Revista de Enfermagem
do Centro-Oeste Mineiro
2019;9: e3011
DOI: 10.19175/recom.v9i0.3011
www.ufsj.edu.br/recom

RECOM
REVISTA DE ENFERMAGEM DO CENTRO-OESTE MINEIRO

Original Article

COMPREENSÃO DA RELAÇÃO INTERPESSOAL ENFERMEIRO-PACIENTE EM UMA UNIDADE DE ATENÇÃO PRIMÁRIA FUNDAMENTADA EM IMOGENE KING

COMPREHENSION OF THE NURSING-PATIENT INTERPERSONAL RELATIONSHIP IN A PRIMARY CARE UNIT GROUNDED IN IMOGENE KING

COMPRENSIÓN DE LA RELACIÓN INTERPERSONAL ENFERMERO-PACIENTE EN UNA UNIDAD DE ATENCIÓN PRIMARIA FUNDAMENTADA EN IMOGENE KING

Jose Wicto Pereira Borges[1], Thereza Maria Magalhães Moreira[2], Anaíze Viana Bezerra de Menezes[3], Aline Maria Oliveira Loureiro[4], Irialda Saboia Carvalho[5], Raquel Sampaio Florêncio[6].

RESUMO

Objetivo: compreender a relação interpessoal entre o enfermeiro e o paciente, sob a ótica do sistema interpessoal de Imogene King. **Método**: estudo qualitativo com dois grupos focais realizados em uma Unidade de Atenção Primária à Saúde. Os dados foram analisados por categorização temática tendo como arcabouço teórico analítico o Sistema Interpessoal do Modelo Conceitual de Sistemas Abertos. **Resultados**: As análises permitiram a formulação de três categorias: 1) ações da interação e comunicação impulsionadoras da efetividade nas relações interpessoais; 2) tempo e virtudes na interação e no papel do enfermeiro nas relações interpessoais; e 3) tensões nas relações interpessoais. A interação no cuidado de enfermagem esteve relacionada a ações que envolviam atenção e carinho que resultaram em vínculo terapêutico quando a comunicação foi compreensível. A interação torna-se efetiva quando há tempo suficiente para o conhecimento mútuo. Os papéis de cada sujeito estiveram permeados pelas virtudes da responsabilidade, paciência e sabedoria. A relação interpessoal pode sofrer fissuras com ações que desequilibram a relação, surgindo o estresse ou mesmo a violência. **Conclusão**: a relação interpessoal entre enfermeiro e paciente foi marcada por comportamentos permeados pela linguagem, capazes de serem compreendidos pelo Sistema Interpessoal.

Descritores: Relações enfermeiro-paciente; Teoria de enfermagem; Cuidado de enfermagem; Atenção primária à saúde.

ABSTRACT

Objective: to understand the interpersonal relationship between the nurse and the patient, from the perspective of Imogene King's interpersonal system. **Method:** qualitative study with two focus groups performed in a Primary Health Care Unit. Data were analyzed through thematic categorization having as theoretical analytical framework the Interpersonal System of the Open Systems Conceptual Model. **Results:** the analysis allowed the formulation of three categories: 1) actions of interaction and communication that drive effectiveness in interpersonal relationships; 2) time and virtues in the interaction and the nurse's role in interpersonal relationships; and 3) tensions in interpersonal relationships. Interaction in nursing care was related to actions involving attention and care that resulted in a therapeutic link when the communication was comprehensible. The interaction becomes effective when there is sufficient time for mutual knowledge. Each subject's roles were permeated by virtues such as responsibility, patience, and wisdom. The interpersonal relationship can suffer fissures from actions that unbalance the relationship, arising stress or even violence. **Conclusion:** the interpersonal relationship between nurse and patient was marked by behaviors permeated by language, able to be understood by the Interpersonal System.

Descriptors: Nurse-patient relations; Nursing theory; Nursing care; Primary health care.

