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COMUNICAÇAO INTERNA NAS ORGANIZAÇÕES: INSTRUMENTO PRÁTICO DE AUXILIO À PASSAGEM DE TURNO

INTERNAL COMMUNICATION IN ORGANIZATIONS: PRACTICAL INSTRUMENTS TO HELP THE SHIFT CHANGE

COMUNICACIÓN INTERNA EN LAS INSTITUCIONES: HERRAMIENTA PRÁCTICA DE AYUDA AL CAMBIO DE TURNO

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106

m_1

RESUMO

Introdução: A comunicação interna dentro da organização, seja ela interpessoal, grupal ou intergrupal, deve envolver todos os colaboradores de forma a pôr em comum a missão, os valores, os princípios operativos e os padrões de comportamento que geram o desenvolvimento organizacional e a motivação.

Desenvolvimento: A passagem de turno em enfermagem é um momento fundamental de aprendizagem e de transmissão de informações relativas ao doente. A informação fornecida na passagem de turno deve ser objetiva e atualizada, tendo sempre em conta os princípios ético-deontológicos e uma linguagem técnica sobre os cuidados prestados ao doente, resultantes da aplicação de uma metodologia científica e de estratégias de reflexão.

De forma a facilitar a transmissão de informação, pretendemos com este trabalho realizar um instrumento prático, neste caso escrito, de auxílio á passagem de turno. Para tal foi realizado um estudo junto de uma amostra de enfermeiros aos quais foi aplicado um Questionário de Colheita de Dados.

Conclusões: A utilização de um instrumento de suporte à passagem de turno constitui um dos pilares do aperfeiçoamento dos cuidados de enfermagem.

Palavras-chave: passagem de turno; comunicação, informação.

ABSTRACT

Introduction: The internal communication inside the organization, whether is interpersonal, group or intergroup, must involve all the collaborators in order the mission, values, operative principles and the behaviour patterns be common, to generate the organizational development and motivation.

Development: The shift change in nursing is a fundamental moment of learning and information transmission regarding the patient. The information given on the shift change must be objective and updated, always considering the ethical-deontological principles and a technical language about the care given to the patient, resulting of the application of a scientific methodology and reflexion strategies.

In order to ease the information transmission, we intent, with this work, to do a practical instrument, in this case a written one, to aid the shift changing. For this, it was performed a study in a sample of nurses to whom was applied a Data Collection Questionnaire.

Conclusions: The use of a support tool for the shift change is one of the pillars of the improvement of nursing care.

Keywords: shift change; communication; information.

RESUMEN

Introducion: La comunicación interna dentro de una organización, ya sea interpersonal, de grupo o entre grupos, debe involucrar a todos los colaboradores con el fin de tener en común la misma misión, valores, principios de funcionamiento y patrones de comportamiento que generan un adecuado desarrollo de la organización y una adecuada motivación.

Desarrollo: El cambio de turno en enfermería es un momento crítico del aprendizaje y la transmisión de información relacionada con el paciente. La información proporcionada en el cambio de turno debe ser objetiva y actualizada, teniendo en cuenta los principios éticos y deontológicos y el lenguaje técnico de la atención prestada al paciente, fruto de la estrategia y metodología científica realizada.

Con el fin de facilitar la transmisión de información, con este trabajo pretendemos crear una herramienta práctica, en este caso escrita, que ayude en el cambio de turno. Para ello, fue realizado un estudio con un número de enfermeras a las que se les dio un Cuestionario de Recogida de Datos.

Conclusiones: El uso de una herramienta de apoyo para el cambio de turno es uno de los pilares de la mejora de la atención de enfermería.

Palabras clave: cambio de turno; comunicación, información.

INTRODUCTION

The way as a society member relates with other members is of a major or minor efficacy due his ability to communicate. No one can abdicate of the art of communication, because communication is a way of survival. A big part of our life, about 75% of the average time is spending relatig with other people (Fachadas, 1998). The communication is one of the components of the human structure, because it is present at an intellectual, emotional and behavioural level is part of the structuring basis of society, once it established the intra and interpersonal relationships and ensures the evolution of the human life.

