

INTERPERSONAL RELATIONS BETWEEN NURSING-PATIENT IN THE PERSPECTIVE OF CURRENT VIOLENCE

Relações interpessoais entre enfermeiro-paciente na perspectiva da violência atual

Relaciones interpersonales entre enfermero-paciente en la perspectiva de la violencia actual

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ABSTRACT

Objective: to reflect on the importance of the interpersonal relationship between nurse-patient in the perspective of current violence. **Methods:** this is a descriptive-reflective study. The databases used were: Latin American and Caribbean Health Sciences Literature, National Library of Medicine, SCOPUS, Web Of Science and Cumulative Index to Nursing and Allied Health Literature, in the languages: English, Spanish and Portuguese, of the last ten years. **Results:** three categories emerged: 1) Violence suffered by nursing professionals in the workplace; 2) Education as a tool to minimize workplace violence and 3) Nursing care for vulnerable people exposed to violence. **Conclusion:** interpersonal relationships can prevent acts of violence from being carried out in the workplace, and the institution itself and the management sectors can train the entire team, using continuing education as an effective tool for this issue.

Keywords: Interpersonal relations; Nurse-patient relations; Communication; Violence.

RESUMO

Objetivo: refletir sobre a importância da relação interpessoal entre enfermeiro-paciente na perspectiva da violência atual. **Métodos:** trata-se de um estudo descritivo-reflexivo. As bases de dados utilizadas foram: Literatura Latino-Americana e do Caribe em Ciências da Saúde, National Library of Medicine, SCOPUS, Web Of Science e Cumulative Index to Nursing and Allied Health Literature, nos idiomas: inglês, espanhol e português, dos últimos dez anos. **Resultados:** emergiram três categorias: 1) A violência sofrida pelos profissionais da enfermagem no ambiente de trabalho; 2) A educação como ferramenta para minimizar a violência no trabalho e a 3) Cuidado de enfermagem a pessoas vulneráveis e expostas a violência. **Conclusão:** as relações interpessoais podem evitar que atos de violência sejam

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praticados no ambiente de trabalho, cabendo a própria instituição e os setores gerenciais capacitarem toda a equipe, utilizando a educação continuada como uma ferramenta eficaz para essa questão.

Descritores: Relações interpessoais; Relações enfermeiro-paciente; Comunicação; Violência.

RESUMÉN

Objetivo: reflexionar sobre la importancia de la relación interpersonal entre enfermero-paciente en la perspectiva de la violencia actual. **Métodos:** este es un estudio descriptivo-reflexivo. Las bases de datos utilizadas fueron: Literatura de Ciencias de la Salud de América Latina y el Caribe, Biblioteca Nacional de Medicina, SCOPUS, Web of Science e índice acumulativo de enfermería y literatura de salud aliada, en los idiomas: inglés, español y portugués, de los últimos diez años. **Resultados:** surgieron tres categorías: 1) Violencia sufrida por profesionales de enfermería en el lugar de trabajo; 2) La educación como herramienta para minimizar la violencia en el lugar de trabajo y 3) Atención de enfermería para personas vulnerables expuestas a la violencia. **Conclusión:** las relaciones interpersonales pueden evitar que se lleven a cabo actos de violencia en el lugar de trabajo, y la propia institución y los sectores de gestión pueden capacitar a todo el equipo, utilizando la educación continua como una herramienta eficaz para este problema.

Descriptores: Relaciones interpersonales; Relaciones enfermero-paciente; La Comunicación; Violencia.

INTRODUCTION

The nursing profession is situated in teamwork, which is configured in a collective aspect. For it to be practiced competently, it is necessary to have a good interpersonal relationship between the groups and an understanding of the elements that permeate the contact with the team. One of these elements is the communication process, which, when done efficiently, can benefit the patient and others involved, avoiding possible conflicts that may harm the care provided, such as the loss of important information for treatment and rehabilitation.¹

In this sense, nursing care is characterized by the interaction or dialogical relationship that is built with the other, and is therefore considered as a primordial factor. Therefore, it is essential to develop the potential of professionals for an interpersonal relationship centered on both the biological character and social and emotional relationships through therapeutic listening and communication process.¹

Regarding the work environment, nursing professionals experience very delicate situations, among which are the violence practiced by patients, family members and colleagues, and can thus be identified as moral, physical, verbal, psychological, sexual and sexual violence. institutional However, it is added that nurses have various duties in their field of work, ranging from care to managerial functions, which makes them more exposed to various types of violence.²

It is worth noting that the very nature of the activity made him vulnerable to situations of violence at work, since they work in multidisciplinary teams with rigid organization and under constant pressure, thus experiencing daily conflicts arising from interpersonal relationships with patients, family

members, colleagues and other health professionals.³ Violence can negatively affect the lives of these professionals, causing discomfort, fear and fear in the workplace, which can cause dissatisfaction with it, as well as psychic changes through syndromes, pain crises and health alterations in general.² They conclude that it is urgent to create institutional policies that protect professionals against all types of violence and offer a safe environment to perform their activities in a dignified, respectful and ethical manner.

