

## APPROXIMATIONS BETWEEN SOCIAL SKILLS, NURSING CARE MANAGEMENT AND COMPLEX THINKING

### APROXIMAÇÕES ENTRE HABILIDADES SOCIAIS, GERÊNCIA DO CUIDADO DE ENFERMAGEM E O PENSAMENTO COMPLEXO

### AFINIDADES ENTRE LAS HABILIDADES SOCIALES, LA GESTIÓN DE LOS CUIDADOS DE ENFERMERÍA Y EL PENSAMIENTO COMPLEJO

Juliana Helena Montezeli <sup>1</sup>  
Maria do Carmo Fernandez Lourenço Haddad <sup>1</sup>  
Aida Maris Peres <sup>2</sup>  
Laura Misue Matsuda <sup>3</sup>

<sup>1</sup> Universidade Estadual de Londrina, Departamento de Enfermagem. Londrina, PR – Brazil.

<sup>2</sup> Universidade Federal do Paraná, Departamento de Enfermagem. Curitiba, PR – Brazil.

<sup>3</sup> Universidade Estadual de Maringá, Departamento de Enfermagem. Maringá, PR – Brazil.

Corresponding author: Juliana Helena Montezeli. E-mail: jhmontezeli@hotmail.com  
Submitted on: 2017/10/22                      Approved on: 2018/03/28

## ABSTRACT

This study aims to reflect on the interfaces between social skills and nursing care management from the perspective of complexity. Descriptive study of the type reflective essay grounded on the theoretical-philosophical basis of complex thinking and perceptions of the authors. Social skills encompass classes of social behaviors in the repertoire of individuals to deal adequately with demands of interpersonal situations. They are intertwined with the daily routine of nursing care management, since taking on the position of manager implies relating to others. To accomplish this, nurses need a socially skillful behavior. This is a multifaceted, hologramatic, non-linear process and, therefore, Cartesianism is insufficient for its epistemological support. Therefore, we decided to list the reflections grounded on the principles of complex thinking and we concluded that interpersonal relations developed by nurses stemming from competences based on a socially skillful behavior represent an important propulsive spring so that management of care be far from a reductionist and mechanistic practice.

**Keywords:** Nursing; Personnel Administration, Hospital; Patient Care Management; Interpersonal Relations; Nursing Service, Hospital.

## RESUMO

*Estudo com objetivo de refletir sobre as interfaces entre habilidades sociais e a gerência do cuidado de enfermagem na perspectiva da complexidade. Estudo descritivo do tipo ensaio reflexivo fundamentado na base teórico-filosófica do pensamento complexo e percepções das autoras. As habilidades sociais englobam classes de comportamentos sociais no repertório do indivíduo para lidar de maneira adequada com as demandas das situações interpessoais. Elas se entrelaçam ao cotidiano da gerência do cuidado de enfermagem, pois gerenciar implica relacionar-se com os outros e, para tal, o enfermeiro necessita de um comportamento socialmente hábil. Este é um processo multifacetado, hologramático, não linear e, assim sendo, o cartesianismo é insuficiente para a sua sustentação epistemológica. Portanto, optou-se por pautar as reflexões nos princípios do pensamento complexo e concluiu-se que as relações interpessoais desenvolvidas pelos enfermeiros a partir de competências galgadas em um comportamento socialmente hábil representam importante mola propulsora para que a gerência do cuidado se distancie de uma prática reducionista e mecanicista.*

**Palavras-chave:** Enfermagem; Administração de Recursos Humanos em Hospitais; Administração dos Cuidados ao Paciente; Relações Interpessoais; Serviço Hospitalar de Enfermagem.

