

ASPECTS OF VERBAL COMMUNICATION BETWEEN NURSES AND VISUALLY IMPAIRED PEOPLE

ASPECTOS DA COMUNICAÇÃO VERBAL ENTRE ENFERMEIROS E PESSOAS COM DEFICIÊNCIA VISUAL

ASPECTOS DE LA COMUNICACIÓN VERBAL ENTRE ENFERMEROS Y PERSONAS CON DEFICENCIA VISUAL

KÁTIA NÊYLA DE FREITAS MACÊDO COSTA¹
 LORITA MARLENA FREITAG PAGLIUCA²
 PAULO CÉSAR DE ALMEIDA³
 MARIA VERA LÚCIA MOREIRA LEITÃO CARDOSO⁴
 CRISTIANA BRASIL DE ALMEIDA REBOUÇAS⁵

The communication process consists of verbal and non-verbal forms. The aims of the study were to analyze verbal communication between nurses and blind diabetic patients using Roman Jakobson's theory and to draw the sender's profile in view of the conative, emotive, referential functions, contact and code. It was a quantitative survey carried out in 2005. The participants were blind people, companions and nurses. The data collection included five nursing consultations, which were recorded. The scenes were analyzed every 15 seconds and from those resulted 1131 verbal interactions. The nurse was the sender in 57.8% and the blind person in 20% of the interactions. In the vocative interactions, the action mode prevailed (66.2%). Information contents mainly referred to orientations (85.4%), using hearing (53%), and using sight (40.6%). Communication about personal matters prevailed among blind senders (42%), and communication about treatment among nurses (59.8%). The emotive functions were: solidarity, satisfaction, tranquility and empathy. Nurses need to develop verbal communication abilities.

KEYWORDS: Nursing; Verbal communication; Visually impaired persons.

O processo de comunicação consiste de forma verbal e não verbal. Os objetivos foram analisar a comunicação verbal entre enfermeiros, pacientes cegos diabéticos usando a teoria de Roman Jakobson; descrever o perfil do emissor nas visões conativa, emotiva, referencial, contato e código. Estudo quantitativo realizado em 2005. Participaram pessoas cegas, acompanhantes e enfermeiros. A coleta de dados incluiu cinco consultas de enfermagem, as quais foram gravadas. As cenas foram analisadas a cada quinze segundos que resultou em 1.131 interações verbais. Os enfermeiros foram emissores em 57,8% e o paciente cego em 20% das interações. Nas interações vocativas, o modo ação prevaleceu (66,2%). Informações contendo principalmente orientações (85,4%), usando audição (53%) e usando signo (40,6%). Comunicação sobre problemas pessoais prevaleceu quando o cego era emissor (42%), sobre tratamento, quando eram os enfermeiros (59,8%). As funções emotivas foram: solidariedade, satisfação, tranquilidade e empatia. Conclui-se que os enfermeiros precisam desenvolver habilidades de comunicação verbal.

PALAVRAS-CHAVE: Enfermagem; Comunicação verbal; Portadores de deficiência visual.

El proceso de la comunicación consiste en formas verbal y no verbal. Los objetivos fueron analizar la comunicación verbal entre enfermeros, pacientes ciegos diabéticos usando la teoría de Roman Jakobson; describir el perfil del emisor desde el punto de vista conativo, emotivo, referencial, contacto y código. Estudio cuantitativo realizado en el 2005. Participaron personas ciegas, acompañantes y enfermeros. Los datos recogidos incluyeron cinco consultas de enfermería, las cuales fueron grabadas. Las acciones fueron analizadas a cada quince segundos, lo que resultó en 1.131 interacciones verbales. Los enfermeros fueron emissores en el 57,8% y el paciente ciego en el 20% de las interacciones. En las interacciones vocativas, prevaleció el modo de acción (el 66,2%). Informaciones conteniendo principalmente orientaciones (el 85,4%), usando la audición (el 53%) y usando signo (el 40,6%). Comunicación sobre los problemas personales prevaleció cuando el ciego era emisor (el 42%); sobre tratamiento, cuando eran los enfermeros (el 59,8%). Las funciones emotivas fueron: solidaridad, satisfacción, tranquilidad y empatía. Se concluye que los enfermeros necesitan desarrollar habilidades de comunicación verbal.