According to the World Health Organization^{4,5} violence is a global public health problem, being among the leading causes of death for men, women, children and the elderly who suffer sexual, physical and psychological abuse, among others. However, WHO states that these effects can be prevented through public policies and preventive actions, in which most violent attacks occur because of behavioral, social, economic, political and cultural factors that could be modified.

Health professionals who are most affected by violence in the institutions in which they provide their services are those of nursing, and it is necessary to develop strategies for improvement in the workplace, with support from the governmental spheres, the class councils themselves, with to raise awareness about the importance of reporting, implementing prevention and education policies so that these professionals can improve the relationship between colleagues and patients.⁶

Violence at work is understood as any voluntary action between individuals or groups that can cause physical or psychological harm arising in the workplace, or involving institutional and organizational relationships or work-related activities. These can be caused in labor relations, work organization, working conditions, resistance, delinquency and symbolic violence.⁷ It is noteworthy that the main violence that the nursing professional suffers in the hospital, especially in the sector of urgency and emergency, are verbal violence and bullying, in which negative factors are related to the lack of information to the patient and authoritarian professional attitude, which can generate conflicts regarding the delay of care and even of the professionals themselves. with their peers.⁶

The rigid structure of the hospital environment, the predominance of vertical hierarchical relationships, the understatement of personnel, the precariousness of materials, an exhausting shift work rate and the multiple cognitive and emotional demands, result in increased professional vulnerability to the phenomenon of violence.³

In this sense, protective and managerial measures should be implemented through proactive strategies to include the theme of violence in improving patient care, without undermining the team's ethical-moral rights to contain or prevent it.⁸ In this case, it is urgent to create institutional policies that protect professionals against all types of violence, and to offer a safe environment so that they can perform their activities in a dignified, respectful and ethical manner.²

Given the above, this study is justified in the context of nursing work, since it is expected to awaken the importance

of interpersonal relationships, joining communication processes, therapeutic listening and nurse/patient interaction, allowing care to be appropriate and qualified in the development of effective and effective therapeutic plans in the scenario of violence and finally, to be able to contribute scientifically, in the construction of a reflexive practice that allows thinking concepts and actions that involve interpersonal relationships in the scenario of violence in the nursing context. Considering that it is through the interpersonal relationship that the care process takes place, this study aims to reflect on the importance of the nurse-patient interpersonal relationship in the perspective of current violence.

METHODS

This is a descriptive-reflective article based on the international and national literature on the theme of interpersonal relations between nurse-patient in the perspective of current violence. For this, articles were searched in the databases of the Virtual Health Library Brazil (VHL) and the Portal of Journals of the Coordination of Higher Education Personnel Improvement (CAPES): Latin American and Caribbean Health Sciences Literature (LILACS).), National Library of Medicine (PUBMED), SCOPUS (Elsevier), Web Of Science (WoS), and Cumulative Index to Nursing and Allied Health Literature (CINAHL). The Health Sciences Descriptors (DeCS) and the Medical Subject Headings of the U.S. National Library of Medicine (MeSH) were used, along with controlled and uncontrolled descriptors: Interpersonal Relations; Nurse-Patient Relations; Communication; Violence and Therapeutic Listening. Followed by the operator booling "AND" for their intersection; in the English, Spanish and Portuguese languages, with a time frame in the last ten years (2008-2018). Ten articles were selected for reflective discussion and presented in categories.

RESULTS AND DISCUSSION

From the study emerged three thematic categories for reflective discussion: 1) Violence suffered by nursing professionals in the workplace; 2) Education as a tool to minimize workplace violence and 3) Nursing care for vulnerable people exposed to violence.

Violence suffered by nursing professionals in the workplace

In this theme, it is possible to argue the violence that nursing professionals suffer at work, especially in the hospital environment, and highlight the typologies, health consequences of these professionals and preventive strategies in order to promote a better relationship between nurse-patient and coworkers. In addition, it addresses the characteristics of the aggressors' profile and the lack of preparation and information on the identification of cases of violence among nursing professionals.

