

Aline Loiola Moura Bianconi¹ orcid.org/0000-0002-1470-2164

Sonia Silva Marcon²

Tatiana da Silva Melo Malaquias³

Maria do Carmo Fernandez Lourenço Haddad⁴

¹Nurse. PhD in Nursing. Graduate Program in Nursing, State University of Londrina, Londrina, Brazil.

²Nurse. Doctor in Philosophy. Department of Nursing, State University of Maringá, Maringá, Brazil.

³Nurse. PhD in Nursing. Department of Nursing, State University of the Midwest, Guarapuava, Brazil.

⁴Nurse. PhD in Nursing. Department of Nursing, State University of Londrina, Londrina, Brazil.

Social skills of primary care nurses and the communicative action of Jürgen Habermas

Abstract

Objective

Promote a reflection on social skills in the work of primary care nurses from the perspective of Habermas' communicative action.

Method

This is a reflection article that proposes a discussion about social skills in the work of primary care nurses, based on Habermas' theory of communicative action.

Development

Social skills refer to the behaviors in the individual's repertoire to deal with the demands and social situations that occur in everyday life. In the work process, the nurse, being the team manager, must develop their potential to expand the skills relevant to the management of care, especially in terms of effective communication.

Conclusion

The research concluded that the theory of communicative action of Jurgen Habermas contributes to the managerial practice of nurses and supports a positive social performance since, by submitting their attitudes to a communicative action, nurses will be in search of greater interaction with their team, patients, family and other professionals who constitute the care networks.

Keywords:

Primary Care; Communication; Nursing; Philosophy in Nursing; Interpersonal Relations.

Corresponding author: Tatiana da Silva Melo Malaquias **E-mail:** tatieangel@yahoo.com.br

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Introduction

Primary Health Care (PHC) is the set of individual, family, and collective health actions that include promotion, prevention, protection, diagnosis, treatment, rehabilitation, harm reduction, palliative care, and health surveillance, conducted through integrated care practices and qualified management, developed by a multidisciplinary team for the population in a defined territory, over which the teams assume health responsibility.^{1,2}

The PHC actions are based on four pillars: first contact care, continuity of care, comprehensive care, and coordination of care. It is necessary to carry out management compatible with the needs of the population to achieve these objectives, following the principles and guidelines of the Unified Health System (SUS), and have trained professionals to lead the teams.^{1,2}

In this perspective, nurses represent the principal actor in health actions, as they have assumed leadership positions in current scenarios that can define the quality of care provided. The work of nurses in Brazilian PHC has been configured as a tool for changes in health care practices in the SUS, providing a new care model that is not centered on biologicism but on the integrality of care, intervention against risk factors, disease prevention, and promotion of health and quality of life.^{1,2}

Authors affirm that the work of nurses in PHC is based on two dimensions: a) production of care and management of the therapeutic process, and b) management activities of the health service and the nursing team. Thus, the nurse, as manager of the nursing team, in addition to articulating the activities of several other professionals in the health team, must develop the potential to expand the skills relevant to the management of the work process, especially in effective communication, interpersonal relationships, and development of a positive climate for the exercise of leadership.³

Thus, in this scenario, the nurse's performance involves several dimensions of clinical practice, such as care, assistance, teaching, research, and management, incorporating health promotion and disease prevention actions. It is necessary to be a professional who constantly seeks to develop their social and interpersonal skills to achieve the objectives of this type of care.³

Social skills (SS) encompass classes of behaviors valued in a given culture, with a high probability of positive results for the individual, his group, and community that can contribute to socially competent performance in interpersonal tasks. Such skills are divided into selfmonitoring, communication, civility, coping: rights and citizenship, empathy, SS of work and SS of expression of positive feeling.^{4, 5}

This repertoire of behaviors can be born with the person, be acquired throughout their life, through training programs, or by experience. In this way, it is possible that a socially incompetent person can competently perform a particular task.⁶

Considering that interpersonal relationships and SS need vigorous and non-reductionist treatment, and considering

the nurse's work process, recognized as a social practice that promotes the construction of complex group relationships, this study will use Habermas' theory of communicative action for the development of this reflection.^{7, 8}

Thus, the objective is to promote reflection on social skills in the work of primary care nurses from the perspective of Habermas' communicative action. Such review is significant since it will contribute to the (re)construction of efficient communicative practices and, thus, can make this space of action more effective in caring for people, families, and communities.

Method

This is a reflection article that proposes a discussion about social skills in the work of primary care nurses, based on Habermas' theory of communicative action,⁸ considering that the work of nurses is recognized as a social practice that promotes the construction of group relationships of a complex and non-reductionist nature.

