RESEARCH

HUMAN PHYSICAL FEATURES AND THEIR ROLE IN THE COMMUNICATION BETWEEN HEALTHCARE PROFESSIONALS AND ELDERLY PATIENTS

INFLUÊNCIA DAS CARACTERÍSTICAS FÍSICAS HUMANAS NA COMUNICAÇÃO DO PROFISSIONAL DA SAÚDE COM O IDOSO

INFLUENCIA DE LAS CARACTERÍSTICAS FÍSICAS HUMANAS EN LA COMUNICACIÓN DEL PROFESIONAL DE LA SALUD CON EL ANCIANO

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Submitted on: 03/16/2011 Approved on: 05/15/2013

ABSTRACT

This qualitative, exploratory field work was developed in the countryside of the state of São Paulo by healthcare professionals and undergraduate students involved in gerontology non-verbal communication capacity building. The goal was to identify what bodily features could play a role in the effective communication between healthcare professionals and the elderly. The answers were organized and grouped in four categories: *healthcare professionals who take care of themselves* (answers focused on healthcare professionals' personal care, make-up and lightly scented perfume, biotype, and neat clothes), *healthcare professionals who show their feelings/attitudes* (answers focused on how healthcare professionals' physical outlook may express their attention, interest, and confidence), *healthcare professionals who perceive elderly patients' health conditions* (answers including the role played by the elderly patients' social and cultural knowledge and healthy physical appearance), and *healthcare professionals who acknowledge the influence of prejudice* (with a focus on the types of prejudice that should be considered in elderly caregiving). It was found that the healthcare team should be aware that their physical features can be considered non-verbal language in such a way that their communication with the elderly is more likely to be pleasant, make a good impression, and build confidence. This could build an early link between healthcare professionals and the elderly and eventually play a positive role in communication.

Keywords: Nonverbal Communication; Aged; Health of the Elderly.

RESUMO

Estudo do tipo qualitativo, de campo e exploratório desenvolvido no interior paulista com graduandos e profissionais da área da saúde que participaram da capacitação em comunicação não verbal em gerontologia. Teve como objetivo principal identificar como as características físicas da pessoa podem influenciar na comunicação efetiva do profissional da saúde com o idoso. As respostas puderam ser ordenadas e analisadas, sendo construídos quatro agrupamentos distintos, a saber: profissional se cuidando, que agregou respostas com destaque nas condições higiênicas pessoais, uso de maquiagem e perfumes discretos, biótipo e tipo e limpeza das roupas; profissional expondo sentimentos/atitudes que expressou como a forma física pode demonstrar atenção, interesse e confiança; profissional percebendo as condições de saúde do idoso, reuniu as respostas que trouxeram a interferência social, cultural e de saúde na aparência física do idoso e profissional reconhecendo a influência dos preconceitos que precisam ser considerados no processo de cuidar. Pode-se considerar que quando a equipe de saúde tem consciência das características físicas fazendo parte do rol da linguagem não verbal e usando esses recursos a favor da interação entre o profissional e o idoso, terá maior possibilidade de tornar-se agradável, causar boa impressão e confiança, gerando chances de estabelecer vínculo precoce o que favorece a comunicação entre eles.

Palavras-chave: *Comunicação não verbal; Idoso; Saúde do Idoso.*

RESUMEN

Estudio de tipo cualitativo, de campo y exploratorio dessarrollado en una provincia de São Paulo con estudiantes y profesionales del área de la salud que participaron de la capacitación en comunicación no verbal en gerontología. Tuvo como objetivo principal identificar como las características físicas de la persona pueden influir en la comunicación efectiva del profesional de la salud con el anciano. Las respuestas pudieron ser ordenados y analizadas, siendo construidos cuatro grupos distintos: profesional cuidándose, que agregó respuestas con destaque en las condiciones higuiénicas personales, uso de maquillaje y perfumes discretos, biotipo y tipo de limpieza de ropas; profesional manifestando sentimientos/actitudes que expresó cómo la forma física puede demostrar atención, interés y confianza; profesional percibiendo las condiciones de salud del anciano, reunió las respuestas que trajeron la interferencia social, cultural y de la salud en la apariencia física del anciano y profesional reconociendo la influencia de los prejuicios, los que necesitan ser considerados en el proceso de cuidar. Se puede considerar que cuando el equipo de salud tiene conciencia de

que las características físicas forman parte del rol del lenguaje no verbal y usando estos recursos a favor de la interacción entre el profesional y el anciano, se tendrá mayor posibilidad de tornarse agradable, causar buena impresión y confianza generando oportunidades de establecer vínculo precoz lo que favorece la comunicación entre ellos.

