REVIEW ARTICLE

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BARRIERS IN COMMUNICATION IN EMERGENCY SERVICES

BARREIRAS NA COMUNICAÇÃO EM SERVIÇOS DE URGÊNCIA E EMERGÊNCIA

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ABSTRACT

Objective: to identify the possible variables or situations that may be an obstacle in the communication between the beneficiaries of emergency services with the professional nurse. Methodology: integrative review, based on systematic surveys of articles and related journals on the subject, with inclusion criteria: written in the national scientific production in Portuguese, published in the time frame of the last 07 years (2013-2019) and online electronic databases: BIREME, BDENF, SCIELO, LILACS, UFRN Digital Monograph Library, UFPEL Journal Portal and "LUME" - UFRGS Digital Repository. Results: the findings clearly showed that when addressing interpersonal interactions between nurse-client that a range of events in communication is possible. It can be influenced by different factors, positively or negatively, however when they become limitations / barriers, they can impair the message exchange, and consequently compromise the progress of care and impact the effectiveness of the final outcome of the care process. Conclusion: in this scenario it is not only to value the "said", but above all, to understand that there are many subjectivities involved in communication that can only be understood when this professional has knowledge about other operating modes of communication.

Keywords: Communication Barriers; Health Communication; Interpersonal Relations; Nurse-Patient Relations. Nursing in Emergency.

RESUMO

Objetivo: identificar as possíveis variáveis ou situações que podem ser um obstáculo na comunicação entre os beneficiários dos serviços de urgência e emergência com o profissional enfermeiro. Metodologia: revisão integrativa, baseados em levantamentos sistemáticos de artigos e periódicos relacionados sobre o tema, com critérios de inclusão: escritos na produção científica nacional em língua portuguesa, publicado no recorte temporal dos últimos 07 anos (2013-2019) e nas bases de dados eletrônicos disponíveis online: BIREME, BDENF, SCIELO, LILACS, Biblioteca digital de monografias da UFRN, Portal de periódicos da UFPEL e "LUME" – Repositório digital da UFRGS. Resultados: os achados evidenciaram com clareza que quando abordado interações interpessoais entre enfermeiro-cliente que é possível uma gama de acontecimentos na comunicação. A mesma pode ser influenciada por diferentes fatores, de forma positiva ou negativa, no entanto quando se tornam limitações/barreiras, podem prejudicar a troca de mensagens, e consequentemente comprometer o progresso do atendimento e impactar na efetividade do desfecho final do processo de cuidados. Conclusão: neste cenário não é somente valorizar o "dito", mas sobretudo, entender que há muitas subjetividades envolvidas na comunicação que somente podem ser compreendidas quando este profissional tem conhecimento sobre outros modos operantes de comunicação.

Palavras-chave: Barreiras de Comunicação; Comunicação em Saúde; Relações Interpessoais; Relações Enfermeiro-Paciente; Enfermagem em Emergência.

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INTRODUCTION

The Urgency and Emergency unit is the first place of support for beneficiaries in situations of health problems to express their suffering, providing an interface in referencing individuals with other levels of health care within the system[1].

Within the scope of the Unified Health System (SUS), the Urgency and Emergency Care Network (RUE) is a public policy implemented by the Ministry of Health (MS) of a network, in constant organized connection[2] that has an integral part Through the National Hospital Care Policy (PNHOSP), the Emergency Care Units (UPA) and the set of emergency services are 24 hours in a state of uninterrupted vigil to meet this spontaneous demand and referral of users of these services[3].

According to the Brazilian Institute of Geography and Statistics, Brazil has 210 million inhabitants[4] and about 162 million people, that is, 70% of the population depends on the public health system SUS states the Mystery of Health[5]. These, in search of access to assistance for their health, are admitted to this specialty and after the initial care at the reception, they have the first level of contact usually with the host nurse with a risk classification (ACCR) for a first general assessment, and usually present with anxiety, doubts, distrust, discomfort, insecurity and disturbed emotional state[6].

