

## **PLEASURE, SUFFERING AND INTERPERSONAL COMMUNICATION IN THE WORK OF NURSES IN THE HOSPITAL SETTING**

Cláudia Jeane Lopes Pimenta<sup>1</sup> 

Lia Raquel de Carvalho Viana<sup>1</sup> 

Thaíse Alves Bezerra<sup>1</sup> 

Cleane Rosa Ribeiro da Silva<sup>1</sup> 

Tatiana Ferreira da Costa<sup>2</sup> 

Kátia Neyla de Freitas Macedo Costa<sup>1</sup> 

<sup>1</sup>Universidade Federal da Paraíba, Programa de Pós-Graduação em Enfermagem. João Pessoa, Paraíba, Brasil.

<sup>2</sup>Universidade Federal de Pernambuco, Vitória de Santo Antão. Pernambuco, Brasil.

### **ABSTRACT**

**Objective:** to correlate pleasure and suffering at work with nurses' interpersonal communication in the hospital environment.

**Method:** a cross-sectional, exploratory, descriptive and correlational study, with a quantitative approach, conducted from October to November 2017, with 152 nurses working at a University Hospital in Northeast Brazil. The data were collected through interviews, using an instrument with sociodemographic and work-related variables, the Pleasure and Suffering Indicators at Work Scale and the Interpersonal Communication Competence Scale, being analyzed by descriptive and inferential statistics.

**Results:** it was observed that the experience of pleasure was satisfactory, while the factors of suffering obtained a critical assessment. The nurses surveyed had high means in all the domains of competence in interpersonal communication. The analysis of the correlation between interpersonal communication and the indicators of pleasure and suffering showed significant values, with the level of communication proportional to the experience of pleasure. On the other hand, communication decreased, as suffering at work increased.

**Conclusion:** the positive and negative experiences at work significantly influence the interpersonal communication of nurses and of the health professionals/multidisciplinary team.

**DESCRIPTORS:** Nursing. Work environment. Nursing human resources in the hospital. Worker's health. Communication in health.

**HOW CITED:** Pimenta CJL, Viana LRC, Bezerra TA, Silva CRR, Costa TF, Costa KNFM. Pleasure, suffering and interpersonal communication in the work of nurses in the hospital setting. *Texto Contexto Enferm* [Internet]. 2020 [cited YEAR MONTH DAY]; 29:e20190039. Available from: <https://doi.org/10.1590/1980-265X-TCE-2019-0039>

# PRAZER, SOFRIMENTO E COMUNICAÇÃO INTERPESSOAL NO TRABALHO DE ENFERMEIROS NO AMBIENTE HOSPITALAR

## RESUMO

**Objetivo:** correlacionar o prazer e o sofrimento no trabalho com a comunicação interpessoal de enfermeiros no ambiente hospitalar.

**Método:** estudo transversal, exploratório, descritivo e correlacional, com abordagem quantitativa, realizado de outubro a novembro de 2017, com 152 enfermeiros atuantes em Hospital Universitário no Nordeste do Brasil. Os dados foram coletados por meio de entrevistas, mediante utilização de instrumento com variáveis sociodemográficas e relacionadas ao trabalho, da Escala de Indicadores de Prazer e Sofrimento no Trabalho e da Escala de Competência em Comunicação Interpessoal, sendo analisados pela estatística descritiva e inferencial.

**Resultados:** observou-se que a vivência de prazer foi satisfatória, enquanto os fatores de sofrimento obtiveram avaliação crítica. Os enfermeiros pesquisados apresentaram médias elevadas em todos os domínios da competência em comunicação interpessoal. A análise da correlação entre a comunicação interpessoal e os indicadores de prazer e sofrimento apresentou valores significativos, sendo o nível de comunicação proporcional à vivência de prazer. Em contrapartida, a comunicação diminuiu, à medida que se elevava o sofrimento no trabalho.

**Conclusão:** as vivências positivas e negativas no trabalho influenciam de forma significativa a comunicação interpessoal de enfermeiros e profissionais de saúde/equipe multiprofissional.

**DESCRITORES:** Enfermagem. Ambiente de trabalho. Recursos humanos de enfermagem no hospital. Saúde do trabalhador. Comunicação em saúde.

# PLACER, SUFRIMIENTO Y COMUNICACIÓN INTERPERSONAL EN EL TRABAJO DE LOS PROFESIONALES DE ENFERMERÍA EN EL ÁMBITO HOSPITALARIO

## RESUMEN

**Objetivo:** correlacionar el placer y el sufrimiento en el trabajo con la comunicación interpersonal de profesionales de Enfermería en el ámbito hospitalario.

**Método:** estudio transversal, exploratorio, descriptivo y correlacional, de enfoque cuantitativo, realizado entre octubre y noviembre de 2017 con 152 profesionales de Enfermería que se desempeñan en un Hospital Universitario del noreste de Brasil. Los datos se recolectaron por medio de entrevistas, mediante el uso de un instrumento con variables sociodemográficas y relacionadas con el trabajo, de la Escala de Indicadores de Placer y Sufrimiento en el Trabajo y de la Escala de Competencia en Comunicación Interpersonal, siendo analizados por medio de estadística descriptiva e inferencial.

