

Experiences of therapeutic communication between nursing staff and family members in Neonatology

Vivências de comunicação terapêutica entre equipe de enfermagem e familiares em Neonatologia

Experiencias de comunicación terapéutica entre personal de enfermería y familiares en Neonatología

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ABSTRACT

Introduction: Therapeutic communication tries to build relationships that promote an attitude that helps health personnel with care and with this create favorable conditions for the patient or family member, involving various elements such as empathy, respect, active listening to reach the patient. Likewise, nursing staff need to develop certain skills to establish adequate therapeutic communication. **Objective:** To categorize the experiences of therapeutic communication between nursing staff and relatives in neonatology. **Method:** The research is mixed, cross-sectional. In the qualitative phase, the information was collected through semi-structured interviews with 20 family members, at which time the information was saturated, and in the quantitative phase, the scale on "communication skills of health personnel" was applied, with a Cronbach's Alpha of 0.94, guaranteeing the reliability of the instrument; through the Likert scale applied to 22 nursing professionals from the neonatology area of the Ambato General Teaching Hospital. **Results:** 70% of the relatives reported that the reinteraction of information would be one of the strategies that would help improve communication with the nursing staff, agreeing with the responses of the nursing staff. More than 40.9% of the nursing staff mentioned that although bodily communication is an important axis, health personnel demonstrate it in a personal way, as highlighted in the interviews, the most cited actions were eye contact and smiling. **Conclusions:** Nursing staff need to maintain a correct therapeutic alliance with patients, the implementation of a communication guide will facilitate compliance with this context. Therefore, it is necessary to develop these skills in health professionals.

Keywords: Therapeutic Communication; Strategy; Nursing, Benefits, Family, Neonatology.

RESUMO

Introdução: A comunicação terapêutica busca construir relações que promovam uma atitude que ajude o profissional de saúde no cuidado e com isso crie condições favoráveis para o paciente ou familiar, envolvendo vários elementos como empatia, respeito, escuta ativa para chegar até o paciente. a equipe precisa desenvolver certas habilidades para estabelecer uma comunicação terapêutica adequada. **Objetivo:** Categorizar as experiências de comunicação terapêutica entre equipe de enfermagem e familiares em neonatologia. **Método:** A pesquisa é mista, transversal. Na fase qualitativa, as informações foram coletadas por meio de entrevistas semiestruturadas com 20 familiares, momento em que as informações foram saturadas, e na fase quantitativa, foi aplicada a escala sobre "habilidades de comunicação do pessoal de saúde", com um Alfa de Cronbach de 0,94, garantindo a confiabilidade do instrumento; através da escala Likert aplicada a 22 profissionais de enfermagem da área de neonatologia do Hospital Geral de Ensino de Ambato. **Resultados:** 70% dos familiares relataram que a reinteração das informações seria uma das estratégias que ajudariam a melhorar a comunicação com a equipe de enfermagem, concordando com as respostas da equipe de enfermagem. Mais de 40,9% da equipe de enfermagem mencionou que embora a comunicação corporal seja um eixo importante, os profissionais de saúde a demonstram de forma pessoal, conforme destacado nas entrevistas, as ações mais citadas foram o contato visual e o sorriso. **Conclusões:** A equipe de enfermagem necessita de manter uma correta aliança terapêutica com os doentes, a implementação de um guia de comunicação facilitará o cumprimento deste contexto. Portanto, é necessário desenvolver essas habilidades nos profissionais de saúde.

Palabras-chave: Comunicación Terapéutica; Estrategia; Enfermagem, Benefícios, Família, Neonatología.

RESUMEN

Introducción: La comunicación terapéutica trata de construir relaciones que promuevan una actitud que ayude al personal de salud con el cuidado y con esto crear condiciones favorables para el paciente o familiar, conllevando varios elementos como la empatía, respeto, la escucha activa para llegar al paciente, así mismo, el personal de enfermería necesita desarrollar ciertas habilidades para establecer una comunicación terapéutica adecuada. **Objetivo:** Categorizar las experiencias de la comunicación terapéutica entre el personal de enfermería y familiares en neonatología. **Método:** La investigación es de tipo mixta, de corte transversal. En la fase cualitativa la información se recolectó a través de entrevistas semiestruturadas a 20 familiares momento en que la información se saturó y la fase cuantitativa se aplicó la escala sobre "habilidades de comunicación del personal sanitario", con un Alfa de Cronbach de 0.94, garantizando la fiabilidad del instrumento; a través de la escala de Likert aplicado a 22 profesionales de enfermería del área neonatología del Hospital General Docente Ambato. **Resultados:** El 70% de los familiares relató que la reintegración de información sería una de las estrategias que ayudaría a mejorar la comunicación con el personal de enfermería, concordando con las respuestas del personal de enfermería. Más del 40.9% del personal de enfermería menciona que si bien la comunicación corporal es un eje importante, el personal de salud lo demuestra de manera personal, como se destacó en las entrevistas las acciones más citadas fueron el contacto visual y la sonrisa. **Conclusiones:** El personal de enfermería necesita mantener una correcta alianza terapéutica con los pacientes, la implementación de una guía de comunicación facilitará cumplir este contexto. Por lo tanto, es necesario desarrollar dichas habilidades en los profesionales de la salud.

