

**BARRIERS AND FACILITATORS IN NURSING COMMUNICATION: PERCEPTIONS OF FAMILY MEMBERS
ACCOMPANYING PATIENTS IN AN INPATIENT UNIT**

**BARREIRAS E FACILITADORES NA COMUNICAÇÃO DA ENFERMAGEM: PERCEPÇÃO DE FAMILIARES
ACOMPANHANTES EM UNIDADE DE INTERNAÇÃO**

**BARRERAS Y FACILITADORES EN LA COMUNICACIÓN DE ENFERMERÍA: PERCEPCIÓN DE LOS
FAMILIARES QUE ACOMPAÑAN A PACIENTES EN UNIDAD DE HOSPITALIZACIÓN**

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ABSTRACT

Introduction: Effective communication by nursing staff optimizes care and fosters trust and peace of mind. Appropriate guidance contributes to shorter hospital stays and reduces the risk of complications. Communication failures can compromise safety and create an atmosphere of mistrust toward the team.

Objective: To identify barriers and facilitators in nursing communication based on the perceptions of accompanying family members. **Method:** A qualitative, descriptive study. Data were collected in an inpatient unit of a university hospital. Eighteen family members accompanying hospitalized patients participated via semi-structured interviews between December 2024 and January 2025. Data underwent inductive thematic analysis. **Results:** The sociodemographic profile showed a predominance of women—specifically daughters—without formal employment and who had not completed basic education. The analysis yielded three themes: Cordiality, attentiveness, and indifference (family members' perceptions of communication, which were predominantly favorable); Perceived communication facilitators (such as good humor, objectivity, and dedicated attention); and Perceived communication barriers (such as the dismissal of questions and concerns and professional detachment).

Final Considerations: Communication is an essential skill for providing welcoming, high-quality care. Family members' perceptions indicated robust nursing communication. Promoting initiatives that raise professional awareness regarding the impact of communication styles—as well as the associated barriers and facilitators—on the experiences of families and patients during hospitalization has the potential to strengthen clinical practice.

Keywords: Communication. Nursing. Family. Nurse-Patient Relations.

RESUMO

Introdução: A comunicação efetiva por parte da enfermagem otimiza o cuidado, favorece a confiança e a tranquilidade. Orientações adequadas contribuem para redução do tempo de internação e diminuem os riscos de complicações. Falhas na comunicação podem comprometer a segurança e instalar um clima de desconfiança com a equipe. **Objetivo:** identificar barreiras e facilitadores na comunicação da enfermagem, através da percepção de familiares acompanhantes. **Método:** Pesquisa qualitativa e descritiva. Os dados foram coletados em uma unidade de internação de um hospital universitário. Participaram 18 familiares acompanhantes de pacientes internados, por meio de entrevistas semiestruturadas, no período de dezembro de 2024 a janeiro de 2025. Os dados foram submetidos à análise temática indutiva. **Resultados:** O perfil sociodemográfico mostrou predomínio de mulheres, filhas e sem emprego formal, que não concluíram o ensino básico. A análise resultou em três temas: Cordialidade, atenção e indiferença: percepção dos familiares quanto a comunicação, que se mostrou predominantemente favorável; Facilitadores percebidos na comunicação, como o bom humor, objetividade e a atenção dedicada; e Barreiras percebidas na comunicação, como a desvalorização de dúvidas e preocupações e o distanciamento do profissional. **Considerações Finais:** A comunicação é uma habilidade essencial para que o cuidado seja acolhedor e de qualidade. As percepções dos familiares demonstraram solidez na comunicação pela enfermagem. A promoção de ações que sensibilizem os profissionais sobre as possíveis repercussões dos estilos de comunicação na experiência de familiares e pacientes durante a internação, suas barreiras e facilitadores têm potencial para fortalecer a prática assistencial.

