ORIGINAL ARTICLE

Nursing undergraduate students' view on listening to patients during care delivery

PERCEPÇÕES DE GRADUANDOS DE ENFERMAGEM SOBRE A IMPORTÂNCIA DO ATO DE OUVIR NA PRÁTICA ASSISTENCIAL

PERCEPCIONES DE ESTUDIANTES DE ENFERMERÍA SOBRE LA IMPORTANCIA DEL ACTO DE OÍR EN LA PRÁCTICA ASISTENCIAL

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ABSTRACT

The objective of this study was to investigate the views of nursing undergraduate students regarding listening to patients and the importance of listening to nursing care delivery. This investigation is an exploratory study using qualitative methodology and *Complex Thinking* by Morin as the theoretical reference. It enrolled 12 final-term undergraduate nursing students at *Faculdade de Medicina do ABC*, Santo André-SP. Study data were collected through individual in-depth interviews and analyzed using the content analysis technique. The resulting categories were: 1) listening: a challenge to the world; 2) the influence of the current biomedical paradigm on nurse's ability to listen to the patient; 3) putting aside preconceived ideas: learning to listen to the patient; and 4) preparing the undergraduate student to listen to patients. The study findings show that the undergraduate participants regard being a good listener as a difficult task because it requires being willing to listen to others and learning how to put aside preconceived ideas in order to not hinder patients from verbally expressing their feelings and needs.

KEY WORDS

Students, nursing.
Perception.
Education, nursing.
Nursing care.
Nurse-patiente relations.

RESUMO

O objetivo deste estudo foi investigar a percepção de graduandos de Enfermagem quanto ao ato de ouvir e sua importância na assistência de enfermagem. Trata-se de um estudo exploratório, com metodologia qualitativa e referencial teórico no Pensamento Complexo de Morin. A investigação foi feita com 12 alunos de enfermagem do último ano, da Faculdade de Medicina do ABC, Santo André-SP. Os dados foram coletados por meio da Técnica de Entrevista Individual em Profundidade, e analisados por meio da Técnica de Análise de Conteúdo. As categorias resultantes foram: O ato de ouvir um desafio para o mundo; As influências do Modelo Biomédico em relação ao ato de ouvir; Pondo de lado ideias pré-concebidas: aprendendo a ouvir; Preparando o graduando de enfermagem para o ato de ouvir. Os resultados demonstram que os discentes consideram que ser um bom ouvinte é algo difícil, pois é preciso estar predisposto a escutar o outro e aprender a suspender ideias pré-concebidas, para não bloquear o que o paciente deseja verbalizar.

DESCRITORES

Estudantes de enfermagem.
Percepção.
Educação em enfermagem.
Cuidados de enfermagem.
Relações enfermeiro-paciente.

RESUMEN

El objetivo de este estudio fue investigar la percepción de estudiantes de Enfermería respecto del acto de oír y su importancia en la asistencia de enfermería. Se trata de un estudio exploratorio, con metodología cualitativa y referencial teórico en el Pensamiento Complejo de Morin. La investigación fue realizada con doce alumnos de Enfermería cursando su último año en la Faculdade de Medicina do ABC, Santo André, São Paulo, Brasil. Los datos fueron recopilados por medio de la Técnica de la Entrevista Individual en Profundidad, y analizados por medio de la Técnica de Análisis de Contenido. Las categorías resultantes fueron las siguientes: *El acto de oír, un desafío para el mundo*, *Las influencias del Modelo Biomédico en relación al acto de oír*, *Preparando al estudiante de Enfermería para el acto de oír*. Los resultados demostraron que los dicentes consideran que ser un buen oyente es algo difícil, pues es preciso estar predispuesto a escuchar al otro y aprender a no hacer caso de ideas preconcebidas, para no bloquear lo que el paciente desea verbalizar.

DESCRIPTORES

Estudiantes de enfermería.
Percepción.
Educación en enfermería.
Atención de enfermería.
Relaciones enfermero-paciente.