RESUMEN

Objetivo: comprender la relación interpersonal entre el enfermero y el paciente, bajo la óptica del sistema interpersonal de Imogene King. **Método:** estudio cualitativo con dos grupos focales realizados en una Unidad de Atención Primaria a la Salud. Los datos fueron analizados por categorización temática teniendo como marco teórico analítico el Sistema Interpersonal del Modelo Conceptual de Sistemas Abiertos. **Resultados:** Los análisis permitieron la formulación de tres categorías: 1) acciones de la interacción y comunicación impulsoras de la efectividad en las relaciones interpersonales; 2) tiempo y virtudes en la interacción y en el papel del enfermero en las relaciones interpersonales; y 3) tensiones en las relaciones interpersonales. La interacción en el cuidado de enfermería estuvo relacionada con acciones que involucran atención y cariño que resultaron en vínculo terapéutico cuando la comunicación fue comprensible. La interacción se hace efectiva cuando hay suficiente tiempo para el conocimiento mutuo. Los papeles de cada sujeto estuvieron impregnados por virtudes como responsabilidad, paciencia y sabiduría. La relación interpersonal puede sufrir fisuras con acciones que desequilibran la relación, surgiendo el estrés o incluso la violencia. **Conclusión:** la relación interpersonal entre enfermero y paciente fue marcada por comportamientos impregnados por el leng uaje, capaces de ser comprendidos por el Sistema Interpersonal.

Descriptores: Relaciones enfermero-paciente; Teoría de enfermería; Atención de enfermería; Atención primaria de salud.

[1]Graduado em Enfermagem. Doutor em Cuidados Clínicos em Enfermagem pela Universidade Federal do Ceará. Docente na Universidade Federal do Piauí. [2]Graduada em Enfermagem. Pós Doutora em Saúde Pública pela Universidade de São Paulo. Docente na Universidade Estadual do Ceará. Pesquisadora do CNPq. [3]Graduada em Enfermagem. Mestra em Saúde Coletiva pela Universidade Estadual do Ceará. [4]Graduada em Enfermagem. Especialista em Enfermagem Médico-Cirúrgica pela Universidade Estadual do Ceará. [5]Graduada em Enfermagem. Doutoranda em Saúde Coletiva pela Universidade Estadual do Ceará. [6]Graduada em Enfermagem. Pós Doutoranda em Cuidados Clínicos em Enfermagem pela Universidade Estadual do Ceará.

Como citar este artigo:
Borges JWP, Moreira TMM, Menezes AVB, et al. Compreensão Da Relação Interpessoal Enfermeiro-Paciente Em Uma Unidade De Atenção Primária Fundamentada Em Imogene King. Revista de Enfermagem do Centro Oeste Mineiro. 2019;9:e3011. [Access_____]; Available in:_____. DOI: http://dx.doi.org/10.19175/recom.v9i0.3011

INTRODUCTION

Nursing care is defined as an intentional phenomenon, essential to life, that occurs in the encounter of human beings interacting through activities that involve awareness, zeal, solidarity and love[1].

Its structural complexity lies in the human and social nature of dialogue and in the reciprocal interaction between nurse and patient, where an exchange of human life and development processes is developed as a particular way of understanding and defining life, health, disease and death[2-3].

It is in the midst of the nurse-patient relationship that nursing care manifests itself empirically in the different health sectors. The complexity of the interpersonal relationship, of the encounter and dialogue is fundamental for the attribution of meanings of the demands of care required by the patients and are especially important in the clinical contexts of primary health care (APS).

The process of working in the Primary Health Care Units (UAPS) requires the construction of a continuous and close bond between the nurses and their users. In order to achieve this bond, the nurse-patient relationship is highlighted, where mutual respect between the individuals is fundamental for the satisfaction of APS users, in order to fully and humanly meet their health needs[4].

By glimpsing this relationship from the perspective of a theoretical framework, the Conceptual Model of Interactive Open Systems brings the understanding of man as an individual in interaction with others, within a variety of environments and influenced by perceptions, roles, experiences, and concrete situations[5]. Within this model, the Interpersonal System is structured by the concepts interaction, communication, transaction, role and stress, which is based on the assumption: the world is composed of human beings and objects that interact in the environment[5].

