

# Challenges of communication in Neonatal Intensive Care Unit for professionals and users

## *Desafios da comunicação em Unidade de Terapia Intensiva Neonatal para profissionais e usuários*

Carla Andréa Costa Alves de Campos<sup>1</sup>, Luciano Bairros da Silva<sup>2</sup>, Jefferson de Souza Bernardes<sup>3</sup>, Andressa Laiany Cavalcante Soares<sup>4</sup>, Sonia Maria Soares Ferreira<sup>5</sup>

**ABSTRACT** Reporting news sensitively is the responsibility of health professionals. In order to analyze speeches of professionals and family members of patients of the Neonatal Intensive Care Unit of a university hospital, qualitative research was conducted with interviews and Conversation Wheel as instruments, guided by the SPIKES protocol. The categories produced were analyzed by the Discursive Practices and Sense Production. The results showed dehumanized ambience; service overload; absence of place and unpreparedness to communicate news and they point out the importance of promoting health communication to improve the quality of work and interpersonal relations.

**KEYWORDS** Communication. News. Intensive Care Units, Neonatal.

**RESUMO** *Comunicar notícias com sensibilidade é competência dos profissionais de saúde. Para analisar falas de profissionais e familiares de internos da Unidade de Terapia Intensiva Neonatal de um Hospital Universitário, foi realizada pesquisa qualitativa tendo como instrumentos entrevistas e Roda de Conversa, norteados pelo protocolo SPIKES. As categorias produzidas foram analisadas por meio das Práticas Discursivas e Produção de Sentidos. Os resultados evidenciaram ambiência desumanizada; sobrecarga de serviço; ausência de local e falta de treinamento para comunicar notícias e apontam a importância de valorizar a comunicação em saúde para melhorar a qualidade do trabalho e relações interpessoais.*

**PALAVRAS-CHAVE** *Comunicação. Notícias. Unidade de Terapia Intensiva Neonatal.*

<sup>1</sup>Universidade Federal de Alagoas (Ufal) – Maceió (AL), Brasil. Centro Universitário Cesmac - Maceió (AL), Brasil. [carla@dcampos.com.br](mailto:carla@dcampos.com.br)

<sup>2</sup>Centro Universitário Cesmac - Maceió (AL), Brasil. [lucianopsico@yahoo.com.br](mailto:lucianopsico@yahoo.com.br)

<sup>3</sup>Universidade Federal de Alagoas (Ufal) – Maceió (AL), Brasil. [jbernardes.ufal@gmail.com](mailto:jbernardes.ufal@gmail.com)

<sup>4</sup>Centro Universitário Cesmac - Maceió (AL), Brasil. [andressa.laiany@hotmail.com](mailto:andressa.laiany@hotmail.com)

<sup>5</sup>Centro Universitário Cesmac - Maceió (AL), Brasil. Universidade Federal de Alagoas (Ufal) - Maceió (AL), Brasil. [sonia.ferreira@cesmac.edu.br](mailto:sonia.ferreira@cesmac.edu.br)

## Introduction

Communication can be understood as a set of actions, including verbal and nonverbal behaviors used in relations between people. It is not reduced, therefore, to the act of speaking simply. Communication is relationship (SILVA, 2012). It is from and through the relations with the other that the human being becomes human (GUARESCHI, 2007).

About the communication of news in the Neonatal Intensive Care Unit (NICU), in order to communicate well, it is required that the health professional recognizes the importance of this act and have preparation and sensitivity, especially when he/she needs to communicate bad news. Sometimes, sitting next to a person, even if in silence, can communicate more than many words (SILVA, 2012). Communication is the keyword in the training of professionals and teamwork practices, in the search for consensus for the construction of projects in favor of users (PEDUZZI, 2001).

Buckman (1984) suggested that the communication of difficult news to patients is a skill, and 'not a divine gift', and can be taught and understood by all, as a vital part of the job of caring for the sick.

