

How nursing students perceive communication with patients in mental health

Como o estudante de enfermagem percebe a comunicação com o paciente em saúde mental

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Descritores

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Abstract

Objective: To identify how Nursing students perceive patient communication in mental health and describe how this perception influences their own communication for care.

Method: Qualitative, with individual artistic production after relaxation using instrumental music and drawing in a planned cube. The analysis of the words and phrases pronounced in the group evidenced the thematic unit about the perceived communication through the bodily senses, shared by 23 seventh-semester students from the Nursing program.

Results: The production demonstrates that the communication perceived and expressed indicates intervention, approximation, expanded listening and attention. The bodily senses perceive behavior, language, disorders, defense mechanisms, approximation and needs for improvements in care.

Conclusion: The student's bodily senses register and express the verbal and non-verbal communication of patients with mental disorders through feelings, behavior and body hygiene conditions, which give rise to care needs.

Resumo

Objetivo: Identificar como o estudante de Enfermagem percebe a comunicação do paciente na saúde mental e descrever como tal percepção influencia em sua própria comunicação para o cuidado.

Método: Qualitativo, com produção artística individual após relaxamento com música instrumental e desenho em cubo planejado. A análise de palavras e frases enunciadas no coletivo evidenciou a unidade temática sobre a percepção da comunicação através dos sentidos corporais compartilhada por 23 estudantes do sétimo período do curso de Enfermagem.

Resultados: A produção demonstra a comunicação percebida, verbalizada e indicativa de intervenção, aproximação, escuta ampliada e atenção. Os sentidos corporais percebem comportamento, linguagem, transtornos, mecanismos de defesa, aproximação e necessidades de melhorias no cuidado.

Conclusão: Os sentidos corporais do estudante registram e expressam a comunicação verbal e não verbal do paciente com transtorno mental por meio de sensações, do comportamento e das condições de higiene do corpo, que emanam necessidades de cuidado.

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Conflicts of interest: the primary author presented a study on the same theme at the 17th National Seminar of Nursing Research (Senpe), "Patient communication: Nursing students' perception in hospital-based mental health care", in June 2013, Natal, RN, Brazil.

Introduction

To situate the students' perceptions about patient communication in the hospital context, important observations were considered on the pedagogical trajectory, in which they often dismissed interdictions of care for mental disorder patients in their care practice, without having been shared as significant experience.

This study is not an absolute novelty, but the central idea remains hardly explored in mental health nursing teaching, as it values the students' sensory perceptions of the clients' communication and behavior and arouses other aspects that remain hardly explored in teaching, as they avoid talking about not always pleasant tensions.

Conditions of depression associated with diabetes, hypertension, cardiovascular disease, drugs use, suicide and other risk behaviors have been frequently observed in relation to physical and mental disorders and, when combined, provoke greater disability and dependence on care.⁽¹⁾

In 2030, mental illnesses will be the most impacting disease all over the world,⁽²⁾ and currently affect younger generations, whose symptoms of mental disorders occur in less than half of the case before the patients turn 21 years of age. Other simultaneous and comparable studies in 15 countries showed that, in general, people consider greater social disability and the exercise of daily personal tasks more similar between clinical illnesses and mental illnesses.⁽¹⁾

Hence, the stigma, fear and doubt cannot make students experience learning with aversive feelings that make them take distance from the patient. Learning should outline a space that permits the appropriation of how we perceive and react, so as to be able to resize the distinguished look on the clientele, prioritizing more integrate teaching and care practices.

Since 1990, a new mental health concept has stood out in the global context, involving the family in the treatment and rehabilitation process.⁽³⁾ And nursing needed to adapt to the mental health programs with a view to a practice marked by knowledge, skill and attitude.

Emotional behavior is also an important transmitter of cultural patterns and that makes us reflect on how the students learn to practice nursing, as well as on how we professors learn to advise them.

The objectives in this article were set as: to identify how Nursing students perceive patient communication in mental health and to describe how this perception influences their own communication for care.

Methods

Qualitative, descriptive and exploratory research, aimed to gaining further knowledge to discover how students perceive communication through the bodily senses they share, as the study phenomenon could not be understood quantitatively.