All the communicational interactions are the result of some form of passing values, principles, attitudes and several life experiences that are projected for the current behaviour. The communication emerges from a social-cultural past in which the interlocutors are inserted and that from learning, is an integrant part of their life, being able to be adapted in order to face the several situations that they are confronted with.

When one interacts with the environment, through a communicational process, it is intended to give a meaning to the stimulus and signals that come from it. As it is impossible to respond to all the stimulus, it is done a selection of the ones that are the most interesting, they are organized and classified.

In order to understand the problematics of the internal communication in organizations it is important to consider the Watzlawick axiom (1993), it is unthinkable not to communicate, the impossibility of not communicate results from the fact that all the behaviour is communication and if doesn't exist a non-behaviour, this is, people cannot have a behaviour, anytime that exists a behaviour in interactional situation, this has the value of message. Any behaviour that might be apprehended by a receptor can be understood as a meaning, being like this, a way of communication. Even if someone is inactive or in silence, it still communicating.

It is therefore important, in the communication process to consider not only the meaning that is given to things, gestures, words and expressions, but also to the possible meaning given by the other intervenient, as well as the relational context.

In the organizations, the performance of each collaborator shows the reality perceived of the learning that was done about the organization, and his way of performing translated the construction of their interpretative map. One collaborator thinks that what the organization wants from him is a certain behaviour, then it will be that behaviour that the collaborator is going to try to have and the manager, by verifying that behaviour, if he doesn't give a positive or negative feedback about it, makes that there is a consolidation of the interpretative map, producing reinforcement of the repetition sense of the behaviour that was interpreted.

In this context, the organization will be what all the collaborators interpret about what it should be.

It is through the process of internal communication that the organizations become what they should be. It would be an organizational chaos the existence of several interpretative maps, or if there were very divergent interpretative maps from collaborator to collaborator. Thus, the management of the internal communication should be the guarantee that since the entrance of a new collaborator, this must incorporate the interpretative map of the organization, the most coincident as possible with the already existing collaborators.

According to Rego (1999), in the continuous relationship with all the elements of the organization, with the settlement of communicational processes with chiefs, colleagues, clients, providers, etc., the new collaborator must realize the values, identity and action assumptions that characterize the organization; thus it is extremely important the constant disclosure of the mission, the culture, the operational principles and patterns of the behaviour that rules the organization, in order to ease the socialization of their collaborators, aiming the organizational development.

It is the core role of the internal communication to develop common reference frames to all the collaborators of an organization, not encircling the simple transmission of information through pre-established channels, being perceived as a meaning confluence system that by being disseminated allows the understanding of what the organization should be.

1. THEORETICAL FRAMEWORK

1.1 Information vs Communication

The communication is an imperative of personal inter-relationship inside the organizations; being impossible not to communicate, the internal communication must be well developed, be open and transparent.

In a humanist perspective and strategically faced to the qualification of all the collaborators as internal clients of the organizations, the share of information in the several levels is essential for the success in the performance of the organizational objectives.

Most of the times, there is the tendency to mistake the information and communication contexts, thinking that by managing the information system, it is being managed the internal communication. This tendency leads to circumstances illusions, despite the

importance of the information management, the internal communication goes beyond that, through the response to the natural need that all the collaborators have to communicate, pool and share information and ideas.

In the normal information process, the message issuers don't receive feedback of the receivers; the message is unidirectional, being the receiver unable to give an answer. In the communicational process, as it was previously referred, the receiver always gives feedback, became then an issuer and vice-versa, starting a continuous interaction process that allows the initial issuer to understand if, in fact, his message was well received and understood.

The internal communication in the organizations has as assumption the fact of only be efficient if the issuer and the receiver share something in common, that is, both must give the same meaning to the message issued. Sometimes, even existing feedback from the receiver, the communication is not effective, standing by an intention communication process, translating an ineffective information process.

The communication it's only effective when there is a meaning share, when the behaviour of the receptor is really towards the issuer behaviour. This behaviour is directly related with each one experience, the relationship between the intervenient sans the context that involves their relationship; it is on this triad that it is developed the shared signification and only after this can exist communication.

