
The Communicative Teaching on the Formation Process of the Infirmity Professional and their Manifestation in the Work Field

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Abstract – The relation between nurse-patient is a necessary element of health services. To identify how the patients, perceive the communicative competence during the nurse's attention process on public health care institutions: ISSSTE, IMSS and SSA. We consider five dimensions: emotional support, professional attitude, verbal communication, non - verbal communication and proactivity. To assess each dimension, we used Lickert range and Sampieri numerical range, we also used X^2 to determine if there is an association between the dimensions and the satisfaction. Results: Non-verbal communication showed the lowest level off user satisfaction on the three institutions with 42%. The other four dimensions were assessed of Good by the 57.5% of the sample. Even though the results are positive we dim them to be insufficient to call our "attention of quality". We also obtained as a result that the five dimensions off communicative competence are associated with the satisfaction level of three institutions users with a significance level of 5%.

Keywords – Communication, Public Service Communication, Nurse Patient Communicative Competence, Professional Competence.

I. INTRODUCTION

Through history communication has played a protagonist role on human development. Communication has made possible to send all kinds of messages, allowing a better understanding among people. Nowadays we think communication as a given fact, nonetheless on past times there was only possible to communicate through sound, gestures and signs, among other things. No matter the obstacles men have always found a way to solve this situation, that is why communication has evolved through time in such a way that today people have a simpler and easy way to acquire the needed information.

From the vision of Cooley's paper on 1999, cited by Gonzalez we can point that "Communication is the mechanism by means of which exists and develop human relations ^[1], i.e. all the symbols of the mind together along with the means of to convey those symbols, preserved through time and space". Becoming a source of life experiences, because in them we can express the human kind social valuations and is the base of the principal emotions of the personality, besides it's an unending source for the individual reflections and personal elaboration ^[2].

As can be appreciated, communication is a difficult process to reflect on, since there are many possible outcomes where two peoples get together to exchange a message through a common code, used to comprehend a goal using a channel that interacts as a support on the transmission of information ^[3]. From this point of view Lopez (2016), cited by Fanjul notes that ^[4]:

Communication as guide it is differenced by three elements a) *Verbal communication*: Words b) *Paraverbal*:

In reference to the way on which the information is conveyed more than the content itself: speech speed, timbre, pauses,... their use does not alter what is being said, but it can change the meaning of what's being said. c) *Non-verbal*: gaze, smile, posture, corporal orientation, their function is very important since 70% of the communication takes place through non-verbal proceedings. On some cases Non-Verbal communication contradicts verbal communication, which is accepted by the receiver as a contradiction.

II. COMMUNICATION ON HEALTH CARE

On health care communication is: "The interaction between nurse and patient, it creates an important therapeutical instrument, relieving the way to understand and encourage patients to a speedy recovery" [5,6], and as Nightingale [7]. Points out on her notes about infirmary "... a nurse must be a trust worthy person, on other words a nurse you can trust in". Consequently, Nightingale already stated the need of nurse patient communication. At a later date Peplau considered communication as the base of the nurse model, describing on the nursing role of the capacity to know and understand the behavior and feeling of the patient from the knowledge of their own conduct. Establishing a relationship off help [8].

Considering this perception, from 1990, were made substantial changes within the management model of the health care system, to protect the rights and satisfaction of the service users as a main goal. To understand this purpose, it is necessary to modify the concept of quality to admit that today quality means to satisfy the needs of the costumers [9], i.e. "the service quality, is what the clients obtains from it" [10].

Regarding this new challenge, today is essential that the infirmary professionals develop competence that provide the patients a higher degree of quality and more humanized and safe cares, with the available resources; having also communicative skills to contribute on the recovery process, Peplau, Torres, Montagua, Beltran, Pons and Rodriguez (2006), cited by Landman [11]

Meanwhile Calero states that communication on health care field [12]:

Acquires a great value, because is one of the key factors when you provide integral and quality cares. Since is the best way to approach a patient to know how they are doing, their worries or can you be of assistance. However, on several occasions the nurse-patient communicative process can be relegated to a second plane due to work overload or for lack of preparation of the nurses. Limitations on communication can often lead to a negative impact on the quality of the attention and yield a bad patient attention as a result.