PALABRAS CLAVE: Enfermería; Comunicación verbal; Personas con daño visual.

¹ Enfermeira. Doutora pelo Programa de Pós-Graduação da Universidade Federal do Ceará (UFC)/Brasil. Professora da Universidade Federal da Paraíba (UFPB)/Brasil. E-mail: katianeyla@yahoo.com.br

² Enfermeira. Doutora. Professora Titular do Departamento de Enfermagem da UFC. Rua Alexandre Baraúna, 1115. CEP: 60430-160 – Fortaleza-CE/Brasil. E-mail: pagliuca@ufc.br

³ Estatístico. Doutor. Professor da Universidade estadual do Ceará (UECE)/Brasil. E-mail: pc49almeida@gmail.com

⁴ Enfermeira. Doutora. Professora Adjunta do Departamento de Enfermagem da UFC/Brasil. Pesquisador 2 CNPq. E-mail: cardoso@ufc.br

⁵ Enfermeira. Doutora. Bolsista de Pós-Doutorado em Enfermagem da UFC/CNPq/Brasil. E-mail: cristianareboucas@yahoo.com.br

INTRODUÇÃO

The communication process consists of verbal and non-verbal forms, which a sender uses to share information. Verbal communication refers to spoken and written communication. Sounds and words are used to communicate, and when words are used, communication depends on a shared language.

Restricting verbal communication they are six fundamental elements, essential for a communication act to take place, which are: sender, addressee, context, message, contact, and code. The SENDER sends a MESSAGE to the ADDRESSEE. The ADDRESSEE receives the message. To be effective, the message requires a CONTEXT which it refers to, it needs to be understandable to the addressee, and verbal or susceptible to verbalization; a CODE totally or partially held in common by sender and addressee (or, in other words, to the coder and the decoder of the message); and finally, a CONTACT, that is, a physical channel and a psychological connection between the sender and the addressee, which will enable them to start and continue communicating⁽¹⁾.

Other functions should be observed: referential, emotive, and conative. The referential function is related to someone or something that is being talked about. It can be called the context of the message, as mentioned before. It is in this function that information is exchanged. The emotive or expressive function, centered on the sender, aims at a direct expression of the speaker's attitude in relation to the subject spoken about. It tends to arouse the impression of a certain true or simulated emotion. The purely emotional layer is represented by interjections, which differ from referential language procedures by sound configuration (peculiar sound sequences or even uncommon sounds). The emotive function evidenced by interjections, colors verbal manifestations. The conative function guides the addressee and has its purest grammatical expression in the imperative and the vocative, which are syntactically, morphologically and frequently even phonologically distant from other nominal and verbal categories. Imperative sentences are fundamentally different from declarative sentences, as the former cannot be submitted to a proof of truth, whereas the latter can⁽¹⁾.

The problem of communicating with blind people is observed during nurses' professional activities. Following their undergraduate training, they are not prepared for the specific needs of this impairment. Despite the existence of studies about blindness, there still exists a knowledge gap about its relation with the communication process. It should be emphasized that the blind experience a sensory barrier (the impaired vision channel), which may affect the information received during nursing care delivery to patients. Nurses need to know and improve studies about verbal and non-verbal communication theories; to fit it use for assisted users; to know and study blind person's behavior aiming decode the signs emitted for her. They should be get ability to practice therapeutic communication and make their activities work in a way that the necessities don't become barriers to the communication⁽²⁾.

This study is justified by the fact that nurses need to use verbal communication and they should also be aware that, when nurses communicate with blind people, it is important to consider these clients' peculiarities. Thus, this study aimed to analyze verbal communication between nurses and blind diabetes patients in the light of verbal communication theory and to draw the sender's profile in view of the conative, emotive, and referential functions, contact and code⁽¹⁾.