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INTRODUCTION

In today's world, the difficulty in listening to another restricts communication among people. If we exercise the act of listening as an altruist attitude, devoting attention to the other person, we promote an opening in interpersonal relationships. In order to listen well, it is important to have concentration and internal availability. As we are more likely to talk than listen, we are accustomed to interrupting people, at any excuse. The act of speaking is considered something more positive in our society than the act of listening[1].

In this way, we have a much greater tendency to fragment what we hear than to integrate, as when someone says something, instead of listening until the end what the person is saying, we start to compare, almost immediately, the message the other wants to pass, with our previous ideas and references. This process results from a social and mental conditioning, known as agree-disagree automatism. When our interlocutor starts to talk, we tend to take two attitudes: a) *I already know what he/she is going to say and I agree; thus I will not lose time continuing to listen*; b) *I already know what he/she is going to say and I disagree; thus, I do not have to listen until the end*. In both cases, the result is the same: we deny the person who talks to us the capacity or the possibility to say something new, which in practice corresponds to the denial of our own existence[2]: when we disregard what is another's, we do not learn something new, as well as failing to recognize and know ourselves in what the other is saying.

Listening is considered a way to examine the breadth of human existence, that is, our values, the intensity of our emotions, the patterns of our thinking processes, as well as understanding and changing our fragmented worldview, once we have the tendency to limit our thoughts.

It is difficult to listen to the other because individuals bring in their life history their own assumptions in the form of: values, beliefs, meanings, reasons, proposals and objectives. Thus, each person has a unique way of seeing life. However, it is extremely relevant to learn to suspend our assumptions, trying to lessen our conditioning, as they narrow and darken our worldview. Assumptions make us convinced that we already *know* everything about one determined person, situation or subject and that there is nothing else to learn. Thus, it is easy to deduce that the more we hold to these beliefs, the more our perceptions and understanding are narrowed and become obscure. Therefore, we believe that holding to certain ideas is the main reason of our resistance to listening to another[2].

Listening is considered a way to examine the breadth of human existence, that is, our values, the intensity of our emotions, the patterns of our thinking processes, as well as understanding and changing our fragmented worldview, once we have the tendency to limit our thoughts[3]. In order to understand our fragmented way of thinking and, consequently, of listening, it is necessary to approach questions regarding the current paradigm.

The agree-disagree automatism process results from the Cartesian paradigm, the framework of which derives from the philosopher and mathematician Renée Descartes. To him, all the conception of world and men is based on the division of nature, in two opposite domains: the mind or spirit (*res cogitans*), the *thinking thing*; and of the corporeal substance (*res extensa*), the *extended thing*. Descartes' analytical method implied a rational description of all natural phenomena in a unique system of mechanical principles guided by mathematical relations[4].

The Cartesian paradigm was based on the belief that scientific knowledge could reach absolute and final certainty, in a complete and definitive understanding of reality. However, most sciences obey the principle of reduction, which limits the knowledge of the whole to the knowledge of its parts, limiting the complex to the simple[5]. All this view of individualist technicality and discrediting of humanist values comes from our worldview, based on mechanist frameworks.

The influence of the Cartesian paradigm is shown in all the different sections of society. In health, especially, the biomedical model is imperative to prioritize the biological issues to the detriment of other aspects. The human body is understood as an object that can be dismantled and its mysteries understood in a rational way. The influences of psychological and socio-environmental factors in the health-disease process are disregarded. This reductionist thinking led to the fragmentation, in the case of both science and people themselves, of their feelings, emotions and values[6].

There is little concern, in the biomedical model, with what the ill individual thinks, feels and expresses, spending much time with medical techniques and material technology, leading to the massification and division of care, to the depersonalization of patients, recognized by the pathology and not by the name, and to professionals' unavailability for interpersonal relationships with the patient, characterizing an inappropriate human care[7].