Palabras-chave: Comunicación Terapéutica; Estrategia; Enfermería, Beneficios, Familiar, Neonatología.

ARTICLE HISTORY

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Therapeutic communication between nursing staff and relatives ensures a better environment for both parties.

INTRODUCTION

In recent decades, the term Therapeutic Communication has become popular and has received increasing attention in neonatal care. The term is based on the assumption that, ideally, parents and family members should work together with nursing staff to foster closeness between parents and infants. It increases parental involvement in care, and ultimately it improves child outcomes in short and long-term for newborns and their families (Moreno et al., 2018).

However, to date, a systematic review of the precise role and functions of therapeutic communication within integrated family care is lacking. In addition, it is not clear what exactly "good" communication between family members and professionals implies (Hidalgo & Martínez, 2019).

In recent decades, the term Therapeutic Communication has become popular and has received increasing attention in neonatal care. The term is based on the assumption that, ideally, parents and family members should work together with nursing staff to foster closeness between parents and infants. It increases parental involvement in care, and ultimately it improves child outcomes in short and long-term for newborns and their families (Moreno et al., 2018). However, to date, a systematic review of the precise role and functions of therapeutic communication within integrated family care is lacking. In addition, it is not clear what exactly "good" communication between family members and professionals implies (Hidalgo & Martínez, 2019).

As for the concerns parents have for health and survival of their infants, they often experience the neonatal area as an unfamiliar, dauntingly complex, and a frightening environment. During their infants' admission, parents interact with a variety of health care professionals, including physicians, nurses, social workers, physical therapists, and providers from other medical disciplines (Tapia et al., 2022). These professionals do not only provide care to premature infants but can also help parents become familiar with the environment and the situation they are in. They also help them better understand their child's medical condition and help them transition to becoming independent caregivers at home (del Pino et al., 2020).

Consequently, newborns are prone to complications such as infections, hemorrhages, visual-hearing problems, and severe intestinal problems among others which makes their mortality rates high (del Rio et al., 2020). In the long term, preterm newborns often require ongoing medical care. For example: pulmonary, cardiac, or neurological problems and their risk of delayed psychomotor development is higher (Mera et al., 2019).

Given this, research shows that good communication ensures that family members feel more involved in the care of newborns. And, conversely, poor communication can make them become distant from medical staff. It hinders the bond between parents, family members and infants (Izquierdo & Martinez, 2020). Therefore, it is important to understand what it entails for providers to adequately support parents during their infant's admission through their interpersonal communication (Barraza Peña et al., 2020). Therefore, the objective of this research is to identify the experiences of therapeutic communication between nursing staff and family members in neonatology. It's framed within the research line of Nursing Care of the Adult and Older Adult of the Faculty of Health Sciences of the Technical University of Ambato.

Every year, approximately 15 million babies are born prematurely (before 37 weeks of gestation). This accounts for ten percent of all babies worldwide. Given this, preterm infants are born at the end of the second or third trimester of pregnancy, and organ systems are not yet fully developed. Therefore, preterm infants often need prolonged support, for example, for breathing, nutrition and body temperature regulation (Maastrup et al., 2022).

Likewise, the first 28 days of life, considered the neonatal period is the most vulnerable time for a child's survival. Infants are at the highest risk of dying in their first month of life. It has a global average rate of 17 deaths per 1,000 live births in 2020, less than 54% from 37 deaths per 1,000 in 1990 (Laksono & Dwi Wulandari, 2020). In comparison, the probability of dying after the first month and before the age of 1, it was estimated 11 deaths per 1,000. And the probability of dying after the age of 1 and before the age of 5, it was estimated 9 deaths per 1,000 in 2020. Globally, 2.4 million infants died in the first month of life in 2020. Approximately, there are 6,500 neonatal deaths each day and about one-third of all neonatal deaths occurred in the first day after birth, and about three-quarters in the first week of life (Roy & Haque, 2018).