***Palabras clave**: Comunicação não Verbal; Anciano; Salud del Anciano.*

INTRODUCTION

The Brazilian human aging process is a reality, partly formulated by the accomplishments achieved in the twentieth century, which involved both access to technology and scientific development. Unfortunately, this is not enough to affirm that the elderly in Brazil have high-quality conditions of life and health. Healthcare managers and professionals now face a tremendous challenge imposed by the particularities of aging and the growing number of patients with chronic and degenerative diseases, often multiple, which require constant care at all levels of healthcare services.[1]

The elderly patient, upon arriving at a healthcare clinic, interacts with the clinic's staff and goes through situations that are not always pleasant, some invasive, others embarrassing. Actions and reactions arise and many times they are not well-understood by the healthcare professionals due to the lack of knowledge concerning geriatric or communication aspects that involve the care given to elderly patients.[2]

The reality is that the aging process represents a biopsychosociocultural process and, as such, generates complex needs and demands differential care. Being elderly is not a disease, but rather a stage in life with its own characteristics and values, in which changes occur in the individual, both in organic structure as well as in metabolism, biochemical balance, immunity, nutrition, functional mechanisms, emotional and intellectual conditions, and even communication itself.[3]

Communication is an integral part of the human existence as a whole, which can be verbal, expressed by the spoken and written word, or non-verbal, which encompasses gestures, silence, facial expressions, intonation and tone of voice, ways of touching, physical appearance, environmental conditions, body posture, as well as body position and distance maintained between people.[4]

As the physical appearance is one of the dimensions of human communication, it is important to note that, currently, society has overvalued this condition, not only worrying about what people say, how they act, and what they accomplish, but also how they look physically,[5] which has revealed many myths and prejudice linked to the figure of the elderly patient. Studies have shown that the negative values accepted by our society create the stereotype of the elderly person as an unproductive, repetitive, exhausting, sick, ugly, old-fashioned, and invalid being. Moreover, a negative attitude reigns over the care given to the patient, exemplified by one's distancing from the elderly patient's body, given that the body is wrinkled, curved, decrepit, and capable of transmitting the idea of decadence and death.[2,6]

The first aspects or dimensions that the majority of people observe in the other are physical appearance and body language. It is common to judge a wild haircut, formal attire, a lightly scented perfume, the color of one's eyes and, based on this, presuppose that one has discovered someone's personality. The physical features reflect aware choices and tend to reveal how the person wishes to be seen by others in the world. The jewelry and accessories, for example, give "clues" about a given religion, hobby, socioeconomic level, and social ascension of the people.[7] The fact is that the physical characteristics provide clues concerning emotions, beliefs, and values, and need to be taken into consideration in an interaction between the healthcare professional and the elderly patient.

The physical characteristics constitute one of the dimensions that penetrate and transmit information about the people (age group, gender, ethnic and social origin, and health condition). The present study, supported by references from studies on the non-verbal codification of human communication, proposes to reflect on how physical implications interfere in the development of effective and high-quality healthcare in the realms of gerontology.[4,7,8]

AIM

To identify how the characteristics of the person can influence in healthcare professionals' effective communication with the elderly patient.

METHOD

This qualitative exploratory field work was developed in the countryside of the state of São Paulo after having been approved by the Ethics Committee in Research on Human Beings (protocol number CEP/HRA n° 167/2008) with 117 undergraduate students and health professionals (Medicine, Nursing, Physical Therapy, Psychology, Physical Education, Social Services) who participated in a training course in geriatric non-verbal communication, focused on hospital activities.[2]

The training program respected a pedagogical framework that contained theoretical bases, as well as educational

resources and procedures – which included the reading of poems, the exhibition of images of the elderly patient with a text for reflection, discussion in the realm of life experiences, and a discussion class. The framework was drafted in such a way that, at the end of each meeting, participants could show their degree of understanding.

The aims of this training session included the identification of the physical characteristics as being able to aid in the non-verbal communication of healthcare professionals with elderly patients. To obtain the data presented in the present study, one guiding question was used: "explain how individual physical characteristics can aid in one's communication with an elderly person?", which was applied by the main author of this study, who developed the training program immediately after the second meeting (within the three meetings held during the training session – each of four hours in length), where this theme was discussed.[2]

The answer sheets were collected without any notes that could identify the participants. Only the letter "P" for participant, followed by the sequential Arabic numerals. The answers were read and corrected using the answer key used in the training course.