The teaching-learning process in nursing was framed by the medical discourse and demarcated by the Nightingalean nurses in the beginning of the 21st century and has been perpetuated with accuracy, determination and discipline, up to the present. Thus, nurses organize the teaching-learning process and consequently their care practices, around this model, leading them many times to prioritize the disease instead of the patient him/herself[6].

The nursing practice is more centered on patients' physical needs, and does not consider their needs, their daily

lives, values, beliefs and myths. The perception of the patient concerning the delivered care is irrelevant to the current model[8].

While the training of health professionals is limited to the biomedical model, it is impossible to consider the experience of suffering as part of its professional relation. Regarding undergraduate nursing studies, a principle frequently reproduced in the teaching institutions as excellence of quality of care, is caring for the individual as an integral being (in biopsychosociocultural and spiritual terms), however, the actions do not meet expectations, since the technical aspect is prioritized[6]. It is not about discussing the need to develop the technical competence of the nursing student, which will guarantee safe and effective work as a professional. Nevertheless, the development of abilities is important not only in acting, but also in listening and feeling. If care[9] for human beings is a nurse's foremost function, it is necessary to emphasize human complexity, focusing understanding and respecting the other, through attentive and sensible listening.

Thus we ask: Do undergraduate nursing students recognize that the act of listening is a significantly important action to nursing care? What is the perception of these students regarding the act of listening in regard to nursing care?

We assume that it is essential to undergraduate nursing students, as future health professionals, to improve their interpersonal relationships in the practice of care, developing their sensitivity in the *act of listening*. We deem that sensible listening is essential to understand the complexity of the human condition, and enable a significant nursing care.

Listening is considered a way to examine the breadth of human existence, that is, our values, the intensity of our emotions, the patterns of our thinking processes, as well as understanding and changing our fragmented worldview, once we have the tendency to limit our thoughts

OBJECTIVES

1. To investigate the perception of undergraduate nursing students regarding the act of listening.

2. To verify whether the students believe the act of listening is important in nursing care.

METHOD

This is an exploratory and qualitative study, in which we used Morin's Complex Thinking[5] and other authors who share this perspective as the theoretical framework [2-3,6].

The study was carried out in September 2006, in the *campus* of the Faculty of Medicine of the ABC Foundation, a philanthropic, private teaching institution, located in Santo André, São Paulo - Brazil. Twenty-two final-year undergraduate nursing students were invited to participate in the study, though only 12 agreed to it. We decided to interview former students as we believed in their effective contribution.

Individual In-Depth Interviews were used for data collection. In this technique, the researcher does not condition answers, enabling the interviewee to speak freely and, thus, uncover spontaneous tendencies instead of directing them. At the same time it values the presence of the researcher, offering all possible perspectives for the informant to reach the necessary freedom and spontaneity, enriching the investigation[10].

Authorization was given by the responsible parties for the teaching institution. Afterwards, the favorable report of the Research Ethics Committee Concerning Human Subjects (protocol CEP/FMABC, registered under number 235/2006) permitted guiding the students through the Free and Informed Consent form. They were also informed that their names would not be disclosed in the dissemination of the study's data. The interviews were conducted through the guiding question: *What is the relevance of the act of listening for nursing care?*

The empirical data were analyzed using the Content Analysis Technique:

> [...] a set of techniques of communication analysis that aim, through systematic and objective procedures to describe the content of the messages, to obtain indicators, quantitative or not, that permit the inference of knowledge related to the conditions of the production/reception of these messages[11].

Three stages characterize the method of Content Analysis: the pre-analysis, the examination of the material, and the treatment of the results (inference and interpretation)[12].

Five stages were adopted for a consistent construction of the categories[11]:

1st - After the verbatim transcription of the recorded interviews, the texts were read with free-floating attention. Next, based on this free-floating attention, three more readings were performed, intercalating listening to the recorded material with reading of the transcribed material. This attentive posture permits following the chain of associations in each interview and between them. Free-floating attention permits the association, as freely as possible, of any discourse element. In free-floating reading, impressions and orientations are internalized, even before any actual analysis or knowledge of the text;

2nd - Through a new re-reading, words and phrases were underlined on the original texts in order to identify convergent and divergent elements among interviews;

3rd - After the identification of convergences and divergences, the underlined words and phrases were cut from the original texts. This procedure was performed in each interview;

4th- After cutting words and phrases, we identified convergences and divergences per interview and between interviews, in order to elaborate categories;

5th - Data discussion followed the construction of categories.

