

NURSING STAFF AND NONVERBAL COMMUNICATION*

A EQUIPE DE ENFERMAGEM E A COMUNICAÇÃO NÃO VERBAL

EL PERSONAL DE ENFERMERÍA Y LA COMUNICACIÓN NO VERBAL

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* Article taken from the Masters Thesis presented to the Postgraduate Program in Nursing, Anna Nery Nursing School, Federal University of Rio de Janeiro (UFRJ), 2010, under the supervision of Professor Prof. Márcia de Assunção Ferreira.

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Submitted on: 2012/07/25 Approved on: 2014/08/22

ABSTRACT

To characterize nonverbal communication within the nursing staff. Methods: Qualitative and descriptive research, conducted with twenty five nursing professionals of the medical clinic's staff from a university hospital. A semi-structured interview and participant observation were performed, and thematic content analysis was applied to the data. Results: The research subjects most commonly used the verbal complement. The tone of voice, the fixed stare, the distance from the person with whom the nurse is communicating, and the touch emerged as important nonverbal elements of the communication process. Conclusion: Nonverbal communication confirmed its importance in the communication process in such a way as to become clear and effective and to achieve its core purpose.

Keywords: Nursing; Communication; Nursing, team; Qualitative Research.

RESUMO

Caracterizar a comunicação não verbal na equipe de enfermagem. Métodos: pesquisa qualitativa e descritiva, com 25 profissionais de enfermagem de clínica médica de um hospital universitário. Realizaram-se entrevista semiestruturada e observação participante. Aos dados aplicou-se a análise temática de conteúdo. Resultados: os sujeitos da pesquisa utilizaram com mais incidência o complemento verbal. O tom de voz, o olhar fixamente, a distância em relação à pessoa com quem se comunica e o toque foram descritos como importantes elementos não verbais do processo de comunicação. Conclusão: a comunicação não verbal confirmou sua importância no processo de comunicação, de modo a torná-lo claro e efetivo e conseguir alcançar seu objetivo.

Palavras-chave: Enfermagem; Comunicação; Equipe de Enfermagem, Pesquisa Qualitativa.

RESUMEN

Este estudio ha buscado caracterizar la comunicación no verbal en el personal de enfermería. Se trata de una investigación cualitativa y descriptiva llevada a cabo con veinticinco profesionales de enfermería de clínica médica de un hospital universitario. Se realizó una entrevista semi-estructurada y observación participativa. Los datos se analizaron según su contenido temático. Los sujetos de la investigación utilizaron con más frecuencia el complemento verbal. Los resultados indican que el tono de la voz, la mirada fija, la distancia de la persona y el toque son importantes elementos no verbales del proceso de comunicación. La comunicación no verbal confirmó su importancia en el proceso de comunicación, con miras a que sea claro y efectivo y consiga alcanzar su objetivo.

Palabras clave: Enfermería; Comunicación; Grupo de Enfermería; Investigación Cualitativa.

INTRODUCTION

Nursing is a human science based on people and experiences in a field of knowledge, underlying principles, and practices of human care. It encompasses both health and illness, which are influenced by personal, professional, scientific, aesthetic, ethical, political, economic, and environmental fields. Understood as a profession comprised of a wide range of activities, nursing is seen as an art of caring for others.^{1,2}

This art of caring for others implies the interaction among the participants of the caring process. Through this art of caring for others, the healthcare professional seeks to identify needs and desires, be well-informed about procedures and techniques, take courses in healthcare, exchange and share experiences, and allow for an awareness that impacts changes in one's behavior³, in other words, be essential to a nurse's daily routine.⁴ It is through established communication that the staff deciphers what the patients want to say and make themselves understood, leading to an effective patient-professional interaction.

Verbal and nonverbal communication can be considered essential in intermediating interpersonal relations.⁵ Hence, communication is inherent to the act of caring for others. Nevertheless, people are often unable to understand just how important communication is when caring for others.

In work and personal relationships, humanization requires efficient and efficacious communication. This favors the exchange and sharing of information among the patient, family, and nursing professionals, in turn facilitating the possibility of providing individualized care that meets the expressed needs³. Equally important is communication in the interdisciplinary context and in intergroups, in such a way as to produce the effect of the destabilization of frontiers of knowledge and territories of power⁶, aiding in the construction and strengthening of medical care.

Communication is one of the competencies that need to be put into effect in nursing staffs, as it serves to facilitate the comprehension of others, their views of the world, their ways of thinking, feeling, and acting. In this sense, it facilitates in the identification, comprehension, and understanding of the problems that occur and aids in professional and personal interaction.

