

How Communication experts express communicative competence

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BRAGA, E.M.; SILVA, M.J.P. Como especialistas em Comunicação expressam a competência comunicativa. *Interface - Comunic., Saude, Educ.*, v.14, n.34, p.529-38, jul./set. 2010.

This study aimed at understanding how Brazilian communication specialists express their communicative competence. A group of nursing professors, who were communication experts, was investigated by means of a guiding question, namely, "How do you express your communicative competence?". The interviewees reported that they expressed their communicative competence by experiencing it in their professional lives and daily routines, listening to other people, perceiving nonverbal communication, validating message comprehension, breaking communication barriers, showing affectivity and developing self-knowledge. The results obtained from this study enabled us to understand communication as something to be learned, felt and experienced, i.e. by perceiving our own emotions and feelings as well as those of other people, both in nursing care and in everyday actions.

Keywords: Communication. Competence. Nursing.

Este estudo teve por objetivo compreender como especialistas brasileiros em comunicação expressam sua competência comunicativa. Investigou-se um grupo de professores universitários de enfermagem, especialistas na área de comunicação, utilizando-se a seguinte pergunta norteadora: Como você expressa sua competência comunicativa? Os entrevistados referiram expressar sua competência comunicativa vivenciando-a em sua vida profissional e em sua rotina diária, ouvindo outras pessoas, percebendo a comunicação não-verbal, validando a compreensão de mensagens, quebrando barreiras de comunicação, demonstrando afetividade e desenvolvendo o autoconhecimento. Os resultados obtidos a partir deste estudo nos permitiram compreender a comunicação como algo a ser aprendido, sentido e vivenciado, ou seja, percebendo as nossas próprias emoções e sentimentos assim como os de outras pessoas, tanto no cuidado em enfermagem quanto em ações da vida diária.

Palavras-chave: Comunicação. Competência. Enfermagem.

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Introduction

Communication plays an important role in our development as human beings as it is not only part of our previous experiences, but also of those gained every new day. We are relationship beings, and awareness of such fact leads us to search for further understanding of the concepts, principles and skills to be acquired during the communicative process.

We are also led to reflect on the commitment taken by universities to train professors, making them aware of the fact that their role as communicators is fundamental for flexible and updated teaching. Based on this reflective approach, it has been proposed that the academy should foster up-to-date learning, thus breaking the barriers imposed by elitist and fragmented teaching, as it is no longer adapted to our reality (Silva, 2000).

The role of education is to shape autonomous and free citizens, subjects of the educational process, professors and students for their new research positions in an ever-growing informational and computerized world. This will require radical transformations in the educational field once it will be crucial to reexamine and reinvent strategies and practices. Universities must invest in the production of new and innovative knowledge, rethink theoretical and methodological aspects and effectively integrate learning and research because it is only through radical modernization of the educational field, from academic research to political strategies, that schools will be able to fulfill their social function – that of shaping technically and politically competent and autonomous citizens (Belloni, 1998).

Perrenoud (2000, 1999) defines competence as one's capacity to act effectively in a certain type of situation; it is based on knowledge without being limited by it. That author also states that there are no competences which are not knowledge-based, and that most human actions require some type of knowledge. It may be superficial at times or more profound at others, but stems from personal experiences, common sense, the culture shared by a circle of experts or from technological and scientific research. It is a representation of the reality that we build and store according to our experience and education.

The National Curricular Guidelines (DCN) for undergraduate nursing programs point to a generalist education for Bachelors of Science in Nursing (2001). In those documents, the general competences to be acquired, such as skills in healthcare provision, decision making, communication, leadership, administration and management, are added to specific competences and skills, such as the development of technical, scientific, ethical, political and socio-educational competences that can meet the social needs of healthcare and ensure the integrality of healthcare provision, the quality and humanization of the care provided to individuals, their relatives and the various groups in the community.

The importance of interpersonal relationships and good communication for effective professional performance has been pointed out by various authors in education, healthcare and management. In agreement with the Curricular Guidelines for Undergraduate Nursing Education, aspects related to the communication capacity required for nursing practice have also been addressed by researchers, including aspects concerning care humanization and professionals' continuing education (Silva, 2008; Braga, Silva, 2007; Stefanelli, Carvalho, 2005; Rocha, Silva, 2001).

