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NON-VERBAL COMMUNICATION AT NURSING ADMISSION: PERCEPTIONS OF HIV/AIDS PATIENTS

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ABSTRACT

This study aims to identify the not verbal perceptions that pacientes with HIV/Aids do about body expressions in nursing admission. It is a descriptive and transversal study with a qualitative approach. The research was performed with 10 patientsn the Center for Health Care in Infectious Diseases –Casa Dia. Reference in multidisciplinary care in the testing, counseling and treatment of patients with HIV/AIDS, in the city of Belém, Pará. Data analysis was performed through content analysis of Bardin. When analyzing the data of the research it was possible to know the reality and the afflictions of the patients attended at Casa Dia. The results indicated that the value of non-verbal communication contributes to improve care, contributing to a close relationship of trust, which is essential for the patient-nurse relationship. It was concluded that non-verbal communication in nursing care with patients with HIV / AIDS brought many questions. It has been noticed that most of the time the non-verbalized reading is understood, however, it is not absorbed.

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INTRODUCTION

The word communication comes from the Latin *communicare*, which means "to make common," "share" and "confer", favoring moments of integration between people (MIRANDA, 2014). The communicative act is defined as a process of extreme importance in the relationship between the health professional and the patient, establishing a process of helping the individual and the family. In the context of care, several studies have highlighted communication as an instrument that provides a faster recovery, effected through verbal and non-verbal languages; and a tool that promotes the humanization of relationships through the exchange of information, validation of messages and interaction with families of hospitalized patients (CORIOLANO-MARINUS *et al.*, 2014) Nonverbal language is characterized by being a way of expressing personal emotional states. Some of these expressions are learned socially being voluntarily manifested according to the context and culture experienced. The so-called micro facial expressions arise involuntarily and are caused by universal brain mechanisms (GODIN *et al.*, 2018). Non-verbal communication becomes a target of interest for professionals in several areas of knowledge, particularly for those in the health area, such as the area of nursing that deals directly with the human being. For nursing, non-verbal communication is an essential tool that must be developed at all times, in order to get closer to the patient (WEBB, 2018). It is noticed that a simple exchange of gestures, expressions and movements, influence the prescription of care. Therefore, professionals need to understand that each expression or personal gesture may have a hidden intentionality for the patient, and non-

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verbal communication must be performed in an adequate way so that there is no harm to any of the parties involved (LOULE, 2014). Knowing the relevance of the work of the nursing team in the health-disease process, the patient's reception should be practiced around the simplicity and concern of the interpretation of the other in a humanized way. It should be understood that the patient understands, feels, and interprets gestures, laughter, looks of astonishment or pity, a simple raise of eyebrows or a harsh tone of voice that can be emitted by the nursing at the time of the reception. In this scenario, non-verbal language should provide a truly humanized reception, create bonds and a greater confidence of the patient in the nursing team (RAMOS; BORTOGARI, 2012). "Patients with HIV/AIDS are included in a group that faces social rejection, affective deficiency, among other feelings that may indirectly influence nursing care" (GARBIN *et al*., 2009). It is known that prejudice, discrimination and side effects are still worrying factors in relation to these patients, as well as the fear and anguish of social death and not being accepted by the people, thus, it is imperative that non-verbal language be during the broader process of care for people with HIV/AIDS (COSTA, 2016). Therefore, the objective of this study is to identify the reading that patients with HIV/AIDS make of non-verbal language in the reception of nursing.

MATERIALS AND METHODS

It is a descriptive and transversal study, with a qualitative approach, defined from the formulated problem, seeking to observe subjective traits of non-verbal communication. The research was conducted in September 2015, at the Center for Attention to Health in Infectious Diseases - Casa Dia, reference in the multidisciplinary care in the testing, counseling and treatment of patients with HIV/AIDS, in the city of Belém, Pará. Ten patients attended by nurses participated in the study, using as inclusion criteria patients of both sexes, over 18 years of age, who accepted to participate in the study, signing the informed consent form (TCLE). Exclusion criteria were patients under the age of 18 years and those who did not agree to participate in the study or to sign the informed consent form. Participants were informed about the nature of the research, accepting to participate in the study by signing the Term of Free and Informed Consent, according to the recommendations of Resolution 466/12. The project was approved by the Research Ethics Committee of the University of the Amazon and by the research project analysis commission - CAPP, Belém, Pará, under protocol n ° 48897215.3.0000.517373. Data collection was performed through a structured interview script. The interviews were conducted individually, using an MP3 type audio recorder so that no information passed on was lost. In order to preserve the anonymity of the participants during the interviews, the names of the patients were replaced by the name of flowers.