Violence at work triggers risks for the development of occupational injuries in health professionals, as well as occupational diseases, lack of communication between professionals, demotivation at work, conflicts, among others.⁹

Recently, the term horizontal violence has been used, which means the behavior of peers who have the same social position in a hierarchical institution, having a negative impact on job satisfaction and the relationship between hospital nurses. In this context, horizontal violence has been pointed as a source of dissatisfaction, demotivation, problems among co-workers and extreme overload, causing in these professionals the development of stress and recurrent illnesses at work.¹⁰

The nurses who work in the hospital are exposed to violence at all times, and screening is the sector with the highest propensity for occurrences of this act, usually associated with the person, which involves stress, feelings of helplessness, male gender, age group between 20 and 30 and abuse of alcohol and other substances.¹¹ Often acts of violence are associated with insufficient staffing, excessive patient waiting time, poor safety and overcrowding. In addition, professional inexperience is considered a negative factor in which lack of empathy, intolerance, and judgment can affect communication and attitude toward patients and their families.¹¹

When it comes to communication in the workplace, when not properly performed can bring consequences that trigger acts of violence to professionals. In addition, it is up to the institutional bodies to question the possible causes that lead to changes in patients' behavior and adopt preventive measures, as well as the creation of specific protocols to prevent acts such as this from harming the physical and psychological health of professionals.

The emergency room is another environment very susceptible to acts of aggression with nurses, and the factors that induce this violence are related to the needs of unmet patients, such as delayed care and unsatisfactory responses, which cause conflicts when providing care. For these episodes to be avoided or minimized, it is necessary to use preventive strategies, as well as interpersonal relationships, health education as effective forms of care and preparedness to cope with situations of violence in health services.¹²

Understanding this phenomenon helps nurses to understand that violence is present in the hospital environment, and that there are tools that help improve care and interpersonal/interprofessional relationships, as well as the use of listening, paraphrasing and communication techniques (verbal and nonverbal) can be used to establish or reestablish communication and confidence, preventing and minimizing situations of violence and modifying the nursing care scenario for the patient.¹³

On the other hand, relational factors, lack of communication, and staff attitude towards patients and family members also increase the incidence of violent behavior. In this context, it is observed that interpersonal relationships and communication are present both in the sense of being intervention strategies and as preceptors in situations of violent behavior.

Education as a tool to minimize workplace violence

In this category we reflect on the importance of education as a tool to promote, reduce and identify violence in the workplace of nursing professionals.

The National Policy on Permanent Health Education (PNEPS), implemented in 2004 by the Ministry of Health, aims to stimulate and meet the demand regarding the professional qualification of health workers.¹⁴ According to this policy, qualification is one of the main ways to prepare them to face difficulties in health services. In this sense, PE is recognized as learning at work, in which learning and teaching are incorporated into the daily life of institutional organizations based on meaningful learning and the possibility of transforming professional practices.

As with PE, Health Education is an educational process of knowledge construction in health that aims at the thematic appropriation by the population, created by the Ministry of Education, is a set of practices in which contribute to the increase of the autonomy of people in their own health care, in the debate with professionals and managers, in order to achieve health care according to their needs.^{14, 15, 16}

Thus, the Health Education and PE process are strategies for democratizing the asymmetrical relations of power and decision, increasing access to information and involvement with work configured in collective spaces in the development of competences and skills.¹⁷

However, these tools came to improve, recycle and improve the relationship in the provision of care, in this case, in situations of violence at work, having possibilities to modify this reality. In addition, as regards professional skills and competences, they should also be directly linked to the patient's general needs, which should be heard and respected, thus ensuring a good nurse / patient relationship.¹⁸

It is important to have a satisfactory approach with the use of instruments that facilitate the identification and recognition of victims of violence. Therefore, it is not enough just to recognize them, it is necessary to train professionals so that they can offer safe care in a welcoming environment, providing security so that victims have the opportunity to talk about it without any fear and fear.¹⁹

Although nursing science respects human rights and acts to minimize the individual's biopsychosocial suffering, failures in the care of this population are still evident, which indicates lack of knowledge and training regarding the referral, identification and compulsory notification of cases of violence. The nursing staff must adopt welcoming, safe and private behaviors so that this scenario can be modified.²⁰

In this context, it is important to awaken to the managers who work in the institutions, the relevance of the use of educational tools as a guide to these professionals, so that there is commitment from the administrative sector, in order to enable them in legislative issues, in the care approach and identifying clinical signs of violence and their social and judicial precepts. It also encourages nursing professionals to

seek such skills, as it enables greater security in performing actions, minimizing the consequences that violence causes to victims, such as negative and traumatic feelings.²⁰

Therefore, Health Education and PE are important during health promotion activities in situations of violence, favoring possibilities for effective nursing practice, expanding concepts, competencies and skills of professionals, as well as of the assisted population.¹⁹

It is necessary for professionals to be aware that there are educational and managerial strategies that help them in making decisions and changes related to care and approach, so that they collectively and individually favor them in relation to eventual cases involving violence in the workplace perpetrated by the patients themselves, as well as their families and co-workers.