## RESUMEN

*El objetivo de este estudio ha sido reflexionar sobre las interfaces entre las habilidades sociales y la gestión de los cuidados de enfermería desde la perspectiva de la complejidad. Estudio descriptivo tipo ensayo reflexivo fundamentado en la base teórico-filosófica del pensamiento complejo y percepciones de las autoras. Las habilidades sociales incluyen distintos comportamientos sociales que el individuo adopta para manejar adecuadamente las demandas de las situaciones interpersonales. Se mezclan al cotidiano de la gestión de los cuidados de enfermería, lo cual implica relacionarse con los demás y, para ello, el tener un comportamiento socialmente hábil. Se trata de un proceso de múltiples facetas, hologramático, no lineal y, por ello, el cartesianismo no es suficiente para su sustentación epistemológica. Las reflexiones siguen los principios del pensamiento complejo y se llega a la conclusión que las relaciones interpersonales desarrolladas por los enfermeros a partir de competencias logradas con un comportamiento socialmente hábil representan una importante fuerza motriz para que la gestión de los cuidados se aleje de la práctica reduccionista y mecanicista.*

**Palabras clave:** Enfermería; Administración de Personal en Hospitales; Manejo de Atención al Paciente; Relaciones Interpersonales; Servicio de Enfermería en Hospital.

### How to cite this article:

Montezeli JH, Haddad MCFL, Peres AM, Matsuda LM. Approximations between social skills, nursing care management and complex thinking. REME – Rev Min Enferm. 2018[cited \_\_\_\_\_. \_\_\_\_\_. \_\_\_\_];22:e-1092. Available from: \_\_\_\_\_. DOI: 10.5935/1415-2762.20180022

## INTRODUCTION

Nursing care management corresponds to the know-how in terms of management and care and takes place dialectically in a dynamic, situational and systemic process. For this to occur, the specific competences required, the so-called managerial competences, include interpersonal relationships. However, some components in the establishment of interpersonal relationships, particularly social skills, must be understood and developed in order to make interactions between individuals fruitful.<sup>1</sup>

Social skills (SS) are a part of a research field in Psychology that encompasses classes of social behaviors in the repertoire of individuals to deal adequately with the demands of interpersonal situations. However, despite the existence of a didactic separation into classes, they permeate the encounter between people.<sup>1</sup>

Reporting this information in the scope of the nurses' role, it is assumed that these professionals are responsible for the management of care and must mobilize managerial skills to favor relationships in the work process and, for this they must be socially skilled, because SS are fundamental to guide the approach taken here. This is because providing care to others is built upon encounters between people, in which professionals should show concern, interest, motivation, respect, consideration and kindness.<sup>2</sup>

Management is based on making-to-happen, generating results. It corresponds to a medium-activity among the nurses' actions that envisage the end-activity, which is care. To this end, they mobilize actions in relationships, interactions and associations between people as complex human beings and who experience the organization of the complex and multiprofessional care system. Moreover, it is a fact that there is a need to incorporate new knowledge and actions to the managerial exercise of the nurses, and among them, relational competence.<sup>3</sup>

Because of the multifaceted and non-linear nature of the process, considerations arising from a reductionist paradigm have proven to be insufficient for the epistemological support of interpersonal relations, as well as the social skills involved in them. Thus, to address this theme, we chose to ground the reflections upon the principles of Edgar Morin's complex thinking (recursive, dialogic and hologramatic), whose specificities are described throughout the other sections of the text.

In view of all these issues, this study aimed to reflect on the approximations between social skills and nursing care management under the perspective of complexity.

## METHOD

This is a descriptive study of the type reflective essay, conducted in January 2017, produced from readings of the available literature on social skills, nursing care management and complex thinking of Edgar Morin. The information was retrieved from books and articles published in indexed journals available

in the Virtual Health Library, using terms and descriptors correlated to the three themes above mentioned.

Critical reading of the bibliographic material along with the inferences derived from the professional experience of the authors led to the identification of links between the themes and a weaving of reflections that contribute to the understanding of the approximations between them in the professional/relational context of nurses.

## SOCIAL SKILLS AND NURSING CARE MANAGEMENT

Socially skilled people are able to promote satisfying interactions and thus can easily handle challenges and new situations. Thus, it is necessary to develop an increasingly complex repertoire of skills and competences.