Manage this process, aiming to optimize the share of common meaning, it's the function of the internal communication, quite distinctive of the simple information systems management, which allows saying that internal communication, assumes currently, an indispensable role in the organizational development, satisfying the human need to communicate.

1.2 Shift change

The shift change in nursing, in hospital context is a fundamental moment of learning and information transmission regarding the user. Traditionally done in a work room, the shift change is an important moment in the nursing professional activities.

According the Nurses Order (2001, p.9), "The shift change is presented as a reunion moment of the nurses team, having as objective to ensure the care continuity, through the verbal transmission of information, aiming to promote a continuous improvement of the care quality, while analysis moment of the practices and training in service/situation".

In this follow-up, Guimarães (1999), considers that the shift change of the nurses is a determinant moment in their professional quotidian, because it represents a time of significant symbolism, by the evaluation of the work done in a shift, by the organization of the following shift and by the discussion of the subjects and problems that appeared in the infirmary. Indeed, the shift change is a moment of great complicity, in which the nurses can reflect about the practices, originating behaviour and attitudes changing, sometimes not conscious, that promote the personal and professional development. Thus, while moments exclusively reserved to the nurses and of particular professional autonomy, the shift change of the nurses is potentially generator of learning between pairs.

The shift changes in nursing are moments of transmission of verbal and/or written information, respecting ethical-deontological principles, using a technical language about the care given to the user, resulting of the application of a scientific methodology and reflexion strategies.

Considering the shift change one of the most traditional and dominant ways of communication applied to the nursing practice, it would be expected that it was given to it a bigger appreciation, proportional to his importance in the care quality. However, in the course of time, it seems that that moment where is addressed the care, became a routine where are transmitted some information and that must be fulfilled. It is evident that the shift change cannot be only a mere words transmission, but one of the foundations of the constant improvement of the nursing care given.

1.3 Contextualization of the shift change

Right after the 2nd World War, the shift changes in companies were operationalized, mainly in Germany, as a way of fulfilling the Marshall plan, aiming the production of necessary goods to the reconstruction of the Federal Germany. It can be observed that the workers that worked by shift felt the need to inform constantly the colleagues about what was done in their working shift and, on the other hand, the workers that were going to initiate their shift needed information to improve their performance. (Azevedo, 2005)

Concerning the nursing practice, there is also the need of sharing information with the colleagues that are going to begin a new shift, aiming to improve their performance. In 1969 Clair and Trussel defined the shift change as the verbal communication of the

m_1

pertinent information about the patients. The objectives of this type of communication are to ease the care continuity, transfer information and also serve as teaching instrument. (Teixeira, 2007)

Only in a space like this it is possible to transmit, beyond the documented information, the non-documented information. On the other hand, becomes clear the selection or triage phenomena performed by the nurses, aiming to optimize their practice.

The nurse that performs his profession in a hospital ambit has two moments of shift change: one when gets in and another when he gets out. These are moments of strong group interaction in which the nursing team elements discuss between them the evaluations done to each in-patient, their clinical state in the beginning, their evolution in the shift hours and after systematized interventions, as well as the planning of the actions to do based in a scientific work methodology. (Teixeira, 2007)

1.4 Information quality

Nowadays, the information is diversified, being necessary some care to select the one that is considered the most pertinent. Being nursing an activity which is essentially based in the human interaction, it is characterized by a remarkable informative richness. The nurses give nursing care through the permanent communication between their patients, family and the rest of the health team, switching information frequently. The relevance or value that the information assumes leads to a particular meaning based in the cultural, social and formative perspective of each one. The concept of information relevance presupposes that not all the information produced, processed and managed in the dynamic of the care has the same importance, on the nurse's perspective, to continuity care effects. In this context, the continuity refers to the existence, availability and switch of relevant information about the concrete situation of each patient between nurses throughout the different shifts. (Teixeira, 2007)

The methodology used to do the information transmission, assumes an important role once the majority of the gaps in the care continuity is due to deficiency in the quality information. Due to the numerous responsibilities that the nurse assumes, it is important that the shift change report be done in a quick and efficient way. By being effective, describes the health state of each patient and allows to the nurses that are initiating the shift know which are the care indicated to each one of their patients. It should not consist solely in the reading of data pre-fulfilled but must also give significe data about the patient evolution. The information given in the shift change must be objective, updated and concise. (Teixeira, 2007)

The shift change must be organized according a logic sequence and always assuming a professional behaviour. In the following charts are exposed the steps to follow in the organization of the shift change and the type of information that is considered correct and less correct, to be used.