The evaluation of the data was performed through the content analysis of Bardin (2016), which consists of three stages: pre-analysis, material exploration and treatment of the obtained results / interpretation. In the pre-analysis, the interviews were transcribed in full, kept in the subjects' own language, including the time of pause, silence and behavioral aspects demonstrated by the interviewees, and systematization of ideas.In the exploratory stage an extended reading of the testimonies was made and the key elements were analyzed deeply. Finally, the study was analyzed and divided into thematic categories.

RESULTS AND DISCUSSION

The results indicated that different paths were taken by the patients until they arrived at the Center of Attention to Health in Acquired Infectious Diseases, each one with its history of life, yearnings, projects and dreams for the future. Of the 10 participants, only 1 had a higher level, three had incomplete average level and the others had a fundamental level, which sometimes made it difficult to understand the questions as will be exposed throughout the analysis. The results presented were the result of concerns about the non-verbal communication in the nursing reception in the perception of patients with HIV/AIDS. The analysis of the material made it possible to work with two categories: perceptions of the other and mixed feelings: a humanized process.

Perceptions of the other: The collected reports evidenced the desire to interpret the expression of the professional. The result of the analysis clarifies the vision that the patients assume before the care of the professionals at the moment of the diagnosis, reaffirming this desire the following answers stand out:

"... the direct consultations I had about HIV itself went straight to the doctor, not to say that I had none at all once I came with the nurse, but I do not remember exactly the expression that the nurse had in front of it. The doctor was a little surprised, actually because I was in shock and so was he, so he said "but you understood, but you understood" about 30 times he asked if I understood only that I already knew everything that he uses to that and everything else so I do not know type is anyway what the exact reaction at that moment I think it is the only plug was dropped after "(ORCHID).

"I do not remember, I started to cry, she calmed me, said it's a normal disease, that with the treatment it would be okay" (FLOWER DE LOTUS).

"Normal, it was normal, there was no change" (MARGUERITE).

In view of these responses, it can be seen that the gestures and behavior of the professional who gave the diagnosis seemed irrelevant, since at that moment what seemed to matter most was the acceptance of the disease. The majority of the answers had a direction avoiding the question, the speech assumed a character of desabafo and fear, reading that did not appear in the answers, however, it was possible to verify through the facial expression of the interviewees.

In this context, the study identified the interpersonal theory discussed by Laing (1969 apud Silva, 2012, p.52), "the approach to the nature of human relations presupposes the fact that people involved in face-to-face interaction establish and maintain a relationship defined by mutual perceptions. " This perception collaborated with the research, helping to understand human relationships and interactions between team and patient.

Conformity responses also emerged in relation to the mechanized service. "A very closed, robotic-like expression. Much ah this, this and such does not matter and it goes

"(AMARALIS). It could be said that the research had some answers without meanings for the first questioning: "they treated me very well" (CHERRY), "He was very patient" (CARNATION), "He attended me very well, very well" (GARDENIA). Some lines seemed to make no sense, however, it is believed that behind them they mean something, having a hidden meaning. Respondents expressed anxiety about expressing themselves and talking, having the need to find someone to listen to them without judgment, placing prejudice and the judgment of the disease as a barrier to be broken (GUERRA, SEID, 2009).

When they were asked to imagine themselves in the professional's place and how their position would be, the answers surprised them in the sense that the majority would treat the same way they were treated, since their attendance was positive, not showing depreciation, addressing the psychosocial aspects. "Likewise, the cool form not letting the person feel worse than he already was, would treat him equally" (MARGUERITE). "I was going to first psychologically prepare her to receive a news that was going to be a treatment for the rest of her life, but I was going to prepare her psychologically to talk about the treatments of how she could live to set an example of people who were so alive 10, 15 years that I knew, I already went to research this. People kind of so clear I do not use drugs, but guide people from not using drugs, have no addictions of how to use syringes, drinks, cigarettes, anabolics that changes people's metabolism and then in the end I could say look, you are sick but it's not the end and you're not alone (SUNFLOWER).
"With patience, listening to what you have to say" (FLOR DE LOTUS).

Treating others as best as possible makes them answerable - "They treated me just as well, that's a joyful thing" (LILY). "Well in the case, as the minds of the people is still closed to HIV pro virus in the case, it would be more welcoming to warn that it is not the end of the world, if it makes examinations make treatment have a healthy life because it is also that neither diabetes, a little more the weight of that shock because it is a shock that the person takes "(AMARALIS). "I do not know, I do not know because it's very difficult for the person to reach ... and he held it in my hand and said calmly, have faith, it's going to be all right, and then I'll cry in tears and she'll calm me down, so I do not know how to respond because it's very difficult "(CHERRY). In view of the reports presented, it is observed that the professionals of the institution are able to make a care in which the patient does not feel stigmatized and are able to accept it, since it is necessary to have a humanized look so as not to harm the patient. Patient at this time that seems inexplicable and difficult.