To communicate "with" someone and not "to" someone, and thus achieve the effectiveness of the process,^{7,11,13} it is essential to learn to interpret silent communications so that they become as clear as those that are spoken and written.⁸

Words are not everything, given that after the words, beyond them, there is a "firm solo on which human relationships are constructed: nonverbal communication."^{9,22} What you see is, in part, what you get, and also, in part, what we are, because when observing, we use our own senses and experiences.¹⁰

When speaking of verbal communication, the references include the language as well as the writing and sound of the emitted words. Language is a resource used by human beings

to expose their ideas and share experiences. Without it, people would be limited in showing their capacity to convey information and to be understood.¹¹ Verbal interaction is one way to express oneself, as well as to clarify, or validate the comprehension of something.⁷ However, nonverbal communication plays a key role in interactions, since intonation, cadence of voice, and one's articulation can shed a whole new light on words.¹²

In this sense, nonverbal communication is related to any sign other than the spoken or written language,¹³ such as: the manifestation of behavior not understood by words, but rather exposed by facial expressions; body posture when facing another person (kinesics and gestures); through the way in which a person touches someone else; through body language, natural and superficial somatic peculiarities, and the organization of objects in space; and by the distances maintained in interpersonal relationships with another person.^{7,11}

To confirm that communication is truly effective, it is necessary to produce coherence in both the words and nonverbal communication. Generally, although it constantly manifests itself, a person has no voluntary control over all nonverbal signaling, nor is the person always aware that it occurs and how it happens.^{7, 11,13}

Moreover, nonverbal communication does not always present the same understanding for distinct people and environments, since its effective use can only be verified in the context in which it occurs. Therefore, it is often important to make use of a verbal communication of that which was said nonverbally so that a better comprehension of the expressions and their use can be confirmed.¹¹

Nonverbal communication can present four main objectives: to complement verbal communication, to contradict verbal communication, to replace verbal communication, and to demonstrate feelings. These can be classified in four categories: paralanguage, kinetics, proxemics, and tacesics.^{7,13}

In this sense, the present study limited itself to the nonverbal communication used by the nursing staff in an attempt to identify the nonverbal communication that constructs the communication process within a given nursing staff.

METHODOLOGY

This work is a qualitative and descriptive study. Data collection was carried out between March and April 2010. The data were produced through the application of two techniques: a semi-structured interview, based on a script with open questions that explored what the nurses knew about the forms of nonverbal communication and the objectives among the members of the nursing staff, and the participant's observation, in which the researcher identified the nonverbal expressions produced by the subjects during the data collection.

A digital recorder was used to log the interviews, and the observations were organized into a field diary, using dense description as theoretical support.¹⁴ A pilot-test using the instrument was conducted so that its potential validation could be evaluated before being applied to nursing staffs. Thematic content analysis techniques were applied to the corpus of the data.¹⁵

The participants of this study included 25 professionals, members of the nursing staff of a sector of the medical clinic of a public and federal university hospital. The participant's inclusion criteria were: being a nurse, nursing technician, or nurse's aide, of either gender, member of the nursing staff of the sector chosen for the research, and currently be working full time. The exclusion criterion was: being out of work for whatever reason (vacation, leave, among others).

The nonverbal expressions from the communication were registered according to the following definitions⁷: complementing verbal communication – any nonverbal sign that reinforces, reiterates, or completes what had been said verbally, which serve as a mandatory illustration of a specific message (accompanies verbal communication for clarification) or an optional illustration (reiterates the verbal message, reaffirming what had been said previously); replaces the verbal communication – any nonverbal sign to replace words; contradicts the verbal communication – any nonverbal sign that shows that what had been said was false; and demonstrates feelings – demonstrating any emotion not through words, but mostly through facial expressions.

According to that set forth in Resolution 466/12 of the Brazilian National Health Council, the rights of the subjects were preserved. This research proposal was approved by the Research Ethics Committee from the Clementino Fraga Filho University Hospital of the Federal University of Rio de Janeiro (UFRJ), logged under protocol number 198/09. The identification of the participants was conducted using alphanumeric codes (E - nurse; TE – nursing technician; AE- nurse's aide). The numbers follow the order of the interviews.