The SS classes are: self-monitoring, communication, civility, assertiveness for coping, empathy at work, and expression of positive feelings. These classes can be and are applicable to the individuals' professional field of action, because the demands of the work world cause the ability to relate to become increasingly important, even more than just knowing how to do the work.<sup>1</sup>

This scenario brings with it the fact that people need to adapt to changes in work processes, which require intensification of interpersonal relationships, valuing of teamwork, creativity, intuition and autonomy in decision making.<sup>1</sup>

With the implementation of the Unified Health System (SUS) and the constant changes in the work world, a genesis of debates about changes in the management and organization of health work have taken place. This occurred especially in the hospital environment, affecting the way in which care teams are organized.<sup>4</sup>

It is then reflected that the work in health services has an interactive character, since actions in these environments occur in the encounter between individuals. Thus, the work can be considered immaterial, mediated by social relations and communication. However, in health services, interpersonal interactions are not always fluid and this can trigger conflicts. Successful communication plays a role across all processes to avoid conflicting situations. Among other things, it contributes to the building of trust, bonding, mutual respect, collaboration and recognition of each other's work; these qualities are constituent elements of teamwork.<sup>5</sup>

It must be pointed out that health care requires relationships in which interactions and exchanges occur among the actors involved, being permeated by different actions and instances that have different degrees of openness and communication among professionals. In order for these interactions to have positive consequences in the care practices, it is necessary to use SS.

In an approximation with the management of nursing care, the articulation between management and care persists

exiguously, a fact not infrequently imposed by conditions perpetrated in health institutions and/or arising from an incipient training process regarding the range of managerial competences of future nurses.

This was evidenced by a study with nursing management professors which showed that they recognized such indisso-ciability, but also pointed out that teaching in undergraduate nursing courses is still fragmented in this sense, making it difficult for management and assistance to permeate synergistically the nursing process.<sup>6</sup>

This reality is worrisome because health work environments are complex and propitious to divergences resulting from the constant transformations and intense social interaction. Such a context, when not properly managed, becomes conflicting and may negatively affect the quality of care.

In this line of thinking, care professionals should be able to better listen to their clientele by considering their demands as the center of the interventions.<sup>7</sup> Similarly, caregivers also need to be heard in their needs. Only by doing so, a social web aimed at valuing all the stakeholders in the caring process will be produced.

Nurses, as team leaders, should pursue the aforementioned precepts by means of skillful interpersonal relationships to assess subjective values in nursing care, linking them to technical and scientific knowledge. In order to do this, it is necessary to intensify the understanding and development of their SS, in order to guide management practices whose goal, among other things, is to weave interpersonal relations with mastery, deeming quality care as the ultimate goal.

The fact that their performance requires knowledge, skills and attitudes extends, then, to managerial competences, emphasizing the need for skillful articulation among them. They occur in a social context of the nurses' work and, for their adequate mobilization, the use of SS is necessary. The more socially skilled individuals are, the greater are their chances of success in management.

Care management is woven upon actions, interactions and associations between people, that is, in a social context, considering the protagonists as complex human beings who experience a health system which is likewise complex. Nurses within this system must have their own competences, skills and management powers to be mobilized when challenges are triggered in human relations.<sup>3</sup>

Based on these findings, the performance of the managerial role depends significantly on SS, since these make up the skills that allow assessing the effectiveness of managers. It is then argued that nursing care management is a practice that involves people who need a well-established social articulation, aiming to provide assistance to other people, with whom they will have to relate to favor the humanization of care.

The close relationships between nursing care management and the settings found in the field of study of SS are no-

ticeable. Managing people with a focus on human care implies recognizing that effective social practices contribute to the quality of care services provided. Hence, the fact that the management of nursing care is built in a social context requires that its protagonists be socially competent. Thus, SS represent a foundation in all this dynamic process, without which interaction between people may end up negatively interfering in health care outcomes.