**Resultados:** se observó que la experiencia de placer fue satisfactoria, mientras que los factores de sufrimiento obtuvieron una evaluación crítica. Los profesionales de Enfermería que participaron de la investigación presentaron valores medios elevados en todos los dominios de la competencia en comunicación interpersonal. El análisis de la correlación entre la comunicación interpersonal y los indicadores de placer y sufrimiento presentó valores significativos, descubriéndose que el nivel de comunicación resultó proporcional a la experiencia de placer. En contrapartida, la comunicación disminuyó a medida que aumentaba el sufrimiento en el trabajo.

**Conclusión:** las experiencias positivas y negativas en el trabajo ejercen una significativa influencia sobre la comunicación interpersonal de los profesionales de Enfermería y de Salud y/o del equipo multiprofesional.

**DESCRIPTORES:** Enfermería. Ambiente de trabajo. Recursos Humanos de Enfermería en el hospital. Salud del trabajador. Comunicación en salud.

## INTRODUCTION

Nursing work and the interactions established in this environment have a potential influence on the workers' health-illness process, especially in the hospital context, due to the complexity of the activities performed.<sup>1</sup> The relationships between the organization and the meanings attributed by the professionals to the work reality result in manifestations of pleasure and suffering that cause health or illness.<sup>2</sup>

Pleasure is a source of health for the professional, when there are interpersonal and structural factors that provide rewarding experiences at work.<sup>3</sup> In contrast, suffering is associated with the presence of negative experiences resulting from the work practice, which can cause the workers to become ill, resulting in harms to their personal and professional life.<sup>4</sup>

Among the elements that can generate pleasure or suffering in the Nursing work, communication stands out as an important indicator, given that, since care is performed in a team, the professionals are in constant interaction and use tools of the communicative process daily.<sup>5</sup> Interpersonal communication is defined as the ability to relate appropriately and effectively with other people, according to the needs of each subject and the demands involved in the situation, which may occur verbally or non-verbally.<sup>6</sup>

Verbal communication is associated with the externalization of words, through the use of writing or speech as a mechanism to convey the intended message.<sup>7</sup> Non-verbal communication comprises all information that can be obtained through gestures, postures, facial and body expressions, silence, mannerisms, volume and rhythm of the voice, level of physical energy, body orientations, presence and characteristics of touch, interpersonal distance, nods, distribution of objects in the environment and paraverbal language.<sup>8</sup>

Communication is one of the competences provided for the training of nurses, being considered a fundamental instrument for care, especially in the interaction among health professionals, favoring the construction of inter-relationships among the team members and greater motivation for work.<sup>5</sup> A study conducted with nurses who worked in the Oncology Service in Portugal, showed that one of the main factors for job satisfaction was the good relationship among the team members.<sup>9</sup>

In this sense, the absence of pleasure and the presence of suffering can influence interpersonal communication among workers, causing harms to the health of the professionals, such as psychological illness and the occurrence of occupational accidents, in addition to contributing to the performance of harmful acts to the patient during the provision of care.<sup>5,9</sup> Although the relevance of pleasure and communication for the work of Nursing professionals is mentioned in the literature, studies on the theme in the country are still incipient, especially in relation to the assessment of the communicative process, due to the reduced number of instruments adapted and validated for the Brazilian culture.<sup>6</sup>

Thus, investigating pleasure, suffering and communication in the work of nurses can provide an understanding of the aspects that influence on the practices of the team members, promoting quality care and greater patient safety in the hospital context.<sup>10</sup> The question that guided the study was the following: Is there a relationship between pleasure and suffering indicators at work and nurses' interpersonal communication? Thus, the objective was to correlate pleasure and suffering at work with nurses' interpersonal communication in the hospital environment.

## METHOD

A cross-sectional, exploratory, descriptive and correlational study, with a quantitative approach, carried out in a university hospital in the city of João Pessoa/PB, Brazil. The population was composed of nurses working at the hospital. The sample calculation was based on the number of professionals with an undergraduate degree in Nursing, registered in the National Registry of Health Establishments of the Unified Health System, referring to the staff of the institution, totaling 252 nurses.

The sample size was defined using the calculation for finite populations with known proportions, based on an error margin of 5% (Error=0.05), at a 95% confidence level ( $\alpha=0.05$ , which results in  $Z_{0.05/2}=1.96$ ) and considering the equal proportion of subjects who experienced pleasure and suffering at work ( $p=50\%$ ), which totaled 152 nurses. The inclusion criteria were defined as follows: having an active employment contract with the hospital and having been a professional nurse in the aforementioned service for at least six months; and, as an exclusion criterion: being on vacation, on leave or on maternity leave during the data collection period.

Data collection was carried out between October and November 2017. Initially, there were contacts with the nurses at the hospital, during the shifts or when the professionals enter and leave work, in order to provide guidelines on the research objectives, request participation in the study, and schedule the best time and place for the meeting, respecting the availability of each individual. On the scheduled day, the signing of the Free and Informed Consent Form was requested and the self-administered instruments were distributed to the nurses, with a maximum period of up to seven days for their return being established.