Neonatology

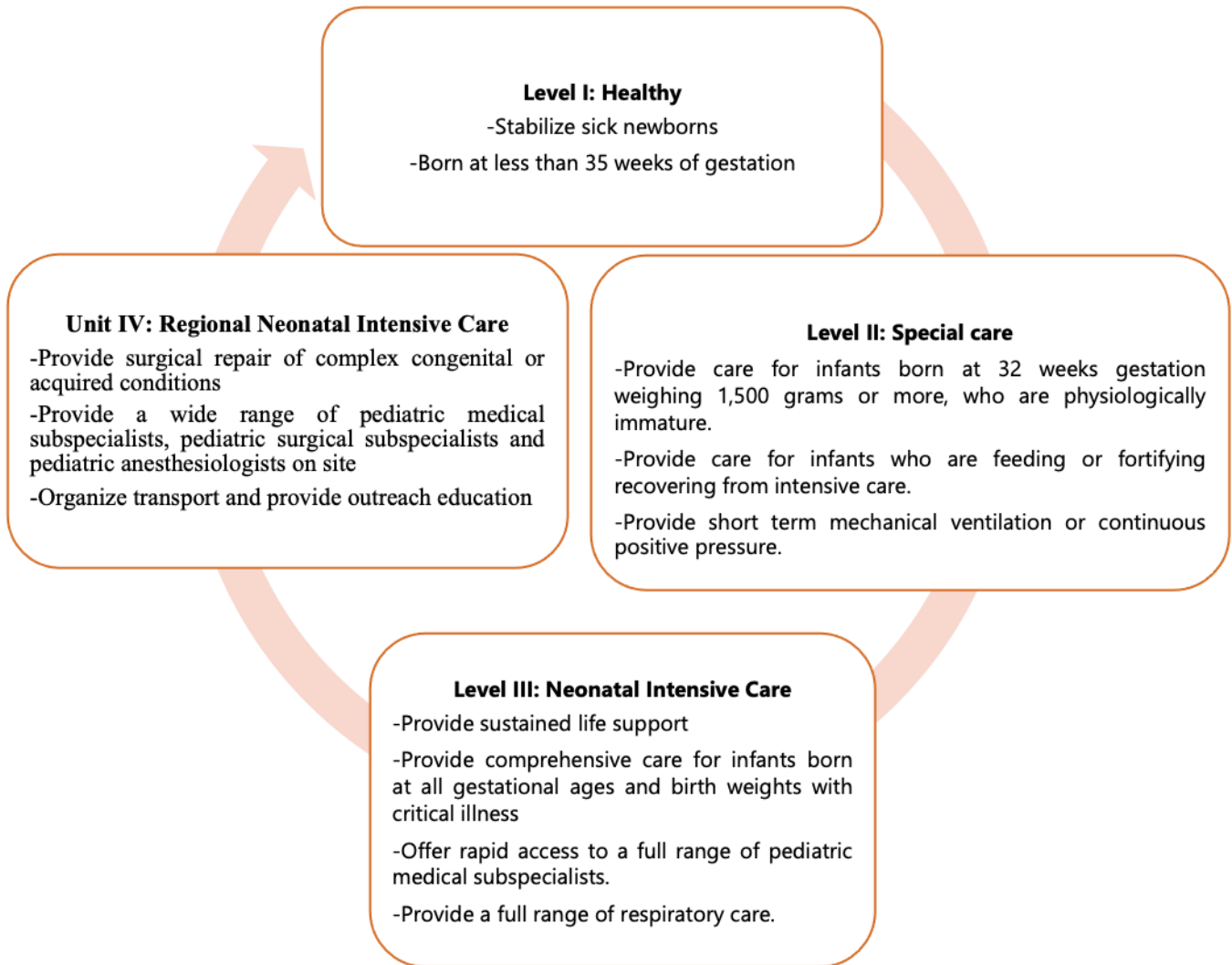
The neonatology unit is a subspecialty of pediatrics that focuses primarily on the medical needs of newborns, or neonates. If an infant is born prematurely or has an obvious medical problem at birth, he or she may be taken directly to a neonatology center for intensive treatments (Santos et al., 2020).

Neonatology teams are usually limited to infants born in the hospital but not discharged, or those transferred from other neonatal intensive care units (NICUs) (Uribe Nuñez, 2018).

Levels of care in neonatology

The American Academy of Pediatrics classifies hospitals into four levels based on the care a facility can provide to newborns. These levels of care correspond to the therapies and services provided (Inguilan et al., 2022). Facilities providing neonatal intensive care must meet health care standards through federal/state license or certification (Marrugo-Arnedo et al., 2019). The four categories are indicated in the figure below:

Figure 1 Levels of care in neonatology



Note. Adapted from (Tapia et al., 2022).

Communication

It is sending and receiving information and can be individual or between groups of people. It can be face-to-face or through communication devices. Communication requires a sender, the person initiating the communication, to transfer his or her thoughts or encode a message. This message is sent to the receiver, a person who receives the message. And finally, the receiver must decode, or interpret the message (Robles, 2018).

Therapeutic communication

It is also about building relationships that promote an attitude that helps nurses to work with care, to prevent, to mobilize the person's resources, and to create favorable conditions for the development of the person, the family, and the community (Moreno et al., 2018).

Objectives:

-Therapeutic communication possesses a number of objectives for both the patient and the nursing professional.