The Interpersonal System is a central element in the theoretical structure where nursing care is materialized in actions. In view of the above, it is argued that the understanding of how the interpersonal relationship between the nurse and the patient in the UAPS occurs, from the Interpersonal System, will allow the elucidation of elements capable of being used in reflections and improvement in the context of the APS. Thus, it is questioned how the interpersonal relationship between nurse and patient in the nursing care in the UAPS occurs. The answer to this question is essential for the effectiveness of the interpersonal relationship between the two agents. The objective was to understand the interpersonal relationship between the nurse and the patient from the interpersonal system of Imogene King.

METHOD

This is a qualitative study by means of a focus group, which represents a technique of data collection that aims to promote a wide-ranging problem on a specific theme or focus, allowing participants to explore their points of view based on reflections on a certain phenomenon[6].

For the composition of the focus group, it is necessary to consider that the members have an important common characteristic and that the criteria for the selection of the subjects are determined by the objective of the study, characterizing a sample by convention. Thus, the characteristic of interpersonal relationship experienced by the patient with the nurse was considered as the main object of characterization of the participants in the focus groups.

Focus groups were held at the APS in a Primary Health Care Unit (UAPS), which works under the Ministry of Health's standard programs, performing low complexity care, education, and health promotion. It is a public service linked to the Unified Health System located in the city of Fortaleza, Ceará, Brazil.

The Primary Health Care in Fortaleza has 105 Primary Health Care Units (UAPS), distributed in the seven Regionals, in which 335 Family Health Teams (ESF) work, corresponding to 46.23% of population coverage by the ESF.

The inclusion criteria of the participants were: in the UAPS - over 18 years of age, residents from the attached area of the health unit and identified by the Community Health Agents as a citizen who received nursing care in the unit. Those who did not communicate verbally and those who were in isolation for infectious diseases were excluded.

In the UAPS, the patients were recruited by the Community Health Agents and composed two groups: a group of people exposed to nursing care in the health of women and children, with eight members; and a group of people exposed to

nursing care in chronic diseases, with seven people.

The development of the focus groups was carried out with the participation of a coordinator and an observer[6]. The coordinator clarified the discussion dynamics, the ethical aspects of the study, stimulated the debate and elaborated the synthesis of the meetings. The observer assisted in the conducting of the discussions, monitored the recording equipment and was responsible for the field diary.

The meeting environment was as welcoming as possible and ensured the privacy of the participants. The groups occurred in the residents' association in the UAPS ascription area, specifically opened for the research and optimized by two Community Health Agents of the same unit. In the association, the chairs were organized in a circle, promoting the face-to-face interaction of all members involved. The beginning of the groups occurred with the presentation of the researchers, explanation of the objectives of the research and the reiteration of the invitation, with the individualized explanation of the Free and Informed Consent Term and signatures after clarification. The groups happened under a cooperative atmosphere with an average duration of 40 minutes. The finalization happened from the perception of the recurrence of the topics addressed. The generating question used was: How is your interpersonal relationship with the nurse occurring?

For data collection, a voice recorder and a field diary were used. The data were transcribed and analyzed from the content analysis by thematic categorization[7]. In order to deepen the analysis, the Interpersonal System of the Open Systems Conceptual Model[5], was used as a framework to structure the results found. The choice of this theory of nursing as an analytical theoretical framework was justified because it is a relational theory with a solid conceptual structure, allowing the identification of the constituent elements of the interpersonal relationship in nursing care. Allied to this characteristic, the access to the original texts also influenced the adoption of this reference.

The interpersonal system carries within itself the characteristic of being able to be applied in the different contexts in which the nursing is inserted. After identifying the categories, these were positioned within the concepts of the Interpersonal System (interaction, communication, transaction, paper and stress), allowing a better understanding of the elements that delineate the interpersonal relationship in nursing care.

The research was approved by the Ethics in Research Committees of the State University of Ceará, 984.723, dated 03/13/2015.

RESULTS AND DISCUSSION

The composition of the focus groups was distinct and respected the harmony between the participants. One group was composed of eight people; seven were women who used women's health care services, such as cervical and breast cancer prevention, prenatal care, and child health care, with the participation of three mothers of children up to five years old, being called Primary Care I. In this group, a man who was accompanying the wife during the prenatal care participated. The mean age was 33 years.

The other group consisted of seven people. Of these, six were women with a mean age of 40 years; all used the care services for hypertension and diabetes mellitus, being called Primary Care II.