Based on the contact with the teachers responsible for administering the content of the mental health subject and the scheduling in the activity timetable, two meetings were proposed with the nursing students who had enrolled for the subject. The first meeting took place before the start of the activity in the practice context and the second at the end of the school semester.

The study participants were 26 nursing students from the seventh course semester, three of whom were not considered as they were absent at the two moments described. The study was undertaken in a classroom of a public Higher Education institution located in the city of Rio de Janeiro (RJ), in the Southeast of Brazil, in April and May 2013.

To identify communication codes based on the students' perception, the instruments called "Game of Luck" and "Experience of Socio-Communicative senses of the Body" were used.

The first meeting was linked to the presentation of the research and data production, and happened during a breakfast, called "affective breakfast". The activity was held after relaxation to the sound of an instrumental song, followed by the signing of the Free and Informed Consent Form. This phase took 30 minutes.

The subsequent phase, with a mean duration of one hour, was preceded by the individual distribu-

tion of an A4 sheet of paper with a planned cube to make drawings based on the guiding questions: (1) “How do you perceive the communication of mental disorder patients?” and (2) “How does this perception influence your communication during interaction and care?”. In the play technique “Game of Luck”, each student was expected to conclude the activity by writing a word and/or phrase to explain the meaning of the drawing.

In the enunciation phase, each student shared his/her drawing and the word and/or phrase that summarized the production. Based on a collective discussion, which took an average 40 minutes, they expressed what they wanted to share with the entire group. This phase permitted the exchange of personal and academic histories, doubts, individual and/or collective needs related to communication, interaction and care for patients with mental disorders.

The reclusion phase permitted the transcription of the testimonies recorded during the first meeting, floating reading, exhaustive rereading, and the triangulation of these statements with the words and/or phrases written in the drawings, which resulted in subthemes presented in the structure of the group's thoughts. Some reports indicated the communication of hallucinated individuals, whose content was translated as surreal.

The second meeting took place one month and 15 days after the first, when another affective breakfast was held, when the material produced during the first meeting was validated and new material was produced. The instrument “Experience of Socio-Communicative Senses of the Body”, printed on an A4 sheet, which consisted of six questions about perception, through each bodily sense, was distributed and then completed by each student. The dialogue, which took one hour and 30 minutes, allowed the group to think of communication during care, without losing the patient out of sight.

After the reading and triangulation of the entire material, it was clear that they perceive verbal and non-verbal communication with the patient and vice-versa, based on each bodily sense. The ideas were regrouped, following the criteria of similarities and differences, starting from the influence of the

senses in the capturing of communication in mental health care.

The two thematic units addressed the communication perceived by the senses, indicating intervention, approximation, expanded listening and attention: and the meaning of communication, indicating behavior, language, disorders, defense mechanisms, approximation and needs for improvements in care.

The study was developed in compliance with the national and international standards for research involving human beings.

Results

The patients' characteristics mostly showed students between 20 and 24 years of age (n=21) and a smaller part between 25 and 27 years (n=2). Female students were predominant (n=19).

About their earlier experiences in mental health, a significant part affirmed they had none (n=13), neither during childhood nor even in their undergraduate program, which can affect the student's understanding of the other, his/her care needs during interaction and care directly or not.

The communication perceived by the senses and the meanings of communication is described by the Sense Heart when 8.5% of the students highlight that they thought of it because they found it broken, anguished; the heart enhances the desire to help the patient, to socialize him and to deliver more humanized care. And communication can only take place when one is able to have affinity and establish a good relation with the patient.

In the Sense Smell, 17% of the participants identified people and care to be delivered, when the smell is impregnated in the environment, in the bodies of the patients due to the long hospitalization and which also creates an olfactory memory in which it moves through the care context. The bad small distances the student from direct contact, despite indicating the need for personal hygiene care. For some, the group of patients in the environment produces an unpleasant characteristic. And removing them more often from the place was indicated

as a strategy to break the enclosure and promote the ventilation of the bodies and the environment.