RESULTS AND DISCUSSION

The categories found were:

• Listening: A challenge to the world;

• The influences of the current Biomedical Model on nurses' listening to the patient;

• Putting aside preconceived ideas: Learning to listen to the patient;

• Preparing the undergraduate nursing student to listen to patients.

The discussion of each of them is presented.

Listening: A challenge to the world

Being a good listener in today's worlds is challenging, once modern technology makes communication among people something almost instantaneous and at the same time superficial. The act of listening becomes increasingly devalued, giving an impression, unfavorable in our culture, of passivity, unlike the act of talking, which seems to transmit the idea of productivity. We talk even when we do not have anything to say[1].

To listen, it is necessary to be willing and attentive, as we listen better when our attention is stimulated, and it varies according to our interests[1], as the following excerpts demonstrate:

> [...] I consider myself a good listener, because I like very much to listen to people and to pay attention (E1).

> [...] When I'm talking to someone, I'm attentive to looking, in what the person is saying, I don't get distracted (E2).

> [...] I think that when someone comes to talk to us... we have to be always alert, because this person is needing to be listened to (E1).

> [...] I put myself in the other's shoes. Thus, I try to ignore all the parallels and pay absolute attention (E3).

Thus, our predisposition to listen will result in the efficiency of listening and can be understood through our behavior. We consider that, when we have an objective in mind in relation to something such that we will listen, we determine the way we will listen in advance, grading our interests, stimuli and reactions.

Physical factors, such as temperature, noise, illumination, environment and health condition, and mental factors, such as indifference, impatience, prejudice and concerns, will determine our act of listening. Hence, to listen to the other, effort and internal availability are necessary, to minimize the influence of these factors in the dialogue[1].

In the following extracts, these ideas are made explicit by the students:

> [...] Sometimes I get too distracted, if the conversation is too long. In the beginning I'm very attentive, but if the subject is boring, I get distracted easily. I can't the person to finish the subject so that I can leave (E5).

> [...] When the person talks too much, I get distracted, I get distracted in the conversation (E6).

> [...] this is my problem.. I cannot stop listening to the conversation of other people, and do not talk. I pay attention in everything around me, I can observe, understand, listen and even answer at the same time. Sometimes I stop talking, to listen and answer what the person cannot answer on the other side (E7).

> [...] I try to control myself the best I can, not to expose nor demonstrate my anxiety, when people are talking [...] (E8).

Therefore, to be a good listener is necessary to be willing to listen to the other. Unfortunately, in the contemporary society, we have to provide fast results and to be agile, and this leads us to an increasingly truncated communication. Communication is deteriorating in interpersonal relationships, once individuals have an increasingly difficult time talking to each other, perpetuating a pattern that lacks the capacity for mutual understanding[3].

Based on this assumption, the results during a conversation are not sufficient and rich enough to understand the other. Understanding what is told to us does not mean comprehending what the other really wants to say. In order to have comprehension, the exercise of empathy, identification and projection is needed, thus enabling sympathy, generosity and the opening of ourselves to our fellows[13]. Hence, we have dialogue, which is the emersion of a chain of meanings that flows among people or through them[3]. Only through conversation will people enrich their framework of knowledge, have satisfaction of their needs, or will transmit feelings and thoughts[14]. While listening, it is important to be conscious of what is felt. One needs to be alert to his/her own reactions, as communication is fundamentally determined by the perception of the one who receives it, and not exclusively by what is expressed by who communicates[2]. Thus, communication is essential for human development, as it is through interpersonal relationships that we try to comprehend people and express thoughts and feelings[12].