From this problem, we must have present that communication is used in reference to all the forms on which this ideas exchange can be performed and the diverse ways on which can be executed, interpersonal communication or mass announcements, [13]. Authors like Fonseca [14], alert that to communicate is: "to share something of ourselves. Is an emotional and rational quality specific to the human being that arises from the need of contact with other, exchanging ideas that acquire a meaning with previous common experiences".

Communication is "the verbal and non-verbal transmission of the information between someone that wishes to express an idea and who expect to receive it or is expected to receive the information" [15]. On patient-nurse relation "Communication is a transactional phenomenon that influences or affects in a mutually reciprocal way the members". Communication is the process on which the individual communicates a stimulus to modify others [16].

The OPS ^[17] points that

Effective communication is essential to perform a health care service of quality, because improves: The patient satisfaction, • Comprehension. • Therapeutically adherence. • Communication is a mechanism to interact with the community, and to facilitate community participation. • Conflict resolution between team members • General results on health care terms.

III. COMMUNICATION AS A PART OFF GENERIC COMPETENCES

From a professional perspective, communication is part of transversal generic competences adaptable to diverse professions, since communication facilitates job formation, and can be related to education, specific formation, work experience acquired, hence the competences are conceptualized and founded on social practice, being this practice, a task associated among educators' workers and companies ^[18].

De Lasnier ^[19] underlines that: "a competence is a complex knowhow result of the integration, mobilization and adequation of the capacities and abilities (cognitive, affective, psychomotor and social) and of knowledge used efficiently on situations of a common character (general situations, not generalizable to any situation)"

Project TUNING ^[20] indicates that: "competences tend to transmit the meaning of what is capable of achieve a person or is competent to execute, the degree of preparation, sufficiency and responsibility, to perform certain tasks".

That is to say that, communicative competence is the commonly used term on the expansive interpersonal context as the capacity to comprehend the knowledge of the language and the ability to use it. The way to acquire such mentioned competence is linked to the social experience, motivations and need of action ^[21]

Other perception is the one of Berruto ^[22] similar to consider that communicative competence is:

A capacity that comprehends not only the linguistic and grammatical ability, to construct phrases and to know how to interpret them and emit certain criterias about phrases produced by the speaker - listener or others. That necessarily will constitute from one side, a series of interrelations and extra linguistic abilities, as well as social and semiotic abilities, and from the other a linguistic, many-sided, multiform ability.

For these authors, *communicative competence* is an amount of competences acquired on the socialization process that are marked socio-culturally; and not only comprehend the ability to use a language but the ability to adapt to the communicative context on a specific community, on its diverse cultural, social and ideological learnings. Such competence manifests itself on: *Primary communication systems*, used on the necessary communicative exchange of the daily living practice, such as: a letter, a phone call, a sign among others ^[23]

Secondary systems originate by means of the peer's exchange, during the professional exercise, due to the need of a cognitive potential of the speaker-listener on the task of coding and decoding texts. Giron and Vallejo ^[24], think that "Communication is, basically written but also comprehends oral forms such as: conferences, forums, seminars, etc. It is about literary communication, science, technique, socio-politics juridical and of non-verbal communication as visual or mixed arts such as theater". On this analysis we can point out that communicative competence is not uniquely linked to the semiotic system or to the grammatical competence in a language. It is about to acquire and to deploy a series of competences such as:

Linguistic :

To Teach to structuralize, analyze and interpret the data in any language, on the different levels (phonetic - phonologic, morphosyntactic y semantic), using different theories and methods. At the same time that is acquired this competence we can link the language with the cognitive and sociocultural extension.

Paralinguistic :

Illustrates a way to examine human communication, for the correct use of the elements that go with oral communication (rhythm, voice pitch, emphasis on pronunciation, among others). On written communication it is presented on all grammatical aspects of any writing.

Kinetic :

Through this one we can learn the expressive meaning, appellative or communicative of the body's movement or of the comprehended gestures.

Proxemic :

Prerepares the individuals to know how to organize to use of the personal space and distance between the emitter and the receiver at the moment of the interaction on different contexts, to achieve communicational comfort.

Pragmatic :

Instructs the correct use of the previous competences, to acquire the ability to use a language where the linguistic signs interact, or signs of other non-linguistic codes according to the purpose or end, and according to the focus of the communicative act, as: Inform, order, interrogate, beg, suggest or to rebut.