The analysis of the qualitative data was performed by the interpretation of the oral accounts, based on the content analysis method, which is the application of a group of communication analysis techniques, and was aimed at obtaining, through systematic and objective procedures concerning the description of the content of the messages, indicators that allowed for the interference of knowledge regarding the meaning of effective and affective caregiving in the hospital environment and its interferences.[9]

To achieve this result, transcriptions of the recordings and a later reading and listening of these recordings, as many times as deemed necessary, were performed until the similarities could be recognized. Hence, it was possible to group the answers and define the group titles.

RESULTS

Of the 117 participants, 71.8% (84) were healthcare professionals, while 28.2% (33) were undergraduate students in the field of healthcare. As regards gender and age, 80.3% (94) were women with an average of 35.7 years of age and 19.7% (23) men with an average of 29.6 years of age. The average age of the participants, regardless of gender, was of 34.5 years, with a minimum of 20 years and a maximum of 59 years.

The answers from the participants of the training course, as regards the physical characteristics that can aid in communication, could be arranged and analyzed in four distinct groups: **healthcare professionals who take care of themselves, healthcare professionals who show feelings/attitudes**, **healthcare professionals who perceive elderly patients' health conditions**, and **health professionals who acknowledge the influence of prejudice**.

The first group, entitled **healthcare professionals who take care of themselves** (68.4 – 80%), included the following answers: having and maintaining good personal hygiene (teeth, nails, hair); using make-up and lightly scented perfumes; choosing safe jewelry and accessories; hairstyling; keeping fingernails short, not chewing fingernails or treating fingernail fungal infections; recognizing that one's body shape and appearance are linked to one's biotype, but one should only show a body that is capable of being swift when proving care; selecting clothes that fit and that are appropriate for the hospital environment, but that are clean and neat; and, what's more, to opt for clean, comfortable, and quiet shoes. Example answers from this group include:

> *The healthcare professional must be presentable, clean, well-mannered, clean-shaved, with combed hair to achieve better contact. We all want to be close to people who give us a good impression (P67).*

> *Caregivers must take care of themselves, you can't show up all wrinkled, with your overcoat dirty, using shoes that go "tec tec", this just gets in the way, not to mention the clothes that show the belly, they're not appropriate for a hospital. We know this, but it seems we forget it in practice, just look around and see (P89).*

> *Make-up is important, but nothing very heavy, nails done and without problems, rings and jewelry that you know how to use. Another important thing is white, white clothes (P101).*

The **healthcare professionals who show feelings/attitudes** group (32.5 – 38%) involved questions that included reports of whether or not the physical characteristics show interest, attention, and respect on the part of healthcare professionals and/or elderly patients, provide security and confidence in the interaction, express commitment, pertinence, and responsibility with the healthcare professionals themselves. Some examples are cited here below:

> *You can see in the physical appearance whether or not there is interest, attention, and care taken with the patient (E21).*

> *Depending on how I handle myself, I pass either trust or distrust to the elderly patient, he will feel good or not, so let's take better care of our appearance (E12).*

The security that we can offer is not only in the technique and performing our duties properly, it is also in what we show by our appearance that must be just right for the place and the way we deal with it, there is an association. I believe that it shows how the profession is important to the professional; it gives the image and shows commitment (E79).

The **healthcare professionals who perceive elderly patients' health conditions** group (20.5% – 24%) included the answers that reported the change in the physical appearance of the elderly patient due to the disease and socioeconomic conditions, which should be considered in the planning, execution, and evaluation of healthcare itself; it also includes the influences of the time period, as well as of the time, cultural, social, hereditary, and occupational factors. Examples of these answers include:

Some characteristics that the elderly patient presents help to understand his history and this understanding facilitates the elderly patient's treatment. For example, how long he worked in a job and which job he currently has can change his appearance [...] (E27).

It helps in communication when we do a physical exam and we remember that the elderly patient is that way not because he/she wants to be, but rather because of the situation of his/her disease, such as: a different skin color, an unpleasant smell, a curved back, a limp, etc. The important thing is to evaluate the physical characteristics and use them in our favor when in contact with the patient (E44).

