

INTERPERSONAL COMMUNICATION COMPETENCE IN THE WORK OF NURSES IN A HOSPITAL ENVIRONMENT

COMPETÊNCIA EM COMUNICAÇÃO INTERPESSOAL NO TRABALHO DE ENFERMEIROS EM AMBIENTE HOSPITALAR

COMPETENCIA EN COMUNICACIÓN INTERPERSONAL EN EL TRABAJO DE ENFERMEROS EN UN ENTORNO HOSPITALARIO

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ABSTRACT

Objective: to associate competence in interpersonal communication with the clinical profile and aspects related to the nurses' work. **Method:** cross-sectional study with a quantitative approach, carried out with 152 nurses from a university hospital in João Pessoa, Paraíba, Brazil. Data were collected using an instrument to obtain sociodemographic data, health conditions and aspects related to work and the Interpersonal Communication Competence Scale. Mann-Whitney and Kruskal-Wallis tests were performed to assess association/predictors. **Results:** nurses had high averages of competence in interpersonal communication (61.50±7.31). Significant associations ($p \leq 0.05$) were observed between competence in interpersonal communication and the variables physical activity practice ($p = 0.027$), alcohol consumption ($p = 0.002$), musculoskeletal system and connective tissue diseases ($p = 0.001$), mental and behavioral disorders ($p = 0.021$), use of analgesics ($p = 0.001$), anti-inflammatory drugs ($p = 0.001$), drugs that act on the digestive system ($p = 0.003$) and training ($p = 0.031$). **Conclusion:** competence in interpersonal communication is influenced by the health conditions of nurses and the characteristics of the work performed.

Keywords: Health Communication; Nurse Practitioners; Nurse's Role; Interpersonal Relations; Occupational Health.

RESUMO

Objetivo: associar a competência em comunicação interpessoal ao perfil clínico e os aspectos relacionados ao trabalho dos enfermeiros. **Método:** estudo transversal, com abordagem quantitativa, realizado com 152 enfermeiros de um hospital universitário em João Pessoa, Paraíba, Brasil. Os dados foram coletados mediante a utilização de um instrumento para obtenção dos dados sociodemográficos, condições de saúde e aspectos relacionados ao trabalho e da Escala de Competência em Comunicação Interpessoal. Foram realizados os testes Mann-Whitney e Kruskal-Wallis para avaliar associação/preditores. **Resultados:** os enfermeiros apresentaram médias elevadas de competência em comunicação interpessoal (61,50±7,31). Foram observadas associações significativas ($p \leq 0,05$) entre a competência em comunicação interpessoal e as variáveis prática de atividade física ($p = 0,027$), consumo de bebidas alcoólicas ($p = 0,002$), doenças do sistema osteomuscular e do tecido conjuntivo ($p = 0,001$), transtornos mentais e comportamentais ($p = 0,021$), uso de analgésicos ($p = 0,001$), anti-inflamatórios ($p = 0,001$), medicamentos que atuam no sistema digestivo ($p = 0,003$) e treinamento ($p = 0,031$). **Conclusão:** a competência em comunicação interpessoal é influenciada pelas condições de saúde dos enfermeiros e pelas características do trabalho desempenhado.

Palavras-chave: Comunicação em Saúde; Profissionais de Enfermagem; Papel do Profissional de Enfermagem; Relações Interpessoais; Saúde do Trabalhador.

RESUMEN

Objetivo: asociar la competencia en comunicación interpersonal con el perfil clínico y aspectos relacionados con el trabajo del enfermero. **Método:** estudio transversal con abordaje cuantitativo, realizado con 152 enfermeros de un hospital universitario de João Pessoa, Paraíba, Brasil. Los datos se recolectaron mediante el uso de un instrumento para la obtención de datos sociodemográficos, condiciones de salud y aspectos relacionados con el trabajo y la Escala de Competencia de Comunicación Interpersonal. Se realizaron pruebas de Mann-Whitney y Kruskal-Wallis para evaluar asociación / predictores. **Resultados:** los enfermeros presentaron altos promedios de competencia en comunicación interpersonal (61,50 ± 7,31). Se observaron asociaciones significativas ($p \leq 0.05$) entre la competencia en la comunicación interpersonal y las variables práctica de actividad física ($p = 0.027$), consumo de alcohol ($p = 0.002$), enfermedades del sistema osteomuscular y del tejido conjuntivo ($p = 0.001$), trastornos mentales y del comportamiento ($p = 0.021$), uso de analgésicos ($p = 0.001$), antiinflamatorios ($p = 0.001$), fármacos que actúan sobre el sistema digestivo ($p = 0.003$) y entrenamiento ($p = 0.031$). **Conclusión:** la competencia en la comunicación interpersonal está influenciada por las condiciones de salud de los enfermeros y las características del trabajo realizado.