The influences of the biomedical model on nurses' listening to the patient

The influence of the Cartesian paradigm on the health field resulted in the biomedical model. It characterizes diseases as universal and has a strong tendency to prioritize the biological aspects of the human being, reducing the body systems to separate small parts. The disease is reduced to mechanical damage and ill individuals lose their psychosocial marks, becoming a scientific object where their emotional aspects, beliefs and values are left aside[15].

This model affects nurses' practice, which are almost exclusively centered on the physical needs of patients. In this way, nursing also acts in a mechanical way, valuing the technical and biological aspects, to the detriment of the psychological, emotional, social and spiritual aspects, denying the daily life of the patient that is full of values, beliefs and myths, prioritizing sophisticated techniques[16]. The participants recognize the mechanist view and the reduction of the view of the human being, when seen from this perspective of the model:

> [...] It is that thing about the Cartesian model, isn't it? People target the object, target the body and not the soul, they do not target the emotional aspect of the patient, they want to treat only the disease, they do not give a more general look (E9).

> [...] Taking care of a patient is not only about the disease, but all the psychological aspects, mainly because it is not useful to take care of the disease, if psychologically the patient is not well (E2).

> [...] Nowadays, all the health field is fragmenting the patient... they became machines. Thus, let's suppose, the patient has an injury in the lower limb, He is treated as the one who has an injury in the lower limb, He does not have a name. If they ask (health professionals) something, they want to listen regarding the limb and not regarding the psychological of this patient (E9).

> [...] We get very fragmented, believing that it is only the pathology of the patient... very centered in the pathology... we have to control this (E7).

The body is viewed as an object that can be dismantled and its mysteries understood in a rational way. However, each individual is at the same time singular and multiple, diverse and unique, as the human unit brings in itself the principles of its multiple diversities, which are not only our biological characteristics, but in the psychological, cultural and social ones[5].

The reductionist view, the fragmentation of knowledge and reality, cannot help threatening elements of care[9]. The following passages demonstrate these ideas:

> [...] I try to go beyond what the patients tell me, perceiving the culture, the environment, the habits, the ethnicity, their universe, perceiving the world, the reality they live in (E10).

> [...] Listening is essential to nursing care.. allows knowing the patient, and thus to provide a better care, in all their psychosocial aspects, which is my aim as a future nurse (E3).

The training of professionals targeting only the specific technical performance in their area can no longer be accepted by higher education institutions. Their concern should be to train the citizen professional, technically and scientifically competent, but, moreover, with a broad view of the human dimension[17-18]. As the undergraduate programs form professionals who deal with the health and life of people, they need to rethink training and pedagogical practice, which are still inspired in the mechanist model. One of the principles of this model is to divide the object of study, or the difficulties that emerge from it, into as many parcels as necessary to solve them, which causes the division of knowledge into more and more specialized fields[16]. Thus, being limited to the biomedical model in the training of future nursing professionals is to disregard the psychosocial dimensions of the patient and compromising the professional and care relationship.

Putting aside preconceived ideas: Learning to listen to the patient

Learning to listen without immediately agreeing or disagreeing is an attitude of respect for the other. However, agreeing does not always mean that we should put ourselves at the mercy of others' opinions and prejudices. In the same way, disagreeing does not necessarily mean standing up for our own opinions and prejudices; sometimes it can be a way to broaden the possibility for new points of view[1-2].

As we are always more likely to talk than listen, we are used to interrupting, based on any excuse, people who are talking. We tend to anticipate what the other is going to say, but the capacity to listen, without immediately agreeing or disagreeing, can be learned, although it is not an easy process[1-2]. In the following excerpts, how difficult it is to cease our preconceived ideas is apparent:

> [...] I am an extremely anxious person and when people start talking, it is difficult for me not thinking or anticipating what the person is saying, the end of that narrative, that dialogue, it is complicated (E4).

> [...] I think that I still have a lot to improve, many things to learn, because it is difficult to listen to the other, to forget your concepts, your thoughts (E11).

