The communication barriers that interfere with the patient's verbalization are many. Resources such as tracheostomies and endotracheal tubes become physical barriers to communication. There are also physiological barriers related to clinical conditions that decrease the patient's ability to communicate verbally and increase the demand for care.<sup>16</sup>

In the PICU, another barrier of communication is the children's language. Most of the patients in this unit still lack in verbal language development and, therefore, the crying, laughter, and the babble serve as means of social contact and diffused communication with other people.<sup>17</sup>

Research shows that health professionals encounter difficulties in understanding non-verbal signals in a conscious fashion. The excessive attention given to verbal communication makes us deeply uninformed about the non-verbal language and the importance that it has in our relationships, whether personal or professional.<sup>5</sup>

The improvement in the knowledge about non-verbal communication and the addressing of teaching strategies for the implementation of care are necessary because failure in the communicative process is observed in the practice. The knowledge about this type of communication is strategic for actions to be taken by the health team in the ICU; it is necessary to detect which messages the patients want to convey so he can interact with the team.

The multidisciplinary team should seek to create strategies to communicate effectively not only with the patient unable to verbally communicate but also with his family in order to meet the needs that arise with the sudden and unexpected hospitalization of a loved one in an ICU.<sup>14</sup>

Hence, the following question was raised: how does the multidisciplinary team experiences the process of nonverbal communication in a pediatric intensive care unit?

This study aims to understand the significance of nonverbal communication on the care of patients and their families in a pediatric intensive care unit by the multidisciplinary team. It becomes relevant to reflect on the process of nonverbal communication in a multidisciplinary PICU context seeking out the difficulties encountered by professionals and alternatives that could promote the success of this process to improve the quality of care, which involves not only children, but also their families and the professional team.

## METHODS

This is a qualitative study, based on phenomenology, performed in a pediatric intensive care unit from a general philanthropic hospital of medium size, located in Sete Lagoas-Minas Gerais.

Phenomenology applies to the study of phenomena related to: objects, events, and the facts of reality. It seeks to understand the phenomena through experiences experienced by the subject.<sup>18</sup>

The following footsteps of the phenomenological trajectory were followed in this study: description, which consists of the essences of the phenomenon contained in the speech; reduction, which is the selection of parts in the descriptions considered essential to the researcher to restore the units of meanings in the phenomenological analysis; and understanding, which tries to clarify the meaning as a form of investigation about the experience.<sup>19</sup>

The inclusion criterion for participating in the research was having had the experience of assisting children admitted to a PICU who were unable to verbally communicate.

The data collection was carried out between November of 2011 and January of 2012. The interviewed members of the multidisciplinary team (doctors, nurses, nursing technicians, physiotherapists, speech therapist, and psychologist) were acting directly on the assistance of children hospitalized in the ICU and unable to communicate verbally either because of a physical barrier (such as assistive devices that prevent communication) or physiological barrier (clinical conditions or development of speech). Pseudonyms related to the professions of the interviewees were used (doctor 1, nurse 1, physiotherapist 1, nursing technician 1, psychologist 1, speech therapist 1, etc.).

Semi-structured interviews were carried out in a total of 15 professionals, defined according to the saturation criterion to get the highest possible data quality for the performance and validation of the study. The interview included the following guiding questions:

- what does non-verbal communication means in the process of caring for a child in intensive therapy?;
- what is your perception about the process of nonverbal communication in the pediatric ICU?;
- how do you perceive the non-verbal communication with children hospitalized in ICU?;
- what are the difficulties encountered to understand the nonverbal communication from the child?

The data collection was performed by means of recordings, and the obtained testimonies were transcribed and compiled into a consolidated form for analysis and discussion of results. Five thematic categories emerged: teamwork – implications of the process of communication during assistance; strategies used by the multidisciplinary team in non-verbal communication; verbal and non-verbal communication; humanization of the process of care; the family as a link in the process of non-verbal communication; and difficulties encountered by the team in the process of nonverbal communication.

The study complied with the 196/96 resolution from the National Health Council. The informed volunteer consent term (TFCC) was presented to the professional participants in the study. This research project was approved by the Research Ethics Committee from the Pontifícia Universidade Católica de Minas Gerais under protocol number: CAAE 0162.0.213.000-11.