The Sense Taste defined a communication pattern through the position adopted between the participant and the patient, as 8.5% highlighted. Disgust and approximation difficulties were found, as well as desire to correct the bodily care deficit. When the prejudice is overcome, this enhances the ability to interact, visualize the extent to which the patient needs care, as well as great learning in this care experience, for patients as well as students. Positive feedback occurs in the form of relating and caring.

In the Sense Hearing, this sense was broad in order to resize the form of perceiving and taking care of patients with mental disorders in 13% of the participants. They highlighted that, often, listening is left aside, simply because the patient is having an episode, problems, with intensification of the disorder. Listening often boils down to containing. For the students, active listening is important, as the key and efficient tool to hear the patient, take measures and personalize care.

Communication in hospital environments permeated the attitude, understanding, willingness, help, listening and welcoming. For a further 13% of the participants, everything the patient reproduces in the interaction is meaningful, as the maintained approximation demonstrates interest in looking and listening, in order to assess the structure of thought through the verbal and bodily language.

The evidences from the Sense Sight in 17% of the students captured the patient's needs and translated their own, a perceptible organ, an actual radar that contributes to the assessment of the mood, behavior, the actual mental examination, or any other situation that can conduct the care targets and interventions. It permits perceiving the patient's request for help, the need for attention and indicates trajectories for the intervention. Sensitivity is needed to look/see and be useful when they go, return, walk again, stop by your side, keep looking, sit next to you, or simply when they say something.

In the Sense Touch, 23% of the students indicated a mediating sense of interaction and care. They considered communication through that

sense. It was a sense all of them used cautiously, as the patients' affective lack can cause abuses. They evidenced the need for care with the skin, the long nails always yellowish due to cigarettes. And nursing professionals need to evolve in the care delivered to these clients.

Discussion

Although the participants display a young pattern of future nurses, with perspectives of delivering distinguished care, in view of the full potential, wealth and zeal in the description of their perception, the participation in comparison with the total number of students enrolled for the course was limited, which represents a study limitation.

Female and single participants were predominant, which can influence the availability of more time to study, and sharing perceptions through the bodily senses reduce the insecurity regarding the patient's behavior, as a result of auditory and visual hallucinations and/or deliria.

We learned from the students, as they were at the center of the approach, as essential elements of the learning process, with horizontality in the participation and understanding of the results. The dialogic space permitted the listening through the meanings and served as a self-knowledge device for the students, whose perceptions of patients with mental disorders exerted positive influence.⁽⁴⁾

Dialectically, the heart reveals what the other feels, attempting to undertake efforts to support care. By acknowledging and assuming that the heart, inside the body, makes the other senses feel, it is understood what this represents for each person, for his/her professional identity and for the quality of the communication in care for patients with mental disorders.

Thus, the sense smell gains the position of a mute sense, which does not need a translator, but is the most direct of the senses, with an immediate effect. Therefore, in order to be an active subject of learning, one needs to seek knowledge, mobilizing the intellectual, creative and expressive capacity

when confronted with situations with bad smells that indicate lack of hygiene or physical alterations that need intervention.

In the taste, we find an intimate and social sense, of attraction or repulsion. The isolation was evidenced and permitted the understanding of what facial expressions reveal about mental conditions, with physiological correlations with internalized signs of anguish.⁽⁵⁾ The students need to know how to go beyond the prescribed, to know how to negotiate, decide, act and react pertinently, deciphering what they feel and how they cope with the process. Thus, the construction of competences for interaction is developed.

One of the main barriers to identify disorders is the presence of stigma that affects people, both discrimination and abuse in relationships, such as the patient's self-segregation, effective stigma and different conceptions of health and disease between the population and the health professionals in general.⁽¹⁾

Thanks to the mechanism used by external listeners, of capturing and taking the sound inside the ear, we hear the sounds twice. Listening is an important therapeutic communication technique, due to the need to assess early what is not said, or what is prohibited by or through it, but also the need to resignify the concept in order to accomplish an act that can generate effective care.