One of the things I learned today was to associate the physical appearance with the patient's occupation, with the cultural and social aspects [...] In fact, observing this information and using it as a way to talk to the patient have been overlooked (E50).

The fourth group – **healthcare professionals who acknowledge the influence of prejudice** (11.1% – 13%) – consisted of the answers that acknowledged the possibility of prejudice and how body preferences interfere in relationships, for example:

[...] prejudice that you have about some old clothes is a reality. Pay attention to this because you cannot exclude anyone. I can give an example, a patient who wears a hat is from the country and does not understand many things (E34).

Those who are more well-dressed we treat better, we explain better, we do better, this is a fact that needs to be cleaned out from under the rug (E104).

I can answer with one question – to what extent do you talk with, advise, take care of the patient whose skin is all wrinkled, looks like a poor guy, and, to top it off, is black? (E61).

DISCUSSION

The findings from the present study allow for a debate in which these results are contrasted with those from the literature and are divided according to the four groups defined and mentioned above, thus illustrating how the participants, after having been trained, were able to associate the physical characteristics of the elderly patient as having a direct or indirect influence on the process of communication when providing healthcare services.

The first group – healthcare professionals who take care of themselves – brought up the theme of the physical appearance of the healthcare professional, including their attire and hygiene. It is impossible to use clothes without transmitting social signals, given that each piece of attire brings with it a history and subtly, showing who the person really is. The basic functions of clothes are three-fold: comfort and protection of the body itself; modesty, in the sense of eliminating certain body signs, mainly sexual, which are variable according to the time period and social norms; and personal, which includes personality, taste, purchasing power, social position, cultural level, among others. These characteristics, when taken together, transmit a body language, since they are associated with gestures, facial expressions, and posture, providing a whole being that will be evaluated by the person him/herself as well as by others.[8]

When the participants were questioned about how the physical characteristics can aid in the communication with an elderly patient, 68.4% mentioned that the healthcare professional, upon maintaining good personal hygiene, is collaborating in this interaction, including appearing with clean hands and combed hair, using clean clothes that are in tune with the context of a hospital environment, quiet shoes, make-up and lightly scented perfumes, among others.

The clothes, together with other objects and cosmetics (insignias, paintings, jewelry), determine our expectations concerning personal conduct, which can either give incentive to or inhibit communicational stimuli and even interfere in the choice of conversation topics,[10] quite clearly expressed in one's participant's words: "*to what extent do you talk with, advise, take care of the patient whose skin is all wrinkled* [...]" (E61).

When the importance of the healthcare professionals taking care of themselves is highlighted, the role of the uniform becomes clear. The uniform is a type of clothing that is associated with specific occupations; represents a form of authorized discourse; and serves to predict behaviors, influence self-

perception, construct an image of professions, and reveal social conditions, including the organizational hierarchy. It can therefore be affirmed that the uniform has a language of its own; provides elements in the construction of a professional identity, which provides a reference to the group to which the professional belongs; and reveals the work conditions and technical-scientific development of the time period in question.[10]

The clothing used may include or exclude people, groups or social categories, especially if these are shared by the receiver of the message printed on the uniform. If the clothing used by the professional does not fit the context, it can serve to hinder socialization between the professionals themselves and their patients. In the healthcare environment, this invariably ends up compromising healthcare assistance, as it establishes communication based on existing antagonisms, in turn generating intolerance and prejudice.[11]

It is well-known that healthcare professionals possess distinct attributes, even when inserted in the same work place, with the type of clothing being one of the resources that aids in this distinction. One study developed with people accompanying hospitalized patients, aimed at identifying the nurse among other professionals, highlighted that the recognition of this professional was achieved through four main attitudes: presented themselves at the moment of offering care, type of uniform, use of a badge, and the activity of examining the patient. Thus, it becomes clear just how important the choice of clothing is for professional identity.[12]

What one wears and how one presents him/herself illustrate self-care and expose professional feelings/attitudes, as could be seen in one of the groups which showed that people demand attention from those who wish to perform healthcare activities. One study carried out with human resources recruiters showed the importance of clothing in the assessment of people, confirming that those who used cleaner clothes received better job recommendations and better acceptance.[13] Therefore, the relationship of the clothing to professional employment is a true reality.

A person's hands are considered an attribute of beauty, as they are visible and mobile during social interaction. Jewelry placed on one's fingers have been used throughout human history as a symbol of power, wealth, and protection[10], reinforcing the result of the present study when the participants mention that the hands of the healthcare professional constitute an aspect that influences communication with elderly patients.