- For the patient: To feel that they are at the center of their care, that they are the subject and protagonist of the resolution of their problem, that they are listened to and cared for, and that they can count on the help of the nurse throughout the process (González-Ruiz et al., 2020).

- For the nurse: To build an effective therapeutic relationship with the patient, to increase his/her efficacy and satisfaction, and to develop his/her "professional knowledge" through therapeutic thinking.

Elements of therapeutic communication

Empathy: Empathy is a necessary attitude that is expressed through the face and words of healthcare personnel. And it conveys that the patient's situation and concerns are important to us. Empathy shows that we understand the patient's feelings and that we are always sensitive to the emotional contact that the patient communicates to us (Delgado Sánchez, 2020).

Respect: Respect is the basis of therapeutic communication. Without it, a therapeutic relationship cannot be established. It means treating the patient as we would like to be treated, not as an object of the healthcare system, but as a human being, as a subject of his or her own life, with all the rights (Coelho et al., 2021).

Listening: Listening is more than hearing. It is an active process, the listener is exclusively attentive and is not limited to listening to words. Face-to-face conversations have advantages that other forms of communication do not have. Listeners are trained to hear and interpret silences and sigh (Torres et al., 2018).

Acknowledge the patient's feelings: The development of therapeutic communication allows continuous communication that does not only express feelings, emotions, and fears, but also provides information, answers doubt and concerns. And it facilitates the process of adapting to new situations (Garcia et al., 2018).

Reaching the patient: In therapeutic communication, the nurse reaches the patient through listening and dialogue. This allows the patient to share their experiences in their way, listen to content and feelings. The patients independently consider and develop their situation and possible options, and make their own decisions (Oviedo et al., 2020).

Nursing staff skills for the therapeutic communication.

Nursing staff needs to develop certain skills and improve their abilities to establish adequate therapeutic communication with newborns' relatives (González-Ruiz et al., 2020). Among these, the following are described:

- ✓ Adapt their language to the patient's relatives.
- ✓ Express themselves clearly and precisely.
- ✓ Always allow family members to express themselves in the direction of the topic being discussed.
- ✓ Always respect those involved.
- ✓ Show interest in what they have to say through verbal and nonverbal comments.
- ✓ Avoid distractions and interruptions and find the right place for the communication process to take place.
- ✓ Avoid value judgments and are aware that everyone has different needs.
- ✓ Maintain an empathetic attitude with the patient, whether you agree or disagree.

Benefits of therapeutic communication

Among the major benefits are the following:

Table 1 Benefits of therapeutic communication

Benefits	Description
Patients feel more comfortable	Therapeutic communication includes active listening, which allows patients to feel truly heard. Nurses are not looking for their patients to shut down, but want to avoid an unpleasant outcome.
Create a safe space	When communicating in a therapeutic way, it allows the patient and family members to feel safe and at ease. That openness and trust inevitably create a safe space, which offers your patients the best possible experience. Therapeutic communication encourages openness and a non-judgmental atmosphere. This allows your patients to feel comfortable.
Focuses on emotional well-being	When you focus on your emotional well-being, you can better manage the stressors associated with health problems.
Encourages positive interaction	Encouraging a patient to express themselves allows you to get a more succinct picture of the client's emotional tendencies and helps you determine the most beneficial treatment approach.
Supports personal responsibility	By teaching and providing the patient with the tools they need to recognize the challenges they face and improve life situations, the client is empowered to become more aware of their own behavior and correct it on their own.

Note: The table shows the major benefits of applying therapeutic communication in the healthcare environment (Oviedo et al., 2020).

METHODS

The research is of a mixed, cross-sectional type. It was applied to family members and nursing personnel through a survey in the neonatology area at the Teaching General Hospital Ambato. It's located in Ambato, province of Tungurahua. It opened and deepened the subject of the study. For the qualitative analysis, a phenomenological design was used for the family members. Semi-structured interviews were carried out according to the objectives of the study. It consisted of 5 questions and one multiple-choice question asked to the relatives of the neonatology patients as follows:

1. Did the nursing staff explain to you, in words that you understand, about the procedures or activities that were performed on your child?
2. Did the nursing staff allow you to clarify any doubts that arose from the information they gave you?
3. Did the nurse offer you support and advice when talking with you about your child?
4. When you talk to the nurse, does she/he show interest through body gestures (nodding, eye contact, smiling)?
5. What is your experience with communication with the nursing staff?
6. Out of the following options, which do you think you would recommend for better communication with nurses?
 - o Gestures and expressions when receiving information
 - o Use words you understand
 - o Politeness and respect when addressing you
 - o Repetition of information in case you do not understand.

For the quantitative analysis, the scale on "communication skills of health personnel" was applied. It included a Cronbach's Alpha of 0.94 which guarantees the reliability of the instrument. This contains 5 items. Among them, respect, informative communication, empathy, and social skill are evaluated through an open question. (Leal, C., Tirado Et al, 2018).