Estilistic :

Here it is learned the capacity to know the moment and place to say the things, in a more efficient manner to achieve the goal; considering the following determinants: Courtesy, kindness, patience, being clear, to avoid obscurity of expressions, ambiguity and being orderly and brief.

Cognitive :

This competence is linked to the cognitive and metacognitive process, discursive structures control and sociocultural performance of the individual, which implies the personological development to acquire behaviors and strategies to analyze and comprehend the information received by several sources and to construct a discourse for different contexts and social communicative situations.

Semantics :

Prepares the people to know the meaning of words and vocabulary in a correct manner, according to the communicative situation on which the person is at: words, expressions, sense and or interpretations; establishing relations with determined referents as literary texts characterized by its semantic and theoretical plurality ^[25].

Regarding the definition of communicative competence, of the infirmity professionals, Aguirre ^[26] has precise it as: "the degree of knowledge interactions, abilities, principles and attitudes from union of the cognitive, communicative and social aspects to achieve a proper interpersonal relation with the healthy or sick person".

This perception led us to state that, on the health care field, the communicative process is highly complex at nurse-patience level, because it deals with complex situations, not only because it takes into account the psychological and sociocultural factors during the period of illness, but that takes part to on the recovery process. Therefore, all the communicative components are fundamental to help the patients and their families on the care of the health. Is for this activity that the nurse practitioner requires specific competences related to the profession as well as communicative competences, as part of the generic competences to be develop as a professional.

IV. MATERIALS AND METHODS

Research is quantitative, because through it, we collect, structure and analyze the data. Descriptive because we expressed the characteristics and results of the population being studied. Transversal design. Population of 315 users that were hospitalized on different services (surgery, gynecology, internal medicine, specialized consults, and emergency rooms) of the hospitals of the “Ministry of Health Assistance” (“Secretaría de Salubridad Asistencia” SSA according to its acronym in Spanish), Institute of Social Security and Services of State Workers (“Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado” ISSSTE according to its acronym in Spanish) and Mexican Social Security Institute (“Instituto Mexicano del Seguro Social” IMSS according to its acronym in Spanish). On the morning and afternoon shifts, where the infirmary personal is responsible to perform the process of attention. It was considered a sample of 57% of patients reaching 60 patients per hospital and 12 per service.

The instrument to identify the degree of satisfaction that the patients appreciate in relation to the communicative competence on the infirmary professionals was the Care Q (2001) and GATHA (2000), cited by Landman [27], with the items increment necessary fort the research, based on the Travel bee theory [28]. The questionnaire was applied randomly. To identify the communicative competence, we worked the dimensions: “verbal communication, non-verbal communication, proactivity, emotional support and professional attitude” of Landman [29]. It was used a Lickert 4 points scale where 1 was unsatisfied and 4 was highly satisfied; latter we convert this scale to the numerical Sampieri scale [30]. The questionnaire was formed by 35 questions with minimum value of 4 points in case all the answers where (1, 1, 1, 1...), and 140 in case all the answers where (4, 4, 4, 4,...). To be able to evaluate the dimensions we have the following scale.

Table 1. Satisfaction scale to evaluate all dimensions.

Valuation scale for the communicative competences in quartiles	DIMENSIONS				
	Proactivity	Professional attitude	Verbal communication	Non-verbal communication	Emotional support
Q1 – Q2	6-15 Deficient	9-23 Deficient	7-17 Confuse	6-15 Negative	7-17 Never
Q2 – Q3	16-20 Regular	24-30 Regular	18-23 Clear	16-20 Neutral	18-23 Few times
Q3 – Q4	21-24 Good	31-36 Good	24-28 Comprehensible	21-24 Positive	24-28 Always

Source: Own elaboration.

V. RESULTS

Table 2. Levels of communicative competence by dimensions. Generally, on the three health institutions.