Data was collected using an instrument with sociodemographic and work-related variables, as well as the Pleasure and Suffering Indicators at Work Scale (PSIWS) and the Interpersonal Communication Competence Scale (ICCS). The PSIWS is part of the Inventory on Work and Illness Risks, a self-administered instrument validated in Brazil, composed of three other instruments.<sup>2</sup> It has 32 items with Likert-type answers, ranging from 0 (not once) to 6 (six or more times), which assess the occurrence of pleasure and suffering indicators in the workplace in the last six months. The factors that make up this instrument are the following: freedom of speech, professional fulfillment, professional exhaustion, and lack of recognition, among which the first two assess the experiences of pleasure at work and the last two, the experiences of suffering.<sup>2</sup>

The analysis was performed based on the mean between the items, being classified at three different levels. For the factors that assess pleasure at work (items 1 to 17), the indicators were classified as positive, satisfactory (score  $\geq 4.0$ ); as moderate or critical (scores between 3.9 and 2.1); and, rarely, as severe (score  $\leq 2.0$ ). For the factors that assess suffering at work (items 18 to 32), the indicators were classified as follows: most negative, severe assessment,  $\geq 4$ ; moderate or critical assessment, between 3.9 and 2.1; and less negative, satisfactory assessment  $\leq 2.0$ .<sup>2</sup>

The ICCS is an instrument adapted and validated for Brazil, containing 17 items and five domains: environmental control, self-disclosure, assertiveness, interaction management, and availability. The assessment is carried out by analyzing the participant's own communication behavior with others, using questions with Likert-type answers, ranging from 5 (whenever they interact in the aforementioned way) to 1 (almost never behaves in such a way), in which items 8 and 17 have a reverse code.<sup>6</sup> The total score ranges from 17 to 85, so that the higher the score, the higher the ability in interpersonal communication.<sup>6</sup> In addition, due to the scale domains presenting different ranges, they cannot be compared to each other.

Because the scale does not have a specific classification for competence in interpersonal communication, in this study, the minimum and maximum values of the instrument (17 and 85 points, respectively) were used, distributed in the form of quartiles. In this type of calculation, the values are divided into four equal parts of 25%, where quartile 1 (Q1 - 56.00) corresponds to the lowest 25%, quartile 2 (Q2 - 61.00) delimits the 50% of values, and quartile 3 (Q3 - 66.00) covers the 25% highest values. Thus, the means were classified as low (Q1), moderate (Q2), and high (Q3).

Data analysis was performed using descriptive and inferential statistics. The dependent variable included in the study was interpersonal communication and the independent variables were pleasure and suffering in the Nursing work. To check the normality/symmetry of the numerical data, the Kolmogorov-Smirnov test was used. The Mann-Whitney and Kruskal-Wallis tests were employed to

associate the variables, and the correlation between the scales was performed using the Spearman's Correlation Coefficient. The level of significance used for the statistical analyses was 5% ( $p \leq 0.05$ ). The reliability of the factors was assessed, estimating internal consistency using the Cronbach's alpha coefficient, in which values between 0.70 and 0.99 indicate that the instrument is reliable.<sup>11</sup>

## RESULTS

A total of 152 nurses participated in this study, most of whom were female (91.4%), aged between 30 and 39 years old (48.0%), working in the outpatient service (17.8%), administrative sectors (17.1%) and medical clinic (15.8%), had no other employment (54.6%) and worked in the day shift (56.6%), with a six-hour work schedule (36.2%).

When assessing the work activity of the surveyed nurses, it was observed that, in the pleasure indicator, the Professional Fulfillment and Freedom of Speech factors were classified as satisfactory. On the other hand, the indicators of suffering, represented by the Professional Exhaustion and Lack of Recognition factors, obtained a critical assessment, showing that, although nurses had adequate levels of pleasure, they also exhibited high means of suffering in the work practice. The scale showed good internal reliability, with most of the Cronbach's alpha values above 0.80 (Table 1).

**Table 1** – Assessment of the Pleasure and Suffering Indicators in the work of nurses. João Pessoa, PB, Brazil, 2017. (n=152)

Indicator	Factors	Mean	Standard Deviation	Assessment	Cronbach's Alpha
Pleasure	Professional Fulfillment	4.2	1.33	Satisfactory	0.80
	Freedom of Speech	4.1	1.32	Satisfactory	0.79
Suffering	Professional Exhaustion	2.9	1.56	Critical	0.86
	Lack of Recognition	2.1	1.52	Critical	0.87

The investigated nurses had means close to the maximum range for the domains of the PSIWS and the total score ( $61.50 \pm 7.31$ ), in which all values were classified in quartile 2. The internal consistency analysis was evaluated using Cronbach's Alpha for each domain, obtaining values between 0.71 and 0.78, which are considered acceptable (Table 2).