Palabras clave: Comunicación en Salud; Enfermeras Practicantes; Rol de la Enfermera; Relaciones Interpersonales; Salud Laboral.

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INTRODUCTION

Communication is considered a basic and fundamental instrument for care, allowing information to be obtained about the needs of patients, families, and the community.¹ The effectiveness of the communicative process can support humanized and comprehensive care, which seeks to reduce suffering through health promotion, disease prevention, rehabilitation and/or treatment. In addition, it favors the development of an interrelationship of commitment and responsibility between professionals during their work.²

In the field of Nursing, communication is described as a necessary competence for the professional, being expressed directly or indirectly in all Nursing theories, highlighting its importance for the quality of care.^{3,4} The lack of communication between the Nursing team or the existence of problems during this process results in an unpleasant work environment, with constant conflicts, which can cause damage to the patient's safety and compromise their recovery.⁵

A study carried out with 147 Nursing professionals from intensive care units in Belo Horizonte showed that the existence of communication failures between the team was one of the main causes of medication errors during care practice.⁶ In this sense, the effectiveness of communication between the professionals presents itself as an extremely relevant element for health care, representing one of the international goals established for the promotion of patient safety in hospitals.⁷

The benefits of good communication between professionals are not restricted to patient health care, as it acts as a promoter of teamwork and positive experiences in the work environment, favoring the satisfactory and pleasurable development of daily activities.⁸ On the other hand, in institutions where communication weakness prevails among professionals, the work process is often marked by individualism, competitiveness, dissatisfaction and difficulties in establishing interpersonal relationships between the team and with patients.⁹

When professionals know the characteristics related to communication, they are able to more precisely identify the needs of colleagues, intervening appropriately in each situation, in addition to dynamically managing misunderstandings and conflicts, which can weaken the relationship between the team.² Although the relevance of communication for health practices is referred to in the literature, the number of studies on the subject in Brazil

is still incipient, especially in the field of Nursing, due to the small number of instruments validated and adapted to the Brazilian culture that enable the evaluation of this concept.³

In this sense, the present study aimed to associate competence in interpersonal communication with the clinical profile and aspects related to the work of nurses.

METHOD

This is a cross-sectional study, with a quantitative approach, carried out between the months of October and November 2017. The population of this study was composed of all nurses working in the referred hospital. The sample calculation was based on the number of professionals with an undergraduate degree in Nursing registered in the National Register of Health Establishments of the Unified Health System and who had an active association with the hospital, with the data made available by the Process and Technology Management Sector of Information of the institution itself, through the total number of nurses who had a single link with the hospital, totaling 252 nurses.

The following inclusion criteria were defined as: having an active employment association with the hospital and having been working as a professional nurse for at least six months in this service. The exclusion criterion was defined as: being on vacation, on leave or on maternity leave during the period of data collection.

The sample size was defined using the calculation for finite populations with known proportions, based on a 5% margin of error (error=0.05) with a 95% confidence level ($\alpha=0.05$, which provides $Z_{0.05/2}=1.96$) and considering the proportion of participants of 50% ($p=0.5$), totaling 152 nurses.

Data collection was carried out between October and November 2017, without sample loss. Initially, there was contact with the nurses at the hospital, during break periods from shifts or at the entrance and exit of professionals, in order to provide guidance on the research objectives, request participation in the study and schedule the best time and place for the meeting, respecting the availability of each. On the scheduled day, the signing of the Informed Consent Form was requested, and the self-administered instruments were distributed to the nurses, with a maximum period of up to seven days for their return being established.