The theory of interpersonal relationships in nursing, developed by Hildegard Elizabeth Peplau[7], plays an important role in the area of interpersonal relationships and in the communication process[8], and this serves as a basis for applications of current research methods. The author clearly defines the basic assumptions and key concepts of her theory, she states that the purposes are mediated by the interpersonal relationship they continue to privilege the nurse / patient relationship and it is necessary a relationship between two people or more so that both can interact in the health / disease process and in the care process and the care provided must take into account the subject's culture, beliefs and needs[7,9].

Strategy organized and instituted in Brazil by public policies of the Ministry of Health through the National Humanization Policy (PNH)[10], presents the added welcome to the proposals for innovations in work processes as one of the most politically, ethically and aesthetic guidelines and the ACCR as a technical-assistance device from the perspective of pre-established protocols of the patient's degree of need, and aims to qualify and elevate the performance of humanized care with equity, identify and evaluate the degree of urgency of patient complaints , classify the relevant and priority risks according to the level of complexity, vulnerability and degree of suffering, placing them in order of priority for care [11,12]. This policy aims to reduce the risk of preventable deaths, extinctions of the so-called "porter screening" or unqualified professional, prioritization according to clinical criteria and not on a first-come, first-served basis[13].

According to MS Ordinance 3390/2013, it establishes the risk classification as follows: pre-established protocol, with the purpose of speeding up the service based on the analysis of the user's degree of need, providing attention centered on the level of complexity and not on the order of arrival and make it clear that they should program hosting and risk classification protocol and specific vulnerabilities[3].

In this sense, the ordinance of MS 2.048 / 2002, which technically regulates urgencies and emergencies, proposes the implantation in the emergency care units of

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reception and risk classification, signaling that this job should be performed only by higher education professionals through specific training[13].

The resolution of the Federal Nursing Council (COFEN) No. 423/2012 nationally regulates and supports the legal competence of nurses to perform the risk classification, making it explicit that within the scope of the nursing team this instrument is a private and nurse's autonomy, as long as there is no exclusion of patients, medical care is guaranteed and protocols are signed, promoting agility in a dignified and harmonized way[14]. This procedure should be performed in the context of the Nursing Process, in compliance with the provisions of Resolution COFEN 358/2009 (Nursing Care Systematization)[15] and the PNH principles[10].

In the ACCR scenario, the nurse is the protagonist and key player in the efficient functioning of this device, since the risk classification is the specific responsibility of the nurse[16], and the professional is indicated for the applicability of the nuances of this process of collecting, interpreting, considering and confirming the findings of the complaints, classifying them based on the severity criterion, directing the way for interventions and optimizing the waiting time for this service in line with the established protocol, as the nurse is supported by a protocol and receives adequate training for it[17,18]. paying attention that the protocol should not replace interaction, dialogue, listening, respect, in short, welcoming the user in their complaint to assess their potential for aggravation[10].

Much has been discussed about the main difficulties related to communication in most urgent and emergency services in Brazil, so, in view of the aspects observed in this specialty, gaps are still perceived by professionals regarding barriers in communication during service[19,20], the analogy between the lines of this work and assistance process being fundamentally important. For this reason, the motivation of this study arose to understand and identify the issue of the theme, seeking to understand this dilemma, bringing a reflection to the interested parties on the importance of changes in the care paradigm in this context, of new methods of organization and conduct to proceed, having the mission to score in the light of scientific evidence and to my understanding the existing gaps.

The objective of this study was to identify the possible variables or situations that may be an obstacle in the communication between the beneficiaries of urgent and emergency services with the professional nurse.

METHOD

An integrative review of the literature of exploratory retrospective nature was carried out. This type of research allows the analysis of research and synthesis of concepts in a broad way, in view of the need for scientific knowledge for elaboration and development.

The integrative literature review is a method that consists of critically analyzing previous studies on the theme, selecting them according to the organizational phases that allow analyzing and evaluating the collected data. Some steps must be followed to prepare the integrative review, which are: Elaboration of the question / problem; bibliographic collection, data classification, analysis and discussion of included studies, and results[21,22].

The guiding question of this integrative review was: What are the possible variables or situations that can be an obstacle in the communication between the beneficiaries of urgent and emergency

services with the professional nurse?

In the selection of descriptors, health terminology consulted in the Health Sciences Descriptors (DeCS) was used, thus the following descriptors were used: “communication barriers”, “health communication”, “interpersonal relationships”, “nurse-nurse relationships” patient ”and“ emergency nursing ”.