Palavras-chave: Comunicação. Enfermagem. Família. Relações Enfermeiro-Paciente

RESUMEN

Introducción: La comunicación efectiva del personal de enfermería optimiza la atención, fomenta la confianza y la tranquilidad. La orientación adecuada contribuye a reducir la duración de la estancia y disminuye el riesgo de complicaciones. Las fallas de comunicación pueden comprometer la seguridad y crear un clima de desconfianza con el equipo. **Objetivo:** Identificar barreras y facilitadores en la comunicación de enfermería, a través de la percepción de los familiares acompañantes. **Método:** Investigación cualitativa y descriptiva. Los datos se recolectaron en una unidad de hospitalización de un hospital universitario. Dieciocho familiares acompañantes de pacientes hospitalizados participaron a través de entrevistas semiestructuradas, de diciembre de 2024 a enero de 2025. Los datos fueron sometidos a análisis temático inductivo. **Resultados:** El perfil sociodemográfico mostró un predominio de mujeres, hijas y personas sin empleo formal, que no habían completado la educación básica. El análisis arrojó tres temas: Cordialidad, atención y indiferencia: percepción de los familiares sobre la comunicación, que fue predominantemente favorable; Facilitadores percibidos en la comunicación, como el buen humor, la objetividad y la atención dedicada; Se percibieron barreras a la comunicación, como la devaluación de las dudas y preocupaciones, y el distanciamiento del profesional. **Consideraciones finales:** La comunicación es una habilidad esencial para brindar una atención acogedora y de alta calidad. Las percepciones de la familia demostraron la solidez de la comunicación enfermera. Promover acciones que sensibilicen a los profesionales sobre las posibles repercusiones de los estilos de comunicación en la experiencia de los familiares y pacientes durante la hospitalización, incluyendo barreras y facilitadores, tiene el potencial de fortalecer la práctica asistencial.

Palabras clave: Comunicación. Enfermería. Familia. Relaciones Enfermero-Paciente.

INTRODUCTION

Hospitalization may trigger or exacerbate feelings of anxiety and stress in patients due to the unfamiliar environment and routine, bothersome lighting, or disrupted sleep, as well as uncertainty regarding their diagnosis or prognosis.

The presence of a family member as a companion in the hospital setting is extremely important, as it provides emotional and physical support and enhances patient safety, contributing to the patient's sense of security and recovery. Through the provision of information and effective communication, care can be optimized by establishing shared responsibility for care between the family member and the nursing team⁽¹⁾.

In this context, family members may assume the role of decision-makers, which, when occurring suddenly and without the necessary information, can generate an increased burden and higher levels of anxiety, depression, and post-traumatic stress disorder. They require as much support and comfort as the patient themselves. Some of their needs during hospitalization include basic, consistent, and accurate information regarding care, the inpatient unit, medical devices, and what they can or cannot do. These needs are sometimes overlooked⁽²⁾.

Adequate and early guidance provided to patients and their families has been shown to reduce the length of hospital stay and the risk of complications, as well as readmission rates.

Family members' knowledge about the patient's condition and care empowers them and promotes collaboration among healthcare professionals, patients, and their families, with the aim of achieving optimal care⁽²⁾.

Communication is a key nursing competency through which positive therapeutic outcomes can be achieved. When effective, it serves as a stimulus for the other person, whether a patient or family member, to express their ideas, feelings, or concerns. Effective communication strengthens relationships through mutual trust, empathy, autonomy, and confidentiality⁽³⁾.

However, the lack of information about the clinical condition and the excessive use of technical terminology delivered rapidly, making it difficult for patients and family members to understand, have been reported as complaints following medical and nursing care. Due to embarrassment or cultural limitations, family members may avoid asking questions of healthcare professionals, without fully understanding the information they need to provide or share in the care process. Specifically, regarding the communication of bad news, evidence indicates deficiencies in professional education and a lack of training, resulting in difficulties in communication⁽⁴⁾.

The main barriers to communication between nurses and patients identified in a scoping review were the use of technical language that is incomprehensible to patients, differences in languages, expressions, and cultures, and a lack of professional skills to

establish effective communication based on empathy and the creation of an atmosphere of openness and honesty, allowing concerns and anxieties to be expressed⁽⁶⁾.

Communication can be regarded as an essential component for making the National Humanization Policy a reality. One of the principles of this policy is the autonomy and protagonism of individuals, including users of the healthcare system. For autonomy to be exercised safely and responsibly, access to information and openness to dialogue are of paramount importance⁽⁷⁾.

Thus, considering that communication in the hospital setting remains deficient in achieving its objectives of providing information and empathy, promoting autonomy, and establishing a relationship based on trust, and seeking to understand the reasons underlying this fragility, the following research question was formulated: What are the perceptions of family members accompanying hospitalized patients regarding communication by nursing professionals? To answer this question, the general objective was defined as identifying barriers and facilitators to communication by nursing professionals based on the perceptions of family members accompanying hospitalized patients.