## RESULT AND DISCUSSION

A total of 15 interviews were performed with the members of the multidisciplinary team who work directly in assisting children admitted to an ICU; only one participant as male and the rest were females. The age of the respondents ranged between 20 and 50 years, with an average of 33 years. Two respondents were nurses, seven were nursing technicians,

two were physicians, two were physical therapists, one was a speech therapist, and one was a psychologist; all had previous experience in assisting in the pediatric/neonatal intensive care. The average time acting in the ICU was 7 years, varying between 1 and 23 years.

### TEAMWORK: IMPLICATIONS FOR THE COMMUNICATION PROCESS DURING ASSISTANCE

Teamwork is fundamental to the process of non-verbal communication in the pediatric intensive care unit. It is noticed that the interaction between health care professionals and family favors the recognition of the children's needs and a more humanized care, which, consequently, enhances the recovery of the child in the facility as emphasized in the speech: "I think that communication is fundamental for the good work of the team, for a more humane care to the child admitted in the PICU, and for the parents too" (Nursing Technician 4).

Multidisciplinary teamwork is configured in the reciprocal relationship between the multiple technical interventions and interaction of agents from different professional areas, in which the articulation of actions and cooperation occur through communication.<sup>20</sup> This idea can be verified in the following speech: "[...] we must prepare our team through groups, meetings, lectures dealing with humanization and the importance of communication in the process of care and recovery of children hospitalized in intensive care" (Nurse 2).

It is urgent that the team learns or rescue nonverbal communication issued by the team and patients. Thus, what happens in relationships between professionals and patients is understood better.<sup>21</sup>

Teamwork and communication are paramount in the process of caring for patients in the PICU. Therefore, the exchange of experiences among members of the team aims to understand non-verbal and verbal complaints from the child and to optimize recovery and humanized assistance in a less hostile way.

### STRATEGIES USED BY THE MULTIDISCIPLINARY TEAM IN NON-VERBAL COMMUNICATION

The health team should use strategies for understanding the process of communication with children admitted in the PICU, especially those who are unable to verbalize. It is crucial that these professionals pay attention to the non-verbal signals expressed by the children such as types of posture, crying, facial expressions, and hemodynamic changes to identify the need and propose measures to mitigate discomfort and promote well-being, as reported in the speeches:

*There are many children unable to speak in the PICU due to tubes in their mouths, due to age. Then, the team should seek to understand the needs of the child, knowing when she is in pain, when she is uncomfortable or hungry, and look for various alternatives, either with the presence of parents, gestures, blink of eyes, with drawings, to facilitate the process of assistance. Thus, that child will recover faster, with fewer complications and agitation (Speech Therapist 1).*

*The non-verbal communication is part and just as important as verbal communication. It is a complement to this therapy within the unit (Doctor 1).*

It is extremely important that the team identifies the numerous forms of communication that patients can use, both verbal form and non-verbal. It is especially important that they know how to understand the meaning of the message issued to establish the communication process.<sup>9</sup>

The communication process includes effective participation of the subjects involved in the care of children hospitalized in the PICU. The skills developed by the health professionals to communicate with children provide care that meets their needs and favors recovery.

### VERBAL AND NON-VERBAL COMMUNICATION: HUMANIZATION OF THE PROCESS OF CARE

Communication is the essence of humanized care during assistance. It is possible to develop a team effort from it by involving the participation of parents with their children, making the environment the most harmonious and therapeutic possible. The importance of enhancing the process of communication is observed as a way to promote the child's recovery, seeking a holistic care and avoiding the mechanization of assistance:

*The process of communication in the PICU is paramount to the quality of care and humanization of care. I believe that the way to communicate with the children hospitalized in the Pediatric ICU promotes the child's recovery in addition to offering a more humanized care. [...] We have to understand the wishes of that child and associate the great technological advances with the humanization of care; we cannot remain stuck with a mechanical cold care (Doctor 2).*

Care and communication actions are indispensable in human relations. They promote balance in the process of care to not become restricted to the technicality in the intensive care unit, rescuing the importance of humanization in this environment.<sup>22</sup>

In this context, the positive impact of verbal and non-verbal communication in the recovery of children hospitalized in

the PICU is notorious. This dialectic relationship between caregivers aims at the rescue of a humanized care in this unit.