The same author and collaborators propose a protocol with six strategic steps, with the aim of guiding the health professional at the moment of communication, naming it the protocol SPIKES, one of the most didactic to communicate bad news (BAILE ET AL., 2000; BUCKMAN, 2005):

- a) Setting – start properly, preparing the environment, how, what and who should be present, that is, the beginning itself, including normal cordial attitudes;
- b) Perception – perception of how much the patient knows about his/her illness;
- c) Invitation – invitation to discover how much the patient wants to know;

d) Knowledge – pass the knowledge, share the information;

e) Empathy – empathy for responding to the feelings of the patient;

f) Strategy and summary – strategy to combine the therapeutic planning of the patient.

There is no single rule for proper communication, nor a single model for every situation. The effectiveness of the process of communicating bad news depends on the sensitivity and flexibility to adapt a professional technique to each circumstance, depending on the cultural, social, educational and family contexts (SILVA, 2012).

It is worth remembering that communication is one of the competencies recommended in the National Curricular Guidelines of the medical undergraduate course in Brazil (BRASIL, 2014). Based on the relations between the subjects, there is the production of a bond, essential for humanization, that is, a process of affective and ethical bonding between professionals, users and managers, which promotes a coexistence of mutual support and care (BRASIL, 2004, 2013).

The Ministry of Health (BRASIL, 2013), through the National Humanization Policy (PNH) and HumanizaSUS (BRASIL, 2004), reinforces the importance of welcoming within the NICUs, being this, the key tool of the PNH for effecting humanization, valuing the link and acceptance of the differences among the involved, as a means of social inclusion, not forgetting the care with health professionals, the continuing education of these professionals and the support of the managers who are part of the health PNH tripod: users, professionals and managers.

However, there are frequent difficulties experienced by the health teams in the Intensive Care Unit (ICU), such as: the stress of dealing with death and with families, the scarcity of material and human resources, the lack of union and commitment of some

members, leading to feelings of failure, fatigue and discouragement (LEITE; VILA, 2005).

Everything that is transmitted to the other does not only represent information, but mainly the feeling that he/she can handle, especially when it comes to health and illness or life and death. There is no escape, it is part of life to give and receive good and difficult news (SILVA, 2012).

Despite the technological innovations in health, communication remains a challenging and indispensable work tool for professionals in the field. This way, this research aimed to analyze the speeches of health professionals and relatives of internal patients of a NICU related to the production of the communication of news, in a University Hospital, in the Northeast region, Brazil.

Given the relevance and importance of communication in the NICU, it is justified to analyze how the news are produced in this environment, under the observation of the conversations with the multiprofessional team and the families of newborns interned, aiming at reducing the suffering of all involved.

## Methods

This qualitative research (MINAYO, 2014), was developed in a NICU of a University Hospital, in the Northeast region, Brazil. At the time it had 10 beds of hospitalization for newborns, frequently occupied, because it was the only public NICU available for births of risk in the state. The exclusive health professional team of the NICU was composed of: 13 pediatric physicians, 10 pediatric resident physicians, 9 nurses, 3 resident nurses, 22 nursing technicians and 1 physical therapist, distributed according to the workload of each professional on scales on duty for 6 or 12 hours. Generally, there were 1 doctor, 1 nurse and 3 nursing technicians on duty. The social worker and the psychologist do not assist exclusively the NICU.

Both had been asked to participate in the research: professionals of the health team of the NICU and family members of internal newborns in this hospital. The proportionality between the number of participants, available beds and professional categories was aimed. Based on the 10 beds available in the NICU, 10 family members and 10 health professionals have agreed to participate, being the amount of each professional activity area in the research proportional to the quantity in the team, that is, as in the team there is a higher number of nursing technicians, in this research, this category also had a greater number of participants.

Due to the difficulty of finding common schedules between the professionals of the NICU team, these were individually invited and taken to the reserved environment, ensuring the anonymity and confidentiality of the participation. It was considered, initially, to conduct a Round of Conversation with the multiprofessional team, as well as with the family members, however, through participant observation of the researcher, it was noted that it would be impractical to group the team in a single moment.

Ten semi-structured interviews were carried out, using a script with guiding questions, constructed from the stages present in the SPIKES protocol, (BAILE ET AL., 2000), presented in the introduction of this article and used to assist the health professional in the communication of bad news.