Communication teaching has also been the target of studies by other healthcare professionals in national and international levels. They point it out as a skill that must be mastered in the process of professional education, since it can expand the meaning of communication to manifestations other than the production of words (Rossi, Batista, 2006).

When referring to university professors in class, Masetto e Abreu (1990) state that a class is a meeting which is repeated within predetermined time periods, and at such meetings, human beings, confined within the classroom boundaries, confront, communicate with and influence one another. The main reason for such meeting is students' learning, which is more influenced by the way the teacher acts in class than by his personal characteristics.

Stefanelli e Carvalho (2005) see communication as a process of understanding and sharing sent and received messages which influence the behavior of the individuals involved, thus corroborating that people are constantly involved in an interactional field.

An individual simultaneously participates in two existential dimensions stemming from two forms of relating to the world: a verbal form, which provides him with a psycholinguistic repertoire and enables an externalization of the social being; and a nonverbal form, which provides him with a psychobiological statute and enables an externalization of his psychological being (Silva, 2008).

Communication competence imposes conscious attitudes of humanization and commitment to healthcare, that is, in the humanization process, patients' and their relatives' care needs represent strategies in healthcare production.

Attention to the forms of expression involved in communication highlight the importance of considering the other, with his differences, in interpersonal relationships, since each individual is unique and has specific values (Knobel, Andreoli, Erlichman, 2008)

With this regard, nurses must be aware of the relationship between verbal and nonverbal behaviors during interactions and recognize that emotions, expectations and stereotypes, as well as the communicators' previous knowledge, interfere in communication (Silva, 2008). Competent communication with patients and their relatives contributes to excellence in nursing practice and creates learning opportunities for those involved, being able to awaken the feeling of trust between patients and nurses, thus enabling them to experience the feeling of security and satisfaction (Inaba, Silva, Telles, 2005).

Additionally, technological changes influence the organization of healthcare work by strongly introducing the notion of competence, and, in that type of work, characteristics such as autonomy, responsibility and communication capacity are taken into account (Ramos, 2001).

We believe that this study provides a perspective of expansion for nurses so that they, by means of their healthcare work, can advance in the pathways of their communication competence as a necessary requirement to support their everyday caregiving.

Proceeding with our studies (Rocha, Silva, 2001) that have corroborated the importance of coherence in verbal and nonverbal behaviors in the nursing teaching-learning process, the present study aimed to ascertain how nursing professors who were also communication experts expressed their communicative competence.

Method

Searching for the expression of competent communication, an exploratory study was developed based on qualitative methodology. It was conducted in private and public Brazilian universities since these are the places where expert teachers in nursing communication are found.

The participants were thirteen nursing professors with a background in teaching and nursing communication. They were selected from literature of publications and references in the fields of nursing teaching and communication over the last ten years.

Procedures

Initially, this research project was submitted to and approved by the Ethics Research Committee of the São Paulo State University at Botucatu School of Medicine – Unesp, Brazil. Data were collected by interviews, and the nurses selected according to the previously established criteria were contacted by telephone and/or e-mail. Upon such contact, the project and its objectives were explained. Whenever the nurses agreed to participate, interviews were scheduled and then recorded after participants had signed an informed consent form. During the interviews, the following guiding question, which was intended to be explored in the study, was presented to 13 respondents: *"How do you express your communicative competence?"*

The recorded interviews were transcribed and sent to the respondents for content confirmation, except for those which had been sent to us by e-mail, since they had been transcribed and authorized by the respondents themselves.

As a scientific method for data treatment and analysis, we used Bardin's Content Analysis (1977), which is a set of communication analysis techniques aiming at obtaining, by means of objective and systematic procedures of message content descriptions, quantitative or non-quantitative markers which allow for the inference of knowledge related to the conditions of message production/reception (inferred variables).

Three steps characterize the Content Analysis method: pre-analysis, exploration of material, and treatment of results (inference and interpretation). During material exploration, semantic categorization was performed, that is, the elements were grouped according to the topic under study.

Presentation and discussion of results

The results found were categorized as follows so as demonstrate how the studied individuals reported to express their communicative competence:

- 1st: Experiencing it in one's professional and personal routine
- 2nd: Listening to others
- 3rd: Being attentive to nonverbal communication
- 4th: Validating message comprehension
- 5th: Being able to eliminate communication barriers
- 6th: Showing affectivity
- 7th: Investing in self-knowledge

The codes used to present the results are represented by the letter R (Respondent) and by numbers, according to the sequence in which the study data were organized: R1, R2, R3, and so on.