METHOD

This study is a descriptive qualitative research project conducted in an inpatient unit of a university hospital in Rio Grande do Sul, Brazil.

Eighteen family members acting as companions participated in the study; this sample size was determined based on response repetition, specifically, data saturation⁽⁸⁾. Inclusion criteria required that the companion have a self-reported family tie to the patient (acknowledged by the patient) and be at least 18 years old. Individuals accompanying the patient for remuneration and those who were on their first day as companions at the time of data collection were excluded. Two individuals declined to participate.

Data collection took place from December 2024 to January 2025 using semi-structured interviews. These included questions regarding sociodemographic characteristics, perceptions of communication with the nursing staff, experiences, and interpretations of factors that hinder or facilitate communication. Interviews were recorded with the participant's consent using the interviewer's smartphone and were deleted after transcription.

The interviews were conducted by a single, properly trained nursing student in a consultation room located on the same floor as the inpatient unit. The mean duration of the interviews was 20 minutes.

The collected data were analyzed using inductive thematic analysis⁽⁹⁾ with the aid of Atlas.ti, a software platform used for organizing and analyzing qualitative data. Thematic analysis is a method for identifying, analyzing, and reporting patterns, or themes, within data. This technique involves six phases for operationalizing the analysis process:

familiarization with the data; generation of initial codes; searching for themes; reviewing themes; defining and naming themes; and producing the report⁽⁹⁾. This research was conducted in accordance with the ethical guidelines established by Resolutions number 466/2012 and number 510/2016^(10,11). The research project was approved by a Research Ethics Committee (REC), as documented in Opinion number 7.222.124. All participants, identified by the letter F (for family member) followed by a cardinal number, signed the Informed Consent Form in duplicate; one copy was retained by the participant, and the other was kept by the interviewer.

RESULTS

In this study, 18 family caregivers participated, including 11 women and seven men, of whom 12 already had some previous experience accompanying a hospitalized family member. The length of stay ranged from three to 57 days; those with family members hospitalized for up to ten days were the most common, with 11 interviewees.

Regarding kinship, eight participants were sons or daughters, two were fathers, two were sisters, two were wives, one was a mother-in-law, two were nephews or nieces, and one was a former daughter-in-law (considered a family member by both parties). Ten lived in the city where the hospital was located, whereas the other eight resided in municipalities approximately 60 to 300 km away.

Regarding employment status, seven participants reported that they were not currently working: three were retired, two were homemakers, one was unemployed, and one was on sick leave. Seven were self-employed or had occupations that allowed greater flexibility. Four had formal employment that prevented them from being the primary caregiver or were on leave due to their family member's hospitalization.

Six participants had not completed elementary school, one had completed elementary school, and one had not completed high school; five had completed high school, two had some college education, and three had completed higher education.

Regarding marital status, eight participants were single, seven were married, two were in stable unions, and one was divorced. Twelve of the 18 family members had at least one child. Most participants were aged between 30 and 59 years ($n=14$), although their ages ranged from 22 to 70 years. Most family members were within the economically active age range of the population and were physically able to assume shared responsibility for care alongside the nursing team. Catholicism was the most frequently reported religion, with ten participants, followed by Evangelical Christianity ($n=5$); one participant identified as Spiritist, and two reported having no religion.

The thematic analysis of the open-ended questions resulted in three themes, which are presented below.

Cordiality, attentiveness, and indifference: family members' perceptions of communication

Throughout the interviews, a substantial proportion of participants expressed a positive perception of the nursing team's performance, particularly with regard to communication, courtesy, attentiveness, and the objectivity of the information provided.

I think they're great; they're attentive and cordial. I liked it. (F04)

Very good communication [...] excellent. The nurses explain things clearly and are very direct. [...] The communication is excellent. (F05)

As far as I'm concerned, the service is very good; the staff are very attentive—everyone we've dealt with so far, since the team changes every day. They are very attentive—both the women and the men who assisted us there. I have nothing negative to say, only positive things. I received excellent care. (F17)

From the statements, you can notice the families' satisfaction with the care provided by the nursing team, and despite the staff turnover, the quality of care is not compromised, indicating effective communication and a uniformly welcoming approach.