The inclusion criteria for analysis of these were: to be written in the national scientific production in Portuguese, published in the retrospective time frame of the last 7 years (2013-2019) and in the electronic databases available online: Virtual Health Library (BIREME), Nursing Database (BDENF), Scientific Eletronic Library online-Brazil (SciELO), Latin American Caribbean Literature in Health Sciences (LILACS), UFRN Digital Monograph Library, UFPEL Journal Portal and “ LUME ”- UFRGS Digital Repository.

RESULTS

In the initial sample, among the researched databases, only from the key word a total of 32 articles were addressed that addressed this problematization; subsequently, 18 studies were pre-selected by reading the abstracts, among these, after analyzing and reading the full articles, 09 were excluded because they were not related to the research objective, totaling a final sample of 09 selected studies that presented relevant content linked to the research object of the proposed theme, and were summarily cataloged for viewing in Table 1.

Table 1. Articles identified according to: identification, database, year, first author, title, journal, place of research, objectives and barriers in communication. 2019.

Nº	DATA BASE	YEAR	FIRST AUTHOR	TITLE	JOURNAL	RESEARCH LOCATION	PRINCIPAL OBJECTIVES	BARRIERS IN COMMUNICATION
1	**LILACS**	2016	Rulio Glécias Marçal da Silva	***Nurse communication strategies with foreign patients: experience report***	Arquivos de Ciências da Saúde da UNIPAR v.20, nº 2	São Paulo - Brazil	To share the experience of nurses responsible for caring about patients coming from Mercosur countries and share their communication strategies	Had no fluency in a foreign language
2	**BIREME**	2016	Hosana Ferreira Rates	***The nurses' daily work at the reception with risk classification in the emergency care unit***	Biblioteca digital Universidade Federal de Minas Gerais	Divinópolis - Minas Gerais - Brazil	To analyze the daily work of nurses in hosting with risk classification in the Emergency Care Unit	Synthetic dialogue, something “cold” and fast, lack of sensitivity in the listening process
3	**Biblioteca Digital de Monografias da UFRN**	2015	Irlenya Medeiros Araújo	***The communication established by the nurse at the time of reception and pediatric risk classification***	Biblioteca digital de Monografias da Universidade Federal do Rio Grande do Norte	Rio Grande do Norte - Nordeste - Brazil	Learning the communication established during the professional nursing interaction with the family in the ACCR process, taking into account aspects of language	Service time, caregiver as the focus of dialogue, ACCR centered on the biomedical model and checklist

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4	**LILACS**	2015	*Priscila Games da Costa*	***Foreign languages knowledge among nurses working in emergency services and Intensive Care Units***	Rev. Enferm. Cent.- Oeste Min. vol.5, nº 2	Belo Horizonte - Minas Gerais - Brazil	To evaluate foreign language knowledge by nurses working in emergency services and intensive care units	Communication difficulties with language barriers
5	**BIREME**	2014	Adriana Valongo Zani	***Communicative process in the emergency department between nursing staff and patients: social represen***	Online braz j nurse vol.13, n.º 2	Paraná - Brazil	To Describe and analyze the communicative process established between nursing professionals and patients / relatives in the Emergency Room, from the perspective of professionals and patients involved	Psycho-emotional stress of professionals, absence of adequate care protocols, intense flow of users, exhaustive work hours
6	**SciELO**	2013	Marcio Roberto Paes	***Communication between nursing team and patients with mental disorder in an emergency service***	Rev. Ciência, Cuidado e Saúde Vol. 12, nº 1	Curitiba - Paraná - Brazil	To capture the perception of the nursing staff about establishing communication with patients who have mental disorders.	Difficulties in communicating with a patient with clinical-psychiatric comorbidities such as events related to suicide, agitation, mental confusion, delusions and psychoses
7	**SciELO**	2013	Thalita Rocha Oliveira	***The communication nurse-patient in treatment at the emergency services 24 hours: na interpretation in Travelbee***	Rev. Eletr. Nursing Global Vol. 12, nº 2	Belford Roxo – Rio de Janeiro - Brazil	To show the communication nurse-patient and the treatment in nursing that the 24h emergency services and to discuss the aspects of the communication and the interpersonal relationship nurse-patient in the treatment regarding the theoretical reference by Joyce Travelbee	Faced with patient dissatisfaction; maintain self-control and personal withdrawal
8	**Portal de Periódicos da UFPel**	2013	Cibele Cielo	***The communication in health care in an Urgency and Emergency unit: experience report***	Journal of Nursing and Health (JONAH) Vol. 03, nº 2	Rio Grande do Sul - Brazil	To relate about communication in health care in an Urgency and Emergency Unit of a teaching hospital	Routine tasks; Mechanized practice; Unilateral decisions Lack of privacy; Accelerated service routine; High demands; Lack of sensitivity to the doubts and anxieties of the patient / family
9	**LUME Repositório Digital da Univ. Fed. Rio Grande do Sul**	2013	Virgínia de Menezes Portes	***Bilingual booklet: overcoming language barriers in emergency and emergency services***	LUME Repositório Digital da Univ. Fed. Rio Grande do Sul	Porto Alegre - Rio Grande do Sul - Brazil	Present the development of a bilingual booklet as a communication tool, in prototype format, between foreigners and health professionals during the 2014 World Cup	Language communication barriers between health professionals and foreign users