Development

Jürgen Habermas' Theory of Communication Action

Jürgen Habermas, a German philosopher and sociologist born in 1929, is one of the most important philosophers and sociologists of the twentieth century and is considered one of the last representatives of the Frankfurt School of social theory and philosophy. His whole his work highlights three fundamental ideas: the first lies in the construction of a theory of communicative action; the second supports the existence of a public sphere in which citizens, free from political domination, could expose ideas and discuss them; the third idea defends that the natural sciences follow an objective logic.⁹

Habermas argues that societies are complex and deficient in social integration. Consequently, they constitute potential spaces of conflict, hinder studies on moral values, and harm the freedom of individuals. Considering the aforementioned, "human beings, in general, are often searching for their own interests, mirrored through calculations of advantages and arbitrary decisions. One acts on the other and not with the other, i.e., a rational action directed to merely strategic ends."¹⁰ (p177)

The theory of communicative action seeks a communicative concept of reason and a society in which the community actively participates in both individual and collective decisions, consciously and responsibly. This theory understands the individual as a participatory being who, before acting, evaluates the possible consequences, considering the rules, norms, values, and laws. Therefore, he should not act mechanically.¹⁰⁻¹¹

The present theory concerns two types of actions: instrumental action and communicative action. The societies that have places where instrumental action is prevalent are identified by the philosopher as a systemic world, and those in which the prevalence is of communicative action are named as lifeworld.¹²

The systemic world would be that in which instrumental and reparative rationality predominates. Therefore, the critique of instrumental reason is related to an expansion of the concept of rationality. Thus, Habermas develops the concept of communicative rationality, which is fundamental to the world of work or communicative reason, where the main objective is the search for one's own interests.⁹

The lifeworld would be the private sphere of family and friendships and the public sphere is where the subjects can understand the other spheres of the social system through the communicative process and communicative action, which in turn brings better decisions for individuals. The world of communicative action is the lived world or the lifeworld.¹⁰

Chart 1 represents aspects that underlie the mutual understanding and the interface between the lifeworld and acting based on norms, i.e., the systemic world.¹³

Chart 1 - Theoretical pillars of the Theory of Communicative Action, Londrina/PR, Brazil, 2021

	Guidelines for mutual understanding <i>versus</i> guidance for success
	Mutual understanding as a mechanism for coordinating actions
THEORETICAL PILLARS	Action situation and speech situation The background of the lifeworld
	Process of mutual understanding between the world and the lifeworld
	References to the world and validity claims World perspective

Source: Adapted from Habermas (1989)

Therefore, communication must be intelligible, considering the universe of the receiver when elaborating a speech since the main objective of communication is understanding. The emphasis given by Habermas is the paradigm that dialogical reason is the result of the process of intersubjective learning because the subjects, historically situated, through speech, establish an interpersonal relationship in which one can try to understand that the contemporary world is governed by communicative reason.¹³

Interfaces between social skills in the performance of nurses in primary care and communicative action

The activities of nurses in PHC promote actions between the health system and people through the production of care, the management of the nursing team, and management staff. "Care management is related to the private activities of the nurse concerning planning, executing, coordinating, supervising and evaluating nursing care, considering the ethical-legal point of view". $^{14(p1)}$

Nurses, in daily practice, by exercising a leadership position, need to provide their team with moments of integration that favor the thinking, reflection, feeling, and action of all those involved in activities related to patient care and community. Given this, this professional must be skilled in communication and relationship processes, as they are inherent to their managerial performance. To this end, he must have an accurate repertoire of social skills.¹⁵

In this scenario, the nurses' daily practice permeates the mechanistic and reductionist aspects. Therefore, an appropriate communication process is essential, considering the diversity of actions under their responsibility, besides articulating the activities between their team and other professionals, health sectors, and care networks as a whole, with the common intention of serving the community. Thus, it is necessary to implement effective communication in the daily work of nursing, especially by nurses as leaders of this team.^{15,16}

According to Habermas, it is essential to provoke constant and renewing learning "since consensus exists until the moment of dissent," when something or situations can be renegotiated. He explains that "consensus does not occur when the lifeworld is very different" because, in situations where cultures are quite different, there may not be the motivation of one or both parties to investigate, to search for understanding through communication. Therefore, communication is not restricted to what is said or written since it turns into action, and this is how individuals interact with each other "in an argumentative back and forth". 15,16 The ideas mentioned above permeate the universe of SS since skill classes encompass behaviors related to the individual's repertoire for a positive performance in society. Therefore, SS are interdependent in the social daily life of man, and communication is a skill that passes between all others and is strictly intertwined with communicative action. When an action requires the mutual understanding and cooperation of peers for a common goal, there must be an understanding of the individual contexts and positioning of the recipient in front of the speech act.¹⁶