**Table 2** – Interpersonal Communication Competence Scale in the work of nurses. João Pessoa, PB, Brazil, 2017. (n=152)

Domains	Mean	Standard deviation	Range		Cronbach's Alpha
			Minimum	Maximum	
Environmental control	14.00	2.07	4	20	0.71
Self-disclosure	13.78	2.65	4	20	0.77
Assertiveness	13.65	2.02	4	20	0.76
Availability	12.37	1.78	3	15	0.72
Interaction management	7.68	1.29	2	10	0.78
<b>Total</b>	<b>61.50</b>	<b>7.31</b>	<b>17</b>	<b>85</b>	<b>0.79</b>

The correlation between the indicators of pleasure and of suffering at work and interpersonal communication showed positive and significant values ( $p \leq 0.05$ ), revealing that the greater the

experiences of pleasure in the work environment, the greater the means of total communication and of the domains. However, the factors of suffering at work and interpersonal communication showed negative and significant values ( $p \leq 0.05$ ), indicating that, as suffering at work increases, the levels of communication among the professionals decrease, both in total communication, and in the availability, environmental control, assertiveness, and interaction management domains (Table 3).

**Table 3** – Correlation between the competences in interpersonal communication and the pleasure and suffering indicators in the work of nurses. João Pessoa, PB, Brazil, 2017. (n=152)

Interpersonal Communication	Experience of Pleasure		Factors of Suffering	
	r	p*	r	p*
Availability	0.335	< 0.001	-0.263	0.001
Self-disclosure	0.328	< 0.001	-0.134	0.099
Environmental control	0.275	0.001	-0.212	0.009
Assertiveness	0.271	0.001	-0.281	< 0.001
Interaction management	0.200	0.013	-0.154	0.050
<b>Total</b>	<b>0.365</b>	<b>&lt; 0.001</b>	<b>-0.270</b>	<b>0.001</b>

\*Spearman's Correlation Test.

## DISCUSSION

The assessment of the indicators of pleasure and suffering in the Nursing work showed that the pleasure factors were satisfactory. However, critical levels of suffering were observed. Similar results were found in a study carried out with primary care health professionals, in which the workers showed pleasure at work, with professional fulfillment, freedom of speech and recognition being the factors that most influenced this result.<sup>12</sup>

The situations experienced in the work environment can be perceived differently by each professional, reflecting on the activities they performed.<sup>13</sup> Some elements are referred to in the literature as important indicators of pleasure in the work practice, highlighting effective communication among team members, recognition, appreciation, freedom of negotiation with the Chiefs, and adequate remuneration for the function performed.<sup>9</sup>

In the Professional Fulfillment factor, pleasure showed a satisfactory level among the nurses investigated, which can be associated with the fact that the professionals in this study were hired and had high salaries, incentives for professional qualification, and the possibility of career advancement, which favors the experience of feelings of gratification, pride and identification with the activity performed.

The sensation of pleasure is subjective and depends on multiple and complex factors that are interrelated to aspects of the individual's daily life.<sup>3</sup> When the experience of pleasure is associated with work, it can be the result of the proportionality between what the professionals want and the response they receive, both from the managers and from the institution, as well as from the care target itself, which allows the workers to believe in the importance of the activity they performed and in the relevance of this for themselves and society.<sup>14</sup>

However, this differs from some scenarios of the Nursing practice in Brazil and in other realities. A study carried out with nurses who worked in teaching hospitals in Iran identified job dissatisfaction and the intention to leave the profession, resulting from excessive loads, low wages, hostile environment, lack of opportunities for career advancement, devaluation, and constant experiences of humiliation and frustration.<sup>15</sup>

The Freedom of Speech factor exhibited high means, being assessed as satisfactory. This factor has a potential influence on the feeling of pleasure, reflecting the autonomy that the professional has to express opinions in the work environment and the existing interaction among the team members. A similar result was evidenced by a study carried out with intensive care nurses from a private hospital in Rio de Janeiro, Brazil, which identified that the professionals had the highest means in that factor, which were associated with cooperation between colleagues.<sup>16</sup>

Therefore, it is observed that freedom of speech has a significant relationship with the nurse's satisfaction with the activities performed and the social support offered in this environment, especially by the work team.<sup>17</sup> The perception of social support and solidarity at work, represented mostly through cooperation among colleagues, makes the space more pleasant, and allows individuals to express themselves and be heard, which favors dialog and the participation of all in the decisions.<sup>3,12</sup>

The Professional Exhaustion factor was assessed as critical in the present study. The hospital is commonly referred to as an unhealthy place, due to some aspects such as direct assistance to critically ill patients who need continuous care, handling of highly complex chemicals, equipment and machines, in addition to the establishment of relationships between professionals, patients, family members and companions, which can cause suffering and, consequently, harms to health.<sup>18</sup>

In a survey conducted with health workers, a significant percentage of workers on sick leave in the last 12 months (20.7%) was identified, where the illness of the professional could be the result of suffering resulting from work demands.<sup>12</sup> In this sense, the organization of health work, especially in hospitals, has negatively influenced the health of the nurses, due to excess of actions performed, reduced number of professionals, high rates of absenteeism, development of bureaucratic functions, and performance of activities that are not the legal competence of these professionals, but that are under their responsibility.<sup>19</sup>