Fonte: Elaborado pelo autor.

The related findings on the theme showed that the variables that cause communication barriers in the ACCR are daily challenges for nurses in this specialty due to the complexity of the dynamics of

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this moment of assistance and that this scenario has some peculiar characteristics that tend to make it a space, in which communication is mechanized and impersonal.

The authors of this review clearly define when addressing interpersonal interactions between nurse-client that a range of events in communication is possible. It can be influenced by different factors, in a positive or negative way, however when they become limitations / barriers, they can impair the exchange of messages, and consequently have an impact on the care process.

DISCUSSION

The human being, in the field of health, is put to the test in many situations during life, and in face of this, responds to their needs in different ways. The analysis findings highlighted that nurses are often faced with the most varied situations in the approach in the ACCR and in this context there are many weaknesses that affect the dialogism between the nurse-client subjects(23).

Specific characteristics are not lacking in this scenario, and among the most diverse and variable in the practice of this daily life is communication, that is, the exchange of thoughts and opinions between professional and the beneficiary (sender and receiver) in the exchange of speech and listening in each service(24.25).

Nurses are the professionals who work closer to the patients and such proximity requires from this professional much more than technical and manual skills(25,26) and consequently is a protagonist in the emergency services because of his academic training being generalist and holistic, that is, knowing how to see and understand the human being as a whole in an integral way, allowing a multidimensional approach in the act of caring, thus, it is your responsibility to interpret human responses precisely in order to select the appropriate interventions and evaluate the result achieved, since he is responsible for directing the nursing care that will be provided(24,26,27).

Information collection should be performed, based mainly on listening to the clinical history and the main complaint added to the analysis of physical examination, in order to identify the signs and symptoms, allowing the recognition of normal or altered patterns and the risk probability judgment. One of the findings in the studies by(20,24,23), in this context was the observation of the nurses' way of welcoming, according to the authors, it was through a quick screening focused on the complaint and its location in the body and not for social, emotional or other issues. In this way, it is understood that the nurse's work in the risk classification is almost always performed with an impersonal and mechanistic communication, with a "checklist", centered on the biomedical model, having "few spaces" for listening to the anxieties, tensions and sufferings of individuals, as they no longer take into account subjective emotional, psychosocial, sociocultural issues and the context of life in which the beneficiary finds themselves, thus constituting communication barriers(23,24).

According to(28), emphasizes in his work that, when communication and interaction are lacking, care becomes a simple technical procedure(29), thus, this moment is propitious to establish an empathic relationship, an effective communication of appropriate language, interaction and integration , because it is the occasion when the beneficiary is seeking help and, in general, is more open and with the intention of creating some dialogue with the health team, who at the first moment finds themselves as strangers, that is,

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without bond and usually tense, fearful and fragile in the face of the unknown[25,30].