Data were obtained regarding the sociodemographic profile, health conditions and work-related aspects, such as sex, age, conjugality, religion, personal income, family arrangement, self-perception of health, physical activity, smoking, alcohol consumption, illness or health problem, daily use of medication, medication class, unit/sector of activity, length of work at the hospital, other employment relationship, work shift and training. In addition, the Interpersonal Communication Competence Scale (ICCS) was also used.

The ICCS is a self-administered instrument, which was developed in the United States of America to assess the effective exchange of information between two or more people, through the use of verbal and non-verbal communication and language codes.¹⁰ The instrument was culturally adapted and validated for Brazil in 2014, consisting of 17 items and five domains.

The control of the environment domain (items 3, 7, 13 and 17) implicitly presents the influence generated by space and the environment on expression, perception and persuasion.³ Self-disclosure (items 4, 6, 12 and 16) exposes the capability and ability that the individual has to demonstrate their thoughts, ideas and feelings through communication.³ The assertiveness domain (items 1, 5, 8 and 15), in turn, is related to the proactive ability to defend their rights without infringing on the rights of the other, demonstrating security, decision and firmness in attitudes and words.³

Availability (items 10, 11 and 14) represents the individual's ability to demonstrate to others that he is accessible for interpersonal communication.³ With regard to the management of interactions (items 2 and 9), this domain refers to feedback in a bidirectional way, relating to the demonstration of understanding and identification of the feelings of the other through non-verbal language.³

The evaluation of the ICCS is carried out by analyzing the participant as to his/her communication behavior with others, using questions with Likert-type response options, which range from five (whenever interacting as mentioned) and one (almost never behaves in such a way).³ The measurement scale is used in the same way as in the original scale,¹⁰ in which items eight and 17 have a reverse code. The total score ranges from 17 to 85, so the higher the score, the higher the skill in interpersonal communication.³

As the scale does not present a specific classification for competence in interpersonal communication, in this study the minimum and maximum values of the instrument (17 and 85 points, respectively) were used,

distributed in the form of quartiles. In this type of calculation, the values are divided into four equal parts of 25%, where quartile 1 (Q1 – 56.00) corresponds to the 25% lowest values, quartile 2 (Q2 – 61.00) delimits the 50% of values and quartile 3 (Q3 – 66.00) covers the 25% higher values. Thus, the means were classified as low (Q1), moderate (Q2) and high (Q3).

To verify the normality/symmetry of numerical data, the Kolmogorov-Smirnov test was used. The significance level used for statistical analyzes was 5% ($p \leq 0.05$). Factor reliability was assessed by estimating internal consistency using Cronbach's alpha coefficient. Mann-Whitney and Kruskal-Wallis tests were used to associate the variables.

The study was developed in accordance with Resolution No. 466/2012 of the National Health Council, being approved by the Research Ethics Committee under Certificate of Presentation for Ethical Appraisal No. 69841417.8.0000.5183 and Opinion No. 2.259,018, of 04 of September 2017. Participants were duly informed about the justification for the research, its purpose, risks and benefits, procedures to be carried out, guarantee of secrecy and confidentiality of the information provided and signed the Informed Consent Form.

RESULTS

There was a higher prevalence of female nurses (91.4%), aged between 30 and 39 years (48.0%) and mean age of 39.3 (± 0.96), married or in a stable relationship (62.5%, practitioners of some religion (98.7%), with a personal income between R\$ 5,000 and R\$ 7,999 (65.1%) and who live with one or two people (42.8%).

Regarding health conditions, most professionals perceived their health as good (50.7%), performed regular physical activity (53.3%), did not smoke (92.8%) and did not drink alcoholic beverages (56.6%), had some disease or health problem (63.2%), mainly diseases of the musculoskeletal system and connective tissue (31.6%), and used some type of medication daily (54.6%), especially analgesics (32.2%) and anti-inflammatory drugs (28.3%).

The units/sectors with the highest number of participants were the outpatient clinic (17.8%) and the medical clinic (15.8%). It was evidenced that most nurses worked at this hospital for a period of one to five years (65.8%), had no other employment association (55.3%), performed their activities in the day shift (56.6%) and reported not having received training (51.3%).