Through language, nurses can reduce weaknesses and enhance common strengths in the relationships between the health team members. The understanding of the relevance and the capacity of communicative action make the individualities, which form the heterogeneity of the team and the particularities of their entities, stop being pieces that harm communication and become contributions of the consensus built by the participation of all.¹⁷

It is fundamental to have self-monitoring as a principle to put into practice the behavior repertoire of the SS and obtain a positive social performance for the individual to be considered socially skilled and, for this, self-knowledge is indispensable. Thus, according to Habermas, it is essential to believe that people who behave irrationally are mistaken in their self-knowledge, and people who manage to have a reflective attitude about their subjectivity, through selfreflection, can achieve their dreams and goals through their own experience.¹⁶⁻¹⁸ However, it is essential to transcend the communicative process characteristic of the lifeworld to enter the process of reflective and critical rationality. In the managerial language of the universe of attributions of socially skilled nurses, it is crucial to use reflective rationality for an ideal scenario reading and solution of critical issues in the care process. It is necessary, through the argumentative procedure, that the group seeks consensus based on principles that seek to ensure its validity. Thus, truth does not come from isolated reflection but is exercised through dialogue guided by rules established by the group members in an ideal dialogical situation. The excellent speech situation consists in avoiding coercion and providing conditions for all participants in the speech to exercise speech acts. For Habermas, the criterion of truth does not consist in the correspondence of the statement with the facts but in the discursive consensus. 16-18

Some weaknesses found in the communication process can affect the communicative action of nurses and their team, such as inadequate data records, extremely fast information dissemination speed (fake or not), generating complications of various proportions and making it difficult to control the communicative process.¹⁹

Thus, it is necessary for nurses, as team managers, to ascertain whether strategic action is only guiding their actions, so as not to face a lack of understanding. Thus, to subsidize their actions, they must search for elements of the social sciences and become aware of the importance of communication in the process of care and management, so that it can transform nurse-client, nurse-team and teamclient relationships. When nurses act according to their social skills and based on communicative action, they can provide understanding and great social transformations.^{15, 18} Effective communication is essential for teamwork. It is necessary to establish effective communication between all those involved, that is, managers, workers, patients, and families to provide quality and more humane health care.¹⁷

Thus, it is essential to focus more on the communicative action of the nurse's work process to allow a better performance and interpersonal relationship, with the autonomy of its agents and mutual construction of usual goals among the health team as a whole. In this way, the members of the process recognize themselves as actors of a social world amid cultural divergences, knowledge, and subjectivities to provide an effective relationship.¹⁷

Finally, the study emphasizes that, in the Habermasian theory, a communicative action is an act that aims at mutual understanding through help between those involved, corresponding to an effective strategy for other actions, and it develops from an annular process in which the actor is the initiator and product of the process.²⁰

Conclusion

Jurgen Habermas' Theory of Communicative Action contributes to the nurse's managerial practice and supports a positive social performance since, by submitting their attitudes to a communicative action, the nurse will be in search of closer interaction with their team, patients/clients, family and other professionals who constitute the care networks. Health professionals, in general, need to be committed to developing their social and communication skills in order to promote more humanization and reduce mechanistic acts.

Whereas Habermas suggests that interaction is indispensable for social organization, everyone must understand that the objective will always be the search for consensus without duress. Nurses' actions with their team aim to promote the health and well-being of all, including internal and external clients. Communicative action should be a concern of all professionals.

Furthermore, the conceptions about communicative action, in the habermasian view, can be implemented by managers and nursing staff in their daily work, as they stimulate the involvement of all, considering the particularities of each one to build the whole, overcoming adversity and maximizing the capabilities.

Finally, this reflection contributed so that nursing, especially nurses who act as health service managers, can be instigated to seek means capable of transforming strategic and instrumental actions into a communicative action.

A limitation of the study was that few studies use Habermas' philosophy of communicative action for a better basis of effective communication in nursing. The article identified the need for new studies that address this theme in greater depth, which is one of the basic pillars of nursing care.

Authors' contributions

ALMB: Conceção e desenho do estudo; Recolha de dados; Análise e interpretação dos dados; Redação do manuscrito; Revisão crítica do manuscrito.

SSM: Conceção e desenho do estudo; Análise e interpretação dos dados; Redação do manuscrito; Revisão crítica do manuscrito.

TSMM: Conceção e desenho do estudo; Análise e interpretação dos dados; Redação do manuscrito; Revisão crítica do manuscrito.

MCFLH: Conceção e desenho do estudo; Recolha de dados; Análise e interpretação dos dados; Redação do manuscrito; Revisão crítica do manuscrito.

Conflicts of interests

No conflict of interest declared by the authors.

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