The study population was 40 nursing professionals in the neonatology area. Inclusion and exclusion criteria were applied. A population of 22 nursing professionals in the neonatology area was considered.

Inclusion criteria

- Parents of newborns hospitalized in a public health institution, either father or mother.
- Family members who wish to participate in the research.
- Father or mother of newborns who sign the informed consent prior to the interview

Exclusion criteria

- Relatives of newborns hospitalized in a private health institution.
- Secondary relatives and those who do not agree to participate in the research.

This study has taken into account ethical considerations such as autonomy, respect, equity, confidentiality, usefulness, non-maleficence, and informed consent towards family members and health personnel. It took into account the Helsinki declaration, which guarantees the well-being of individuals, through data protection and research ethics promotion.

Therefore, the integrity of the participant will be guaranteed (Miranda & Villasís, 2019).

Data processing and analysis

In the processing of the qualitative information; a total of 20 interviews were conducted with the neonates' relatives, a moment when the information was saturated. The analysis of the information in the interview applied to the neonate's relative was carried out through the grounded theory in the data. It allowed generating concepts and theories using the data obtained. The presentation of the results is based on categories and subcategories emerging from the discourse of the informants or participants of the study. (Ortega & Bastidas, 2020). For the processing of the quantitative information and its graphic representation, the IBM SPSS program was used. It distributes statistical graphs which specify each item of the questionnaire. It evidences the results of the test used with the Likert scale, through the construction of frequency tables that will allow summarizing the most relevant information.

RESULTS

RESULTS OF THE QUALITATIVE PHASE

Category 1: Communication

Subcategory 1: Understanding

For most of the families interviewed they refer that the nursing staff speaks in terms that they understand. They pointed out the following: (Rosa): "Sometimes I confused their technical language, but they always looked for ways to make me understand everything they did to my child". (Lisette): "Yes. They explain to me every step or test they perform and how I should feed my baby". (Lucía): "Most of the time yes, although sometimes they spoke strangely". (Maria): "Yes. They explained well, I understood" (Fernanda): "When I went up to see my son the nurse explained to me so that I would understand" (Delia): "Yes. She was very clear. All the time she tried to help me understand". (Melissa): "Some explained very little and I did not understand" (Mateo): "Yes. She explained well, I understood most of it". (Ursula): "Yes she was very practical in explaining" (Anita): "Not always. Sometimes they are not clear". (Diana): "Yes. They explain to us or try to explain to us but they are very gentle" (Yosely): "Yes, they explained to me in a kind way" (Sofía): "No, they have not told me anything, they ignored me completely" (Yulisa): "Yes. They explain to me very thoroughly the procedures they do to my son" (Clara): "Most of the nursing staff explained to me in a way that I understand" (Gabriela): "Yes. They explain to me very well" (Laura): "Sometimes they spoke to me in words that I understood". (Rocío): "Every time I went up to see my son, the nurses explained everything they were doing to my son, I felt good (Yadira): "Yes, they were very clear and I understood them completely" (Jessica): "Yes, they explained me little by little so I could understand".

Subcategory 2: Expression

The family members mostly expressed the doubts they had that were answered at the time. These are the answers, (Clara): "Yes, she explained things to me that I didn't understand at the first time and the nurses tried to explain them better" (Rosa): "Sometimes because they had so many things to do, but they still answered" (Lucía): "Yes, when I have had some doubt she explains to me. The nurse is very patient". (Delia): "Yes, they always repeat to me, ma'am any question?" (Diana): "Yes. After they finish explaining. And if we don't understand they explain again" (Maria): "Yes, they are patient when they listen to me" (Fernanda): "Yes, they are patient" (Melissa): "Yes, they clarify some things for me" (Mateo): "Yes, they clarify the doubts I have" (Ursula): "Yes, because they clarify the doubts I had" (Jessica): "Yes, they clarify the doubts I had" (Lisette): "Yes, they explain every doubt I have" (Anita): "They don't tell me anything" (Anita): "They don't tell me anything" (Yosely): "Yes, the attention is very good" (Sofía): "Yes, they clarify the doubts I have about my son" (Yulisa): "They don't clarify the doubts I have, they send me to buy things that I don't know what they are" (Gabriela): "Yes, they are very kind and clarify my doubts" (Laura): "Sometimes Almost always I had doubts, and I talked to the other mommies so I can understand"(Rocío): "Yes, they always answer my questions or tell the doctor to explain" (Yadira): "Yes, they help me with everything I don't know"(Lucía): "Yes. When I have a doubt they explain to me"