The nurses had means close to the maximum amplitude for the domains of the ICCS and the total score (61.50 ± 7.31), in which all values were classified in quartile 2. The analysis of the internal consistency of the ICCS, assessed using the Cronbach's alpha for each domain presented values between 0.71 and 0.78, which are considered acceptable (Table 1).

Competence in interpersonal communication was significantly associated ($p \leq 0.05$) with the variables practice of physical activity and alcohol consumption (Table 2).

Statistically significant associations ($p \leq 0.05$) were observed between competence in interpersonal communication and diseases of the musculoskeletal system and connective tissue, mental and behavioral disorders and the daily use of analgesics, anti-inflammatory drugs and medications that act on the digestive system (Table 3).

Among the aspects related to Nursing work, only the training variable was statistically significant ($p \leq 0.05$) when associated with competence in interpersonal communication (Table 4).

Table 1 - Competence in interpersonal communication in the work of nurses in a hospital environment. *João Pessoa* - PB, Brazil, 2017

Domains	Mean	Standard deviation	Amplitude		Cronbach's Alpha
			Min	Max	
Environmental control	14.00	2.07	4	20	0.71
Self-disclosure	13.78	2.65	4	20	0.77
Assertiveness	13.65	2.02	4	20	0.76
Availability	12.37	1.78	3	15	0.72
Interactions management	7.68	1.29	2	10	0.78
Total	61.50	7.31	17	85	0.79

Table 2 - Association between nurses' health conditions and average competence in interpersonal communication. *João Pessoa* - PB, Brazil, 2017

Variables	Competence in interpersonal communication		
	Mean	Standard deviation	p value
Health condition			
Excelent	63.96	6.06	0.238*
Good	61.35	6.30	
Regular	61.27	7.70	
Bad	55.77	13.26	
Physical activity practice			
Yes	62.80	6.38	0.027**
No	60.01	8.03	
Tabagism			
Yes	61.75	6.88	0.322**
No	58.18	11.43	
Consumption of alcoholic beverages			
Yes	62.96	6.81	0.002**
No	59.59	7.53	
Illness or health problem			
Yes	62.55	6.15	0.157**
No	60.88	7.87	
Daily use of medications			
Yes	62.84	5.94	0.067**
No	60.38	8.14	

*Kruskal-Wallis test; **Mann-Whitney test.

Table 3 - Association between health problems and medication use with the averages of competence in interpersonal communication. João Pessoa - PB, Brazil, 2017

Variables	Competence in interpersonal communication		
	Mean	Standard deviation	p value*
Health problems			
Osteomuscular and connective tissue diseases			
No	63.01	6.39	0.001
Yes	58.41	8.17	
Mental and behavioral disorders			
No	61.81	7.27	0.021
Yes	58.15	7.10	
Medication class			
Analgesics			
No	62.92	6.23	0.001
Yes	58.51	8.48	
Anti-inflammatory			
No	62.85	6.13	0.001
Yes	58.06	8.86	
Medicines that act on the digestive system			
No	62.00	7.26	0.003
Yes	56.86	6.15	

*Mann-Whitney test.

Table 4 - Association between aspects related to the nurses' work and average competence in interpersonal communication. João Pessoa - PB, Brazil, 2017

Variables	Competence in interpersonal communication			
	Mean	Standard deviation	p value	
Unit/Sector of performance				
Obstetric Clinic	64.75	8.26	0.061*	
Infectious and Parasitic Diseases Clinic	64.50	4.21		
Outpatient Clinic	63.96	6.57		
Medical Clinic	62.83	5.39		
Pediatric Clinic	62.60	4.53		
Surgical Clinic	62.16	5.29		
Surgery Center	61.20	5.93		
Material and Sterilization Center	60.66	12.55		
Internal Regulation Nucleus	59.18	10.68		
Intensive Care Unit	59.18	5.84		
Administrative	54.61	8.98		
Working time at the hospital				
< 1 year	64.21	5.43		0.096*
1 - 5 years	30.46	7.81		
6 - 10 years	64.71	6.42		
11 - 15 years	63.72	4.94		
> 15 years	60.33	7.72		
Other employment relationship				
No	61.59	7.11	0.743**	
Yes	61.39	7.59		
Work shift				
Morning	62.47	7.59	0.950*	
Night	61.76	6.22		
Daytime	61.32	7.27		
Evening	60.53	10.06		
Training				
Yes	62.98	5.88	0.031**	
No	60.08	8.23		

*Kruskal-Wallis test; **Mann-Whitney test.