A participant mentions the relaxed attitude of the nursing team noticed in another hospital unit, where a family member had been hospitalized before, which highlights the importance of light and good-humored

communication as something that makes interaction in care easier.

The girls down in the emergency room—during the time he was there—seemed more cheerful; they really kept him distracted and talked to him a lot. They seem more laid-back, you know, and that makes communication easier. (F14)

This account highlights that personal traits such as sociability, empathy, and a good sense of humor convey a sense of security and openness, fostering a welcoming and collaborative environment that supports the delivery of humanized care.

Most participants did not have, or chose not to report, negative experiences. However, one comment revealed a potential concern about compromising themselves (or someone else) by discussing their experience, as well as the possibility that the patient might have something to add.

If the questions aren't going to compromise anyone [...] I think that's a topic only he (the family member) could answer, right? (F08)

Some reports point to shortcomings in communication and the way the nursing team receives and supports patients and families, highlighting the difficulty family members face in understanding the patient's health status—a situation that gives rise to questions and doubts not always clarified by the professionals. Instances of a lack of empathy, delays in care,

and an indifferent attitude on the part of the team are also mentioned.

He started feeling unwell. I didn't understand what was happening, so I went to the nursing station and asked for help. She said, "I'll be right there," but she didn't come. I said to her, "Please, I don't know what's going on." But what is the priority? Is the patient considered less urgent? I felt there was a lack of interest. (F05)

Regarding my father's hospitalization, I had a really bad experience when I arrived last night. Since I didn't know exactly what was going on, I asked the nursing technician on duty, and she was extremely rude to me. (F09)

Among the aspects mentioned, minor operational lapses were described, such as oversights regarding medication delivery and the momentary absence of professionals at certain times.

There are always little details, you know? But it's just simple things—things people don't know. Sometimes, when we buy the medication, it stays there, and then we forget to pick it up. (F11)

It only happened once. That was when I'd go to the little room and knock, but there was no one there—though that rarely happened. (F16)

Although some accounts from interviewees show that negative experiences are impactful and not easily forgotten, overall, they highlight a lack of difficulties, describing

communication with the nursing staff as smooth and expressing satisfaction with how their needs were met.

I don't recall [...] If it had been negative, it would have really stood out (F01)

I think we discussed everything we needed to. I never faced any obstacles when it came to talking to anyone—at any time, on any day (F12)

Communication here is smooth; it's good. There was nothing I didn't understand, and nothing I needed that wasn't addressed (F03)

The accounts reveal family members' perceptions regarding the team's communication and care, with experiences that were predominantly positive and characterized by empathy and effective communication. Instances perceived negatively occurred primarily in relation to misunderstandings of various situations, the quality of the welcome received, and care routines. Thus, these experiences reflect reality and prompt reflection on the importance of the nursing team's professional conduct—particularly regarding communication, in fostering more humanized care.

Perceived communication facilitators

Among the factors facilitating communication, honesty and objectivity regarding the patient's clinical status were identified as essential elements of the communication process.

We talk, and they explain the situation properly, you know? We ask questions, and they are very attentive in their explanations. (F08)

Look, I wish they would speak as clearly as possible... No beating around the bush—for example, they run a test and look at the results, but they don't tell us, things like that, you know? It's the anxiety of not knowing what's going on. They don't talk to us. I think that frustrates people a bit and ends up putting worries in our heads that sometimes don't even make sense. (F09)

Communicating what they're doing and keeping us informed. Sometimes regarding the medications they're taking—sometimes they change one or another and ask, "Have you taken such-and-such?" and suddenly you don't know. (F14)

The conversation is about my mother, her condition, and what is being done well. When she needs medication or when it gets changed, I ask—"Why was it changed?" or something like that—and they answer me. (F17)

The statements demonstrate that when nurses are able to share knowledge and guidance effectively and accessibly, they inspire confidence and earn admiration and respect. The role of nursing as a leader in care delivery is also reinforced, highlighting the need for a firm stance and an active presence. The remarks underscore the expectation that nursing professionals serve as a source of guidance and a pillar of security.