The handling of this relationship is permeated by complex conditions and is often marked by unpredictability that may lead the individual to have difficulties or not to be able to report or express their complaint in an orderly and clarified manner due to their momentary condition or general state, or several others mechanisms such as shortened service time, space limitations (non-private ambience), pain, public exposure of suffering, shyness and shame about the reason for seeking it, restriction to the gender of the receiving professional, tension, anxiety, emotional lack of control, disturbed mental state, inadequate answers to questions, noise, dispersion, numb, person with special needs (physical, mental, social), situations of psychiatric emergencies, drunk, potential suicides, due to the influence of the individual's culture, social world, personality incapacity (either naturally or due to the cause that caused the urgency), language difference, mental disorders, for wanting to share their complaints only with the medical professional, hostility, agitated or violent, cited in a fragmented, contradictory way, with a lot of emotional tension “touched on”, with incorrect use of language, utopians, antagonists, with communication errors, with limited and / or compromised communication capacity, conflicting communication, simulated, confused, unreal, obscure, without convincing details, abstracts, paradoxical reports and not clear enough for a dynamic analogy of the real situation, in short, a range of contextual situations social, emotional and physical, presented by the patient before his needs for assistance that can influence a block in the communication process[19,24,26,27,29].

To understand what happens inside the client's "interior", what the real situation is, identifying the problem and safely intervening early in order to provide less damage as a result of the service and favor the possibility of a good prognosis, becomes a challenge to the Nurse in the face of the conditioning interface when the beneficiary expresses verbally (or not) his report, his complaint, or what led him to that service, considering that human knowledge and predictability are fallible and facing these situations it requires a model capable of identifying, in the shortest possible time, based on the warning signs, the severity of a person in an emergency situation and defining the appropriate point for that situation[24].

Communication barriers are elements that can prevent or even hinder communication between people and the emergency professional must be prepared to face and identify these barriers; including communication. They may be associated with the lack of ability to hear, see, feel, understand the message and countless causes that can lead to this impediment such as dysfunction, memory, attention or reasoning [30].

Communication is an essential basic tool in this relationship, which results in the need for nurses to understand the communication processes with patients and their families. It is the process responsible for sending and receiving messages between two or more people who seek to understand and be understood, allowing “adaptation to the environment, as well as modifying and transforming it, building social reality[19,23,25,28.29].

The time to communicate is a delicate and crucial moment for the team and the patients. During this process, transactions occur between individuals in which exchanges of information and understandings are passed between people, creating a movement of retribution, interaction and reaction, causing, in a pre-determined period of time, changes in the feeling, thinking and acting of participants in

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the process[23,26].

Verbal communication is a resource used between people to transmit and express their thoughts, clarify a situation, share experiences, and validate the meaning of the perception of information[19,25,26,28], however, verbal messages issued by professionals nor they are always understood by the patient / family, the information is not clear or is contradictory[19]. The perceptions of body signs and spoken language represent the possibility of going beyond the execution of technical procedures, which fragment and reduce the patient to a receptacle of actions[25]. During listening, attention should be paid to the position of the body adopted by the nurse, as it can transmit different messages, helping or interfering in the therapeutic relationship[26,30].

In the emergency scenario, the nurse needs to be attentive to the different forms of non-verbal communication, paying attention to observing facial expression, as many patients who arrive at the unit have an unfavorable clinical condition for verbal communication[25].

As mentioned by[28,19], non-verbal communication accompanies verbal and occurs through messages expressed by body language with its physiological, physical and gestural qualities, such as gestures, facial expressions, looks and touches. It is necessary to keep the senses aware, also to look at the non-verbal signals, to capture what is beyond the referred demand, it is necessary to remember that feelings are not easy to be expressed, and the nurse must be attentive to non-verbal language: posture, gestures, tone of voice, among other aspects of it[19,23,28].

In order to obtain information about a patient, one must speak little and listen a lot [28,29]. The nurse must listen to the patient with “attentive ears” and ask herself: What is he saying? Since a sick person is easily influenced, it is best not to put words in his mouth. In this assessment, he cannot disregard the beneficiary's perceptions (and his social network) about his illness process. The nurse must accept the patient as he presents himself, he must use simple, clear phrases, a more accessible language without technical terms, which provide guidance on the situation and the reason for what is happening. At this time, the holistic view of these patients, of values, culture, race, beliefs, superstitions, customs, traditions, prejudices, previous experiences, expectations, should also be taken into account[23,24].