Another study which confirms the answers from the present study's participants was developed with users of healthcare services in an attempt to assess the quality of services rendered. When questioned about the value of the physical characteristics of healthcare professionals, they answered that they feel cared for and safe when the professionals appear with fingernails that show no fungal diseases, clean hair, and neat clothes.[14] The value given to such perceptions may well have been influenced by what they read in the newspaper or heard on the news or in the media concerning hospitals, such as: commentaries about hospital infections, the lack of hygiene, and possible imperfections. When they look at the healthcare professionals, that is, when they observe the physical characteristics, they are verifying if they are a prototype of someone that takes care of themselves to decide if they will be able to take care of them [the elderly patients]. Thus, when the healthcare professional approaches, they expect that a message of hygiene will be offered, that is, that the notion of "healthy" will be reinforced,[4,14] as "*it is in the physical appearance whether or not there is interest, attention, and care taken with the patient*" (E21).

The second group established in this study, healthcare professionals who show feelings/attitudes through their physical characteristics, was referred to by 32.5% of the participants and runs in line with that defended by the author who considers that the judgment that people make regarding the behavior and competence of the professional, in a wide variety of situations, is influenced directly by physical attraction.[15]

Cultural aspects and personal experiences interfere in the way in which one perceives the act of getting old and, consequently, in the perception that one has regarding the elderly individual. The physical appearance can become, and almost always transforms, into a mechanism of the attribution of status, of the classification of what is good and bad, of right and wrong, and even of relationships of domination and subordination. The assessment of the competent professional is not always limited to technical competency. It also encompasses the exterior aspects that delineate, in a conscious manner, what is or is not attractive, with the attractive being that in which one confides and which allows for contact and interventions.[15]

"*Depending on how I present myself, I gain the elderly patient's confidence* [...]" (E12). This fact corroborates with the survey carried out on patients, nurses, and nursing students, who indicated that the use of long pants and white blouse as a nurse's uniform transmits more confidence, security, intelligence, tranquility, and swiftness when performing a technical activity.[16]

Perceiving the conditions and circumstances of the elderly patient's health was what the third group, cited by 20.5% of the participants, established as a factor that interferes in communication. A portion of the elderly patients present chronic conditions that are persistent and that require distinct and permanent levels of care. This aspect demands a professional outlook concerning the individuality and integrity of the continuing care management of the elderly patient,[17] given that "*some characteristics that the elderly patient presents help to understand his history and this understanding facilitates the elderly patient's treatment*" (E27). The aging process also has its speci-

ficity in the external appearance of the individual, form and image, male and female, products of the interaction between the genes and the genotype with the environment. It is a reality that deserves consideration on the part of the healthcare professional that cares for the elderly, as can be seen in the answer from one participant who mentioned that "*the elderly patient is that way not because he/she wants to be, but rather because of the situation of his/her disease*" (E44). Therefore, it should be recognized that the phenotype of the fragility measured by the components linked to changes in one's physical appearance[1,17] constitute a relevant technical procedure, which will be collaborative in the communicational approach of the healthcare professional towards the elderly patient.

It is important to emphasize that every human being, regardless of age, needs to have relationships in order to establish and maintain this interaction with other people, which is essential to feeling understood, valued, and acknowledged. In this manner, it is necessary that the professionals who care for the elderly understand that there are certain peculiarities that characterize the individuality and talent of the elderly patient as a person, and this must not be conditioned solely to their age or to their physical characteristics.[18]

It is important to affirm that the eyes are great formulators of feelings, where 70% of the receivers of bodily feelings can be found.[19] "*The important thing is to evaluate the physical characteristics and use them in our favor when in contact with the patient*" (E44).

In this sense, when healthcare professionals see the elderly patient, they need to understand that seeing is more important than looking, given that the visual image sparks emotions. The result will or not be the transmission of the professional's will to help, to demonstrate good mood and comfort, dedication and interest for who the patient is in his/her being as a whole, and not simply a phonotypical evaluation of the patient's body.[19]

Upon answering that "*to associate the physical appearance with the patient's occupation, with cultural and social aspects*" (E50) must be considered to establish an effective communication with the elderly patient. This principle arouses another discussion on the importance of transcultural care. This principle defends that culture should be a relevant aspect in determining the person's way of life; therefore, it should be a target of interest and value for nursing and other areas. Upon perceiving the elderly patient's lifestyle, the healthcare professional has a greater chance of affective contact and, consequently, the establishment of a relationship that brings meaningful care practices, which will be important to stimulate and provide support for a healthier standard of living.[20]

It should be emphasized that healthcare professionals, when they observe elderly patients in their totality and give appropriate value to their physical characteristics, they contribute to the detection and evaluation of existing health problems, avoiding a superficial look that is based solely on physical changes resulting from the human aging process.