METHODS

This descriptive and quantitative survey compares and assesses verbal communication between nurses and blind patients. The study was carried out at a specialized diabetes and hypertension center in Fortaleza, Ceará, Brazil. Subjects were blind people attending this specialized center during the data collection period, their companions, and nurses working at the institution. To take part in the research, patients had to be diabetic and blind in both eyes. Companions were any people present with the patient at that time. The nurses involved in the research were working and delivering care to blind patients during the data collection period. The nurses had been working

with diabetics for at least five years. This project was submitted and approved to the Research Ethics Committee of the Federal University of Ceará number 40/05.

Data were filmed during nursing consultations to diabetics between February and March 2005. Before filming, the researcher interviewed the patient, collected identification data and asked about how and when (s) he became blind. The filming was done during appointments, numbered from one to five, which were analyzed by three nurse experts. The scenes were analyzed every fifteen seconds, when there was a pause in the video for data registry on the data analysis instrument, called the Nursing Verbal Communication Analysis Form⁽³⁾. The form was guided by of verbal communication theory⁽¹⁾ and data were processed by means of Stats Direct™ software.

FINDINGS

The blind patients, three men and two women, were between 41 and 76 years old. None of these patients had more than high school education. Diabetes treatment time ranged between 4 and 36 years. Patients had been treated at the institution between 1 and 20 years. The shortest time of blindness was two months and the longest ten years. All patients brought a companion to the appointment. Based on theory⁽¹⁾, Table 1 presents the elements and functions of verbal communication found in the five recordings, that is, in the 1131 interactions evaluated during nursing care to blind diabetes patients.

It can be noticed in Table 1 that nurses acted as senders in 57.8% of communication, the blind in 20% and the companion in 5.5%. There was silent in 16.7% of interactions. Regarding the vocative, the aspect indicates that the action mode occurred in 66.2% of cases. As to the imperative variable, giving orientation was the most frequent verbal communication aspect (85.4%). Regarding the emotive/expressive function, tranquility was confirmed as the most common element in verbal interactions (72.1%). In the referential or context function, treatment was the most frequent subject (53.2%). The most used contact or channel was hearing (66.2%). Regarding code, common language was present in 96.1%.

Table 1: Distribution of interactions according to verbal communication elements and functions. Fortaleza/Ceará/Brazil, march, 2005.

Elements and functions	N	%
Sender		
Nurse	651	57.8
Blind	225	20.0
Companion	62	5.5
Absent	188	16.7
Vocative		
Indicates action mode	387	66.2
Asks for information/orientation	101	17.3
Agrees	91	15.5
Asks for suggestions	6	1.0
Imperative		
Gives orientation	304	85.4
Gives suggestions	30	8.4
Disagrees	22	6.2
Expressive/emotive function		
Tranquility	676	72.1
Empathy	217	23.1
Satisfaction	164	17.5
Solidarity	122	13.0
Apathy	90	9.6
Sadness	20	2.1
Others	41	4.4
Referential/context		
Treatment	500	53.2
Daily matters	183	19.5
Personal matters	128	13.6
Prevention	106	11.3
Others	22	2.3
Contact/Channel		
Hearing	623	66.2
Sight	477	50.7
Touch	76	8.1
Code		
Common language	904	96.1
Technical language	37	3.9

Source: Unit of attention for diabetics, Fortaleza/Ceará, 2005

It can be noticed in Table 1 that nurses acted as senders in 57.8% of communication, the blind in 20% and the companion in 5.5%. There was silent in 16.7% of interactions. Regarding the vocative, the aspect indicates that the action mode occurred in 66.2% of cases. As to the imperative variable, giving orientation was the most frequent verbal communication aspect (85.4%). Regarding the emotive/expressive function, tranquility was confirmed as the most common element in verbal interactions (72.1%). In the referential or context function, treatment was the most frequent subject (53.2%). The most used contact or channel was hearing (66.2%). Regarding code, common language was present in 96.1%.

Table 2: Distribution of verbal communication elements and functions from recordings 1, 2, 3, 4, and 5, according to each subject. Fortaleza/Ceará/Brazil, march, 2005.