There are nurses who—goodness—seem just like teachers to us, you know? Very well-mannered. (F10)

She (the nursing) cannot be timid. I need to know that she is out in front—facing the patient, handling difficulties, and taking the right approach—so that their illness is cured and disappears. (F02)

It is worth noting that it is necessary to pay attention to the accompanying person as well, and to exercise patience and understanding regarding the situation experienced by the patients and their family. Involving the patient—whenever possible—and the family member in decision-making strengthens the relationship of trust.

Nursing professionals need to have a sensitive approach toward the patient, as well as patience, and must dedicate the limited time available to provide instructions in a way that is understandable to both the patients and their companion. (F01)

When a family member asks a question, the nurse needs to have the patience to answer and explain—saying things like, "Don't worry, that's perfectly normal"—and explain what is happening. (F03)

I always talk to them in the hallway or the small room; they really listen to me and always want to know my opinion—they ask for both his opinion and mine. (F16)

The use of accessible language tailored to the specific circumstances of each individual—

whether patient or family member—is highlighted, emphasizing that accompanying persons often lack prior knowledge of the medical conditions, medications, and other terms that are part of healthcare professionals' daily routine.

I think it's essential for the nurse to understand, because we aren't from the city, we don't have much schooling, we don't understand diseases and things like that—and that's exactly what the nurse is there for: to do their job and guide us. (F13)

Not using so many technical terms that sometimes even they don't understand. (F14)

Participants highlight that when nursing shows interest in getting to know patients and their families and in helping them with their needs, communication is easier. Lightness and a good sense of humor can also improve interpersonal relationships and promote more effective communication. The reports show that, in general, this already happens.

I wish the nursing staff would interact the way they are doing now, you know, showing a genuine interest in helping us with our needs. That's it. (F04)

I was really well looked after by the nursing technician who's with him now. She joked about bringing him some flan, you know? Little things like that. Everything can be a bit lighter if you have just a little empathy for others. It can make the work easier for you, and make the time the person spends here a bit lighter, too. (F09)

Perceived barriers in communication

The interviewees highlight that when they perceive the nursing team ignoring or undervaluing their questions and concerns—by failing to respond or provide any form of feedback—it hinders communication and creates a sense of being disregarded and unwelcome by the professionals.

I think the bad part is the lack of attention, the lack of empathy needing something and having the person say they'll get right on it, but then they don't. That's difficult. I experienced that before, but I tried to understand, because sometimes there isn't enough time to attend to everyone the way they'd like to. (F03)

It's things like not giving the patient the necessary attention, or not seeking out information the professional might not have checking with the physician or someone else or failing to provide feedback. Even if it's just to say, "Look, it didn't work out," "We can't do it," or "I don't have access" just providing that response to the companion and the patient. (F01)

What's bad is when they leave you hanging, when you ask or request something and they simply ignore you and don't help. Or they say, "Oh, okay, I'll check on that for you," and then [...] nothing ever happens. That, to me, is bad. (F17)

Study participants also report that patients and their companions themselves can pose barriers to effective communication by making demands that exceed the professional's

capacity and role, and by assuming that any failure in the process, treatment, or infrastructure is a responsibility that can be shifted entirely onto the professional. They also position themselves as stakeholders who share responsibility, emphasizing that the companion should ask questions about treatment, medications, and nutrition, seeking the information needed to understand the situation and facilitate more effective care.

People also bear some responsibility for this lack of understanding. Sometimes they think the nursing staff doesn't simply want to help, when in reality, they are just following orders. For instance, if I'm in pain and call the physician, the physician isn't going to show up the exact moment I want them to. So, I think the public lacks some of this information and knowledge (F09).

If the person accompanying the patient doesn't ask what the patient's condition is, or what the medication being administered is for... Even regarding meals people expect to be told: "This meal is for her because of such-and-such." So, all of this helps a lot it helps us understand the patient's problem, and it helps them understand it too (F10).

I think they are doing the best they can. Sometimes, patients demand more than what is available or what the staff can actually provide. People have to work, but that doesn't mean they should have to go beyond their limits (F12).

The professional's aloofness was cited as a communication barrier, particularly when there is a lack of even minimal interaction, such as a greeting. This behavior is perceived as indifference or a sense of superiority, hindering communication and reflecting a lack of consideration and empathy for the individuals' situation.