Mixing feelings: A humanized process Non-verbalization contributes to the face-to-face interpretations, not only those that the patient emanates at the time of the consultation, but also those that the professional feels, providing a humanized service, requiring both parties a broader view, having the need of care-related communication (BARBOSA *et al*., 2010). From the interest of finding in the respondents' statements justifications for explaining feelings that everyone may have, but which can become unique when passed by totally different people, we came to the scene of an avalanche of feelings that are often hidden in the simple glance , gesture, smile or even the force of a sigh. Thinking about feelings before and after care is not an easy task. The following reports reveal some pertinent concerns:

"So much that I got sick right. I did not eat, I did not sleep, I just cried and I got angry at the husband, because he swore he did not cheat on me, so I stayed, it was not easy for me. I did not have the courage to speak to my children, I just told my two daughters and a sister because despite everything my family they have prejudice they are not my friends because the moment I needed them, their affection I did not I had, because the husband was in the hospital dies and does not die hospitalized, spent almost a year in hospital and had a day that I had nothing to eat, so whoever I can, are people who are not my blood, outsiders who helped me , even here they gave me a basket, so they helped me a lot here "(CHERRY). Cherry's speech portrays the reality found in the emotional, family and economic environment that many patients experience. The situation after confirmation of the illness and how to face family, friends and society is not an easy task. The mixture of feelings that overflows in the speeches of HIV/AIDS patients shows their need to expel those feelings that are trapped, not only in words, but also in a fury, pain or gaze, and can show a sense of liberation (SOUZA, 2008). Through the research it was also possible to verify that often the will to die can become a feeling, and can be observed in the following reports:

"Well the day I got the positive serum was kind, after the doctor said it was like my world ended, no ground. From there on down the stre*et al*most wanting that car hit me "(AMARALIS).

According to Cardoso; Marcon and Waidmani (2008), the will to die can mean freedom from illness, to explain to family and friends how and when the disease settles. Explaining the whys can be a sense of anguish that is stuck and wants to be released, even if this desire means to end life. "I thought I was going to die. I have an experience, I'll tell you quickly here, when I got home everything I had in my closet I gave because I thought I had little time to live and today I'm fine. "(TULIP).
"I was very sad, I was devastated. You know when you take a person and you hit her and she gets all broken she can not get up, I was like that, she thought about coming home and telling everybody or killing herself "(SUNFLOWER). The Sunflower report shows that the feeling of death after diagnosis may be common among patients who are more emotionally unbalanced. However, this sensation may be momentary, causing disease and treatment to become a reality in the patient's life, making it possible to coexist with AIDS (CARDOSO, MARCON, WAIDAMANI, 2008). When analyzing the data of the research, it was possible to know the reality and the afflictions of the patients attended at Casa Dia. From the answers collected, it was noticed the need that patients have to talk to someone who listens to them without being analyzed or evaluated by their disease.

Among the results of the research, it was verified that the nursing consultation is part of the daily routine of Casa Dia, favoring a multidisciplinary work, opening space for the family-patient relationship and employee. This process involves verbal and non-verbal communication that should be part of the nursing consultation, in which the nurse must recognize the anxieties, fear of the individual and seek social responses to meet their needs. In this sense, the results of the research coincide with the ideas of Laing (1969 apud Silva,

2012), in which the valorization of relationships between people contributes to a better nursing care, using interpersonal relationships as a key point in collaboration. Moreover, this posture contributes to breaking the paradigm of robotic care, seeking non-verbal communication as a strategy to improve care, contributing to the achievement of a close relationship of trust, which is essential for the patient-nurse relationship.

Conclusion

The non-verbal communication theme in nursing care with patients with HIV/AIDS brought many questions, since it was possible to observe that the majority of non-verbal reading is understood, but it is not absorbed. Through the analysis of the data obtained it is possible to understand how non-verbal communication has been perceived and at the same time ignored, since its importance is shown in all the instants of nursing care, making the relations between patient and nurse influencing the success. In fact, the importance of non-verbal communication for the nurse-patient relationship is undeniable, aiming at a relationship of trust and respect between the two.

In view of this, it is observed that the communication process must be efficient to enable humanistic and effective assistance according to the needs of the patient. In this perspective, the difficulty of making and wanting to value non-verbal communication in nursing care, not only for patients with HIV / AIDS, but also for all care, is necessary. It can not be admitted that professional training is forgotten and left in theory, one must absorb the results of research showing to society as a whole that the concepts of caring are part of the nursing history and daily life of each nurse.

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