Elements and functions	Nurse		Blind		Companion		Test	p
	Nº	%	Nº	%	Nº	%		
Vocative								
Indicates action mode	189	56.9	144	73.8	54	93.1		
Asks for information/ orientation	89	26.8	11	5.6	1	1.7	59.98 ⁽²⁾	.001
Agrees	50	15.1	38	19.5	3	5.2		
Asks for suggestion	4	1.2	2	1.0	-	-		
Imperative								
Gives orientation	289	90.6	10	33.3	4	100		
Gives suggestion	28	8.8	2	6.7	-	-	-	.001
Disagrees	2	0.6	18	60.0	-	-		
Expressive/emotive function								
Tranquility	496	76.7	147	65.6	31	50		
Empathy	183	28.3	26	11.6	7	11.3		
Satisfaction	115	17.8	46	20.5	2	3.2		
Solidarity	103	15.9	7	3.1	12	19.3	160.64 ⁽²⁾	.001
Apathy	34	5.2	43	19.2	13	21		
Sadness	-	-	20	8.3	-	-		
Others	13	2.0	10	4.5	4	6.4		
Referent/context								
Treatment	387	59.8	77	34.4	35	56.5	197.46 ⁽²⁾	.001
Daily matters	126	19.5	37	16.5	20	32.3		
Prevention	95	14.7	10	4.5	1	1.6		
Personal matters	24	3.7	94	42	6	9.7		
Contact/channel								
Touch	71	10.9	5	2.2	-	-		
Hearing	353	54.3	223	100	41	66.1	232.81 ⁽²⁾	.001
Vision	439	67.5	3	1.3	34	54.8		
Code								
Common language	618	95.1	219	98.2	61	98.4	5.24 ⁽²⁾	.073
Technical language	32	4.9	4	1.8	1	1.6		

⁽¹⁾ Fisher-Freeman-Halton Test; ⁽²⁾ x² Test

Source: Unit of attention for diabetics, Fortaleza/Ceará, 2005

Table 2 shows the distribution of interactions according to each interaction subject. It shows that $p = .001$ for the vocative, imperative and emotive functions, referential and contact, showing an association among nurses, blind patients and companion ($p < .05$). However, in code, there was no association, as $p = .073$. In the vocative variable the predominance is from the companion in 93.1%. As to the imperative variable, the nurse gave orientations (93.1%) of the recorded situations. The emotive function, the nurse predominantly used positive aspects (tranquility, 76.7%). The blind once presented tranquility (65.6%). Companions primarily expressed tranquility (50%).

Regarding the referential or context function, the nurse basically talked about treatment (59.8%). Treatment was also the subject the companion most mentioned (56.5%). The blind predominantly talked about personal matters (42%). The most used channel or

contact to transmit messages by the three subjects was hearing (blind 100%, companion 66.1%, nurse 54.3%). Nurses (67.5%) and companions (54.8%) used vision. Touch was used in 10.9% of cases by nurses. Vision was indicated as the most used channel by blind patients in 1.3% of interactions, which clearly implies an instrument completion error. The prevailing code for all subjects was common language.

DISCUSSION

The discusses data in view of verbal communication principles, according to verbal communication theory⁽¹⁾ sender, addressee, conative function (vocative and imperative), emotive or expressive function, referential function or context, contact or channel, and code.

Aspects related to sender and addressee

The sender and the addressee each have their own language. Hence, nurses should behave and express themselves adequately, so they can share a common language with a view to transmitting the message clearly. During data analysis, nurses appeared as the predominant senders in interaction (57.8%), limiting the opportunities of the blind to speak (20%). Moreover, silence occurred with a frequency (16.7%) very close to that of patients' communications. This silence was more apparent when the nurse asked for technical information and the blind answered, without any affective communication. In this case, the patient had lost vision two months earlier and appeared to be downhearted but, nevertheless, the nurse did not inquire about the reason for this behavior, permitting silence throughout their interaction.