RESULTS

DESCRIPTION OF WHICH WAS OBSERVED CONCERNING NONVERBAL COMMUNICATION FROM THE NURSING PROFESSIONALS

While conducting the interviews, the nonverbal communication of the nursing professional was detected by observing their nonverbal expressions as a whole: their facial expressions, their body, their ways of speaking and behaving, and the content that was spoken.

It could be observed that when complementing verbal communication, the professionals used their hands quite often to complement what they were saying, as, for example, when

they spoke the words ear, hearing, or hear, they pointed to their ears; they would hit the table as a way to indicate the step by step process of speech or to aid in the organization of thought. When they were asked questions, such as questions regarding communication with patients, they would shake their heads up and down or sideways, indicating a positive or negative answer while answering the question that was being asked.

As regards the replacement of verbal communication, the professional often shook his/her head sideways, indicating prior denial when they were asked about situations they had experienced or witnessed regarding an unsuccessful communication that had hindered their work or a successful situation that had collaborated/aided in their work. When time was allotted for them to reflect, some remembered something and answered verbally about a situation that had occurred.

Regarding the contradicting of verbal communication, no manifestation on the part of the professionals was detected, which may indicate sincerity in their answers. By contrast, as regards the demonstration of feelings, the professionals expressed joy, smiles, laughter, relaxation, pleasure in being with the researcher, interest and doubts about the questions, as well as anxiety and nervousness as to whether or not they would answer correctly or if they would be able to meet the aims of the study. They also, at times, felt ashamed because they were with a person who did not know them and were afraid of having to answer something that they had never discussed with anyone directly.

It could be observed that the nursing professionals used the territorial physical space to communicate the approximations and distancing of the people, both socially and personally.⁸

In personal distancing, the professional would maintain a normal tone of voice and clear facial and bodily expressions, and sometimes touch one another when they were in a conversation in the nurses' station or when they were in pairs in the infirmary. In social distancing, they showed less facial expressions, knew that they would not be touched, and used a normal tone of voice. According to that found in the participant's observation, it was common to see such manifestations with the change in work shifts and in the conversations in the hallways of the hospital sector.

NURSING PROFESSIONALS' DISCOURSE ABOUT NONVERBAL COMMUNICATION

Nursing professionals report that they commonly observe the people with whom they communicate. Likewise, the researcher was also able to identify some of these expressions in the nurses' speech. All of the reports contained indications of the use of and the attention paid to nonverbal signs.

Nonverbal communication can be classified as paralinguage or paraverbal communication, as any sound produced by

the vocal cords in the communication process and that is not part of the sound system of the language in use. These demonstrate feelings, characteristics of personality, attitudes, interpersonal relationships, and self-identity. Paralanguage is made up of grunts, the tone used to express words, the rhythm and speed of the words, the sigh, the clearing of one's throat, and laughter.

In their accounts, the nursing professionals reported that they paid special attention to the people's tone of voice, through which they could identify their feelings and emotions. In addition, in the collection of data for this study, they identified laughter and grunts during the speeches, as can be detected in the following excerpts:

The way she is answering me! If I see that I am not pleasing her, not very much, I stop speaking! Ham... the expression, the tone of voice! (TE9).

Look, I pay attention to the tone of voice a lot, I'm... I'm completely [laughter], I pay attention to the tone of voice! (TE2).

If the person is trembling, I can see it. Even by the person's voice it's possible to see if the person is angry, really (TE1).

If he/she is making a face... [laughter], then he/she is not paying attention, like haha, he/she doesn't care about what you are saying, that it's boring (E7).

The body language, or kinesics, are body signs, body behavior, that is, hand gestures that accompany their speech, replace it, or emphasize a word or phrase; shaking their head; eye movements; facial expressions; scratching their nails; playing with their hair, their jewelry, their pencil; the distance kept between people; physical characteristics; body posture, among others.

In this light, the nursing professionals reported that they pay attention to whether or not the person they are communicating with is staring at them, to their physiognomy and expressions, and to their behavior as a whole. The personal accounts that illustrated these findings are as follows:

If the person is looking in your eyes, deep in your eyes, because sometimes the person looks away, like, with his eyes, it's because he's not sure what he's saying! (AE2).

The body, sometimes, when she speaks, pulls back a bit, closes off, the body language. I see this a lot in people, when they, when they're hesitant, you can see that they pull back a bit, they get stuck in the person's gestures (AE1).

So you have a way to talk to them and keep analyzing, especially if you... are in tune with the subject, you are always going to be there looking and in the look you go, like, making an X-ray, drawing a picture of the person! (AE3).