I think of someone who is ignorant, who doesn't listen to the other person, who creates a sense of distance. A professional—well, they've studied more, so if they think they're superior to the patient, that leads to distance and a lack of empathy. (F04)

If that person crosses your path and doesn't say good morning or good afternoon, communication shuts down right then and there. (F14)

Structural, human, and physical resource deficiencies were identified as barriers to communication. An uncomfortable environment, exhaustion caused by the inability to rotate caregivers, and the constant need for vigilance directly affect the capacity and willingness to understand instructions and clarifications.

He meets all the people's needs. He just can't do more, and it's not your fault. It's because there aren't the resources, there isn't enough space for everyone. The bad part is having to stay down there. It's not pleasant at all, it's uncomfortable, you can't sleep. People who are from other places can't switch companions, they have to stay three, four days without being able to lie down. (F03)

In the view of the interviewees, beyond factors lying outside the scope of care professionals, acknowledging questions and concerns, avoiding a distant manner that could be perceived as indifference, and using accessible language are ways to improve communication between the nursing team and patients and their families.

DISCUSSION

Regarding the characterization of family members accompanying patients, the literature indicates that this type of caregiving is strongly associated with women, who generally assume a greater share of responsibility for the health and well-being of their children, parents, husbands, and other family members in any context, whether at home or in healthcare institutions⁽¹²⁾.

Regarding the predominance of children as accompanying family members identified in this study, a study⁽¹³⁾ conducted with family caregivers of dependent older adults highlights that they feel a duty to care for their parents throughout the aging and illness process, viewing this as a filial responsibility and as a way of expressing gratitude and reciprocity for the care they themselves received.

Regarding the distance between the place of residence and the hospital, with eight participants residing in other municipalities, it can be stated, in accordance with the literature, that the greater this distance, the more difficult it is for families to arrange for a change of accompanying family members. Consequently,

the family member remains at the hospital for consecutive days, which places a considerable burden on them, affecting sleep and nutrition and causing physical and mental exhaustion, in addition to interfering with their personal and professional responsibilities⁽¹⁴⁾.

Considering that educational attainment influences the level of understanding and that half of the study participants had completed only elementary education, the need for healthcare professionals to adapt their language when communicating with a lay audience becomes evident. In this regard, an integrative review⁽¹⁵⁾ on the interpretation of prescriptions by older patients with low educational attainment emphasizes that, to ensure adherence to treatment, it is necessary to ensure that patients have no doubts regarding the prescription or the care they should maintain; otherwise, they may become discouraged and fail to adhere strictly to the treatment. Therefore, the use of simple language is essential, particularly when communicating with individuals with lower educational attainment.

The attentiveness described by the participants is part of the ability to actively listen to others, perceiving not only their words but also the nonverbal messages they convey. Thus, nursing professionals can identify subtle signs of distress, doubts, or unexpressed needs⁽¹⁶⁾.

Objectivity and assertiveness are valued by family members, who prefer to receive the necessary information directly, without compromising empathy and respect. In this way, they can more easily understand the guidance

provided, and the establishment of a trust-based relationship is facilitated. Both patients and their families feel more secure and receptive to nursing explanations when engaged in dialogues characterized by these elements⁽¹⁷⁾.

Negative experiences during hospitalization can leave lasting impressions that are remembered for a long time and may have detrimental effects on decisions regarding health and illness, both for patients and their accompanying family members. A study on the communication of bad news found that the way such information is communicated directly affects how the illness will be managed and which coping strategies will be adopted by patients and their families⁽¹⁸⁾.

From this perspective, a study conducted in an operating room setting demonstrated that access to information is essential, particularly considering the environment in which individuals find themselves, which may be perceived as frightening and mysterious, increasing the anxiety and insecurity experienced by patients and their families. Providing information empathetically, not only in this context but throughout any hospitalization, contributes to strengthening humanized care⁽¹⁹⁾.

For the instructions provided to be properly understood, language must be adapted to each person's reality, culture, and level of knowledge, thereby promoting more welcoming, person-centered care. In addition to word choice, such adaptation may include body posture, tone of voice, and the metaphors used. Failure to consider these aspects may result in

misunderstandings, poor therapeutic adherence, and mutual frustration⁽¹⁶⁾.

Communication is an essential technical competency in nursing practice, and when professionals demonstrate this competency satisfactorily, they earn the admiration of patients and family members, as this skill enables them to become a reference point and more readily assume a leadership role within the team, advocating for patients' interests and needs while also effectively conveying knowledge⁽¹⁶⁾.