The 10 family members who participated had accompanied newborn patients at different stages of diagnosis and periods of hospitalization. They were invited to a Round of Conversation, in a reserved environment, with 2 hours duration. Rounds of Conversation are tools for openness to social interaction, allowing groups to produce new meanings about their practices, theories and beliefs (SPINK; MENEGON; MEDRADO, 2014; BERNARDES ET AL., 2015).

For the Round of Conversation, a script was used with guiding questions, also inspired by the SPIKES protocol (BAILE ET AL.,

2000), which did not need to be done, since the participants talked about them in a voluntary and informal way during the Round of Conversation. At the end, the group was asked to evaluate the activity they participated in. All the speeches were part of the analysis material.

Script with the guiding questions for the interviews and Round of Conversation:

Regarding the first letter of the SPIKES protocol, the S, corresponding to the term Setting (environment):

For professionals: Do you use the right environment to provide news?

For family members: Which hospital location you are called to receive news? Do you consider this location ideal, right, appropriate?

Concerning the fifth letter, the E, corresponding to the term Empathy:

For professionals: Do you use any strategy to communicate news?

For family members: With which professional do you consider yourself more comfortable to answer your questions?

The semi-structure interviews and the Round of Conversation were recorded in audio and later transcribed in full. During the research, the team used the Field Diary (DIEHL; MARASCHIN; TITTONI, 2006), which was produced to record observations, conversations and events. The Field Diary made it possible to perceive the path of the research team, its trajectory and interactions. The watchful eye was part of the activities developed and assisted the material of analysis. Finally, the Diary's writing was incorporated into the daily activities of the researchers.

For the analysis of the interviews and the Round of Conversation, it was used the theoretical-methodological reference of the Discursive Practices and Production of Meanings in Everyday Life (SPINK; LIMA, 1999; SPINK, 2004), which focuses the analysis on the language in use. In this referential, it starts from the ways in which the subjects speak of their everyday life, in search of the meanings

produced from there. Using the transcribed material, Dialogic Maps were produced (NASCIMENTO; TAVANTI; PEREIRA, 2014) through integral transcription (SPINK; LIMA, 1999).

From the Dialogic Maps, the Linguistic Repertoires were produced. Dialogic Maps are instruments created with the purpose of guaranteeing the visibility of the organization of information, allowing all readers to systematically and critically follow the product of the research work (SPINK; LIMA, 1999). Linguistic Repertoires are tools that try to associate content depending on contexts. Only the meaning produced by speech is understood when the broader context of questions, answers and interventions is analyzed (SPINK, 2004). Starting from the Linguistic Repertoires, the following categories of analysis were produced: Relations between professionals; and Relations between professionals and family members.

This research was approved by the Research Ethics Committee of the University Center Cesmac, under Opinion nº 981.561, and the participants signed the Term of Free and Informed Consent (TFIC) before the beginning of the research. The anonymity of the participants was guaranteed by substituting the names of professionals and researchers for flowers and those of family members by birds, because these figurative images refer to encounters and relationships, finally, the production of communication. It was used the birds and flowers metaphor not simply to maintain the secrecy of the speeches, but mainly in the attempt to harmonize a tense theme. It was decided to keep the speeches and expressions without grammar corrections, to avoid changes in the produced meanings.

## Results and discussion

The analysis of the speeches will be presented in two categories: the first works on the relations between the professionals of

different areas that compose the health team of the NICU; in the second, the relations produced between professionals and their families are discussed.

## Relations between professionals

In this category, the relations between the professionals themselves were discussed. These identified the fragility of their preparation for communicating news and the great difference between theory and practice in the professional routine.

The professionals pointed out that while acting in service they faced the need to communicate news, only then creating strategies for that. They presented a repertoire related to the lack of training for this work, both to work as a team and to deal with situations of mourning and death, which demonstrates the need for greater care with the multiprofessional health team. Daisy (nurse) complains: “... when you talk about humanizing you only think about the client, but our team is very much suffering”. Gerbera (psychologist) complains: “It should have humanization projects also for the team to feel welcome”. And Orchid (physiotherapist) completes: “Because we deal with pain, we see a lot of suffering”.