Category 2: Help

Subcategory 1: Advice

The family members narrate that they have received help from the nursing staff, (Anita): "Yes she advised me on how to handle my baby" (Yadira): "Yes. While I was feeding my son she supported me and did not leave me alone" (Clara): "Yes, she offered me support, she explained to me and she has a good attitude" (Rosa): "Yes. She was always there while they came to give him some medicine" (Delia): "Yes, I was not moving forward to give the breast to my son, and she advised me on how to give him" (Gabriela): "Yes, they gave me support so I would not be worried" (Fernanda): "Yes. They educated me a lot" (Jessica): "I am a first time mother and the truth is I am very scared but the nurses have helped me a lot on how to take him, how to give him the breast. " (Maria): "Yes. They helped me a lot" (Melissa): "They did not offer me support" (Mateo): "I did

not receive any advice from the nurse" (Ursula): "Yes, the nurse helped me all the time" (Jessica): "Yes, she helped me a lot" (Lissette): "Yes, they help me and tell me how to feed my child" (Diana): "The nurse helps me a lot" (Yosely): "The attention is good and they are kind" (Sofia): "No, she didn't give me any advice. She just answered and most of the time I didn't understand her" (Yulisa): "No, they didn't give me support. I went unnoticed" (Laura): "Not always, I didn't know how to hold my baby" (Lucía): "Yes, on how I should take my nipple out to feed my child".

Category 3: Attitude

Subcategory 1: Posture

Interest on the part of the nursing staff: (Delia): "Yes, whenever they come to see me they are always cordial and gentle. There is eye contact. They don't ignore me when I tell them something." (Clara): "They always give me attention. They have never been rude. In my case, she is always attentive if I ask her for a favor" (Yoselyn): "She responds politely and gently" (Yadira): "Yes, she is very attentive. When she finishes talking she always smiles" (Mateo): "There is always eye contact. At the moment I talk to the nurse she either vacates quickly and attends me or she gently tells me she will help me in a minute." (Melissa): "She's very gentle. I know she goes through a lot, but she's always with a smile and helps me." (Maria): "Yes, she is attentive. She always looks at me" (Fernanda): "Yes, she is attentive" (Rosa): "Yes, she is always attentive and is always with a smile" (Ursula): "Yes, even though she is wearing a mask, she is gentle. I notice in her speech" (Jessica): "Yes. They always look at me" (Lissette): "Yes, they are kind and attentive" (Anita): "She is very kind and gives me my time" (Diana): "Yes, she shows us interest" (Sofia): "He only nodded his head when he talks" (Yulisa): "Yes, she shows interest when I talk" (Gabriela): "Yes, there is eye contact and she talks to me" (Laura): "Almost all of them are kind, she always pays attention to me" (Rocío): "Yes, she is very attentive, she looks me in the eyes when I talk" (Lucía): "They are always attentive" (Lucía): "They are always attentive" (Yulisa): "Yes, she is very attentive.

Category 4: Experience

Subcategory 1: Experiences

Most of the families reported that the experience of communication between the nursing staff has been good. They pointed out the following: (Clara): "Yes, I have a good experience because they give us advice and try to have good communication with us" (Rocío): "My experience has been good, I know how to express myself and how the nurse listens to me" (Lissette): "It is pretty good because they are attentive and communicative" (Yadira): "My experience has been good because they are all attentive" (Diana): "It is good because she explains to us about our babies" (Yoselyn): "My experience has been very good, they are very kind" (Fernanda): "Very good, there is excellent attention" (Lucía): "My experience has been good, they are all very nice" (María): "Very good" (Delia): "It is good, during the stay they are very attentive" (Rosa): "It is good, we communicate very well" (Melissa): "Good" (Mateo): "Good" (Úrsula): "My experience was very good with the graduates" (Jessica): "My experience with the graduates was excellent" (Anita): "My experience is good" (Yosely): "My experience has been very good. They are very kind" (Sofía): "Very little, because I am very shy, I only ask what they are administering" (Yulisa): "My relationship with the nurse is not very good because sometimes they ignore me" (Gabriela): "Yulisa):" (Yadira): "My experience has not been entirely good because they rarely talk to me.

Category 5: Recommendations for improving communication with nurses

Table 2

Items	Frequency	Percentage
Gestures and expression when receiving information	2	10,0%
Use words you understand	1	5,0%
Kindness and respect when addressing you	3	15,0%
Repetition of information in case of lack of understanding	14	70,0%
Total	20	100,0%

Source: Authors

Question 6 asked which option would be recommended for better communication with the nursing staff. From the list of options given, the repetition of information in case of not having understood (70%) stands out. It was the main problem evidenced in the interview. Similarly, kindness and respect (15%), then gestures and expression when receiving information (10%) and finally using words that are understood (5%). All these were problems were evidenced in the responses recorded in the interview.

RESULTS OF THE QUANTITATIVE PHASE

QUESTION 1: When I give information to patients I do so in understandable terms.

