THE ROLES OF PSYCHOLOGISTS AS AGENTS OF COMMUNICATION

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ABSTRACT

Introduction: Communication is a central element in any social situation, be it in the ordinary context of everyday life, or in a moment of illness. When health is compromised, communication should be exemplary between the health professional and the patient, but this is not always what happens. Several aspects emerge in this context, with a sender sending the message to a receiver, which may suffer contextual, cultural and individual influences. Every communication process is susceptible to interference, which is called noise, which can compromise the receiver's understanding of the message, causing distorted interpretations and inappropriate reactions, which may occur due to the situational and subjective aspects of those involved. Objective: To report situations in the hospital psychological practice that identified interference in communication and the psychologist acted as a mediator, aiming to minimize the suffering of the patient. Methodology: Experience report. Results and Discussion: When communication takes place in a health context, it becomes more delicate and careful, as it involves a condition sometimes of suffering, pain, impaired perceptual abilities, regressive state of the patient, denial of the condition, illness, or pharmacological therapy. In this scenario, these elements compromise the understanding of information and guidance provided for recovery. Depending on what the patient experiences in the hospital environment, they can signal the most diverse messages, ranging from signaling life expectancy to the prospect of death. Cultural, social, emotional and psychological aspects are present, as well as physiological evidence. Common situations of interference in communication, which generated noise and a misunderstanding about the diagnosis, procedures, use of medications, postoperative were: false compliments about the patient's condition, reinforcement of denial of reality, explanations of partial and fragmented procedures, of treatment steps with excessive use of technical terms, double message about evolution, rough touch, facial expressions and gestures that point to an inconsistency of information between what is expressed verbally and what is not said, but signaled bodily. These questions affect the patient and arise in psychological care, emotionally disturbing the patient and generating doubt and insecurity during his recovery. Given this, the Psychologist assumes a role of mediator, seeking to rescue and facilitate communication between those involved, being often necessary to sensitize the team to resume a dialogue with the patient and neutralize the noise. Conclusion: Interference-free communication in the hospital is a challenge, as it is not always possible to intervene and favor this process. But, the psychologist enters the hospital health team as a professional who can facilitate this process and minimize iatrogenesis in communication. Undergraduate health courses should privilege communication as an essential element to be worked on in professional academic education, focusing on the construction of knowledge, skills and attitudes about this process.

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