One strategy used by workers not to enter suffering is to absent themselves from their relationship with the other, to create protection, with attitudes of attack, coldness, insensitivity and withdrawal, mechanization of service or objectification (SILVA, 2012), as pointed out by Sunflower (doctor) in her speech:

*I asked the father to do the necropsy before the death of his son, and then I felt very bad about that insensitivity. It felt like I was dealing with a box.*

Jasmine (nursing technician) assumes: “I leave the place to not hear the news”.

The professional practice with the purpose of guaranteeing the life of the newborns is imposed before the lack of training

of the team in dealing with the death. The experience of mourning, when some newborn dies, promotes in the professionals the experience of feelings of guilt in situations like this, assuming mourning as a technical failure, and not as an element of life. In relation to this, Orchid (physiotherapist) says: “I always feel bad after giving bad news”.

The technical competence and preparation of the team for humanization should be equally valued (KOVÁCS, 2005). Humanization, which is often not exercised in practice, due to the lack of necessary working conditions for the team, which, in turn, overestimates the technique of interpersonal relations. Rose (resident of pediatrics) says: “I have already wanted to stay away from giving information, to move away from families and do only technical work”.

However, the National Curricular Guidelines of the undergraduate course in Medicine define communication as professional competence, which, using comprehensible language in the therapeutic process, stimulates the spontaneous reporting of the person under care, taking into account the psychological, cultural and contextual aspects, their life history, the environment in which they live and their socio-family relationships, ensuring privacy and comfort (BRASIL, 2014).

In the everyday work of the NICUs, there are frequent feelings of demotivation among professionals in the face of the lack of structure and the overload of work, causing a series of conflicts, as Poppy (doctor) refers to her daily life: “work overload leads to the fights” and completes: “It is not routine to give news and if it was it wouldn't be possible to comply because the work overload does not allow”. Although the communication of news to patients is described as the competence of the medical professional, the team chooses not to include this competence in the work process in order to protect and protect itself from labor, physical and emotional suffering (BRASIL, 2014).

According to Silva and Queiroz (2011), it is necessary to construct ways of confronting

the stressors, such as work overload, in order to seek greater interaction with the team, knowledge of the real difficulties of the service and to promote solutions.

These conflicts are almost always presented around communication processes, for example, as Jasmine (nursing technician) says: *“There are pediatricians who do not know how to speak, the way of speaking, the way of asking, it interferes a lot”*.

The technical and socioeconomic inequalities between the different professional categories in the NICU, that reinforce the relations of subordination, producing relations and disputes of power in a small and maintenance-free garden, as mentioned by Jasmine (nursing technician), are also added:

*There are pediatricians who speak as if they were talking to their housekeeper. They think we're here to obey them and I know we're here to do the best for the patient, not what she wants, what she says. They think their opinion has to be superior to other's...*

These inequalities hinder communication between the team and, consequently, the relationship between professionals, which also interferes with the relationship with the users.

The work of the professionals derives from the physician-centered practice, which characterizes the work as technically different and more than that, unequal in social and economic valuation (DUARTE; SENA; XAVIER, 2009). Tulip (nursing technician) confirms:

*[...] only of thinking that I'm going to work with a certain doctor, my head already gets a little concerned before I start, because he already gets here complaining, asking [...].*

Peduzzi (2001) highlights the need of health professionals to preserve the specificities of each job, maintaining the technical differences, but with flexibility of the division of labor. Lily (social worker) says:

*Especially in the health area, it requires teamwork. Every professional with their specificity within the multi team has to understand oneself as a team and the question of interdisciplinarity, where the specific knowledge is established, the particularity of each professional, where I am going to have a limit.*

## Relations between professionals and family members

Regarding the relationships between the staff members and the families of the inmates, there were repertoires indicating the work in the NICU, strongly focused on the procedures, with absence in the daily routine of moments for communication of news and other interpersonal relations.

Passing information is different from communicating news. Silva (2012) discusses the difference between giving news and communicating them, the first being determined by their exemption from the commitment of those who pass these news, differing from the second, which requires an involvement between those who communicate and those who are communicated.