Table 3

Items	Frequency	Percentage
Sometimes	3	13,6%
In some cases	9	40,9%
Many, many times	10	45,5%
Total	22	100,0%

Source: Authors

According to the data analyzed, 45.5% of respondents indicate that they very often provide information to patients. They seek the most appropriate terms so that they are understandable to patients and family members. On the other hand, 40.9% indicate that they are sometimes given information and sometimes (13.6%) are provided with understandable information. It should be noted that there is great interest on the part of the nursing staff in making the procedures and information understandable.

QUESTION 2: I respect the right of family members to express themselves freely in relation to the care of the newborn.

Table 4

Items	Frequency	Percentage
Sometimes	2	9,1%
In some cases	9	40,9%
Many, many times	11	50,0%
Total	22	100,0%

Source: Authors

According to the second question, 50% of respondents consider that they respect the right of family members to express themselves freely in relation to the care of the newborn: in some cases 40,9% and sometimes 9.1%. This question highlights the fact that respect for family members should be a topic for further analysis.

QUESTION 3: Evaluated the emotions of family members

Table 5

Items	Frequency	Percentage
A few times	3	13,6%
Sometimes	2	9,1%
In some cases	6	27,3%
Many times	11	50,0%
Total	22	100,0%

Source: Authors

Considering the frequency of response to the third question, the nursing staff evaluates the emotions of the family members many times (50%). On the other hand, 27.3% is in some cases evaluated, 13.6% a few times, and 9.1% sometimes. The results indicate that a large part of the nursing staff does not evaluate the emotions of the family members. This result is consistent with the previous question. It influences respect for the rights of the family members to express themselves freely.

QUESTION 4: When approaching the patient's relatives as nursing staff, do you maintain adequate body communication?

Table 6

Items	Frequency	Percentage
Sometimes	4	18,2%
In some cases	9	40,9%
Many times	9	40,9%
Total	22	100,0%

Source: Authors

Based on the responses to this fourth question, "many times" and "in some cases" had similar frequencies (40.9% respectively), followed by 18.2% indicating that "sometimes" they maintain adequate body communication. Although body communication is an important axis, health personnel demonstrate it in a personal way. As highlighted in the interviews, the most cited actions were eye contact and smiling.

QUESTION 5: When interacting with family members, I express my comments in a clear and firm manner.

Table 7

Items	Frequency	Percentage
Almost never	3	13,6%
Never	5	22,7%
Seldom	1	4,5%
In some cases	1	4,5%
Sometimes	3	13,6%
Many times	9	40,9%
Total	22	100,0%

Source: Authors

According to the fifth question, 40.9% indicated that "many times" they express their comments in a clear and firm manner. However, 22.7% indicated a "never" answer. And "almost never" and "sometimes" had similar frequencies with 13.6% respectively. As well as "seldom" and "in some cases" with 4.5% respectively. It should be noted that this question had a greater dispersion of responses, demonstrating that the major shortcoming on the part of the nursing staff is the lack of clear and firm communication. This result is consistent with the interviews conducted, where there were shortcomings in communication and difficulty for relatives to understand the patient's condition.

QUESTION 6

What do you think it would be a communication strategy you would implement with family members?

The last question was open-ended. It asks for suggestions for a communication strategy that the nursing staff would implement with family members. The strategy most often cited was "repeat the information," which is consistent with the suggestion of the family members interviewed. It is necessary for the information to be understandable, clear and to be understood by the family members on a single occasion, regardless of how many times it is repeated. This avoids relatives or patients from returning more than once to ask questions about things that were not clear. The way of saying things, respect for the patient, and the attitude of the nursing staff were also highlighted in the responses. However, there were also responses in which it was considered that some action or strategy for communication was not necessary.

DISCUSSION

In analyzing the perceptions of the nursing staff on communication with them. The results showed that the caregivers were fully informed of the procedures and activities to be carried out and that an attempt was made to clarify any doubts they had. However, some of the detailed responses indicated that family members did not receive support because their doubts could not be clarified. Similar to the study by Pavón et al (2020), the results showed that caregivers recognize and understand that verbal and nonverbal communication is an important factor in the caregiver-patient relationship and in the development of nursing skills. Therefore, it is important to explain and clarify existing doubts.

In this study, nurses' interests were highlighted and physical gestures such as nodding, eye contact and smiling. As well as their friendliness and interest in their field were shown. As a result, communication between nurses and family members was rated as good. This was classified as "good" care. These results are consistent with the study by Aguirre et al (2020), who found that caregivers who offer comforting and reassuring words and emotional support promotes trust and relationship building between caregiver and patient, according to interaction theory. Similarly, it was mentioned in the study by Pascual et al (2019) that there were different attitudes in nurse-family communication. Although it was presented objectively by management and process. The attitudes of the nurses were based on empathic listening, valuing complaint and adherence to the meaning of the word "friendship". According to the results, the most common response was that family members should be repeatedly informed about procedures, information and activities until they understand them and problems are solved. Similarly, Herrera's (2021) study aims to promote interpersonal teaching and learning so that families are informed and take responsibility for their health and well-being. The focus is then on nurses to support this process using a teaching-learning approach to problem solving and repetition of information so that families are empowered to care for themselves and identify their individual needs.