> [...] I think we do not have to imagine answers, neither what the person is thinking nor what he/she will answer, I think we only have to listen (E1).

> [...] When the person starts to talk we already have some pre-conceived ideas regarding the subject (E3).

It is thus evidenced that, to truly listen to someone, it is extremely important to learn to suspend our preconceived ideas, trying to weaken our conditioning. Many times the presuppositions make our world view narrow and obscure. Through them, we convince ourselves that we already *know* everything about a certain person, situation or subject. We convince ourselves that there is nothing else to learn. Always when we face a new idea or situation, our tendency is to compare it immediately with our references. We can easily deduce that the more we are attached to our beliefs, the more our perception and comprehension are narrowed and become obscure. Thus, we believe that the fixation on certain ideas constitutes the main reason for our resistance to listen to the other[2-3]. Listening is a way to examine broad human experience, that is, our values, the intensity of our

emotions, the patterns of our thinking processes, as well as understanding and changing our fragmented world view, as we tend to limit ourselves to our thoughts[5].

In nursing practice, it is essential to deal with the hard task of suspending our presuppositions (our beliefs, our theories of how the world should be, our unshakeable certainties, including our prejudices), otherwise, we block what our patient, the subject of our care, wants to verbalize. When we do not listen what the other thinks and feels, we establish power relationships with the other, making them lose their autonomy.

Preparing the undergraduate nursing student to listen to patients

The teaching-learning process of the undergraduate nursing programs in Brazil commonly targets biotechnological issues and study of the physical procedures, related to the ill person. Hence, the interpersonal relationships that surround the health care process of the subject are left behind. The importance given to the feelings of our fellows and the responsibility for care becomes a constant challenge**,** besides the fact that, many times, these questions are not valorized as they should be[16-18].

Students constantly experience great anxiety, dissatisfaction, sadness and insecurity, among other emotions, when they face interpersonal relationship's inseparability from the care process[9], exactly because they do not know how to deal with certain situations and feelings deriving from them.

The Nursing in Mental Health course was inserted into the pedagogical project of the undergraduate nursing program of the Medical School at the ABC Foundation aiming to broaden academic learning opportunities. It is an attempt to prepare the student to acquire experience and develop the ability of talking to people, listening to stories, recognizing and expressing feelings and, certainly, being more able to provide care to patients, developing their own greatness as person and future professional. We perceive that the Mental Health course is promoting changes in the interpersonal relations:

> [...] After the mental health course, where I could learn to listen, I could understand the importance of listening to the patient or any other person (E10).

> [...] After the mental health course, I learned that it is very important to listen, not to draw premature conclusions. It was very important to me… then, I started to listen more to people (E2).

> [...] I think I am prepared to listen to the patient, because the mental health course could meet these needs, although our education is still based in the biomedical model (E10).

> [...] The mental health course could show a lot, give a great focus in this part of listening... we were well instructed during this internship, of course it could have given a longer time for this preparation, however, I believe that if the person wants and thinks listening is important, he/she can improve more in this (E11).

One of the aims of the Mental Health course is to allow students to reflect on the comprehension of the human dimension through effective listening. When students listen to patients, they start to better understand the other's subjectivity, improving their interpersonal relationships; they also perceive the importance of respect in relationships, which is essential to understanding the ill person. Broadening the view of the importance to listen to the other regards their own subjectivity, which favors professional and interpersonal exchanges, facilitating confronting conflicts and sharing experiences, which, actually, constitutes the matrix of identity for humanized care[16].

We know that listening to the other is a tough learning process. Thus, we face countless challenges in the exercise of academic practice; to teach students to listen, we have to deal with the needs and the discomforts generated in the interpersonal relationships:

> [...] I do my best to listen, even if sometimes it is not that interesting, I try (E8).

> [...] It depends on the conversation, if I am listening to someone who wants to be heard, who wants to tell me something, I pay attention. But, if it is chatting, a joke, then no. Then, I ignore, not on purpose, I start to catch conversations around me (E10).