DISCUSSION

It was observed that nurses had high average competences in total interpersonal communication and in the domains control of the environment, self-disclosure, assertiveness, availability, and interactions management.

The environment control domain implicitly presents the influence generated by space and environment on expression, perception, and persuasion.³ High values in the environment control domain may be related to the characteristics of the work of nurses in this institution, given that, as it is a university hospital, professionals have more autonomy to express their opinions during their work practice, which favors interaction among workers, especially among the Nursing staff.

Self-disclosure exposes the individual's ability and ability to demonstrate their thoughts, ideas, and feelings through communication.³ This domain exhibited high averages among the evaluated nurses, which refers to the ability of these professionals to express themselves verbally and non-verbal, being properly understood by team members.^{11,12}

The assertiveness domain, in turn, is related to the proactive ability to defend their rights without infringing on the other's rights, demonstrating security, decision and firmness in attitudes and words.³ The high values presented in this domain may be related to individual characteristics of nurses, showing the ability to argue in defense of their rights and what they believe, in addition to demonstrating confidence and conveying credibility to team members.¹¹

Availability represents the individual's ability to demonstrate to others that they are accessible for interpersonal communication.³ High averages in this domain may be associated with aspects inherent to Nursing work, since the professional is trained to work as a team, being necessary the development and/or strengthening, even at graduation, of the ability to work together with other individuals, promoting the co-responsibility of everyone and valuing the role of each worker in the health-disease process.¹

With regard to the management of interactions, this domain refers to feedback in a bidirectional way, relating to the demonstration of understanding and identification of the feelings of the other through non-verbal language.³ Thus, it is clear that nurses investigated have knowledge about non-verbal communication, as well as about its daily use in work practice. It is highlighted that nurses' knowledge about the dimensions of verbal and

non-verbal communication is necessary to provide qualified and safe care to the client, in addition to directly impacting the relationship with other professionals.²

The association between interpersonal communication competence and nurses' health conditions was statistically significant with the physical activity and alcohol consumption variables. The practice of physical exercise showed a statistically significant difference, in which professionals who performed some physical activity daily had higher averages of competence in communication, which could be related to the existence of a gym within the hospital for use by all employees, favoring more interaction between workers.

The regular practice of physical activity can be an important tool for the socialization of individuals, influencing the construction of new bonds of friendship and affection, since there is a daily routine sharing and the existence of several opportunities for social interaction with individuals who have similar interests.¹³ In Nursing work, this practice can provide physical and psychological well-being, making the professional more satisfied with their health and with the work activity performed, which can favor more availability to create and/or strengthen interpersonal relationships with team members.¹

Studies carried out in Switzerland¹³ and the United Kingdom¹⁴ showed that physical activity is an important factor for the development of effective interpersonal relationships, being associated with a decrease in loneliness and more social participation, with the consequent establishment of affective interactions and friendship, which it favors the empowerment and social support received by individuals.

The alcohol consumption variable showed a statistically significant association with interpersonal communication skills, and it was observed that nurses who reported not using alcohol had higher averages of communication skills. This finding may be related to the fact that these professionals developed internal mechanisms to deal with stressful situations experienced in the work environment, dispensing with the use of external mechanisms such as alcohol to reduce the effects of this stress.

A study carried out with nurses in a Canadian province showed that these professionals used alcohol as a form of emotional control to manage stressors in the work environment, being a coping strategy encouraged by colleagues and that would be more acceptable to reduce the suffering of than the use of other drugs.¹⁵

Some health conditions had a statistically significant association with competence in interpersonal communication, such as diseases of the musculoskeletal system and connective tissue, and mental and behavioral disorders. Musculoskeletal and connective tissue problems cause significant damage to nurses' interpersonal communication, given that, as a result of constant pain and activity restrictions caused by the disease, these professionals often move to a sector with a lower workload, which can result in a lack of affinity with new colleagues, difficulty in establishing new interactions, exclusion from that social circle and isolation.^{16,17}