SCALES	COMMUNICATION LEVELS		
	SSA (%)	ISSSTE (%)	IMSS (%)
Dimension Proactivity			
Deficient	7%	12%	22%
Regular	15%	28%	35%
Good	78%	60%	43%
Dimension Professional attitude			
Deficient	8%	16%	28%
Regular	19%	27%	23%
Good	73%	57%	49%
Dimension Verbal communication			
Confuse	7%	18%	21%
Clear	30%	23%	32%
Comprehensible	63%	59%	47%
Dimension Non-verbal communication			
Negative	10%	23%	36%
Neutral	62%	33%	32%
Positive	28%	44%	32%
Dimension Emotional support			
Never	10%	18%	15%
Few times	23%	27%	37%
Always	67%	55%	48%

Source: Own elaboration.

Table 2, shows the satisfaction level of the users on the five dimensions in a general way on the three institutions, obtaining that: *Dimension Proactivity*: 78% of the SSA, 60 % of the ISSSTE, and 43 % off the IMSS, nurses are considered proactive. *Dimension Professional attitude* 73% of the SSA, 57 % of the ISSSTE y 49% of the IMSS nurses are considered of a good professional attitude. *Dimension Verbal communication* 63% of the SSA, 59 % of the ISSTE and the 47% of the IMSS consider that communication is comprehensible except for the IMSS patients for which the 32% is clear. *Dimension Non-verbal communication* 62% of the SSA la perceive it as neutral, 44 % of the ISSTE positive and 36% of the IMSS as negative. Dimension with the lowest satisfaction level *Dimension Emotional support*, 67% of the SSA, 55% of the ISSSTE, 48% of the IMSS patients recognize that they always had this kind of support.

Table 3. Communicative competence appreciation levels by patients with and without school level on the dimensions of each institution.

SSA HOSPITAL						
Dimensions	School level of the users					
	Valuation Scale	Primary	High School	Baccalaureate	Bachelor	None
Proactivity	Deficient	18%	0%	0%	25%	0%
	Regular	0%	31%	7%	25%	14%
	Good	82%	69%	93%	50%	86%
Professional Attitude	Deficient	19%	11%	0%	0%	0%
	Regular	0%	21%	14%	50%	43%
	Good	81%	68%	86%	50%	57%
Verbal Communication	Confuse	13%	11%	0%	0%	0%
	Clear	25%	21%	36%	75%	29%
	Comprehensible	62%	68%	64%	25%	71%
Non-verbal Communication	Negative	13%	16%	7%	0%	0%
	Scarce	57%	63%	50%	100%	71%
	Positive	30%	21%	43%	0%	29%
Emotional Support	Never	12%	16%	0%	0%	14%
	Few Times	13%	21%	36%	50%	14%
	Always	75%	63%	64%	50%	72%
HOSPITAL ISSSTE						
Dimensions	School level of the users					
	Valuation Scale	Primary	High School	Baccalaureate	Bachelor	None
Proactivity	Deficient	20%	20%	10%	10%	9%
	Regular	20%	60%	30%	24%	27%
	Good	60%	20%	60%	66%	64%
Professional Attitude	Deficient	20%	20%	20%	17%	8%
	Regular	20%	60%	20%	17%	46%
	Good	60%	20%	60%	66%	46%
Verbal Communication	Confuse	20%	40%	10%	17%	18%
	Clear	40%	40%	20%	21%	18%

	Comprehensible	40%	20%	70%	62%	64%
Non-verbal Communication	Negative	40%	0%	10%	24%	36%
	Scarce	60%	80%	50%	21%	18%
	Positive	0%	20%	40%	55%	46%
Emotional Support	Never	0%	20%	20%	17%	27%
	Few Times	60%	40%	30%	21%	18%
	Always	40%	40%	50%	62%	55%
HOSPITAL IMSS						
Dimensions	School level of the users					
	Valuation Scale	Primary	High School	Baccalaureate	Bachelor	None
Proactivity	Deficient	30%	30%	18%	18%	0%
	Regular	40%	30%	36%	29%	0%
	Good	30%	40%	46%	53%	0%
Professional Attitude	Deficient	10%	20%	41%	24%	0%
	Regular	40%	10%	18%	29%	0%
	Good	50%	70%	41%	47%	0%
Verbal Communication	Confuse	0%	20%	30%	17%	0%
	Clear	60%	30%	20%	24%	0%
	Comprehensible	40%	50%	50%	59%	0%
Non-verbal Communication	Negative	10%	40%	45%	35%	0%
	Scarce	40%	30%	23%	41%	0%
	Positive	50%	30%	32%	24%	0%
Emotional Support	Never	0%	20%	22%	6%	0%
	Few Times	30%	40%	28%	53%	0%
	Always	70%	40%	50%	41%	0%

Source: Own elaboration.