The patients demonstrated satisfaction in being able to participate in an activity in which they were free to talk about their attendance by the nurses and to expose their experiences. Participants remained interested and involved during the focus groups.

The analyzes allowed the formulation of three categories: 1) actions of interaction and communication that drive effectiveness in interpersonal relationships; 2) time and virtues in the interaction and role of the nurse in interpersonal relationships; 3) tensions in interpersonal relations.

The categories and their constituents have shown that the interpersonal relationship in nursing care is complex with several constitutive elements that are aligned with the language bias as a centralizing axis and are manifested in the concepts that make up King's interpersonal system[5]. This result is relevant in the sense of an accurate examination of the concepts contained in the theoretical framework used and its representation in reality, bringing a situation of theory-practice integration[8].

The category "actions of interaction and communication that drive effectiveness in interpersonal relations" consisted of statements that marked the concepts of interaction and communication of the background theory.

According to the participants' reports, the interaction during nursing care is linked to attention, care and respect. Each individual in a situation brings personal knowledge, needs, goals, expectations, perceptions and experiences that influence interactions. In this sense, testimonies collected in the Primary Care I group have raised the attention of the nurse in childcare care and the recognition of the sensitivity involved in the interaction process.

"When the consultation occurs and my child cries, she (nurse) has to calm him down to consult [...] he is very thoughtful! [...] has respect for me and affection for him (son)". (Primary Care Focus Group I).

It is noted that the care attitude of the nurse at the time of interaction with the child has the potential to strengthen the exchange of information. This allows the construction of bond with the mother for the formulation of care actions, whose goals will have a greater chance of being reached. Interaction has been identified as a fundamental concept for the development of effective and quality nursing practice. It allows the discussion of goals and means between patient and professional, as an inherent element in the health monitoring performed by the nurse[8].

An interaction with an enlarged gaze that perceives the patient beyond his or her disease context and incorporates their family relationships has also emerged. Being attentive, encompassing the emotions that permeate these relationships are points of action of the nurse that demarcate the deepening of the interaction with the patient. The speech taken from the Primary Attention group II, exemplifies this context of care.

"I went to the hypertension consultation and there she (nurse) knew that my daughter had a baby and greeted me, it was thoughtful [...] interaction with affection and respect, with skin-to-skin contact". (Primary Care Focus Group II).

Beyond these aspects, having, from the UAPS nurse, attention to speech, gestures, pains and moments of joy or sadness of the daily life lived by patients, are traces of the interaction that underpin the interpersonal relationship between these subjects. A qualitative study showed that, within the complex relationship of human intersubjectivity, it is possible to share and live, by empathy, the feelings/sufferings of the other; however, even if shareable, feelings/sufferings are nontransferable[9].

In the interaction, the actions of the individuals can be modified by the existing relationships between the nurse and the patient, with a leading role from the patient in the treatment, providing an individual decision to seek quality of life in the face of some illness[10-11]. One of the most promising ways for this task is communication.

The fabric, through which interaction is constituted, is the process of communication. The formulation of goals permeates the language and makes sense with efficient communication between the nurse and the patient. In the daily routine of the UAPS, nurses should use verbal and non-verbal language in order to understand the demands and care agreed during the consultation. The readable and explanatory writing was also pointed out as important.

"The nurse talks more, asks questions and speaks, different from the consultation, that gives the medicine and that is it ... says when we are good or bad, does not fool us. [...] she wrote to explain everything ... I understand her words, the name of the medication, I understand what she says!" (Primary Care Focus Group II).

The communicative process involves, in speech, a complexity of elements for the better understanding between the communicants. Allowing the fluency of the conversation and showing interest in the content of the other's speech, as well as issuing coherent answers are good characteristics of communication in APS. The study reveals that it is through communication during the nursing consultation that professionals are able to identify and prioritize problems according to the patients' information and, from there, to provide quality assistance with the development of goals[12].

Writing should also be understandable, with language appropriate to the level of patient understanding. These nuances of communication bring to the fore the problem of health literacy and the process of understanding lived by the patients, being essential the formatting of the language of nursing of APS in order to allow the understanding process of messages of care. The content of the messages must also carry sincerity, being an essential element for the creation of the bond.