This category was marked by the speech of the family members by the absence of orientation and reception by the professionals. Such absence is due to the lack of orientation, adequate location and flexibility in the organization and work routine.

However, there is also recognition by family members when proper communication and guidance lead to care. In short, it is clear in the repertoires used in this category that informing is different from communicating. Communication always seeks the relationship with orientation. Mockingbird (mother) says: *“[...] there are some who have a relationship with us, who talk to us: mother what's up? How are you?”* and Great kiskadee (grandmother): *“[...] there are people that I get along with, there are some who talk more, who we feel more comfortable asking”*.

The lack of reception leads to insecurity for parents (COSTA; KLOCK; LOCKS, 2012). Fear determines submission in interpersonal relationships in the NICU. Because the child is in the incubator under the control of the professional team, families verbalize such insecurity and fear through feelings of revenge, for example, when Mockingbird (mother) says: *“Suddenly they (professionals) will be mad at you and take it out on your child”*.

In addition to insecurity and fear, due to lack of guidance, family members are even afraid to touch their children and do not feel oriented about what they can and cannot do within NICU. Mockingbird (mother): *“I have never touched my son”*.

Therefore, guidelines are essential to avoid unnecessary suffering. In a Round of Conversation dialog, it is explicit how difficult it can be for parents to see their children in NICU and that some simple procedures for professionals are too complicated to understand in the eyes of parents. *“[...] they were hurting my son with a tube!”* Hawk (mother). *“Hurting?”* Violet (author). *“...they were changing the tube, woman!”* Mockingbird (mother).

Although there is no definition of who should report the news, the family members only want accessibility and availability of time (KOWALSKI ET AL., 2006). Toucan (mother) reveals: *“[...] we are looking for the best, I do not know if it is a doctor or a nurse”*. Although the National Curricular Guidelines of the medical degree course define that the medical professional should be prepared for communicating news, this competence is not exclusive to this professional category.

There are family members who comprehend the difficulties experienced by professionals in their difficult work routine, but they require the least care in the relationships between them. In this sense, family members do not disregard structural and labor management problems, however they demand their rights of access and health care. Mockingbird (mother): *“I understand that you work a lot, but you also have to understand me”*.

Another repertoire present in the speeches was related to flexibility in the organization of the work process (DUARTE; SENA; XAVIER, 2009). The contacts and affective relationships cannot be constructed following a series of routines, but, rather, produced in the daily life of intersubjective relations and surpassing the expected or controlled (FERRAZ; GOMES; MISHIMA, 2004). These relations are also determined by working conditions and organizations, which makes health communication more difficult to perform in practice. According to Holz and Bianco (2014), it is appropriate, in the organization of work, to consider the rules and adapt them to the always unique situations. For Trinquet (2010), management is more an art than a technique.

Thus, because of the previous topic, the absence of an adequate place and the lack of training of the team to communicate news, seem to interfere negatively in the interpersonal relations, leading again to the absence of cares and receptions, for example, when Sunflower (doctor) says: *“There is no adequate environment to give news”*.

There is a difference between passing the information and communicating the news. Swallow (mother): *“We only listen: it's severe!”* Neglect leads to misunderstandings, creating conflicts and worsening the interpersonal relationship. Violet (author): *“The focus has been a duel between patient and doctor”*. To the point of thinking of physical aggression. Swallow (mother): *“I was going to hit the doctor”*.

Parents can deal better with death when they are satisfied with the care given to their child (BROSIG ET AL., 2007), as Daisy (nurse) observed: *“Unfortunately she (baby) died the other day, and the family came to me to thank me”*. Gerbera reflects: *“[...] some people of the team made a difference...”*; and Lily (social worker) recognizes: *“some professionals go beyond technique, they seek to have a dialogue”*. Fortunately, meetings were held between family members and the multiprofessional team.

## Conclusions

In this work, it was evidenced the devaluation of the communication of news in the daily work in a NICU by: absence of adequate environment and reserved for conversations; lack of professional team training to inform family members of clinical evolution or listen to their doubts and anxieties; not prevision in the routine and in the work processes of moments for the reception of the family members and the multiprofessional team.