Table 3, shows the level of appreciation of the patient's with or without with and without school level on the dimensions of each institution, the mean of them was: On proactivity 76% of the SSA; 54 % of the ISSSTE nurses considered good, but the 58% of IMSS, place them in the bad to regular range. On Professional attitude: 68 % of the SSA, 50% of the ISSSTE, 52% of the IMSS, nurses are considered to have a good professional attitude. *Verbal Communication*: 58% of the SSA, 51% of the ISSSTE, 50% of the IMSS, appreciated that the nurses were

comprehensible. *Non-verbal Communication* of the SSA, 68% of nurses are consider as scarce, 68% of the ISSSTE, 66 % of the IMSS place them on the scares to negative range. *Emotional support*, 65% of the SSA points that they always had the support, meanwhile 51% off the ISSSTE and 50% off the IMSS points that thy never had the emotional support.

Table 4. User Satisfaction scale according to the school level by hospital.

Satisfaction scale						
Hospitals	Scale	Valuation of the school level on hospitals				
		Primary	High School	Baccalaureate	Bachelor	None
		%	%	%	%	%
SSA	Little satisfied	19	5	0	0	0
	Mediumly satisfied	0	26	29	50	29
	Very satisfied	81	69	71	50	71
ISSSTE	Little satisfied	20	0	10	14	18
	Mediumly satisfied	40	80	30	20	27
	Very satisfied	40	20	60	66	55
IMSS	Little satisfied	10	30	27	18	0
	Mediumly satisfied	40	20	23	35	0
	Very satisfied	50	50	50	47	0
Total Satisfaction levels on the three institutions	Little satisfied	16	12	12	11	9
	Mediumly satisfied	27	35	27	35	28
	Very satisfied	57	46	60	55	63

Source: Own elaboration.

Table 4, shows satisfaction of the users on the hospitals, according to the school level by institution. 81% of the users with a primary diploma of the SSA where very satisfied, 80% of the high school diploma patients, on the ISSSTE where mediumly satisfied, and 50% of the primary, high school and Baccalaureate of the IMSS said to be very satisfied.

Table 5. User satisfaction on the different services of the SSA, ISSSTE, IMSS hospitals.

SSA HOSPITAL						
Dimensions	Valuation Scale	Services provided by the institutions				
		Surgery	Specialized consults	Gynecology	Internal Medicine	Emergency Room
Proactivity	Deficient	8%	17%	0%	0%	8%
	Regular	25%	25%	8%	0%	17%
	Good	67%	58%	92%	100%	75%

Professional Attitude	Deficient	8%	25%	0%	0%	8%
	Regular	8%	42%	17%	8%	17%
	Good	83%	33%	83%	82%	75%
Verbal Communication	Confuse	0%	25%	0%	0%	8%
	Clear	42%	42%	17%	8%	42%
	Comprehensible	58%	33%	83%	92%	50%
Non-verbal Communication	Negative	8%	33%	0%	0%	8%
	Scarce	67%	58%	67%	50%	67%
	Positive	25%	8%	33%	50%	25%
Emotional Support	Never	0%	42%	0%	0%	8%
	Few Times	25%	25%	25%	17%	25%
	Always	75%	33%	75%	83%	67%
ISSSTE HOSPITAL						
Dimensiones	Services provided by the institutions					
	Valuation Scale	Surgery	Specialized consults	Gynecology	Internal Medicine	Emergency Room
Proactivity	Deficiente	8%	33%	8%	83%	0%
	Deficient	17%	58%	25%	17%	25%
	Regular	75%	8%	67%	75%	75%
Professional Attitude	Good	8%	42%	25%	8%	0%
	Deficient	33%	58%	8%	25%	8%
	Regular	58%	0%	67%	67%	92%
Verbal Communication	Good	17%	50%	8%	17%	0%
	Confuse	17%	42%	25%	25%	8%
	Clear	67%	8%	87%	58%	92%
Non-verbal Communication	Comprehensible	8%	67%	25%	17%	0%
	Negative	33%	33%	25%	50%	25%