It is noteworthy that these diseases are highly prevalent among health professionals, especially among nurses, causing intense suffering and a high number of sick leave, which negatively influences the work of the team.¹⁸ In addition, nurses' absences interfere in organizational dynamics, in the communication process between professionals and in the quality of care provided.¹⁹

In addition, mental and behavioral factors also negatively influence the interpersonal communication competence of the Nursing team, since, associated with the psychic work overload, they can interfere in social interactions built in the work environment, potentiate conflicts, increase tension between professionals and result in failures in the communication process that have direct impacts on the quality and safety of the care provided.¹⁵

The high psychological demand required in Nursing work can trigger the emergence of symptoms such as anxiety, irritability, anguish and tension, which are associated with a high number of adverse events, resulting from conflicts in the interpersonal relationships between the team.²⁰ Failures in the process Communicative communication between members of the Nursing team can cause damage to the health care of patients, highlighting adverse events, iatrogenic and hospital infections, in addition to the occurrence of negligence, malpractice and recklessness during the performance of clinical practice.²¹

The daily use of analgesics, anti-inflammatory drugs and drugs that act on the digestive system showed a statistically significant association with competence in interpersonal communication. The intake of these medications may be directly related to diseases of the musculoskeletal system and connective tissue, verified in the sample.

Analgesic and anti-inflammatory drugs are widely used by nurses as a therapeutic resource to deal with the physical wear and tear resulting from their work activities, highlighting the intense pain caused by musculoskeletal disorders.²² In addition, these problems can interfere with the interpersonal communication of the nurse team, causing damage to the work dynamics.²³

A study carried out with nurses working in teaching hospitals in Iran identified a negative correlation between musculoskeletal disorders and interpersonal relationships, noting that professionals who had such problems had fewer interpersonal relationships with their work team, which can interfere with care management provided.²³

Nurses who use medications that act on the digestive system had lower averages of competence in interpersonal communication, which may be related to disorders that directly affect these organs, such as mood disorders, anorexia and bulimia, insomnia, depression, anxiety, among others, which can lead to an increase in misunderstandings between professionals, a reduction in social interactions and a tendency towards isolation.^{16,18,23}

Among the aspects related to the nurses' work, only the training variable exhibited a statistically significant association, whose highest averages of competence in interpersonal communication were recorded among professionals who claimed to have received training to work in the sector. Pre-employment training, in addition to providing knowledge about various aspects related to the health institution, also allows for interaction between workers, promotes rapport, the construction of bonds and more commitment from everyone with the management of problems in interpersonal relationships.²⁴

A study carried out with nurses, technicians, and Nursing assistants from a private hospital in *Rio Grande do Sul* showed that 51.2% of professionals reported having received pre-employment training to work in the sector, being evaluated as an important tool to promote the qualification of care, reduce occupational risks, and improve engagement with the work team.²⁴

Effective communication between the Nursing team can be favored by conducting periodic training, as they represent an important strategy for dialogue between professionals, becoming a space that allows for discussion and manifestation of difficulties experienced during labor practice, which benefits the autonomy and freedom of expression of individuals and has a positive impact on the individual and collective vision of the work environment.¹²

The performance of the members of the Nursing team is related in a dependent and complementary way to the work of the other. Thus, it is essential to consider and understand the numerous dimensions that encompass the communicative process in Nursing care, seeking to face the challenges and solve the problems related to team communication, which favors pleasure in the work environment and the provision of care appropriate to the patient's needs.¹

CONCLUSION

The results of this study show that competence in interpersonal communication is influenced by the health conditions of nurses and by the characteristics of the work performed. The interpersonal relationship between the team is an important factor for the quality and safety of the care provided to the patient, requiring the development of strategies to promote better communication between professionals.

Among these actions, worker's health programs could be highlighted, in order to direct specific interventions to promote the health of these professionals and prevent injuries and disabilities. In addition, the assessment of occupational risks can reduce physical and psychological illness and promote greater satisfaction with work, strengthening teamwork and, consequently, the interpersonal relationship between these professionals.

The limitations of this study are related to the use of a self-assessment instrument, requiring that professionals have good critical and reflective skills to analyze their competence in interpersonal communication with the work team.

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