1st category: Experiencing it in ones' professional and personal routine

"In my professional life, I express my way to communicate in teaching, research, publications and participation in academic events; by sharing ideas, etc. In my personal life, it is a continuation; I end up applying the knowledge I have acquired in my professional life; I cannot separate them". (R 1)

"I express my competence professionally and personally. It is impossible for you to learn communication that is strictly professional; I mean, you learn and apprehend". (R 6)

"There is the right time to communicate with the staff; you have to be careful about what you say and how you say it to really establish effective interaction". (R 8)

"I exercise my communicative competence on a day-to-day basis, at work, by stimulating students so that they can detect positive aspects and failures, difficulties concerning communication". (R 12)

The respondents reported that they expressed their communicative competence by experiencing it in their professional and personal routine, by applying their acquired knowledge to their way of teaching and leading students to learn to take others and their needs into consideration, in various forms of care provision. As to their research activities, the expression of communicative competence was reported as the care demonstrated by the respondents in relation to the subjects of their investigations and the ethical representation towards the participants in their studies. This also applied to their publications, where the expression of competence valued the effective participation of all elements taking part in a study or project.

In relation to participation in congresses, conferences and meetings, communicative skill facilitates interaction with others and opens avenues for professional development. The respondents pointed

out that experiencing communication means understanding that there are advantages as well as disadvantages in such expression. A communication-competent person realizes it when it is the right moment to express his opinions, when one should be careful about stating them and even when it is time to remain silent.

Another aspect mentioned by the respondents was that even a competent communicator may have limitations to communicate. Additionally, it was emphasized that one's personal life is an extension of his professional life and vice-versa, that is, the knowledge acquired in each one of these realms can be applied to the other. They cannot be separated by a limiting point.

Kapborg e Berterö (2003) state that nurses need to use their hands, heart and brain in order to fulfil their commitments. This should be explicit in a clear professional framework and incorporated more fully into nursing programs. Implications for education and for practice are that nursing students need to develop their reflective ability in order to view a phenomenon from a different perspective and translate new knowledge into action.

Communication competence was cited as a required field of knowledge in a study conducted on primary healthcare nurses, specialists and students (Witt, Almeida, 2008), that is, in everyday work, such competence allows for more assertive relationships among individuals.

2nd category: Listening to others

"Stopping to observe the other person, paying attention, knowing how to listen, for instance: A coordinator comes in; he keeps on talking and talking, and it is a hard day... so I say: "look, I can't give you attention now because I am very busy; I can't now." They want to talk and say: "I need to talk", "I need to talk". It is hard. I say: "I can't now", to try to do things right. It is hard and requires training and continuous attention". (R 3)

"I use observation a lot, and I also listen to the other person, which is a very important thing in the communication process". (R 4)

"It is important to let people speak and to hear them attentively. The procedural model that I propose is based on listening and on nurses' comprehensive attitude". (R 5)

"I basically express communicative competence by listening to others". (R 7)

"Since I started working, I have always tried to pay attention and listen to the nursing staff because I think this is the key: you must listen". (R 8)

"I believe that communicative competence is present when I am able to listen...". (R 10)

"I try to listen actively". (R 13)

Another way to express communicative competence cited by more than fifty percent of the study participants was that we must "listen to others", observe them and pay attention even though we may be facing a "hard" or a busy day. It is important to make others realize that they are being listened to, that is, they should know that they will have the opportunity to express their ideas or requests. It was clear that such listening must take place in an active and engaged way and with an understanding attitude. This ability to listen acquired by competence does not mean that people can say whatever they wish whenever it pleases them. Competent communicators should organize time and space in order to be able to provide the necessary time and opportunity for others' expression. This organization is difficult and requires training and continuous attention.

Widdershoven (1999) states that knowing the other means listening and responding to him, and that nurses' stories are about knowing the patient in such a way that one has insight into his inner feelings and needs.

It is believed that listening allows for the integration of different knowledge types in the unit, thus contributing to effective communication. In particular, if it takes place interdisciplinarily, it allows for understanding others in their complexity.

Communicating competently presupposes that individuals are concerned about comprehending others and that ideas should be understood and shared. Interest in the other allows for messages to be clearly transmitted and understood by those involved in the communicative process; therefore, communication is only competent when it is an interpersonal process (Braga, Silva, 2007).