The lack of recognition factor presented critical levels among the professionals, which represents an important aspect to trigger suffering at work. This finding is not restricted only to hospital care in the country, as it is present in primary care<sup>12</sup> and in international studies.<sup>15,20</sup> The recognition of the social role of Nursing is a challenge in the globalized world, above all, due to the hegemony of the biomedical model, still quite present in contemporary society, which causes the devaluation of the professional and of the actions performed.<sup>3</sup>

Another factor that causes lack of recognition of nurses is the difficulty regarding the definition of specific Nursing skills, which, in many cases, are confused with the activities performed by other health professionals, resulting in the devaluation and depersonalization of these individuals.<sup>16</sup> In addition, the division of work into professional categories, with different levels of training (nurses, nursing technicians, assistants in some hospitals and midwives), and acting through essentially manual activities, leads to a decrease in the value attributed to the assistance provided and to increased worker suffering.<sup>12,16</sup>

Therefore, it is necessary that the institutions recognize the importance of nurses for the population's health, invest continuously in knowledge and professional training, strengthen leadership, offer adequate working conditions, and create incentives for valuing this professional, with the presence of adequate salary for the level of complexity required for the job especially standing out.<sup>21</sup>

In the analysis of competence in interpersonal communication, it was evidenced that the nurses had moderate mean values, both in the total score and in all domains of the scale. This result differs from that found in a research study that observed lack of communication and fragility in the interpersonal relationship among the professionals, which generated dissatisfaction and competition among the team members, hindering the work process and the provision of care.<sup>22</sup>

Interpersonal communication represents the basis for the professional's skills and daily practice.<sup>23</sup> Among nurses, this process can benefit from teamwork, since colleagues can offer social

support, assist in overcoming obstacles, and promote appreciation and recognition for the activities performed, resulting in greater satisfaction and motivation for work.<sup>17</sup>

The benefits of effective communication among health professionals are not only restricted to the team's interpersonal relationships, also impacting on the quality and safety of the care provided.<sup>24</sup> Communication represents an important element for the health care of the population, being established as one of the international goals for promoting patient safety in a hospital setting.<sup>25</sup>

Of the five domains evaluated by the PSIWS that presented moderate mean values, the first, Environmental Control, represents the influence generated by the space and environment on expression, perception and persuasion.<sup>6</sup> This result could be related to the characteristics of work in the health institution since, for being university hospital, the professionals have greater autonomy to express opinions and discuss problems that can negatively influence activities, which favors good interaction among colleagues.<sup>26</sup>

However, this context is not consistent with most of the nurses' working scenarios in Brazil, with an excess of tasks to be accomplished in a short period of time, presence of problems for negotiating conflicts, and insufficiency of material and human resources for quality assistance, which promotes an unfavorable context for communication and good interactions among the team members.<sup>27</sup>

Performance in closed and complex sectors, such as the intensive care unit, can also impair the communicative process, as it is an environment with a large technological apparatus that generates constant noise and a high burden of responsibility inherent to the care of critical patients and with imminent risk of death, which makes the Nursing professional devote most of the time to perform procedures and neglect, even if unconsciously, communication with the team.<sup>28</sup>

The Self-disclosure domain exposes the individual's capacity and ability to demonstrate thoughts, ideas and feelings through communication, obtaining a high mean among the nurses investigated.<sup>6</sup> Dialog is characterized as a way for the individual to expose points of view, with the objective of conveying information.<sup>17</sup> It is about bringing together what is thought in the best possible manner and leading to a reflection on what is being discussed, in order to achieve an effective communication process.<sup>27</sup>

In a study conducted with the Nursing staff of a university hospital in the city of Rio de Janeiro, Brazil, the nurses considered dialog as the best method to consolidate communication and interpersonal relationships, stating that, when this process does not occur properly, it results in problems that interfere with the care provided and that can trigger failures and serious or lethal adverse events.<sup>25</sup>

The Assertiveness domain is related to the proactive ability to defend rights, without violating the rights of others, demonstrating confidence, decision and firmness in attitudes.<sup>6</sup> The moderate value presented in this domain could be due to the negotiation capacity and recognition of the leadership role in the team, especially in protecting autonomy as a health professional.<sup>17</sup>

Assertiveness in the Nursing work provides greater reflection on the need to defend rights during the discussion of problems related to the practice, which prevents the existence of power relationships that can harm the moral integrity of the individual and negatively affect communication among the team members.<sup>4</sup>

The Availability domain represents the individuals' ability to demonstrate to others that they are accessible for interpersonal communication,<sup>6</sup> presenting high means in this study. The availability for interpersonal communication with co-workers represents an important competence for the Nursing professionals, given that their training is based on team work, requiring the development, even at graduation, of the ability to work together with other individuals, promoting the co-responsibility of everyone in care.<sup>5</sup>

A study carried out with Nursing professionals from hospital institutions in Rio Grande do Sul, Brazil, showed that the interest and participation of these workers in team meetings, through the

discussion of conflicting issues and the manifestation of the difficulties experienced, provided greater interaction among the team members, making the work environment more pleasant.<sup>4</sup>