If the person looks at me. And we look at the person as a whole, too. There are people that are even funny, her talking, like... its great... (TE3).

Proxemics can be understood as the set of observations referent to how individuals make use of the space, how they use and interpret the space within the communicative process. And to determine this dynamic, human beings use their senses. This language is influenced by cultural standards, contexts, spatial obstacles, relationships among the interlocutors, and degrees of affinity among them.

Thus, the distance kept from the person being communicated with can influence the process, since the nursing professionals reported that it is necessary to give their full attention to the person, pay attention to their looks, sense their smell, and observe how they can get closer to the person to begin communication.

Sometimes the worst thing is when the person is not paying attention to you, he/she couldn't care less, sometimes the person is speaking to someone else or is doing something else (AE4).

I look at the whole picture, I observe the smell, the look, the gestures, the facial expressions, you know?! (TE4).

Yah... but the way the person acts, how the person behaves. That's the key! First, for you to get close to the person, you have to know how he/she behaves, so if you don't pay attention to this, you end up cutting the ties, you know?! (E2).

Tacesics is the study of the touch and of all the characteristics that it involves, the pressure exerted, and the location that is touched. Thus, a mere touch may be involved with emotion, since physical contact is an emotional event that provokes sensorial, neural, gland, muscle, and mental changes.⁷ In this sense, only two professionals reported the importance of this type of language, which for them is expressed by the touch.

I always, when I get near her, I make a point of touching her! The touch is another thing that people, I forgot to mention, forget! Even with the patient... in the healthcare field it is something that... I see a lot. Everybody there, nobody touches the patient much anymore! Now everything

is done using gloves! You check to see if the patient has a probe or not, but when you are going to touch the patient, you also transmit everything through the touch! You convey safety and caring (E1).

Examples to communicate a technique: "Man! Next month you are on the night shift!" and she frowned, made a face, like this, an expression that I don't even need to know what her answer was! To me, it was like this: upset, sad face, and she didn't even say anything. So I put my hand on her and said: "Look, we going to... but only this month. I am going to do everything so that next month you can get back to your normal day!"; then the expression on her face changed again. And I didn't even need words; she didn't need to tell me anything! (E5).

DISCUSSION

Studying nonverbal communication is the ability to recover the human capacity to accurately perceive the feelings, the doubts, and the difficulties that some people have to put things in words. It is also the ability to help improve an individual's communication, especially as regards his/her way of conveying a message.⁷ In addition, it becomes important to apply strategies for the implementation of medical care that facilitates in detecting what is the real message that the patient wants to transmit, given that, in practice, what is seen is a flaw in the communicative process.³

Nonverbal communication can be defined as any manifestation of the individual in an interaction that does not include verbal expressions and which has meaning to the person or people who use it.¹³

Paraverbal communication is made up of the sounds emitted during speech that are not directly linked to language.¹³ Upon speaking, a piece of information is transmitted but through paraverbal communication.⁷ This form of communication is an important regulator of the conversation, as it can cease the course of the other's speech, when during the conversation one of the individuals begins to cough, sneeze, or speak too loud; and the regular conversation flow, when one stops, changes subjects, picks up again with the other, does not pause sentences, stays quiet to show that he does not wish to talk anymore or indicate that he is paying attention.

Moreover, the capturing of this emotion depends on the capacity of the source to show one's feelings, as well as on the receiver paying attention to these feelings. In this sense, people express their emotions in a way that is different from others, and they are also influenced by the environment that surrounds them and by their moment in life. For example, if an individual fought with a family member before leaving home,

when a workmate comes to ask him/her for something or simply to say something to him/her, what can be perceived in one's tone of voice is a feeling of annoyance, of anger, or of sadness, to which the receiver may judge that the problem is with him/her, possibly becoming bitter because of this, in turn invalidating the communicative process during the entire day and even for a longer period of time.⁷

Some kinesic manifestations stimulate the source to continue to communicate and send signals indicating that the receiver is understanding what is being said or send signals that the receiver does not want to participate in that communication process,⁷ since every movement or bodily expression is accompanied by a meaning in the context in which it is inserted.¹³ As stimulating signs of communication, bearing in mind the data generated by the interviews, one can cite: speaking while facing the person; a fixed stare in the direction of the source (indicating interest); relaxed and not retracted bodily expressions; and facial expressions of happiness, joy, and enthusiasm.