Presumed communication should be avoided; it occurs when the patient expresses his ideas, assuming that the interlocutor is perfectly understanding the content of the entire message, that is, thinking that the listener “implies”, supposes and concludes in advance the speaker's intentions and purposes, starting from a “false perception of line of thought agreement ”and, above all, of actions that result from them, thus, one should also avoid the early communication that concludes the interlocutor's ideas and intentions“ running over ”the finalization of the message generating errors of speech interpretation. Confrontative communication invades the interlocutor's emotional motivations with worse comparisons of what is being said, causing distance and antipathy[23].

The ability of interpersonal communication can be influenced by the environment and situation in which the interaction occurs, the ability of individuals to express their feelings, to be proactive, to give or not give feedback in addition to being available for a relationship. The beneficiary when entering an emergency unit, certainly is distressed and in pain, at that moment the physical space can also exert a positive or negative influence, as he does not want and does not deserve to be subjected to additional discomfort arising from a physical

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structure inadequate. The lack of specific areas for each type of service classified and the small physical space makes the organization difficult[24,28,30].

Another aspect that compromises communication is the professional's disregard for the “attempts of fragile individuals to describe what they are experiencing, implying wrong interpretations” The health team can and should provide the patient with comprehensive and humanized quality care, but it is necessary to assimilate communication skills: listening well, never lying, avoiding a conspiracy of silence, avoiding false joy, not discarding possible hope and relieving pain[23].

The nurse who acts in the risk classification must have some indispensable skills for qualified assistance, according to[19] competence in communication is a fundamental skill to be acquired by health professionals in general and nursing in particular[19].

Among these skills, competence in human and therapeutic communication is mentioned[28], detailed knowledge in relation to different health situations and assistance capacity such as quick thinking, manual dexterity and resolving the problems that arise, in view of the large number of procedures to be developed, the patient's health status and the limitation of the time factor and also, skills for coding and decoding speech and gestures, qualified listening, clinical reasoning and agility for decision making, evaluation and correct detailing of the complaint submitted by the user and knowledge of the assistance network to effectively carry out the necessary referrals. In view of this, the nurse must have a critical sense to make the correct decision, since the cost of an error can range from a small administrative confusion to the death of the patient. Decision making is an important part of medical and nursing practice, as a solid clinical assessment of a patient requires both reasoning and intuition and both must be based on professional knowledge and skills [23,24,30].

However, it is necessary for the health professional to value the exchange of experiences with clients, building an environment of health education in which all actors learn from the experiences and experiences of the other. In summary, it is worth remembering that the success of the risk classification depends on the action and behavior of the individuals and the collective involved[31].

CONCLUSION

Through studies it is possible to reflect on the daily practice of nursing. After the extensive reading of the authors analyzed in this study, it is clear that the professional nurse is still “surprised” in the daily life of the ACCR in some aspects related to communication skills, to which he is not prepared, and consequently does not have an effective answer. facing these challenges.

Studies show that communication does not always occur satisfactorily, with little empathy and unidirectional, with great control on the part of professionals, making it difficult to perceive and correctly value the anxieties, tensions and sufferings of clients and the effective direction of care. In this context, it is worth mentioning that different interpretations can be made mistakenly by both parties, when the process is interposed by communication barriers.

Thus, a new renovation and restructuring of the professional nurse's perspective in these approaches is of fundamental importance; a reframing in the reception, interpretation and conduction of these reports to improve the ability to make decisions according to the uniqueness of each individual. It is concluded that, in this

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scenario, it is not only to value the "said", but above all, to understand that there are many subjectivities between the lines involved in communication such as history, feelings and expectations that can only be understood when this professional has knowledge about the applicability of others operating modes of communication strategies so that you understand and make yourself understood.

Among the limitations of this research, the scarcity of substantial studies on this theme stands out is the importance of proposing new studies in this sense, in order to evolve the theme over time, identifying characteristics of this phenomenon, the best strategies, interventions and ways of acting / interacting in the act of caring.

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