In this sense, availability makes it possible to share and exchange knowledge, allowing for mutual growth.<sup>5</sup> Another study carried out with Nursing professionals from an emergency hospital in Natal/RN, Brazil, revealed that the presence of attentive, collaborative, safe professionals and available to help each other in the face of the other's difficulty were the main factors for establishing a good interpersonal relationship.<sup>22</sup>

The Interaction Management domain refers to feedback in a bidirectional way, related to the demonstration of understanding and identification of the feelings of the other by means non-verbal language.<sup>6</sup> It was noticed that the investigated nurses had knowledge about non-verbal communication, using it daily in the practice to recognize the needs of other professionals. This result differs from that observed in a study with Nursing professionals at a university hospital in Rio de Janeiro, Brazil, in which the devaluation of non-verbal communication by nurses was identified in some statements.<sup>27</sup>

Communication is a complex process and involves many channels of expression, in addition to speech, which need to be considered. However, the correct identification of non-verbal signs requires training and disposition, so that it is possible to distinguish the nuances related to the other, allowing for a reliable understanding of the message conveyed.<sup>7</sup>

The analysis of the correlation between the indicators of pleasure and suffering and interpersonal communication showed significant values, and it was observed that the experiences of pleasure generate a positive influence on communication among the Nursing team members. On the other hand, the greater the suffering at work, the lower the levels of communication among professionals. In this sense, it is noticed that the work practices interfere with the communicative process between the team members, which has a significant impact on the interpersonal relationship and on the provision of care.<sup>10</sup>

The presence of a work environment whose professionals experience negative situations is often marked by dissatisfaction, demotivation, exacerbated competitiveness and individualism, resulting in disagreements among the team members.<sup>5-6</sup> In addition, the performance in precarious health services has a direct impact on professional satisfaction and on interpersonal communication among the professionals, since the tensions caused by inadequate working conditions and the professional's inability to provide qualified assistance can generate weakened relationships among the team members and compromise the communicative process.<sup>5,15</sup>

A research study carried out with health professionals from a teaching hospital in Uberaba/MG, Brazil, noticed that the experience of stress, discouragement and frustration with work resulted in the presence of low collaboration, discreet articulation, and development of isolated and fragmented actions among workers, which hindered teamwork.<sup>13</sup> A research study conducted in Iran identified that most of the nurses' workplaces in the country were inadequate, resulting in poor working conditions, high levels of violence, overload of activities, and impaired interpersonal communication among professionals, which directly affected the care provided to the patient.<sup>20</sup>

In this sense, positive and negative experiences significantly influence the interpersonal communication between nurses and their team, which requires the adoption of effective measures to promote a pleasant space to carry out the activities of these professionals.<sup>4</sup> Among the strategies that can be implemented by the institutions to improve workers' health and interpersonal communication among professionals, the following stand out: constant monitoring of the exposure to workloads, provision of psychological counseling, incentive to adhere to a healthy lifestyle, and development or improvement of training programs aimed at strengthening leadership and teamwork.<sup>24,29</sup>

In view of this, it is essential that the work environment provides nurses with full development of their skills, and that it is a space in which these professionals can perform their functions in a pleasant

way, which can contribute to better communication among the team members and favor quality and safety of the care provided to the patients.<sup>17</sup>

## CONCLUSION

Based on the results of the present study, it was observed that the nurses surveyed had skills in interpersonal communication, satisfactory levels of pleasure, and critical values of suffering at work. The analysis of the correlation between the two scales was significant, showing that pleasure in the work environment provides an improvement in interpersonal communication, while the high means of suffering generate a proportional decrease in communication.

In view of this, it is necessary for health institutions to adopt policies that prioritize worker's health, by carrying out occupational risk reduction actions for accident prevention, regular training on biosafety, investigation of health conditions, regular monitoring of exposure to workloads, and offering psychological counseling; in addition to providing nurses and other professionals with decent working conditions and a favorable work context for feelings of satisfaction, motivation, experiences of pleasure and, consequently, a good interpersonal relationship among the team members, which will imply quality care for patients.

The limitations of the study are related to the use of the cross-sectional method, as it does not allow for the identification of the cause and effect relationship between the indicators of pleasure and suffering at work and the skills in interpersonal communication. In addition, as the human experience is dynamic and subjective, the aspects related to the work environment and the interactions developed in this location may change over time, which leads to longitudinal studies to investigate the changes that have occurred in work practice and respective repercussions for Nursing team communication.