Nursing care for vulnerable people exposed to violence

Finally, this category addresses the role of nurses as a basic professional in helping people in situations of risk and vulnerability, including young students, women and people in situations of self-inflicted violence.^{21, 22, 23} Through listening and welcoming, nurses who work in support groups work with prevention, promotion, protection and guidance strategies in relation to cases of violence in different scenarios.

It is worth mentioning that nurses perform various care functions. One of them is to offer therapeutic support focused on health promotion, prevention and rehabilitation focused on emotional problems, such as the use of support groups in schools, applying listening, respect, empathy and welcoming skills.²¹

These groups may be led by nurses, specifically mental health nurses, who will develop collective activities in which students will share their traumatic experiences, share experiences and concerns, promoting better coping with these situations. Focusing on primary prevention in school settings, with minimization of cases such as bullying, dating violence, trauma sequelae, and diagnosable mental disorders.²¹

Many people recognize the work of nurses as being performed exclusively in the hospital sector, linked to care and technical functions, while many are unaware of the qualification of this professional to answer questions related to the patient's emotional aspect, since the service will not always have the presence of a professional psychologist. For this reason, it is of great relevance that the nurse is aware of when to use the appropriate therapeutic techniques and if they are having satisfactory results, including regarding the professional and personal satisfaction of the nurse in the face of various situations of vulnerability, in particular, the situations of violence.

When approaching a vulnerable person, professionals should be able to offer comprehensive and quality care, providing an image of trust and welcome, attention and empathy, thus establishing a greater bond with the victims. However, many nursing professionals are resistant to acting

against victims of violence, finding it very difficult to approach and identify, arousing reactions of fear, unpreparedness and insecurity in caring for the victim.²²

Professional incapacity causes feelings and negative reactions to the nurse, causing frustration to become a problem in patient care. Thus, it is necessary to reflect on vocational training as a strategy to solve problems involving victims of violence and their aggressors, thus improving the interpersonal relationship to victims of violence.

It is known that nurses are present in various situations of vulnerability, including suicide. Being a type of self-inflicted violence, it is up to the professional to develop strategies that help people involved in this suffering. One very effective and widely used strategy is therapeutic listening. Therapeutic listening can avoid possible episodes of suicide attempt, because its technique allows the professional to offer individualized assistance to those in psychological and emotional distress, using communication, understanding and understanding with the person who lives this process, thus providing assistance, protection and qualified guidance.²³

Thus, it is appropriate to point out that nursing care can unfold into group and individual activities, which are developed by light technologies as successful strategies. These are focused on the human relations of care, such as welcoming, relationship / interaction and communication, that is, they are technologies whose focus is between the worker and the user, in the production of their relationships.²⁴

FINAL CONSIDERATIONS

It is observed that interpersonal relationship and communication are present both as intervention strategies and as preceptors in situations of violent behavior. These situations are evident in the nursing profession as pointed out, both in the fact of suffering different types of violence and in the narrow sense of caring for people in this condition. Given this, it is believed that nurses should be able to face and take care of victims and perpetrators, knowing how to preserve themselves physically and emotionally.

Therapeutic practices, especially therapeutic listening, have shown to be positively effective as a means of prevention and welcoming in situations of vulnerability and violence, as well as effectively favoring autonomy, empathy and understanding in the interpersonal relationships between nurse-patient about external causes and internal recurrent violence.

Health educational tools should be strategies present in nursing work, since it enables the professional and the user of health services to broaden the fields of action and enable greater effectiveness in situations of violence in their professional practice.

We list as a limitation of the study the selection of material, considering that, as it is an evident theme in the profession, few studies are dedicated to this theme. Future studies on the effectiveness of interpersonal relationships between the interdisciplinary team itself, and the relationship with other fields of activity, such as primary health care, maternal and child health and elderly health are suggested, since studies

addressing thematic in the hospital environment. Nor have studies been identified that point to institutional, political and social practices that will assist such professionals in an effective relational approach.

The study contributes to the knowledge about the dialectic of interpersonal relationships in situations of violence since it can be predisposing to situations of violence as a protective factor.

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