Communication about the elements involved in care, technologies and procedures make care comprehensible and involves the patient in the process of making decisions about one's own health, allowing goal planning to be

carried out with the conscious participation of the patient. However, in order for the patient to express its true desires, the transactional element is marked in the therapeutic relationship through the trust that the nurse and the patient elaborate from their roles in the context of UAPS.

The language of daily life is valued with meanings that go beyond words[13]. The implication of tone of voice, coherence and rhythm allows for interpretations of the patient's emotional state and spirit[14]. The nurse, when obtaining knowledge about non-verbal communication, will be able to understand the behaviors and attitudes of the patients and, therefore, perform a more significant care[13].

Good communication is a fruitful way for the interaction between the nurse and the patient to occur in a harmonic and goal-oriented manner. An effective interaction should involve respect and attention, giving room for transaction in the relational process. Corroborating this finding, the research in the APS showed that, in order to have an effective interpersonal relationship, nurses needs a sensitive posture over those who receive care[15].

The second category "time and virtues in the transaction and in the role of the nurse in the interpersonal relations" was composed by statements that demarcated the concepts of transaction and role of the Interpersonal System. The transaction has a time and space dimension and is influenced by people's perception of the reality they participate in. In this space-time, the characteristics of the nurse and the patient have a list of behaviors expected in the social system of the UAPS, being called role.

In the midst of transactional exchanges and the role of each one, the interpersonal relationship becomes more effective, allowing a rich interactive process, with potential for establishing goals in care, being the interaction time, a motivator for this.

"[...] a good relationship with her, she teaches some things that I did not know [...] she is very polite and takes good care [...] sometimes, it takes a little patience, to give the patient a bit of patient". (Primary Care Focus Group I).

"They took care of me with great pleasure and I tried to follow the rhythm and today I am accompanied by Nurse X, who attends me very well ... the service is good. Everything I need I run there [...] talk, explaining, giving enough time for us to understand. (Primary Care Focus Group II)

In the UAPS space, the nurses' duration of conversation in the care should be based on the understanding of the messages by the patient. The nurse's transaction with the patient occurs with trust transmission. A relationship with the virtue of patience, which allows the emergence of joy, is well evaluated by the patients, who perceive the gentleness and attention of the nurse, strengthening the exchanges. In the midst of the vulnerability of patients seeking UAPS, moments of joy cause fissures in patterns of suffering and space for hope of achieving good health.

The creation of a bond between those involved in care is guided by the ethical commitment among the parties involved, taking into consideration respect for the particularities of each one, allowing the transaction to occur[(14)]. An effective transaction leads to the construction of a care plan whose results will tend to the satisfaction of all involved.

In the meantime, nurses 'and patients' performance in the interpersonal relationship delineate behaviors inherent in their social practices in APS services. In focus groups, it became evident that a fruitful interpersonal relationship is marked by the responsibility of each person in their roles.

The virtue of responsibility, embodied in nursing care, should represent actions consistent with human dignity in the moments of the interpersonal relationship, based on the principle that the effects of planned care are beneficial in the short or long term. Thus, the roles of each one should be marked with responsibility for the common good promoted in the APS. In this sense, the analyzes showed that the roles of the patient and the nurse are complementary and oriented towards the same end, the well-being, whether individual or collective.

In this sense, the role of the patient that emerged was of being calm in waiting for care, being responsible for their own health, following the prescriptions and seeking the UAPS nurse when they need it.

"We have to look for the unit. We have to know how to get there, we have to have patience [...]. It is my responsibility to seek the unit." (Primary Care Focus Group I).

"We are very ungrateful because we do not value it! We make a fuss for anything... We need to have patience [...] In the public service, the demand is very high every day." (Primary Care Focus Group II).

"[...] it is irresponsible of me, I take too long to go to the unit and my prescriptions were all late. This week, the nurse renewed my niece's prescription, I got the pills, but some are missing, I have to buy." (Primary Care Focus Group II).

In addition to the above, it was possible to observe, in the focus groups, that the patient's role in APS surpasses that of the subject who only waits for the care, gaining citizenship tones and fighting from claims for the improvement of the service.