Chart 1 – Organization of the information to the shift change

PLANNING	FOUNDATION
1- Develop an organized way of transmit the information in order to ensure a description of the needs and concerns of the user.	Organizes the data based in the priorities and is individualized by the nurse that transmits the information.
2- For each user include: **Previous information:** include name, gender, age, main reason of the internment and a brief history. Include also known allergies, special instructions (for example, the one of non-resuscitation) and special needs as the ones related with some physical alterations (blindness, hearing impairment, amputation).	It may be necessary to deepen the previous history if the nurse that is going to begin the following shift is new on the service or inexperienced.
Data of initial evaluation: give objective observation and measures done by the nurse in the previous shift. Describe the state of the patient and highlight the recent alterations. Include the relevant information given by the patient, family or other members of the team, such as the results of analysis or diagnosis complementary exams.	During his shift, the nurse that starts will use that information as comparison basis.
Nursing diagnosis: Explicit clearly the nursing diagnosis adequate to the patient.	

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Interventions and evaluation: • Refer the medication or the care that were given during the shift and which results to expect (for example, therapeutic alterations, analysis results, medical visits). • Describe the instruction given in the teaching plan and which learning ability shown by the patient.	Clarifies the current answers of the patient to the health problems. The staff starts knowing the effects that the interventions have in the recovery and progress of the patient. Ensures the continuity of teaching and minimizes the repetitions, at the same time that communicates what needs to the reinforced.
Information to the family: talk about the visitation and the family involvement, mainly in the influence that has to the patient. Explain if the relatives were involved in the execution or orientation of the care.	Informs the personal about the involvement level that the family assumed in the care to the patient.
Discharge plan: the evolution of the patient for the discharge is continuously re-evaluated in each shift change. Discuss the evolution of the patient's learning, the contact with other institutions and the preparation of the family for the discharge. This plan also identifies the roles and responsibilities of other members of the multidisciplinary team and the follow-up consultation.	The team members collaborate in the application of the care plan that promotes the discharge. The discharge plan identifies the interventions and results necessary in order for the patient to have a smooth transition from the hospital or health institution to home.
Current priorities: explain clearly which are the priorities that the nurse that starts must attend: • Inform about the immediate care planned for each patient recently admitted; • Explain in which phase of the preparation for the exams or treatments the patient is; • Describe the current physical situation of the patients submitted to exams or surgeries.	

Source: Elkyn, M. Perry, A. Potter, P. (2005). Nursing Interventions and Clinical Procedures, 2ⁿᵈ edition, Lusociência.

The information to be transmitted in the shift change besides being well organized must also consider the relevance of the information content and the language character. It must be used technical language and have special attention in the choice of the terms in use in the common language.

Chart 2 – The right and wrong in a shift change

RIGHT	WRONG
Give only essential information about the patient (name, gender, age, clinical diagnosis and medical history).	Don't repeat all the procedures of routine care or tasks (bath, schedule change).
Identify the nursing diagnosis of the patient or health problems and the related causes.	Don't repeat all the biographic information already available in written.
Describe the measures or observations about the patient condition and the answer to the health problem, emphasizing the recent alterations.	Don't use comments with judgments about the behaviour of the patient, with words as demanding, impatient, etc.
Share significant information about relatives if they are related with the problem.	Don't do assumptions about the relationship between the relatives.

Continuously review the discharge plan (for example, in terms of resources needs, the preparation level of the patient to go home). Report to the nurses, significant alterations in the way that the therapies are given (for example, different position to relief the pain, new remedies).	Don't take the risk of being considered curious and indiscrete. Don't describe the basic steps of a procedure.
Describe instructions given in the teaching plan and the answer of the patient.	Don't explain in detail the content of a teaching procedure unless the team members ask for clarification.
Evaluate the results related to the nursing care or medical treatment (example: effects of a massage or analgesic administration)	Don't describe results simply as "good" or "bad"; one has to specify and/or quantify.
Be clear about the priorities for the nurses of the following shifts.	Don't "oblige" the nurses of the next shift to guess the care priorities.