Finally, the answers obtained in the present research include the attitudes of healthcare professionals when faced with the characteristics of elderly patients, in the sense of acknowledging the influence of prejudice (11.1%) in the communication process, thus making up the final group of this study. As mentioned above, great informative and discriminative value is attributed to the clothing and accessories that we use. The people, commonly, upon first contact, make many inferences about one's personality, conduct, social status, religious beliefs, and sexuality, taking into consideration the clothing that the other wears.[21] People tend not only to be sensitive to the qualities of appearance, but also claim to perceive one's behavioral will within these qualities. In any case, nothing justifies the stigmatization of unusual physical appearances, such as obesity, skin color, impairments, marginalization of the elderly due to one's uneasiness in dealing with their limitations[22], remembering that, at times, "*those who are better dressed we treat better, we explain better* […]"(E44).

The skin color, more than simply an objective characteristic inherent to people, can be perceived as a product of interaction and a vector of social classification of the other. In this sense, the perception of a patient's skin color triggers embodied cognitive schemes, implicit social norms, and widespread cultural values. To acknowledge these possibilities is to recognize that prejudice can happen.[16] Another author defends this stance and adds that the discriminatory acts are conscientious and open. The human being has the capacity of evaluating the other, classifying him/her according to race, income, place of birth, or physical appearance, which culminates in attitudes that are almost always unfavorable to the poor and to blacks.[23]

One point that warrants discussion is that there is a strong relationship between changes in patient health and the phenomenon of discrimination. It is important that studies be developed that identify this impact, bearing in mind the means of sociability and ways of treating people in different instances,[24] as this may well represent a risk factor to which the elderly patient is exposed, given that the elderly patient: "*is all wrinkled, looks like a poor guy, and, to top it off, is black*" (E61).

Healthcare professionals need to be aware of the fact that the physical form can, through a self-perception process, be considered positive or negative, thus influencing the vision and feelings that patients had of themselves and of the other, interfering in the patients' self-esteem and in their behavioral traits. This may consequently interfere in patients' reasons and interests, in turn modifying their behavioral tendencies. This can be either inclusive or repulsive to the body of the other.

CONCLUSION

According to the proposed aim of this study, the aspects/main groups were linked to the human physical characteristics that interfere in the communication of healthcare professionals with elderly patients. The first point was related to the healthcare professionals who take care of themselves in the sense of paying attention to the hygienic conditions of their fingernails and hair; their physical appearance, such as the cleanliness and pertinence of the clothing, shoes, and accessories, as well as of make-up and lightly scented perfumes. The second point treated the healthcare professionals' awareness of the fact that one's physical body exposes feelings/attitudes that may or may not reveal confidence, respect, security, and commitment as regards the healthcare professionals' activities. The third point was associated with the perception that healthcare professionals should have with regard to how the health conditions of elderly patients change their physical appearance, requiring attention in their communication process with the patient. Finally, the fourth aspect/group was the acknowledgement that prejudice and the construction/maintenance of stereotypes are expressed through conscientious attitudes and that they are perceived in the binomial professional-elderly relationship, interfering in the interaction necessary for effective and high-quality care.

When the healthcare team is aware that the physical characteristics are an integral part of the overall non-verbal language and use these resources to their favor regarding interaction between the healthcare professional and the elderly patient, their communication is more likely to be pleasant, make a good impression, and build confidence, in turn generating chances of establishing an early link, which can eventually play a positive role in communication with the elderly patient.

This study takes the opportunity to identify the non-verbal elements as components of effective care, since it provides support to the good development of technical and relationship activities on the part of the healthcare professionals with elderly patients. In this manner, observing the nuances of physical characteristics and using these in a positive perspective regarding proper communication constitutes an intelligent and appropriate means of geriatric care. Moreover, it constitutes yet another valuable resource to be used by healthcare professionals in an attempt to create a meaningful bond with elderly patients.

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