The role of the nurse who emerged in the speeches of the groups was that of care manager with scientific knowledge and the ability to perform nursing consultation with excellence. The provision of direct care with expertise, home care, health education, seeking information about the family and its members, and the concern to call the patient by name are part of the activities that nurses must develop in APS, possibly being seen by the virtue of wisdom. It was also pointed out the flexibility of rules of health institutions as a link to a good interpersonal relationship.

"I like when she attends my son [...] a care that has to look! Look at his testicles, look at it all. " (Primary Care Focus Group I).

"My husband is in a wheelchair, so she (nurse) comes to visit at home every month. On the visits, she looks, checks the pressure, looks at the blood glucose, prescribes medicines. (Primary Care Focus Group II)

"She was taken care of without even being scheduled ... things in the unit only work with the direction of the nurse." (Primary Care Focus Group II).

The roles of nurses and patients are complementary. In speeches, it is possible to identify patients as care recipients, who act with patience and follow the nurses' recommendations. Nurses, however, have the role of providing direct care, with expertise and adjusting institutional standards, according to the care required. The maintenance of these roles is backed by the wisdom of each one and is translated by a critical vision of their responsibilities, based on a philosophical knowledge, understanding of the world and practical wisdom.

The understanding of the social roles that the patient and the nurse develop in the UAPS fortifies the interpersonal relationship, since it facilitates the performance of each one in the space-time of the APS. The position of the nurse as prescriber/counselor of care and the patient, its receiver, was perceptible. It is worth noting that, in assuming this position, there is a risk of a vertical relationship, capable of subduing the potentialities of patients in their treatments, making it difficult to formulate goals or even the effectiveness of self-care. An alternative is to leave the one-way, establishing relationships from a process of renegotiation of those rigid roles that the clinic imposes and that is present in the APS.

The effectiveness of the interpersonal relationship allows an authentic care of the patient, so that it can express their needs in the search for solutions in its individuality, as a proposal to reduce the process of depersonalization experienced, sometimes, in health services[11]. On the other hand, the interpersonal relationship can suffer from fissures in communication, interaction, transaction and role, with the presence of actions that unbalance the relationship, causing stress.

The third category "tensions in interpersonal relations" was constituted by the statements that marked the concept of stress. The focus groups demonstrated that stress occurs transversally in the interpersonal relationship and presents itself in the imbalance of the other concepts of the Interpersonal System, as in the following statements.

"[...] I do not like it very much, because she does not care about what we're talking about, she does not pay much attention [...] when I was feeling one, she did not pay much attention, just said take this medication to see if you get better! And I went to see, I do not know if it had anything to do with what I was feeling [...]. What we want to know they do not know how to teach [...] sometimes we want to know one thing and they tell us another and then we cannot even understand it! We are left with doubt. [...], for example, the writing, there are people who do not understand the writing in the prescription ". (Primary Care Focus Group II).

"The nurse looked at the baby (son) and I asked things and she answered look in the notebook (child's book). A cold consultation [...] for me, a quick consultation is not a consultation. " (Primary Care Focus Group I).

"It's a very intimate thing (Pap smear) and I'm very shy, so if the nurse does not have a lot of delicacy, it makes us more tense, I'm totally cold and shaken. I still have not gotten used to it, although I do it every year, but I always feel

tense, despite she saying "my daughter, relax, relax!". (Primary Care Focus Group I).

"[...] I had to go a lot of times to the unit for a paper! The fourth time she explained to me [...] sometimes, they are ignorant, they do not answer, they often do not know how to talk to you [...] you have to get the nurse in the good vein, you have to get sick when she's in a good vein. " (Primary Care Focus Group II).

"There is a nurse who is rude in the consultations [...] he said that I was stinking like a black person [...]. Racism!". (Primary Care Focus Group I).

Stress arises when the nurse does not respond to the patient's questions, acts rudely, focuses care in areas that the patient is not interested in, delays the requested care, or acts with aggression, ignorance and prejudice. Interaction stress is visualized when the nurse does not pay enough attention to the patient's demand for care, neglecting its requests. Communication is not established when nurses feedback the process, denying the feedback of responses to patients' demands, away from the therapeutic process.