Source: Potter, P. & Perry. A. (2006) Nursing Fundamentals, 6th edition, Mosby.

1.4 Shift change in the infirmary vs Work room: legal perspective

For years, the shift change was done in closed spaces (meeting rooms,) where the patient ignored what was happening. This practice was transferred to the infirmary or next to the patient bed. Currently, the shift change by the nurses next to the patient bed is a phenomenon more or less generalized. The main justification is that it allows a care more centred in the patient, allows a bigger change of information. However, many times the terminology used is ignored and are revealed, in a random way, clinical data that the patient doesn't know and that might evoke anxiety. The health professional transmits information that is selected but some of this hidden to the patient, whereby there must be a moment to complement the transmission of information, in favour of an assertive communication and that allows the care continuity.

Considering the patient perspective, with the shift change in the infirmaries, the patient becomes exposed: becomes public what belongs to him, what it is personal. The right of the person regarding his private life in what concerns information about his health may be compromised if there isn't a careful selection of the information to be transmitted next to the patient's bed.

All the health professional, when begins his activity, compromises with the deontological code. The nurses, in their deontological code, article 84th, assume the duty to inform the individual and the family in what concerns the nursing care. However, also assumes the duty of professional secrecy (article 85th) where is implicit that must "share pertinent information only with those that are implicated in the therapeutic plan, using as orientation criteria, the well-being, the physical, emotional and social safety of the individual and family as well as the his rights". If many times there are leaks under the informal ambit, the gravity increases when that leak occurs in a formal shift change.

Many of the information transmitted results from clinical data of the patient and of the own inherence of the job, that leads to important results for the care of that person. The patient, many times, doesn't know the language used which leads to frustration and humiliation feelings. In an occult way, it is put in question the 1st article of the Universal Declaration of Human Rights that says "all the human beings born free and equal in dignity and in rights. Gifted with reason and consciousness, must act ones for each other's in fraternity spirit".

Besides the objective of the shift change next to the patient intents a bigger participation of him, often occurs the contrary; the person about whom falls on the attention becomes stripped from his autonomy and privacy.

It can't also be forgotten the express will of a person that doesn't want to be informed. The person might not want to know; each one of us has the right of not wanting to be informed. The patient, in this type of communication, is a passive receiver of the information. The personal freedom is being called into question because the information should only be transmitted with the patient's consent, which in most cases doesn't happen.

The professionals that reflect about their practice understand that there is information that cannot or shouldn't be revealed next to the patient.

The opinions about the ideal type of shift change isn't consensual, however, there are no reports about the shift change next to the patient has improved the care given and are few the evidences that suggest that this allows an approach from the personal to the holistic care.

In conclusion, one may say that the key to maintain the quality of care passes through the adoption, from the nurse, of a responsible personal and ethical behaviour, respecting the patient's rights and interests legally protected. This behaviour cannot be forgotten during the shift change.

2. METHODS

In order to ease the information transmission, for an effective internal communication and a better structure of shift change, whether this is performed on the infirmary, whether in the work room, we thought about creating a written instrument, a sheet of shift change where we could put the items that the nurses most value in the information transmission. For such, we held a small study next to the nurses, on which was applied a Data Collection Questionnaire

Knowing that one of the first stages to accomplish, to respond to these questions, would be to better understand what the nurses think about the shift change, we developed an exploratory-descriptive study, aiming to describe the opinions of the Nurses regarding the shift changing. The intentional sample of this study was constituted by 50 Nurses. After the authorization given by the hierarchic responsible of the services selected, we proceeded to the application of a type questionnaire instrument in which we tried to understand the opinion of the Nurses about the content, the importance and the structure of the shift change. Previously was performed a pre-test with four Nurses (two from each service). The analysis of the questionnaires was done using the content analysis; the formulation of the averages was made as statistical indicator in order to better describe the opinions of the participating Nurses.