This listening needs to be sensitive, as the patient's behavior demonstrates that he hears things much more than twice and as staying close can interfere favorably in his recovery. The students were able to listen and listened reflexively in communication and interaction, as they experienced support as a therapeutic measure in understanding the patient⁽⁴⁾ with involvement and listening. Through the interview and therapeutic communication skills, their confidence increased and, at the same time, their anxiety level dropped.⁽⁶⁾

In mental health teaching, the sense sight should be highlighted, as it is the matrix that attributes a special meaning to the content of the immediate perception and that affects communication. Touching by sight is a form of communication, through

spontaneity, expressiveness and affection. And, in the interaction with the patient, touch can be expressive-instrumental, when it combines technical and expressive skills.

It was evidenced here that the physical caution between student and patient was necessary during the interaction. Nevertheless, there was also a clear sensitivity present in the different forms of wanting to perceive and help, and in the strategies proposed to attend to their needs⁽⁴⁾ based on personalized care.

Touch imprints singularities and is capable of triggering feelings and various emotions among human beings.⁽⁷⁾ The female gender is capable of demonstrating them, about 70% with greater precision.⁽⁸⁾ Due to different sensory stimuli in childhood, adolescence and the adult phase, the emotions between men and women are also distinct.⁽⁹⁾ Differences are clear, as well as their effects and the singular gender description of who touches and is touched.⁽¹⁰⁾

This study favored the discussion among the students about their behavior and that of the patients with mental disorders,⁽⁴⁾ reducing obstacles in the form of perceiving it. The insecurity in the relationship in view of the psychiatric symptoms can be related to the difficulty to decipher the facial expressions and negative emotions.⁽⁵⁾ The specialty requires a *corpus* of knowledge that guides, regulates and directs their practice,⁽¹¹⁾ and the proposed research experience promoted thinking and feeling with one's own body and the bodily senses. The socio-communicative device served as a source of learning and development⁽⁶⁾ of the intellectual, psycho-affective and interactive skills.

The students reflected on their perceptions, identifying strong and weak points in the communication with and care of mental patients. Based on the dialogue, they were stimulated to develop their reflexive skills before starting the practical supervised curricular training activities with these clients and group dialogue can improve the interactive skills and enhance safety before meeting these patients in a clinical experience.⁽⁶⁾ The knowledge incorporated during their training about therapeu-

tic communication is an important content group in mental health nursing.⁽¹¹⁾

Work pressure, limited communication skills and restricted time for care were also indicated as weaknesses in the mental health nursing team's care.⁽¹²⁾ The students appointed fundamental aspects of the nursing practice, such as therapeutic communication and the quality of the patient's hygiene. Practicing concepts about the clinic, care and communication was positive and beneficial, as the students do not always have this opportunity in the curricular phase and in clinical practice.⁽¹³⁾

The use of paper, cognitive/behavioral techniques and specific didactic information on how to interpret the patient communication barriers⁽¹⁴⁾ for care benefitted the students due to the ease in the connection process between thinking and feeling. Knowing that the patient's behavior results, among other clinical causes, from the auditory and visual hallucinations and/or deliria should not represent unsafe acts for the student in the interaction with the patient, nor should the unfavorable work conditions restrict communication in care delivery.

The value and experience of the senses to translate non-verbal communication showed the factors that influence the perceived expression of non-verbal signs and reveals the influence of background demographic effects like the patient's gender, voice and appearance and non-verbal communication metaphors, which is divided in four subthemes: care delivery, individualization, giving tips and promoting the interaction.⁽¹⁵⁾

Conclusion

The nursing students' bodily senses register and express the mental patients' verbal and non-verbal communication through feeling, behavior and the bodily conditions that issued care needs. These three elements, present in the care context, sensitized the student to the range of meanings and to a punctual communication, which would attend to the true care demands of mental patients.

Collaborations

Azevedo AL contributed to the project conception, research execution, planning, data analysis and interpretation, elaboration of the manuscript, relevant critical review of the intellectual content and final approval of the version for publication. Araújo STC contributed to the project conception, research execution, planning, data analysis and interpretation, elaboration of the manuscript, relevant critical review of the intellectual content and final approval of the version for publication. Vidal VLL cooperated with the relevant critical review of the intellectual content and final approval of the version for publication.

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