## MANAGEMENT OF SOCIALLY SKILLED NURSING CARE AND COMPLEX THINKING

Etymologically, the term "complex" comes from the Latin "*complexus*" and means something which encompasses many elements or several parts. The complexity theory is anchored in the understanding of systemic logic, composed of principles. The first of these principles is the organization, which inter- relationally links the components of a system, producing a complex unit. Thus, the parts and their relations form a system.<sup>8</sup>

The second is the hologramatic, understood as the transference of the global identity of a system to each of its parts. In this way, not only are the parts in the whole, but the whole is also inserted in the parts. In other words, the principle rescues the utopia of totality, never reducing it to the simple sum of the parts.

The principle of a retroactive circle (recursion or recurrent) is the third principle and expresses the circular relations between cause and effect (idea of spiral in a dynamic movement), where the cause acts on the effect and the effect acts on the cause. This makes it hard to distinguish the producer from the produced, when it comes to cause and effect. It is a *feedback* process and confers a non-linear character to the cause upon the effect, and to the effect upon the cause.<sup>8</sup>

Another principle of systems is self-ecological organization, according to which living organisms have the capacity to self-organize ("self" factor), but their autonomy is relative. This makes organisms to bear an energetic, informative and organizational dependence on the outside world or environment ("ecological" factor). Thus, living beings are self-organizing beings that self-produce without interruption and they expend energy to safeguard their autonomy.<sup>8</sup>

Finally, there is the dialogical principle, which deals with the association that unites two principles or notions that should be mutually exclusive, but are inseparable, coexisting within a system.<sup>8</sup>

Grounded on these principles, order, disorder, interaction and reorganization, a tetragram is unveiled for all the activities developed by men, constituting the backdrop of complexity. Human activities are responsible for producing the systems of enterprises in which there are identifiable relationships and parts. Thus, in the organizational setting, the paradigmatic, compartmentalized, mechanistic and disjunctive approach

breaks the complexity of the world, fractionates problems, and “attributed a single dimension” to a multidimensional object.<sup>8</sup>

This is reflected in the relational aspect of the work environment because it is essential to nourish an ethic that strengthens the sharing, exchange, hospitality, responsibility and dialogue between noise and order, besides rescuing the essence of solidarity between beings, as well as love and gratitude for life.<sup>9</sup>

In an approximation with the relational scope of nursing, specifically in the managerial aspects of care, we have that the complexity that permeates the human being is portrayed in the relationship of providing care to others, be it patients or co-workers. Caring in the perspective of complexity, in turn, is concerned with welcoming the circularity and dynamicity of order-disorder-organization that continually feed human and professional relationships and interactions in the caring environment.

Before such considerations, it is evident that it is necessary to rescue the poetry, art, beauty and feelings, since survival is still based on prosaic logic.<sup>9</sup> Such a perception converges with the emergence of systemic and complex thoughts to support a new epistemology of the matter, which is no longer separate from the object. The subject then becomes understood as a whole, that is, it is necessary to assume the three dimensions of human identity – the individual, the social and the anthropological dimensions – also in social relations.<sup>8</sup>

The relationship between complexity and team management can be understood as follows: a) the dialogic principle allows us to understand group processes and team management from different logics that, besides communing, sharing and complementing each other, they also compete and oppose to each other. Thus, for the proper functioning of work activities among professionals, it is necessary to combine what is explicit and what is implicit; b) the hologramatic principle is manifested stemming from science, on the part of team managers, whose aspects of daily work cannot be understood in isolation, since they are inserted in a larger universe, influencing it and being influenced by the whole; c) recursion can be understood by thinking that the professional coexistence produces objectivity and subjectivity that generate other cognitive states, giving space to other objective and subjective understandings which allow professional subjects to develop themselves and also develop the work as self-production and self-organization. In this way, recursion can be understood as a spiral process of human and organizational development in which team management and group processes are self-produced and self-organized in an explicit, implicit, objective-subjective, doing-becoming.<sup>10</sup>

There is an affinity with organization and self-ecological organization, because managing teams requires understanding their components as participants in a living system, in which each individual has his own particularities. However, his autonomy of action is relative, because it is part of a larger con-

text (the institution). Thus, there is a process of feedback where each person influences and is influenced by the organizational environment; they self-produce daily, but simultaneously seek to maintain their autonomy.