Factors such as disrespect, arrogance, and unwillingness to listen can generate failures in communication, interaction, transaction and role, triggering stress in its negative form of manifestation. Stress was addressed by participants as a negative trait associated with feelings of disability and inferiority. A care impregnated with automatisms, plastering, lack of respect and disregard of patient complaints leads to the manifestation of stress or, ultimately, violence. This context is reflected in an authoritarian assistance, which is concerned with following norms and routines, contributing to the inexistence of interpersonal relationships and distance from the integrality of care[12].

The coldness of the service, coming from a quick consultation with the denial of information, causes fissures in the transaction. Such fissures may distract the nurses' interpersonal relationship when it involves more invasive procedures and intimate forum. The intimate space of the gynecological consultation and the time the patient is treated at UAPS are transaction measures that need to alert the nurse's sensitivity to the planning of a consultation that reduces the anxiety that the procedure causes.

In the list of roles, the nurse affects the care manager one in the APS when neglecting the patient's care demands. The nurse's responsibility to the other should not be subjugated to personal tensions. It is necessary to point out, in the speeches, that the presence of aggressiveness and violence recognized by the focus group participant as racism appeared.

However, a nursing practice consistent with human dignity is advocated. The nurse must perform a quality practice that stimulates the population to seek improvement in the quality of life and integrality in care from the involvement of biopsychosocial, economic, cultural and spiritual aspects in the interpersonal relationship[16-17] using a methodology of scientific investigation that is guided by theory and knowledge, in order to base the care it provides.

It is problematic that nursing is a profession permeated by stressful activities and that, in services with high demands of patients, the daily routine ends up dispensing with a minimum time for individualized care. These factors may cause an imbalance in the energy of this professional, leading to injury in the nurse-patient dyad[18]. However, it is conjectured that intervening in a coherent, organized and theoretically supported manner may be a positive pathway for changing interpersonal relationships in nursing care.

Aspects of the interpersonal relationship by all groups, such as affection, respect, skin-to-skin contact, gentleness, scientific knowledge and dexterity, verbal and non-verbal communication, delay in attendance and disrespect were emphasized. One group pointed to racial prejudice as a strong stress-generating element.

In summary, it can be stated that the analysis of the focus groups showed that the interpersonal relationship in nursing care in APS should be focused on the preservation of dignity. The limitation of this study, such as the visualization of interpersonal interaction only by patients 'optics, should be highlighted, lacking the nurses' problematization on this subject and the realization of only two focus groups. However, the study brings the potential of an understanding of the reality of care in APS, anchored on a nursing theory, which allowed a deepening of the analyzes and showed points of strengthening or even deconstruction of the interpersonal relationship between the nurse and the patient.

FINAL CONSIDERATIONS

The interpersonal relation of the nurse with the patient, from the perspective of the latter,

was manifested by behaviors permeated by care with affection, by an understandable communication and intertwined with professional responsibility. Stress transcended the interpersonal relationship in moments of imbalance between the fundamental elements of the relationship: interaction, communication, transaction and role.

The knowledge of the nuances that involve the relationship between nurse and patient, based on the structuring of the Conceptual Model of Interactive Open Systems, contributes to the increase of the quality of nursing care and the effectiveness of its relations in Primary Care. The results show points that qualify or disqualify nursing care from the relationship between the subjects, which can direct care management actions in favor of the humanization of care.

The study presents, as a limitation, only two focus groups consisting mainly of women, accompanied in the context of the Women's and Children's Health programs and in the assistance to Chronic Noncommunicable Diseases, limiting the understanding of the interpersonal relationship from the point of view of other genders and people served in other programs. However, with the theoretical contribution used, it was possible to carry out the epistemological deepening consistent with the proposed objective.

Fostering spaces for discussion and reflection of everyday relationships seems fundamental and opens the door for the structuring of interventions that may contribute to the strengthening of interpersonal relationships in nursing care. It is also pointed out the research on the interpersonal relationship from the point of view of nurses and patients from other genres, followed in the other APC programs.

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Received in: 11/07/2018
Approved in: 13/02/2019

Mailing address:
Jose Wicto Pereira Borges
Street Trinta e Um de Março - nº 2457/303-2
ZIP CODE: 64049700 – Teresina/PI - Brazil

E-mail: wictoborges@ufpi.edu.br