Tolerance of silence varies from person to person. Its duration is generally short, since long periods of silence will provoke anxiety in both interaction participants. A research showed that nurses have difficulties to maintain an effective communication when they encounter lost situations⁽⁴⁾. In this case, the nurse did not use silence as a communication technique. An unproductive relationship was created, as the patient did not express himself about his attitude towards his loss of vision. Companions acted very little as senders during the appointments.

One companion frequently interrupted the consultation. This consultation was carried out with an elderly and dependent patient, whose daughter was her main caregiver. The nurse-patient interpersonal relationship is established during interactions that take place in every activity professionals carry out, in any contact with patients. This relationship has specific characteristics, required to make individuals perceive themselves as active, taken care of, respected, understood and accepted as persons⁽⁵⁾. To achieve this, even if companions participate in the consultations, they should not receive the orientations from professionals, because, despite their impairment, the blind are able to absorb the information and participate in their health care. In other study about the abilities of non-verbal communication during the nursing cares, was observed by analyze of records that there is a great deficit by students and professionals to practice that kind of communication⁽⁶⁾. We emphasize that the difficult related also was found in the verbal communication.

Aspects related to the conative function

The conative function is the orientation to the addressee, declarations that can be submitted to a proof of truth. It is divided into the vocative and the imperative. The vocative mode was present in the 1131 interactions, with "indicates action mode" as the most frequent function, followed by "asks for information", "agrees" and "asks for suggestions". In this respect, it can be noticed that nurses request information and suggestions much more than the blind. In fact, the opposite should happen, because the patient is diabetic and needs the professional's orientations. In film 3, the nurse does not give opportunities for the blind patient to request information. In film 1, the blind patient agrees in 15.9% of his communications, asks for information (4.6%) and asks for suggestions (2.2%). In film 5, the blind patient agrees in 20% of discourse and asks for information (6.7%). Agreement was more frequent in this case, confirming that the nurse controls all communication.

Their communication related to technical procedures to identify capillary glucose and blood pressure, and to obtain treatment-related data and the physical examina-

tion. Orientations mainly referred to diet and medication use, which sometimes made them tiresome and repetitive. In the imperative mode, an orientation given by the nurse does not intend to transmit any information nor express or arouse any particular emotion. Its language intends to obtain results and cause an action of an indicated type. In the imperative interactions were related to orientations (85%).

A direct command may provoke antagonism, cause resentment, and frustrate its own purpose. Usually we cannot prompt an action by simply expressing the imperative. More delicate methods are needed to stimulate the desired action⁽¹⁾. Therefore, direct communication without giving the patient the opportunity to talk should be avoided during nursing consultations, as it will harm care.

Aspects related to the emotive/expressive function

Professional activity is not only a way to earn a living. It is a form of social insertion, strongly implying mental aspects⁽⁷⁾. Hence, the emotive function is of great importance in verbal communication. In general, this function appeared positively in the recordings, where the sender expressed solidarity, satisfaction, tranquility and empathy, although sadness (2.1%) and apathy (9.6%) also appeared sometimes. The expressions considered positive were present in more nurse's and the blind's speech. However, the apathy was significant (18%) in the patient's attitudes, and nurse too, were evolving the patient's grief related to the recent loss of vision, as she did not pay attention to this patient's need to go through a rehabilitation process and to the importance of social inclusion. It was also noticed that nurses were always worried about the remaining consultations of that day, a fact that probably caused a few moments of apathy in some of them, due to fatigue and stress. It can harm relationships and, consequently, communication. However, was observed that some nurses showed high difficult in the communication when the emotion was present⁽⁴⁾.

It is important nurses understand that limitation of vision does not make carriers different from others; neither does it make them completely dependent on family

members, like very young children. It was observed that the nurse used diminutives like “tummy”, “handies”, “footies”, clearly treating the patient like a child who was not able to live independently. In other and, in visual impairment the patient does not lose hearing; on the contrary, it tends to become increasingly sharp. In the case of blindness, the ear tends to assume around 75% of sensory experiences⁽⁸⁾. Same times, the nurse raised her voice, which demonstrates her lack of preparedness about visual impairment. The intensity of nurses’ voice should be audible, clear and delicate, so that blind patients can understand the message⁽⁹⁾. Smell as it plays an important role in orientation dynamics. It is common for the blind to distinguish environments by the characteristic odors⁽⁸⁾.