	Scarce	58%	0%	50%	33%	75%
Emotional Support	Positive	8%	50%	8%	17%	8%
	Never	25%	42%	33%	25%	8%
	Few Times	67%	8%	58%	58%	83%
Dimensions	IMSS HOSPITAL					
	Services provided by the institutions					
	Valuation Scale	Surgery	Specialized consults	Gynecology	Internal Medicine	Emergency Room
Proactivity	Deficiente	0%	0%	8%	75%	25%
	Deficient	42%	42%	25%	17%	50%
	Regular	58%	58%	67%	8%	25%
Professional Attitude	Good	17%	0%	17%	75%	33%
	Deficient	25%	33%	25%	17%	17%
	Regular	58%	67%	58%	8%	50%
Verbal Communication	Good	17%	0%	0%	58%	33%
	Confuse	50%	25%	33%	25%	25%
	Clear	33%	75%	67%	17%	41%
Non-verbal Communication	Comprehensible	17%	25%	33%	58%	50%
	Negative	50%	25%	42%	25%	17%
	Scarce	33%	50%	25%	17%	33%
Emotional Support	Positive	8%	0%	8%	33%	25%
	Never	17%	33%	42%	50%	42%
	Few Times	75%	67%	50%	17%	33%

Source: Own elaboration.

Table 5, shows satisfaction of the users on each service provided by the institutions: On SSA, 85 and 90%, the 75 and 80% on ISSSTE. On IMSS users, between 65 y 70% within the range of positive responses, valueate that is Good on four out of the five services. Is necessary to point that the lowest results were found on non-verbal communication on the three institutions. Possibly the users perceive that the nurses body language tells more than what they do using words.

Table 6. Satisfaction level of the patients that assists to the SSA, ISSSTE and IMSS hospitals about the communicative competence of the infirmary staff regarding sex.

Hospitals	Scale	Male		Female	
		F	%	F	%
SSA	Little satisfied	2	8	2	6 %
	Mediumly satisfied	3	12 %	10	29 %
	Very satisfied	20	80 %	23	66 %
ISSSTE	Little satisfied	4	17 %	4	11 %
	Mediumly satisfied	8	33 %	10	28 %
	Very satisfied	12	50 %	22	61 %
IMSS	Little satisfied	4	22 %	10	24 %
	Mediumly satisfied	7	39 %	10	24 %
	Very satisfied	7	39 %	22	53 %

Source: Own elaboration.

Table 6, shows an analysis of the user satisfaction level regarding sex on each hospital. Finding that 80% of the male sex was very satisfied on the SSA. On the ISSSTE, 61%, and on the IMSS, 53%, of the female sex value to be very satisfied.

Table 7. Satisfaction level of the patients that assists to the SSA, ISSSTE and IMSS hospitals about the communicative competence of the infirmary staff regarding age and institution.

Satisfaction Scale									
Hospitals	Scale	Valuation of the school level on hospitals							
		Age Ranges							
		16 – 34		35 – 51		52 – 68		69 – 85	
		F	%	F	%	F	%	F	%
SSA	Little satisfied	2	7 %	1	8 %	1	8 %	0	0 %
	Mediumly satisfied	7	23 %	5	42 %	1	8 %	0	0 %
	Very satisfied	22	71 %	6	50 %	11	85 %	4	100 %
ISSSTE	Little satisfied	2	10 %	1	6 %	3	25 %	2	20 %
	Mediumly satisfied	8	38 %	4	24 %	3	25 %	3	30%
	Very satisfied	11	52 %	12	71 %	6	50 %	5	50 %
IMSS	Little satisfied	9	24 %	2	13 %	3	60 %	0	0 %
	Mediumly satisfied	11	29 %	6	40 %	0	0 %	0	0 %
	Very satisfied	18	47 %	7	47 %	2	40 %	2	100 %

Source: Own elaboration.

Table 7, evidence the user satisfaction regarding age on each hospital. The 85% of people between 52 to 68 years on SSA, and on the ISSSTE, with 71% between 35 to 51 years where very satisfied, meanwhile on IMSS, 60%, with 52 to 68 years expressed to be little satisfied. These results are valued upon the base of actions that the infirmary staff performs to the users.