## THE FAMILY AS A LINK IN THE PROCESS OF NONVERBAL COMMUNICATION

The presence of parents in the process of assistance to children admitted in the PICU contributes to their recovery in a less arduous way. The child feels safe and comfortable around parents. In the process of verbal and non-verbal communication, parents are the child's link with the multidisciplinary team according to the speeches:

*[...] I also think that the presence of parents is fundamental because they know their child and can decipher what they want (Physiotherapist 2).*

*I think the parents help the team a lot and the contact with the child with the facility demonstrates security, affection, attention to the child. Often, when the children become agitated, they calm down with just a touch that results from the parent's warmth (Nursing technician 5).*

The presence of parents in the hospital environment, their participation in the care, and the relationship established between children-parents-professionals has contributed to new forms of organization of child care in hospital settings. Thus, the need to look for the family as the object of care emerges.<sup>23</sup>

The importance of parents in the care of children admitted in the PICU is highlighted because the effectiveness of their recovery in this sector is complemented by the participation of their families in the process. Thus, the family is seen as the object of care in tune with an integrative communication between the triad child-parents-health care professionals.

## DIFFICULTIES ENCOUNTERED BY THE TEAM IN THE PROCESS OF NONVERBAL COMMUNICATION

Despite the importance of non-verbal communication in the process of care, difficulties in developing this skill are identified by some professionals. These difficulties are multifactorial including: team unpreparedness, work mechanisms, and turnover of professionals, which compromises the communication established in these units.

*We find [difficulty] because we are in the majority formed in the mechanistic work, huh? The work of performing procedures. So we have this difficulty. Sometimes we have a lot of paperwork to fill out and little attention*

*is given to a more frequent assistance service. So we have these barriers (Nurse 1).*

*It's hard because we ... often, we have a very high turnover. It's hard because it's an adaptation. We have to go adapting to the routine and treatment (1 Physician).*

There are some obstacles to the process of communication between professionals and patients in the intensive care unit. Among them are: accelerated rhythm of tasks involving the multidisciplinary team, impatience, lack of prior relationship with the patient, and concerns about the illness.<sup>24</sup>

Health professionals must seek alternatives to remedy difficulties in the non-verbal communication process in pediatric intensive care units.

## FINAL CONSIDERATIONS

Considering the speeches from the professionals involved in this study, it was found that the non-verbal communication in the pediatric ICU is still a challenge for the multidisciplinary team but is also essential for an effective assistance.

The work performed in teams, strategies used to establish nonverbal communication with the patient, humanization of the care process, presence of the family in the unity, and difficulties encountered by the team in this process are some of the factors that were highlighted in this study as mediators in the process of nonverbal communication in the PICU.

It was observed that teamwork is seen as a determining and critical factor to the process of non-verbal communication. The interaction of team assists in the detection of the child's needs, providing a more comprehensive care, targeted and individualized. However, it is realized that there are gaps in the process of nonverbal communication that need to be explored, so the multidisciplinary team will be able to effectively understand and establish this type of communication.

As a way of identifying the needs of children, the appreciation of the team in using strategies to understand non-verbal communication is noted. The sensitivity of health professionals to identify signals, feelings, and difficulties of patients is essential for the completion of the therapeutics used in the PICU.

In the pediatric intensive care unit, the professionals realize that the humanization is the result of a process of effective communication. With it, it is possible to rescue the essence of care and distance assistance from the technicality that is present in that unit, favoring a more embraced relationship between the team and the child.

The presence of family in the PICU contributes to establish a link between the child and professionals involved in the care, facilitating the communication process and assisting in

the treatment for faster child's recovery because the team is able to understand the demands that the assisted children present. The protection, security, and support transmitted by parents to the hospitalized children reflect on the importance of the permanence of families in that unit because, in this way, the environment is less hostile to the child.

Regardless of the detection that the non-verbal communication is important to the process of care in the PICU, the multiprofessional team encounters some difficulties that hinder the understanding in this communication during assistance.

Therefore, these questions deserve to be seen as a way to reflect on the care and provide new discussions about the communication in these units, prioritizing the elements found in the results of this study.

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