## REFERENCES

1. Baptista PCP, Pustiglione M, Almeida MCS, Felli VEA, Garzin ACA, Melleiro MM. Nursing workers health and patient safety: the look of nurse managers. *Rev Esc Enferm USP* [Internet]. 2015 [cited 2018 Sept 11];49(Spe 2):122-8. Available from: <https://doi.org/10.1590/S0080-623420150000800017>
2. Mendes AM. *Psicodinâmica do trabalho: teoria, método e pesquisas*. São Paulo, SP(BR): Casa do Psicólogo; 2007.
3. Borges JL, Bezerra ALQ, Tobias, GC. Nurses professional satisfaction of a public hospital. *J Nurs UFPE* [Internet]. 2016 [cited 2018 Nov 07];10(8):2974-82. Available from: <https://doi.org/10.5205/1981-8963-v10i8a11367p2974-2982-2016>
4. Dalmolin GL, Lunardi VL, Lunardi GL, Barlem ELD, Silveira RS. Nurses, nursing technicians and assistants: who experiences more moral distress? *Rev Esc Enferm USP* [Internet]. 2014 [cited 2018 Oct 08];48(3):521-9. Available from: <https://doi.org/10.1590/S0080-623420140000300019>
5. Broca PV, Ferreira MA. Communication process in the nursing team based on the dialogue between Berlo and King. *Esc Anna Nery* [Internet]. 2015 [cited 2018 May 27];19(3):467-74. Available from: <https://doi.org/10.5935/1414-8145.20150062>
6. Puggina AC, Silva MJP. Interpersonal communication competence scale: brazilian translations, validations and cultural adaptation. *Acta Paul Enferm* [Internet]. 2014 [cited 2018 Sept 16];27(2):108-14. Available from: <https://doi.org/10.1590/1982-0194201400020>
7. Schmidt TCG, Duarte YAO. Replication of the training program in nonverbal communication in gerontology. *Rev Bras Enferm* [Internet]. 2015 [cited 2018 May 29];68(6):1042-9. Available from: <https://doi.org/10.1590/0034-7167.2015680607i>

8. Amorim RKFCC, Silva MJP. Nursing faculty's opinion on effectiveness of non-verbal communication in the classroom. *Acta Paul Enferm* [Internet]. 2014 [cited 2018 Mar 09];27(3):194-9. Available from: <https://doi.org/10.1590/1982-0194201400034>
9. Bordignon M, Monteiro MI, Mai S, Martins MFSV, Rech CRA, Trindade LL. Oncology nursing professionals' job satisfaction and dissatisfaction in Brazil and Portugal. *Texto Contexto Enferm* [Internet]. 2015 [cited 2018 Nov 02];24(4):925-33. Available from: <https://doi.org/10.1590/0104-0707201500004650014>
10. Felli VEA, Costa TF, Baptista PCP, Guimarães ALO, Aginoni BM. Exposure of nursing workers to workloads and their consequences. *Rev Esc Enferm USP* [Internet]. 2015 [cited 2018 Nov 03];49(Spe 2):98-105. Available from: <https://doi.org/10.1590/S0080-623420150000800014>
11. Oviedo HC, Campo-Arias A. Aproximación al uso del coeficiente alfa de Cronbach. *Rev Colom Psiquiatr* [Internet]. 2005 [cited 2018 Sept 17];34(4):572-80. Available from: <http://www.scielo.org.co/pdf/rcpv/v34n4/v34n4a09.pdf>
12. Maissiat GS, Lautert L, Pai DD, Tavares JP. Work context, job satisfaction and suffering in primary health care. *Rev Gaúcha Enferm* [Internet]. 2015 [cited 2018 Sept 15];36(2):42-9. Available from: <https://doi.org/10.1590/1983-1447.2015.02.51128>
13. Goulart BF, Camelo SHS, Simões ALA, Chaves LDP. Teamwork in a Coronary Care Unit: facilitating and hindering aspects. *Rev Esc Enferm USP* [Internet]. 2016 [cited 2018 Oct 02];50(3):482-9. Available from: <https://doi.org/10.1590/S0080-623420160000400015>
14. Rodrigues JO, Silva EAL. The pleasure and distress of men working in health services. *J Nurs UFPE on line* [Internet]. 2016 [cited 2018 Sept 11];10(7):2544-54. Available from: <https://doi.org/10.5205/1981-8963-v10i7a11313p2544-2554-2016>
15. Alilu L, Zamanzadeh V, Fooladi MM, Valizadeh L, Habibzadeh H. Towards an understanding of clinical nurses challenges that leads intentions to leave. *Acta Paul Enferm* [Internet]. 2016 [cited 2018 Sept 11]; 29(5):534-41. Available from: <https://doi.org/10.1590/1982-0194201600074>
16. Campos JF, David HMCL, Souza NMVO. Pleasure and suffering: assessment of intensive nurses in the perspective of work psychodynamics. *Esc Anna Nery* [Internet]. 2014 [cited 2018 Sept 21];18(1):90-5. Available from: <https://doi.org/10.5935/1414-8145.20140013>
17. Azevedo BDS, Nery AA, Cardoso JP. Occupational stress and dissatisfaction with quality of work life in nursing. *Texto Contexto Enferm* [Internet]. 2017 [cited 2018 Sep 11];26(1):e3940015. Available from: <https://doi.org/10.1590/0104-07072017003940015>
18. Berni LB, Beck CLC, Prestes FC, Silva RM, Bublitz S, Lamb F. Indicators of pleasure/pain in hygiene and cleaning outsourced workers of a university hospital. *Rev Rene* [Internet]. 2016 [cited 2018 Sept 01]; 17(2):155-64. Available from: <https://doi.org/10.15253/2175-6783.2016000200002>
19. Maciel MPGS, Santana FL, Martins CMA, Costa WT, Fernandes LS, Lima JS. Use of psychoactive medication between health professionals. *J Nurs UFPE on line* [Internet]. 2017 [cited 2018 Jun 07];11(Suppl 7):2881-7. Available from: <https://doi.org/10.5205/1981-8963-v11i7a23468p2881-2887-2017>
20. Alilu L, Zamanzadeh V, Valizadeh L, Habibzadeh H, Gillespie M. A Grounded theory study of the intention of nurses to leave the profession. *Rev Latino-Am Enferm* [Internet]. 2017 [cited 2018 Mar 09];25:e2894. Available from: <https://doi.org/10.1590/1518-8345.1638.2894>
21. Mendes IAC. Challenges of Nursing in the context of the development agenda post-2015. *Rev Esc Enferm USP* [Internet]. 2015 [cited 2018 Sept 17];49(6):876-7. Available from: <https://doi.org/10.1590/S0080-623420150000600001>
22. Araújo MPS, Medeiros SM, Quental LLC. Interpersonal relations among nursing staff: fragilities and strengths. *Rev Enferm UERJ* [Internet]. 2016 [cited 2018 Oct 02];24(5):e7657. Available from: <https://doi.org/10.12957/reuerj.2016.76>