Aspects related to the referential function / context

Nursing care is still centered on the biomedical model, which focuses on the disease, as shown in some studies⁽¹⁰⁻¹¹⁾. The subject most often found in the interactions overall was treatment (53.2%). During the consultation, little was discussed about prevention, important item professionals should address, particularly with patients with chronic diseases. In the case of diabetes, subjects like injury, hypoglycemia and hyperglycemia prevention can avoid future complications deriving from the disease, such as blindness, limb amputation and coma.

It is important for professionals not to diverge from the main focus. Communication diverging from the context has no meaning. Nurses should plan interaction according to each situation and patient⁽¹²⁾. When the nurse emphasizes daily matters, she changes the main objective of care. Professionals can flee from the context because they are not able to communicate with the blind. In case of divergence, they should know how to return to the main focus of the consultation.

The blind most often communicated about personal matters (42%) of the analyzed interactions. However, this condition should not produce more than the necessary effect to initiate the relationship. Otherwise, the consultation may lose its main objective, that is, to promote diabetes patients’ health.

Aspects related to contact/channel

During communicative action, more than one channel may be used jointly. With the blind, speech, touch and hearing should be explored. Non-verbal communication may be made through gestures and body movements, among others. Non-verbal communication may sometimes contradict what is said verbally. Professionals must be aware of this to avoid errors. The most frequent channel found in the subjects’ interactions was hearing (66.2%), followed by vision (50.7%) and touch (8.1%). Research showed the nurses don’t have preparation on domain of the communication process with impairment hearing people and referred difficulties of communication. In additional, they expressing insecurity on relationship with people hearing due not know the language used by them and by lack of ability to transmit the information about their health. In another study it was observed that the nursing attendance to blind person must search practice the touch, because this sense for this kind of person has the same function that the vision⁽¹³⁾. So, it is important that the nurses get more knowledge about specifics interventions with visually impaired people aiming improve the communication among them⁽¹⁴⁾.

Research from focus groups conducted with the Deaf community delineated the difficulties of accessing health care information and services. Some deaf patients believed their physicians were culturally insensitive, explaining that doctors too often failed to maintain face-to-face contact and to enunciate clearly when communicating with people who were deaf.

Despite knowing that the blind cannot see, the fact that the nurse looks at the patient shows the importance she attributes to the patient’s discourse. It is believed that patients, although they are not able to confirm the nurse’s look, can perceive some non-verbal signs through the professional’s discourse, such as head and body movements.

The patient used touch and those few times served to call the nurse’s attention while talking. It is emphasized that this channel is very important to the blind. Nurses also made little use of touch as a communication channel. The nurse used it most frequently to technical procedures, in this case palpation, capillary glucose and blood pressure

measurement. Touch can be called instrumental, affective, intentional, accidental, and defensive. Among all other senses, the tactile feeling is experienced most personally. It can be active (to touch) or passive (be touched)⁽¹⁵⁾.

The nurses used procedure gloves during the entire consultations. Although it is important for health care professionals to use individual protection equipment, in this specific case, there was no need to wear gloves during the whole consultation, but only when measuring capillary glucose. This causes physical distance between nurses and patients, mainly regarding touch. Patients mention that they feel better after being touched by the nurse⁽¹⁶⁾. Hence, the therapeutic objectives of touch do not depend only on good procedural technique.

Aspects related to code

The sender and the addressee each have their own language. Hence, nurses should behave and express themselves adequately, so they can share a common language with a view to transmitting messages clearly. It is important for professionals to pay attention to blind patients' answers during communication, perceiving whether the process is being successful. Common language refers to the transmitted in an easily understandable, everyday way. Technical language uses terms that are characteristic of a science's body of knowledge, in this case health. Common language was used most frequently in communication during consultations. This situation favors the understanding of the message. Nurse used common language in 100% of her discourse. Nurses hold the technical and scientific knowledge to program and put into practice care actions⁽¹⁷⁾.