3rd category: Being attentive to nonverbal communication

"I had a teacher who used to say that if a healthcare professional knows how to talk to the patient's body and to the patient's person, he will be able to get whatever information he wanted. We must pay attention to information even though it is not heard; thus "the body talks"; it really does, so we must learn how to listen to it". (R 9)

"I express my competence when I am able to listen, to see, to touch, to smell, to taste, to perceive, to interpret and adequately respond to each one of these stimuli, not assuming a pattern, but a degree of satisfaction in the answers". (R 10)

"I try to understand beyond words... I look at the person I am talking to in the eyes while we interact". (R 13)

One of the ways to express communicative competence is to go beyond words; it is to be attentive to all senses, observing the look, gestures, body posture, and objects used by a person as well as his attitudes, such as how one sits or moves. It means giving attention to information conveyed beyond what is heard, as one of the respondents said: *"If the body speaks, we must learn how to listen to it"*.

Nonverbal communication stimuli can be used to make messages clearer by means of body posture, eye contact, furniture arrangement, clothes, facial expression, voice tone and rhythm, interpersonal distance, use of touch and paraverbal strategies (Silva, 2008).

Specialists report that such competence implies being aware of the fact that we send and receive verbal and nonverbal signs during the whole process. The conscious use of such knowledge makes one attentive to the other to perceive what he or she wants to communicate and even confirm whether the communicative intent has been achieved or not. Based on such awareness, we are able to recognize individuality and previous experiences, perceiving the other's reaction and the moments when an interaction must be interrupted or maintained.

4th category: Validating message comprehension

"I am always concerned about making sure whether people understand what I say; I usually validate communication, and I emphasize the validation of the information received, particularly when it comes to Free Consent. I make sure it is really clear, and signed only after validation". (R 2)

"I am concerned about validating my understanding of the message sent by the person with whom I am interacting as well that person's understanding of my communication". (R 2)

According to Stefanelli e Carvalho (2005), communication validation should accompany the entire therapeutic relationship process, and it is necessary because emitted messages must have the same meaning to all the people involved in the communicative event. They state that when we do not clarify or validate patients' messages we are prone to act according to our own values, beliefs or misinterpretations. These authors suggest therapeutic communication techniques to verify message comprehension, such as: repeating the message to the patient, asking the patient to repeat what was said and then summarize information content.

Being able to perceive whether the other person has understood a message and always validating it is a way to express communicative competence. The respondents stated that validated information is singularly important in healthcare because people have been fragile or debilitated by a diagnosis. Such momentary fragility may lead to misunderstanding, making it difficult to comprehend certain specific information.

5th category: Being able to eliminate communication barriers

"I think that working with the discipline of communication contributes to one's perceiving, in context, the questions and elements that are preventing or interfering with communication. This is real: you work with people and there are uncontrollable situations; there are influential factors, but you are aware of what is going on, of what is involved, even when communication becomes impossible, unfeasible, blocked, altered, etc". (R 6)

"We are not able to do it all the time, because the communication process has several obstacles, difficulties...". (R 8)

Gilmartin (2002) pointed out that understanding students' learning barriers and classroom culture has obvious application in relation to maximizing communication opportunities in class, which helps to structure and maintain an open learning atmosphere.

A communication-competent person is able to realize what may be interfering with or preventing communication. Relations occur among people; therefore, they are exposed to easy or difficult situations which may alter, block and even prevent communication viability. Examples of communication barriers are: a noisy environment, emotions, feelings and beliefs of the people involved as well as physical and physiological restrictions, among others. We could cite the example of a patient with endotracheal intubation who has hearing problems: he cannot hear what is being communicated and the professional responsible for his care provision should be able to eliminate this communicative barrier.

6th category: Showing affectivity

"I think it is important to show affection mainly towards students; it is always good to show feelings. This affection-related issue is very important". (R 4)

"Giving attention and affection and being together are ways to express communicative competence". (R 9)

"I try to show that I am attentive; I respect the other person's pace and show that I am ready to interact". (R 13)

"I am constantly challenged to be empathetic, flexible, open, sensitive and loving. These attitudes must be developed so as to foster competent communication". (R 13)

The significance of emotions in nursing work has come to be recognized in the literature. While nursing work involves cognitive and technical skills, there has been increasing recognition of the interpersonal and intrapersonal skills required to cope with the complex demands of modern healthcare systems (Bellack, 1999).