On that basis, it was identified that the professionals of the NICU produced strategies of defense, distancing and non-involvement with family members, in order to avoid further suffering at work. Family members, on the other hand, experienced feelings of insecurity, fear and subordination before the non-availability of the professionals for exchanges and meetings. Interpersonal relationships between professionals and family members were fragile, directed at the dispute, and, even hostile, causing suffering for all involved.

It was pointed out the concern with the greater investment of professionals and family members to qualify the communication of news, from acts of respect and care with the other. It is suggested the creation of strategies of union and organization of professionals and family, providing moments for reflection of the multiprofessional team with the managers; listening to the needs of family members and professionals; and the development of spaces for working the suffering produced by the everyday work in NICU, both the difficulties suffered by the family members and by the professionals of

the health team. In this sense, to qualify the communication, it goes through the necessity to extend the interpersonal relations.

It is imperative to appreciate the challenges of the communication of news and improving relationships between flowers and birds in that garden. As well as the production of newborn care in NICU centered on the family and the multiprofessional team.

## Collaborators

Carla Andréa Costa Alves de Campos – Conception, planning, analysis and interpretation of data. Elaboration of the draft and critical revision of the content. Approval of the final version of the manuscript.

Luciano Bairros Da Silva – Conception, planning, analysis and interpretation of data. Elaboration of the draft and critical revision of the content. Approval of the final version of the manuscript.

Jefferson de Souza Bernardes – Conception, planning, analysis and interpretation of data. Elaboration of the draft and critical revision of the content. Approval of the final version of the manuscript.

Andressa Laiany Cavalcante Soares – Conception, planning, analysis and interpretation of data. Elaboration of the draft and critical revision of the content. Approval of the final version of the manuscript.

Sonia Maria Soares Ferreira – Conception, planning, analysis and interpretation of data. Elaboration of the draft and critical revision of the content. Approval of the final version of the manuscript. ■