There is a consensus in the literature that hospitalization disrupts families' routines, generating feelings of uncertainty, insecurity, and powerlessness. In this context, establishing a bond with the nursing team becomes crucial, positioning nurses as allies in care and rehabilitation, which promotes treatment adherence and the well-being of all those involved⁽²⁰⁾. To this end, nursing professionals must be skilled and sensitive enough to identify the needs of both patients and their accompanying family members, even when these needs are not explicitly expressed.

Another facilitator of interactions is good mood and a relaxed atmosphere, which was addressed in a scoping review⁽²¹⁾. The authors emphasize that this approach has positive effects on reducing anxiety, stress, and discomfort, as well as increasing pain tolerance and treatment adherence. Although it is generally spontaneous on the part of nurses, it can also be used intentionally for therapeutic purposes, serving as an adjunct to care. However, it should be used

cautiously, taking the context and social and cultural aspects into consideration.

Professionals' demonstrations of empathy, understood as the ability to recognize others' emotions and respond appropriately, affect the level of satisfaction expressed by family members. Although essential for effective and flexible communication and more humanized care, empathy is not always present in interactions among healthcare professionals, patients, and families. Factors that may contribute to this deficiency include workload, limited time, conflict situations, and inadequate interprofessional communication^(22,23).

Overcrowding and work overload lead to declines in the quality of services and patient safety. Errors and omissions are more likely to occur, and there is a greater likelihood of prolonged hospitalizations and deaths resulting from such failures. Communication, both among healthcare professionals and with patients and family members, can be substantially impaired in a stressful work environment⁽²⁴⁾.

A study involving healthcare professionals in Sweden demonstrated how the physical structure of the hospital environment influences the hospitalization experience. Although the study focused on patients, it is possible to identify difficulties that are also shared by accompanying family members, such as noise interfering with sleep and the lack of privacy in multi-bed wards⁽²⁵⁾.

The use of technical language interferes with the understanding of the information and instructions provided and may also hinder the

development of bonds and trust. Feelings of concern and distress may arise when there is insufficient understanding of the patient's clinical condition or disease. A study conducted in Portugal demonstrated that nursing teams generally find it easier to adapt their language and clarify doubts; moreover, because of their closer contact with families, family members feel more comfortable asking questions⁽²⁶⁾.

In addition to how information is conveyed, the context in which it is received has a significant influence. When hospitalization is prolonged, it can substantially affect the lives of accompanying family members, potentially resulting in physical and emotional overload. Limited opportunities for interaction and the inability to rest comfortably negatively affect patience and the ability to absorb instructions, which should be taken into account in the hospital setting⁽²⁷⁾.

It should be noted that the limitations of this study are related to the characteristics of the participants, who were family members of patients hospitalized in a unit of a hospital that provides care exclusively through the Brazilian Unified Health System, thereby limiting the generalizability of the findings. Nevertheless, the findings contribute to individual and collective reflection on the factors that facilitate or hinder communication with patients and family members, which may help guide nursing practice.

FINAL CONSIDERATIONS

Communication has a big impact on the hospitalization experience. If it's positive, effective, and welcoming, it promotes care, comfort, peace of mind, and reduces anxiety. If it's negative, distress and worry come up due to lack of access to or understanding of information, and it becomes harder to follow instructions when trust in the professional isn't established.

Overall, the study participants' perceptions regarding communication with the nursing team were positive; the main weaknesses identified were related to the workload and fatigue affecting all parties involved. Language tailored to each individual's reality, along with directness and attentive care, were among the strengths most frequently highlighted by the interviewees. Based on the context studied, it can be concluded that the nursing staff already possesses solid communication skills.

This study provided insight into the perspectives of those closest to patients during hospitalization and an understanding of the impact nursing professionals' interactions have on the treatment process. Implementing initiatives to raise professional awareness of this impact has the potential to strengthen care practices, contributing to a nursing workforce that is more skilled, prepared, and human-centered. Accordingly, it is recommended that institutions develop ongoing education strategies for nursing staff, with a focus on communication and the welcoming of patients and their families. Furthermore, future studies are suggested to

examine nursing professionals' communication in settings other than inpatient care, such as primary care or outpatient clinics.

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