With regard to work in health institutions, it is a fact that, inserted in a capitalist model, health has become a commodity and from this moment on it has been consumed as a product. The link with the view of comprehensiveness and anthropology was gradually lost, both for patients and professionals. It is fundamental, therefore, to broaden the understanding of the work process as something complex, understanding it as a social practice that suffers interference from the intense transformations of society so as to intervene in the quality of the services provided. For this, it is important to turn to an ethical gaze, envisaging the elucidation of the relational character of the health work process.<sup>3</sup>

Health work is embedded in a complex social fabric and, as it has the care of persons (patients or professionals) as object, is dressed with a relational character with an intimate approach to the ethical issue. Nursing, as a health profession, establishes relationships in the production of services because it is a social practice. Having that said, we conclude that the work of health professionals is a living work; it has a relational, dialogical, inter-subjective character, moving away from the biomedical hegemonic characteristic of Cartesianism.<sup>3</sup>

Because it is a multifaceted process with multiprofessional characteristics in which the interpersonal relationships are paramount, personnel management is fundamental for the success in the diverse actions integrating health care. In this perspective, the interpersonal relationships built up are essential for the success of the institution.<sup>3</sup>

Interpersonal relationships undoubtedly permeate the care actions in a complex way and sustain the interfaces with nursing care management in the perspective of complexity, as well as strengthen the perception that teamwork is the background for all this social web, a powerful tool to ensure the integrality of nursing care, contributing to an articulated, dialogic and participatory practice.

All these statements have SS as a transversal constituent and, therefore, the paradigmatic question also permeates the universe of SS, which is completely opposite to the linear approach. Although SS classes are presented in the literature separately, in practice they are complexly articulated. This was observed in a randomized controlled trial in Germany conducted with healthy people where the training of two subclasses of the SS “Law and Citizenship” led to a specific improvement. However, when reapplying the assessment instrument, it was verified that this improvement did not occur in the class as a whole.<sup>11</sup> This reaffirms the fact that SS is interdependent in the social daily life of individuals and, as stated in the hologramatic principle of complexity<sup>9</sup>, it is necessary to consider them not only individually but also in an intertwined manner.

Considering that mobilizing skills presupposes that work in organizations occurs in a dynamic way, it is important to continuously search for ways to develop them, since more and more professionals with advanced knowledge coupled with behavioral qualities in solving everyday problems are sought.<sup>3</sup>

In convergence, the world of work has placed a gradually increasing value on professionals who are competent in terms of interpersonal relations and able to respect the differences of each member of the team. Thus, in an organization that relies on teamwork, interactions become key pieces to reach goals. Then, inserted in this reality, nurses need a competent interpersonal practice, with a complex vision, supported in socially skillful behaviors from the social point of view, which is an effective resource in the management of conflicts.

## CONCLUSIONS

There are multiple connections between the various dimensions of care management and social skills, and thus building them under the umbrella of complex thinking is important in the caregiving context of today's world. From such affirmations, we pointed out that teamwork is a strategy for a nursing action that is congruent with the premises of complex thinking. And it is a fact that social skills intertwine with this theme as maintainers of a network of relationships that acts as a guiding line towards overcoming the reductionist paradigm.

However, we recognized that the text presents limitations because it is a theoretical approach and need to be deepened with field research. Despite of it, the study allows us to affirm that the different dimensions of care management require from health professionals, and particularly from nurses, social skills for their concretion, because they are built upon spaces of interpersonal relationships with diverse social demands.

Far from clearing up the discussions, it is possible to see that the reflections presented herein contribute to broaden the theoretical framework on the managerial practice of nurses and instigate a rupture with the mechanistic paradigm, already anachronistic in the face of the demands of a globalized world. To this end, interpersonal relationships, built upon competences based on socially skillful behavior, represent an important driving force.