## References

- BAILE, W. F. *et al.* SPIKES – a six-step protocol for delivering bad news: application to the patient with cancer. *The Oncologist*, Dayton, v. 5, n. 4, p. 302-311, 2000.
- BERNARDES, J.; SANTOS, R. G. A.; SILVA, L. B. A. Roda de Conversa como dispositivo ético-político na pesquisa social. In: LANG, C. E. *et al.* (Org.). *Metodologias: pesquisas em saúde, clínica e práticas psicológicas*. Maceió: Edufal, 2015.
- BRASIL. Ministério da Educação. Resolução nº 3, de 20 de junho de 2014. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Medicina e dá outras providências. *Diário Oficial [da] União*, Brasília, DF, 2014. Disponível em: <<http://www.fmb.unesp.br/Home/Graduacao/resolucao-dcn-2014.pdf>>. Acesso em: 15 ago. 2016.
- \_\_\_\_\_. Ministério da Saúde. Secretaria de Atenção à Saúde. *Política Nacional de Humanização*. Brasília, DF: Ministério da Saúde, 2013.
- \_\_\_\_\_. Ministério da Saúde. Secretaria de Atenção à Saúde. Política Nacional de Humanização. *Cadernos HUMANIZASUS*. Brasília, DF: Ministério da Saúde, 2004.
- BROSIG, C. L. *et al.* Infant end-of-life care: the parent's perspective. *Journal of Perinatology*, Nova Iorque, v. 27, n. 8, p. 510-516, 2007.
- BUCKMAN, R. A. Breaking bad news: why is it still so difficult? *British Medical Journal*, Londres, v. 288, n. 6430, p. 1597-1599, 1984.
- \_\_\_\_\_. Breaking bad news: the S-P-I-K-E-S strategy. *Community Oncology*, Nova Jersey, v. 2, n. 2, p. 138-142, 2005.
- COSTA, R.; KLOCK, P.; LOCKS, M. O. H. Acolhimento na Unidade Neonatal: percepção da equipe de enfermagem. *Revista Enfermagem UERJ*, Rio de Janeiro, v. 20, n. 3, p. 349-353, 2012.
- DIEHL, R.; MARASCHIN, C.; TITTONI, J. Ferramentas para uma psicologia social. *Psicologia em Estudo*, Maringá, v. 11, n. 2, p. 407-415, 2006.
- DUARTE, E. D.; SENA, R. R.; XAVIER, C. C. Processo de trabalho na Unidade de Terapia Intensiva Neonatal: construção de uma atenção orientada pela integralidade. *Revista da Escola de Enfermagem da USP*, São Paulo, v. 43, n. 3, p. 647-654, 2009.
- FERRAZ, C. A.; GOMES, E. L. R.; MISHIMA, S. M. O desafio teórico-prático da gestão dos serviços de saúde. *Revista Brasileira de Enfermagem*, Brasília, DF, v. 57, n. 4, p. 395-400, 2004.
- GUARESCHI, P. A. Relações comunitárias relações de dominação. In: CAMPOS, R. H. F. (Org.). *Psicologia Social Comunitária*. Petrópolis: Vozes, 2007, p. 81-99.
- HOLZ, E. B.; BIANCO, M. F. Ergologia: uma abordagem possível para os estudos organizacionais sobre trabalho. *Cad. EBAPE.BR*, v. 12, n. esp., p. 494-512, 2014.
- KOVÁCS, M. J. Educação para a morte. *Psicologia, Ciência e Profissão*, Brasília, DF, v. 25, n. 3, p. 484-497, 2005.
- KOWALSKI, W. J. *et al.* Communicating with parents of premature infants: who is the informant? *Journal of Perinatology*, Filadélfia, v. 26, p. 44-48, 2006.
- LEITE, M. A.; VILA, V. S. C. Dificuldades vivenciadas pela equipe multiprofissional na unidade de terapia intensiva. *Revista Latino-Americana de Enfermagem*, Ribeirão Preto, v. 13, n. 2, p. 145-150, 2005.
- MINAYO, M. C. S. *O desafio do conhecimento: pesquisa qualitativa em saúde*. São Paulo: Hucitec, 2014.
- NASCIMENTO, V. L. V.; TAVANTI, R. M.; PEREIRA, C. Q. O uso de mapas dialógicos como recurso analítico em pesquisas científicas. In: SPINK, M. J. *et al.* (Org.). *A produção de informação na pesquisa social: compartilhando ferramentas*. Rio de Janeiro: Centro Edelstein de Pesquisas Sociais, 2014. p. 247-272.

PEDUZZI, M. Equipe multiprofissional de saúde: conceito e tipologia. *Revista de Saúde Pública*, São Paulo, v. 35, n. 1, p. 103-9, 2001.

SILVA, A. P.; QUEIROZ, E. S. O estresse e sua relação com a jornada de trabalho da enfermagem em unidade hospitalar. *NBC*, Belo Horizonte, v. 1, n. 1, p. 33-50, 2011.

SILVA, M. J. P. Comunicação de más notícias. Artigo de Revisão. *O Mundo da Saúde*, São Paulo, v. 36, n. 1, p. 49-53, 2012.

SPINK, M. J. *Linguagem e produção de sentidos no cotidiano*. Porto Alegre: EDIPUCRS, 2004.

SPINK, M. J.; MENEGON, V. M.; MEDRADO, B. Oficinas como estratégia de pesquisa: articulações teórico-metodológicas e aplicações ético-políticas.

*Psicologia & Sociedade*, Belo Horizonte, v. 26, n. 1, p. 32-43, 2014.

SPINK, M. J.; LIMA, H. Rigor e Visibilidade: a explicitação dos passos da interpretação. In: SPINK, M. J. P. (Org.). *Práticas discursivas e produção de sentidos no cotidiano: aproximações teóricas e metodológicas*. São Paulo: Cortez, 1999.

TRINQUET, P. Trabalho e Educação: o método ergológico. *Revista HISTEDBR*, Campinas, v. 10, n. esp., p. 93-113, 2010.

---

Received for publication: August, 2016

Final version: March, 2017

Conflict of interests: non-existent

Financial support: the research received funding through a scholarship from the PSIC Program of scientific initiation