Table 8. Outstanding communication types on SSA, ISSSTE, IMSS hospitals (verbal and non-verbal).

<i>Scale to value verbal communication</i>			<i>Scale to value non-verbal communication</i>		
Scale	Frequency	Percentage	Scale	Frequency	Percentage
Confuse	28	16	Negative	42	23
Clear	51	28	Scarce	76	42
Comprehensible	101	56	Positive	62	34
Total	180	100	Total	180	100

Source: Own elaboration.

Table 8, presents an analysis between verbal and non-verbal communication of a general way of the three hospitals, finding that 56% of the users pointed that verbal communication is comprehensible but insufficient. On the three hospitals, 65% valued that the nurses had negative and scares attitudes (gestures, facial expressions, posture).

Determining the association between the dimensions we selected to study the following results were found.

Table 9. Association between satisfaction and communicative competence dimensions.

DIMENSIONS	Value of X²	Significance
Verbal Communication	50.834 ^a	.000
Non- Verbal Communication	105.338 ^a	.000
Proactivity	37.627 ^a	.000
Emotional Support	54.419 ^a	.000
Professional Attitude	48.550 ^a	.000

Table 9, shows that the user satisfaction is related with each of the dimensions of the communicative competence of the infirmary personal working on: IMSS, ISSSTE, SSA, with a significance level of 5 %.

VI. DISCUSSION

Due to the similar characteristics of the patients of the three public institutions studied, the goal of this research is to value, how does the communicative teaching courses received by the infirmary school alumni, manifest on public hospitals (SSA, ISSTE and IMSS)? Due to the bond between patient (healthy or ill) and nurse.

As a process of attention on the nurse's care. The quality is valued through the satisfaction of patients, or the level of correspondence between the quality expectation's and the attention received by the infirmary personal. This exigence level is not only for infirmary professional, is demanded to all professionals of different areas of knowledge and for that it is required a high domain of communication oral, non-verbal and written; because the inability to express oneself in a manner that conveys clarity an coherence, specially on the work field, the professi-

-onal expectations might become reduced as well as the personal relations.

On the health care field, nurses practice their profession in direct contact with patients therefore, communication is a basic skill, through which essential information is acquired, regarding the identification of patient's necessities and problems. With this information, the nurses will understand the situation and will organize and plan the convenient care to address the patient's limitations or illnesses. Is with this vision in mind that we performed the present investigation, whose results evidence a low development of the communicative competences on the infirmary professionals, emphasizing on the non-verbal communication and the emotional support on the three hospitals. It is worth mentioning that in spite of the low results on communicative competence, the patients with school level of primary and high school showed greater satisfaction with the services of gynecology and internal medicine, however women, perceived a higher degree of satisfaction on the nurse-patient communication. The results were similar to the ones found by (Venegas et al., 2007) in Colombia and by (Landman, C. et al., 2015) in Chile.

It is also worth to consider that the scares communication detected among this professionals, is due possible to the amount of patients they take care of, or with the permanence time of the patient in the service, limiting the nurse. This difficulty can be the objective of other research.

VII. CONCLUSION

The results of the investigation determined that in the three public institutions, SSA, ISSSTE and IMSS, verbal and non-verbal communication is an indispensable mechanism to develop the nursing care process.

User satisfaction in public health institutions is related to verbal communication, non-verbal communication, proactivity, emotional support and professional attitude, with a level of significance of 5%. The research confirmed the importance that patients grant to the communicative competence offered by nursing staff in health services.

It was identified that the nursing staff must master the communicative competence, to be aware of the conditions of each of the patients, reduce errors, achieve mutual understanding and seek common solutions and make the recovery process much more effective and fast.

The research showed the peculiarities of the communicative competence in each of the services offered by the institutions, where nursing care is administered, for being there where sensitivity, respect for active listening, of understanding to promote help emerge, which represents the emotional commitment in the nurse-patient interpersonal relationship.

The perception and satisfaction of the patients in the three health institutions, according to the results, it is assumed that the communication skills have not been sufficiently formed in the nursing professionals who currently provide their services.

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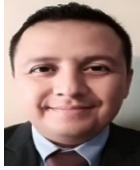


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