## REFERENCES

1. Del Prette A, Del Prette ZAP. *Psicologia das habilidades sociais: diversidade teórica e suas implicações*. 3ª ed. Petrópolis: Vozes; 2013.
2. Salviano MEM, Nascimento PDFS, Paula MA, Vieira CS, Frison SS, Maia MA, et al. Epistemology of nursing care: a reflection on its foundations. *Rev Bras Enferm*. 2016[cited 2017 May 07];69(6):1172-7. Available from: [http://www.scielo.br/pdf/reben/v69n6/en\\_0034-7167-reben-69-06-1240.pdf](http://www.scielo.br/pdf/reben/v69n6/en_0034-7167-reben-69-06-1240.pdf)
3. Senna MH, Drago LV, Kirchner AR, Santos JLG, Erdmann AL, Andrade SRD. Meanings of care management built throughout nurses' professional education. *Rev RENE*. 2014[cited 2017 May 17];15(2):196-5. Available from: [http://www.revistarene.ufc.br/revista/index.php/revista/article/view/1463/pdf\\_1](http://www.revistarene.ufc.br/revista/index.php/revista/article/view/1463/pdf_1)
4. Rodrigues BG, Lima CDA, Cardoso NR, Rocha PT, Oliveira e Silva CS, Gonçalves RPS. Gerenciamento da Assistência de enfermagem: estudo de caso na clínica médica de um hospital universitário. *Rev Eletrônica Gestão Saúde*. 2014[cited 2017 Jan 15];5(1):253-62. Available from: <http://gestaoesaude.unb.br/index.php/gestaoesaude/article/view/715/pdf>
5. Souza GC, Peduzzi M, Silva JAM, Carvalho BG. Teamwork in nursing: restricted to nursing professionals or an interprofessional collaboration. *Rev Esc Enferm USP*. 2016[cited 2017 Aug 15];50(4):640-7. Available from: <http://www.scielo.br/pdf/reeusp/v50n4/0080-6234-reeusp-50-04-0642.pdf>
6. Santos PR, Silva SV, Rigo DFH, Oliveira JLC, Tonini NS, Nicola AL. Ensino do gerenciamento e suas implicações à formação do enfermeiro: perspectivas de docentes. *Ciênc Cuid Saúde*. 2017[cited 2017 Aug 25];16(1):1-8. Available from: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/33381/19004>
7. Petersen CB, Lima RAG, Boemer MR, Rocha SMM. Health needs and nursing care. *Rev Bras Enferm*. 2016[cited 2017 Feb 12];69(6):1168-71. Available from: <http://www.scielo.br/pdf/reben/v69n6/0034-7167-reben-69-06-1236.pdf>
8. Morin E. *Introdução ao pensamento complexo*. 5ª ed. Porto Alegre (RS): Sulina; 2015.
9. Moraes MC. Novos desafios éticos em um mundo complexo, plural e digital. *Tecnol Soc Conhecimento*. 2013[cited 2017 Feb 12];1(1):165-87. Available from: <http://www.nied.unicamp.br/ojs/index.php/tsc/article/view/116/104>
10. Kaspary MC, Seminotti NA. Os processos grupais e a gestão de equipes no trabalho contemporâneo: compreensões a partir do pensamento complexo. *RAM Rev Adm Mackenzie*. 2012[cited 2017 Mar 25];13(2):15-43. Available from: <http://www.scielo.br/pdf/ram/v13n2/02.pdf>
11. Probst T, Geib C, Güroff E, Mühlberger A. Training the social skill "being able to demand" vs. training the social skill "being able to say no": A randomized controlled trial with healthy individuals. *J Behav Ther Exp Psychiat*. 2017[cited 2017 May 12];57(1):1-5. Available from: <http://www.sciencedirect.com/science/article/pii/S0005791616302476>