To McQueen (2004), emotion management is required in successful interactions, so that professionals can show understanding of others and, in turn, influence the feelings of others (who may be patients or colleagues).

Although competence is a difficult term to define, authors agree that its definition involves the correct mobilization of cognitive and affective aspects (Perrenoud, 2002; Rios, 2001).

The effective use of senses ensures accurate message perception, since to learn how to communicate adequately, each individual must be capable of perceiving the meaning of the message being conveyed and of the aspects involved in it, that is, whether it is common to communicators, how and when the messages sent affect other individuals and also how one's own feelings affect the communication in progress (Stefanelli, Carvalho, 2005).

Expressing communicative competence means being able to show affectivity, giving attention and being near the other person. It involves being sensitive, empathetic, flexible, open as well as respecting the other. Such affectivity demonstration is especially important in the relationship with students as it makes them feel secure and interested in advancing.

7th category: Investing in self-knowledge

"Self-knowledge is essential because without it you cannot see the other; there is a turmoil of emotions, sensations and thoughts about things, and if you do not look to yourself, it is difficult to establish effective communication or even to allow yourself to face the other". (R 3)

"I express myself by applying the principles of the communication line that I follow in my work; I am very emotional and impulsive, but I have good control over my actions". (R 5)

"I have changed some things; this has also happened to me; you become more attentive to communication, to people and try to understand it better, and obviously you develop as a person". (R 6)

Individuals grow up supported by interactions; they learn about and perceive their own reactions, learn about others and allow others to learn about them. Such knowledge leads to competent communication because it is produced by readiness from both parties. Self-knowledge is considered to be a review and evaluation of communicative practice, that is, being able to perceive that one is aware as a person and as a professional during the interactions established (Braga, Silva, 2007).

Investing in self-knowledge is crucial for being near the other person; it consists in working on our own feelings and emotions to achieve effective interaction. Self-knowledge makes people change attitudes, be more attentive to themselves and others, and consequently develop as human beings.

Concluding remarks

The professors, communication specialists and researchers, made it possible for us to understand that the development of communicative competences is directly related to the attention given to the other and to the perception of the other.

An important reflection that emerged from this investigation was that expressing communication with competence means perceiving the world around us, apprehending it and understanding how much one's knowledge can help in teaching, in professional practice and in one's personal life, thus contributing to one's own growth as well as to that of individuals who are influenced by this ability.

The results in this study have also made it possible for us to state that authentic interpersonal relations promote the capacity to understand one's own feelings as well as others'. In healthcare education and work, such interactions must not be causal. Instead, they must have educational purposes to be achieved, since competences are not established, but constructed in the daily routine of relationships.

In this perspective, communication competence must be regarded as a fundamental skill to be developed by healthcare professionals and expanded in undergraduate and specialization programs as well as in all levels of professional enhancement, since that will enable professionals to work with resolutivity and commitment.

We believe that the contribution that this study brings to healthcare professionals is the apprehension of communication as something to be learned, felt and experienced, that is, by perceiving one's own emotions and feelings as well as those of others in both nursing care and everyday actions.

Collaborators

The authors worked together in all phases of the manuscript.

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BRAGA, E.M.; SILVA, M.J.P. Cómo especialistas en Comunicación expresan la competencia comunicativa. **Interface - Comunic., Saude, Educ.**, v.14, n.34, p.529-38, jul./set. 2010.

Este estudio tuvo por objetivo comprender cómo especialistas brasileños en comunicación expresan su competencia comunicativa. Se ha investigado un grupo de profesores universitarios de enfermería, especialistas en el área de comunicación, utilizándose, con la siguiente pregunta norteadora: ¿Cómo expresa usted su competencia comunicativa? Los entrevistados dijeron expresar su competencia comunicativa experimentándola en su vida profesional y en su rutina diaria, escuchando a otras personas, percibiendo la comunicación no verbal, validando la comprensión de mensajes, rompiendo barreras de comunicación, demostrando afectividad y desarrollando el auto-conocimiento. Los resultados obtenidos a partir de este estudio nos han permitido comprender la comunicación como algo a ser aprendido, sentido y experimentado; o sea percibiendo nuestras propias emociones y sentimientos así como los de otras personas.

Palabras clave: Comunicación. Competencia. Enfermería.

Recebido em 15/09/2009. Aprovado em 12/03/2010.