23. Puggina, ACG, Trovo MM, Biondo CA, Barbosa IA, Santos M, Silva MJP. Nursing diagnosis impaired verbal communication in clinical practice: an integrative review. REFACS [Internet]. 2016 [cited 2018 Oct 19];4(2):135-44. Available from: <https://doi.org/10.18554/refacs.v4i2.1644>
24. Müller M, Jürgens J, Redaelli M, Klingberg K, Hautz WE, Stock S. Impact of the communication and patient hand-off tool SBAR on patient safety: a systematic review. BMJ Open [Internet]. 2018 [cited 2019 Aug 20];8(8):e022202. Available from: <https://doi.org/10.1136/bmjopen-2018-022202>
25. The Joint Commission. Hospital National Patient Safety Goals Effective [Internet]. 2019 [cited 2019 Aug 20]. Available from: [https://www.jointcommission.org/assets/1/6/npsg\\_chapter\\_hap\\_jan2019.pdf](https://www.jointcommission.org/assets/1/6/npsg_chapter_hap_jan2019.pdf)
26. Guimarães ALO, Felli VEA. Notification of health problems among nursing workers in university hospitals. Rev Bras Enferm [Internet]. 2016 [cited 2018 Sept 11];69(3):507-14. Available from: <https://doi.org/10.1590/0034-7167.2016690313i>
27. Broca PV, Ferreira MA. Nursing team communication in a medical ward. Rev Bras Enferm [Internet]. 2018 [cited 2018 Sept 11];71(3):951-8. Available from: <https://doi.org/10.1590/0034-7167-2017-0208>
28. Martins CCF, Dantas MSP, Marinho FP, Almeida LA, Santos VEP. Stressors agents in intensive care: vision of nursing professionals. J Nurs UFPE [Internet]. 2014 [cited 2018 Mar 12];8(10):3386-91. Available from: <https://doi.org/10.5205/1981-8963-v8i10a10070p3386-3392-2014>
29. Gan I. Alternative work arrangements: Reshaping the future of nurses' workplace communication and relationships. Nurs Forum [Internet]. 2019 [cited 2019 Aug 19];54: 227-31. Available from: <https://doi.org/10.1111/nuf.12321>

## NOTES

### ORIGIN OF THE ARTICLE

Extracted from the dissertation - Nursing work: pleasure, suffering and interpersonal communication, presented to the Graduate Program in Nursing of the Universidade Federal da Paraíba, in 2018.

### CONTRIBUTION OF AUTHORITY

Study design: Pimenta CJL, Costa KNFM.

Data collection: Pimenta CJL, Viana LRC, Silva CRR.

Data analysis and interpretation: Pimenta CJL, Silva CRR.

Discussion of the results: Pimenta CJL, Viana LRC, Silva CRR, Bezerra TA.

Writing and/or critical review of content: Pimenta CJL, Bezerra TA, Costa KNFM.

Review and final approval of the final version: Pimenta CJL, Costa TF, Costa KNFM.

### FUNDING INFORMATION

This study was financed by the *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brazil (CAPES) - Finance Code 001*.

### APPROVAL OF ETHICS COMMITTEE IN RESEARCH

Approved by the Research Ethics Committee of the Hospital Universitário Lauro Wanderley, opinion n. 2.259.018, Certificate of Presentation for Ethical Appreciation (CAAE): 69841417.8.0000.5183.

### CONFLICT OF INTEREST

There is no conflict of interest.

### HISTORICAL

Received: February 15, 2019.

Approved: October 04, 2019.

### CORRESPONDING AUTHOR

Cláudia Jeane Lopes Pimenta

claudinhajeane8@hotmail.com