STUDY LIMITATION

The study show as main limitation the low number of consultation observed. It could be emphasizes how the nurse, patient and companions perceived the communication, because the communication occurs between people, so they have be heard. The conditions of work environment and the high number of patients were an impeditive for the practice of effective communication.

CONCLUSION

Although verbal communication revealed some positive aspects, it was evidenced that the blind need to verbalize aspects that were undervalued by professionals, and that nurses should get to know and value specific issues regarding care delivery to these people. Nurses need to be made aware of the importance of communication in the care process, with a view to humanizing care and attending to patient needs. Moreover, in the teaching of future professionals, subjects should be introduced into the undergraduate curriculum, which focus upon care delivery to disabled persons, including the blind, and upon the communication process, which is crucial in the patient-nurse relationship.

REFERÊNCIAS

1. Jakobson R. *Linguística e comunicação*. São Paulo: Cultrix; 2001.
2. Pagliuca LMF, Fiuza NLG, Rebouças CBA. Aspectos da comunicação da enfermeira com o deficiente auditivo. *Rev Esc Enferm USP* 2007; 41(3):3411-8.
3. Macêdo KNE. *Comunicação verbal entre a enfermeira e o cego: aspectos observados durante a consulta de enfermagem*. [dissertação]. Fortaleza: Universidade Federal do Ceará; 2005.
4. Sheldon LK, Barrett R, Ellington L. Difficult communication in nursing. *J Nurs Scholarship* 2006;38(2):141-7.
5. López ML. *Uso de simulação filmada para avaliar o relacionamento interpessoal enfermeiro-paciente no cuidado ao adulto hospitalizado*. [Tese]. Ribeirão Preto: Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo; 2004.
6. Nishizawa Y, Saito M, Ogura N, Kudo S, Saito K, Hanaya M. The non-verbal communication skills of nursing students: analysis of interpersonal behavior using videotaped recordings in a 5-minute interaction with a simulated patient. *Japan J Nurs Sci* 2006; 3(1):15-22.
7. Lunardi Filho WD, Lunardi VL, Spricigo J. O trabalho da enfermagem e a produção da subjetividade de seus trabalhadores. *Rev Latino-am Enferm*. 2001; 9(21):91- 6.

8. Oliveira JVG. From essential invisible: art and beauty among blind persons. Rio de Janeiro: FAPERJ; 2002.
9. Silva MJP, Castro RKE. Influence of communicative verbal and non verbal behaviour of professor into classroom: nursing students and professor's view. *Enfermería Global* 2003; 3:1-11.
10. Gaiva MAM, Scochi CGS. Processo de trabalho em saúde e enfermagem em UTI neonatal. *Rev Latino-am Enferm.* 2004; 12(3):469-76.
11. Maciel ICF, Araújo TL. Consulta de enfermagem: análise das ações junto a programas de hipertensão arterial, em Fortaleza. *Rev Latino-am Enferm.* 2003;11(2):207-14.
12. Silva MJP. Communication has remedy: the communication in the interpersonal relations. São Paulo: Editora Gente; 1996.
13. Rebouças CBA, Pagliuca LMF, Almeida PC. Non-verbal communication: aspects observed during the nursing attendance with blind patient. *Esc Anna Nery Rev Enferm.* 2007; 11(1):38-43.
14. Favretto DO, Carvalho EC, Canini SRMS. Intervenções realizadas pelo enfermeiro para melhorar a comunicação com deficientes visuais. *Rev Rene* 2008; 9(3):68-73.
15. Mazza VA. A comunicação não verbal como forma de cuidado de enfermagem: ensino à prática. [dissertação]. Florianópolis: Universidade Federal de Santa Catarina; 1998.
16. Russel S. An exploratory study of patients, memories and experiences of an intensive care unit. *J Adv Nurs* 1999; 27(4):783-91.
17. Castro RCBR, Silva MJP. A comunicação não-verbal nas interações enfermeiro-usuário em atendimentos de saúde mental. *Rev Latino-am Enferm.* 2001; 9(1):80-7.

RECEBIDO: 25/03/2009

ACEITO: 22/04/2009