3. RESULTS

After gathering information, through the application of questionnaires elaborated for the effect, the analysis of the information obtained was done, which is exposed below.

Table 1 – Questions done and results obtained.

QUESTION DONE	RESULTS OBTAINED
1. Do you think it's important the shift change for the care planning?	It was found that 100% of the respondents considered the shift change important for the care planning.
2. Place where the shift change should be done?	• 76% of the respondents considers the Nursing room as the ideal place for the performance of the shift change; • 14% chose the Mixed method, that is, infirmary and Nursing room; • 10% of the respondents give more importance to the infirmary.
3. Is there a pertinent information transmission?	• 86% of the respondents consider the information transmission in the shift change as pertinent; • 14% don't consider it pertinent.
4. The time available for the shift change is enough?	• 68% of the respondents consider the time available for the shift change as being enough; • 32% consider as not being enough (of these, 87% refer that the time available should be superior to the one stipulated, while 13% mentions that it should be inferior).
5. Other relevant items for the elaboration of an orientating form for the shift change	• 88% considers the presence of the Diagnosis; • 78% invasive manoeuvres; • 76% altered vital signs; • 72% perfusions; • 60% dependency level; • The less important refer the disease perception (46%) and the patient fears regarding the future disease implications (40%).

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113

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FORM FOR SHIFT CHANGE

After the results obtained interpretation through the questionnaire, the following form was done containing the information that the respondents consider important.

C ___ AGE_____ NAME:_____ _____	DIAG: Lives with Doctor:		
Appealed	**Respiration**	**Food**	**Elimination**
	O₂	ORAL _____ NGT ___ ____/____ By: DIET:	Urinal _____WC _____ Disp.U._____ Diaper_____ UC __ _____ ___/___ By: DEJ:
H N M E	OP₂ CDP₂		
I I I I	OP₂ CDP₂		
AP AP AP AP	OP₂ CDP₂		
AT AT AT AT	OP₂ CDP₂		
CE SNG AT SV	OP₂ CDP₂		
Temperature	**BP/HR**	**Diagnosis Complementary Exams**	
DRESSINGS			
		ANALYSIS	

Figure 1– Form for shift change.

CONCLUSIONS

The human communication process results from the relationship of interdependency between the issuer and the receiver. This interdependency obliges the intervenient of the essential communicational skills development process for the effectuation of the process to understand and be understood.

The skills of clinical communication pass by the attributes of empathy, respect, pay attention, show interest, be flexible towards the knowing how to listen or even better hear. The effective hearing is an emphatic audition that requires not only ability of understand the words but also the feelings; the skills also pass through the ability of observation as well as by a correct reading of the body language. The non-verbal communication is more valued than the verbal communication whereby we should learn to understand the behaviours to better communicate.

In the organizations, the communication process endues some complexity, starting from the basic principle that it is impossible not to communicate, because any behaviour is communication and there is no such thing as "non-behaviour", the internal communication assumes a preponderant function in the organizational development. Couldn't be seen as an informative system, the communication assumes before everybody, the functions of information, persuasion, motivation, education, socialization and

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distraction, allowing to the organizations, involvement mechanisms, in order to create clear reference boards, in order for the collaborator to have an interpretative map of the organization according with what is intended.

In this sense, the shift change becomes fundamental, they are moments of verbal and/or written information transmission, respecting the ethical-deontological principles, using a technical language about the care given to the patient, resulting of the application of a scientific methodology and reflexion strategies.

Considering the shift change one of the most traditional and dominant forms of communication applied to the nursing practice, it would be expected that was given a bigger value proportional to his importance in the care quality. It is evident that the shift change cannot be only a mere words transmission, but one of the foundations of the constant improvement of the nursing care given.

It was also concluded that the aspects considered important and that should be part of a shift change form would be aspects like: diagnosis (88%), invasive manoeuvres (78%), altered vital signs (76%), perfusions (72%), dependency levels (60%), while the less important refer to the perception of the disease (46%) and to the patient fears regarding the future disease implications (40%).

By finishing this work about the internal communication – elaboration of an instrument to the shift change, there is no doubt about the perception that the communication world is a vector reality apparently simple, surrounded by an enormous complexity.

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