What can be identified through the content analysis of the personal accounts is that the professionals are worried about the look from the person who is communicating with him/her, possibly because it is one of the expressions that he/she has no voluntary control over, which makes it quite reliable.⁷ The dilated pupil indicates approval of what is being said by the other, while the contracted pupil indicates dissatisfaction, disinterest, and discord. In addition, the look also depicts the emotions, such as surprise, a more wide open eye may indicate happiness, a "light" in one's eyes, or sadness; while a smaller opening of the eyes indicates a lower level of attention paid to the subject.⁷

Regarding proxemics, the professionals, when interacting, be it to teach a procedure to a colleague, be it in a moment of misunderstanding, did not worry about the stance that they took even if they were in front of other people from the staff, with the exception of the stance of inclusive opposition (protecting oneself), which was observed only once, when a professional called another's attention to an incorrectly installed equipment.

Therefore, the professionals sometimes took a stance of non-inclusive opposition (not protecting oneself), face to face or beside each other, that is, they did not worry about talking in a more restricted manner. When they wanted to do this, they would move away from the group and go to a more secluded place.

In addition to the touch, it could be observed that, during some interviews, communication was made through facial expressions, that is, the emotion that the face conveyed, already indicating how the received message had been interpreted by the professional. In this manner, the response message was passed on through facial expressions, since one could perceive the emotion caused by the event in their faces. Thus, nonverbal communication makes it possible to provide proper nursing care based on the precepts of humanization upon re-

covering interest and empathy, and with this, facilitate the formation of interactive ties.¹⁶

There are many types of touches, one of which is the expressive and affective, whose goal is to demonstrate care, empathy, help, safety, and proximity in relation to the person.⁷ At the end of some interviews, this type of touch was done by some of the professionals, with hugs, kisses on the cheek, and handshakes, showing support for the study that was in progress. These gestures were also seen among professionals, such as hugs when arriving and leaving their work shift, which are acts that can possibly make the communicative process more effective and affective, possibly even extending this to the patients.

Through the distances kept between people, it is possible to infer about the relations that are established between the members of the nursing staff and the other professional staffs, given that when a personal distance is maintained, people can be with others and observe the others' eyes and facial expressions more clearly, thus creating complicity. By contrast, in social distance there is a view with less details of facial expressions and no one expects to touch or be touched, which shows that, in these cases, no possibility of creating intimacy or complicity is opened in the relationship.⁸ The members of the staff use this resource in their daily routines and these forms of behaving within the space, which gives them the possibility to assess what can be done, and to what extent, in an interpersonal relationship in a work staff.

Thus, it becomes evident that nonverbal communication is very important for one to understand the other, as well as to understand oneself, since it is through this interaction with the other that the human being is constructed. Moreover, it is possible to provide care that is complete and geared toward the practice of humanization.¹⁶ It is important to remember that the communication process is only possible when people use the set of expressions and verbal and nonverbal signs that comprise the process so that people can correctly understand what they want to convey and can produce an effective communication.

When it is possible to establish an effective communication process between the professionals of both the nursing staff and the healthcare staff as a whole, it then becomes possible to put the fundamental knowledge about communication into practice and apply interpersonal relationship skills so as to act in a positive manner when offering medical care to the patient, thus providing an active and effective listening, offering an open line of communication to ask questions, being honest, showing respect, spending the right amount of time on the conversation, showing interest, among other such skills.⁴

CONCLUSION

The participants of this study most commonly used the verbal complement as a way of affirming and reiterating what

was being said, thus enhancing the comprehension of the people with whom they were interacting.

In addition the tone of voice, in which feelings and emotions can be detected; the fixed stare, physiognomy, personal expressions, and behavior; the distance maintained from the person one is communicating with; and the touch emerged as important nonverbal elements in the communication process in such a way as to make the communication clear and effective and achieve their goal. This facilitates the interaction among subjects and, consequently, aids in the providing of nursing care.

When reflecting upon the nurses' daily activities, it is of utmost importance to make use of both verbal and nonverbal communication that is efficient, effective, and valid in such a way that the nursing professional promotes medical care backed by the relationships established with their staff and other staffs.

Nonverbal communication can be considered essential to understanding and observing the communication process within the nursing staff, as these professionals communicate with others in an attempt to promote an effective communication process and to reach the goal of communication. Nonverbal communication facilitates this validation.

Therefore, as this research unveiled the communication process within the nursing staff, its results serve to contribute to nursing care in an attempt to make it more humane and effective for the patients. Communication is important to promote a good relationship and interaction among nursing professionals, since it is an integral part of the basic instruments of nursing care, in turn constituting one of its core principles.

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