We also analyzed the attitudes of the nursing staff in comparison with the results obtained from the patients' families. First, at least half of the caregivers provided information in easy-to-understand language. They also respected the rights of the relatives and expressed them appropriately. These results are similar to those of the study by Heredia and Pinzón, (2021) on how to communicate the patient's situation to the family. The authors concluded that it is important to know the patient and family members beforehand. Also, the truth should be communicated to them gradually (accommodative) to reduce the impact of the news and give them time to adapt to the consequences of the disease if necessary. Similarly, Espinoza et al (2021) examined the extent to which family members were informed about the current situation, the patient's prognosis and the situation they were in when caring for their loved one.

Finally, with regard to communication, the strategy mostly used by the nursing staff was to repeat the information. This finding coincides with the perceptions of the patients in the same study. Similar studies have shown that it is important to check information before acting when caregivers give instructions or communicate test results. This applies to verbal communication, whether face-to-face or over the telephone (Alarcón-Muñiz et al., 2020). It is also easy to misunderstand what the other person is saying, so caregivers should double-check that they have understood correctly. If they are the ones giving the information, they should ask the other person to repeat it. This can make a big difference in individual cases, but making it a hospital policy may be more effective in reducing the risk of misunderstandings and errors (Velázquez-Hernández et al., 2021).

Nurses' communication with family members should, in particular, go beyond the interpretation of clinical information to support parents in developing a relationship with their infant and skills to care for him or her. For example, Oviedo et al (2020) demonstrated how nurses' communication patterns can facilitate mothers in their role as mothers, particularly through the important role of chatting. He had mothers describe positive experiences as emotionally supportive and promoting the parental role (Guáqueta Parada et al., 2021). Likewise, barriers to communication between nurses and parents included inadequate or contradictory information. As well as directing the care of mother and baby and dismissing the mother's rights and abilities and actions that made parents question their competence as mothers (Gálvez Cerdán, 2020).

Examining family members' perceptions of communication with nurses, particularly the aspects they consider effective or ineffective, helps to improve the overall understanding of the elements of family-nurse communication (Rojas Torres et al., 2020). Studies have identified effective communication strategies such as speech management and emotional expression. It highlights the importance for parents of enriching communication and sharing information (Duque-Ortiz et al., 2021). Finally, Duque and Arias (2020) demonstrated that family-centered approaches, in which communication-based criteria are valued, improve family members' satisfaction. Healthcare professionals give priority to clinical or technical criteria. The results of the present study underline the importance of communication for parents to provide information that is reassuring and respectful.

CONCLUSIONS

We can conclude, then, that verbal communication is of vital importance because it allows clarifying the ideas of the patient's relatives that try to transmit to the nursing staff. However, the training and application of some social skills such as; self-knowledge, observation, empathy, respect and active listening is fundamental to achieve the patient's well-being. Nursing is the center of reference in the therapeutic relationship, and is the one to which the patient undoubtedly turns to first when something important happens to him/her. Therapeutic communication is a way for the nursing professional to see their role with the patient as a framework for "knowing how to be" in a helping relationship.

The importance of creating a therapeutic communication between the nursing staff and the relatives is essential since it achieves several benefits. For example, it establishes or creates a calm environment, and seeks the emotional well-being of the patient or relative. Therefore, the health personnel need to develop certain skills and improve their abilities to establish an adequate communication or relationship with the relatives of the newborns, in order to provide a safe place. Several studies agree with the information gathered and mention that inadequate communication from the health personnel to the patient or family member is associated with a poor quality of life, poor quality of care perceived by the patient, and a high dissatisfaction. However, therapeutic communication is not only characterized by words, but also by nonverbal expressions, gestures, tone of voice, the use of clear and understandable terms.

The experiences of therapeutic communication with the nursing staff on the part of the relatives were affirmed as good, being that the majority of the nursing staff communicated correctly or tried to do so, however; the lack of these skills provoked discomfort, disagreements, and uncertainty in the relatives. The implementation of a communication guide will facilitate the nursing staff to help the patient or family member looking for a common good unless nursing does not seek the necessary skills will not be able to perform a correct therapeutic alliance with patients. Therefore, it is necessary and important to develop such skills in all nursing professionals.

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Contribution of each author to the manuscript:

Task	% of contribution of each author	
	A1	A2
A. theoretical and conceptual foundations and problematization:	50%	50%
B. data research and statistical analysis:	40%	60%
C. elaboration of figures and tables:	50%	50%
D. drafting, reviewing and writing of the text:	60%	40%
E. selection of bibliographical references	50%	50%
F. Other (please indicate)	50%	50%

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