> [...] We are in a phase of transition. As a student, I can say this, because I see an improvement. I see some heat in the nursing caldron... some professors still did not assimilate the idea of complexity in a clear way, because they are also in this phase of transition, they, indeed, were trained as students in the biomedical model and it is a constant struggle, personal, political, or in education (E4).

> [...] Even if we have had the mental health course, which teaches us to listen, I think it still lacks something, because many of us listen in the first meeting and then when we come back, we do not pay much attention (E12).

> [...] Not everybody is prepared to listen to patients. In the training you do not have time to stop, think and listen to what the patient is saying, to analyze their history, because I think this is seldom practiced (E5).

> [...] About this part of listening the patient, I think that this is a work that we are starting to develop and that we have a lot to do in nursing (E3).

It is important to highlight the importance of the technical-scientific development of nursing students, as a way to promote safe care, as future professionals. However, with reflection upon the investment in students' training, regarding the exercise of their listening abilities, we truly believe that in our profession, in order to care, it is necessary to listen:

> [...] I think that listening is comprised in the nursing care. Patients need to be listened to, because usually they only want someone to listen to or talk to them (E1).

> [...] Many times patients do not need other care, only being listened by the nurse, to express their afflictions, anxieties, fear, what they really feel inside, what comes inside them, because sometimes they only want to be listened to (E10).

> [...] Listening is most definitely included in nursing care. It is a pity not every professional can keep this sensitivity to listen to the patient, even listen to the requests of the other auxiliaries and the physicians (E7).

> [...] You only find out patients have their needs through the listening... listening you will make your interventions (E11).

> [...] We have to talk to the patients, try to approach all that they want to tell us, to try to intervene in the best way (E6).

Preparing the future nurse is a more reflexive practice, which from our perspective involves dealing with the patients as subjects of their own histories. It is a hard task, demanding from professors: the constant exercise of the self-knowledge, the evaluation of their pedagogical practice, the commitment to students and continuous improvement, besides facing obstacles from the current model[17]. The acquisition of competence in interpersonal communication is fundamental to the formation of the nurse. The opening of the professor-student relationship becomes primordial, because it permits exchanges and mutual learning for the ones involved[12].

FINAL CONSIDERATIONS

It is important to recall that the driving spring of the present study was the need for an investigation addressing the perceptions of undergraduate nursing students concerning the act of listening and its importance in nursing care.

The study showed us that students believe that to be a good listener it is necessary to be willing to be open to the other, and it is extremely relevant to learn to ignore pre-conceived ideas, in order that the patient, the subject of our care, does not feel blocked in what he/she wants to verbalize.

It is worth highlighting that courses such as Mental Health are essential to allow students to understand the human dimension, through effective listening. The Mental Health course, in this field of study, offers its fundamental contribution in the way that it provides learning of the understanding of the other, through the process of empathy, identification, projection, the mental practice of self-examination, and the importance of listening as a way to respect the other.

We know that listening to the other is a tough learning process, regarding the personal questions of each listener and also facing the obstacles of the current cultural model. In this way, we face countless challenges, not only in the exercise of academic nursing practice, but challenges related to the age we live in, where we have less and less alternatives for spaces of true listening.

Trying to teach the students to listen, having them as partners in the process of the humanization of nursing care, seems to us an enormous and difficult task, which we tried to win in the way that seemed more coherent to us, listening to the students themselves, as subjects who belong to the teaching-learning process. These subjects will be able to facilitate their future patients ability also to feel as subjects in their own process of becoming healthy. This is one of the missions of the professor, to educate for human understanding, so that we can become intellectually supportive humans.

Finally, we believe that the results of this research cannot be generalized. The reality of this study field is unique, presenting its own characteristics in the teaching-learning process in nursing, which is a limitation of the study.

We are certain that this theme needs reflection and does not exhaust this work. Thus, new studies can be developed in a way to continue the investigation, aiming to deepen the results presented in this research.

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