



Nurses' perceptions about social skills in care management from the perspective of complexity*

Percepções de enfermeiros acerca das habilidades sociais na gerência do cuidado sob a perspectiva da complexidade

Percepciones de enfermeros acerca de las habilidades sociales en la gestión del cuidado bajo la perspectiva de la complejidad

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ABSTRACT

Objective: To analyze nurses' perceptions about the social skills used in care management in a hospital. **Method:** A qualitative, comprehensive study conducted in a public university hospital in the South of Brazil with intentionally selected statutory nurses who were submitted to a semi-structured interview, with the data subsequently treated by a comprehensive analysis. **Results:** Eleven nurses participated in the study. Three empirical categories were identified: Main social skills in care management: specificities and interlaces; Factors involved in using social skills; and Benefits of social skills in nursing care management. **Conclusion:** Participants' perception of social skills in their managerial practice provides information for the institution to empower the positive actors in this process, and also to mold the organizational culture through educational processes that improve negative actors and contribute to appreciating interpersonal relationships in the nurses' daily routines.

DESCRIPTORS

Social Skills; Nursing Service, Hospital; Nursing, Supervisory; Leadership; Interpersonal Relations.

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INTRODUCTION

The demands of the working world that impact the health area have been changing over time, and today individuals who can combine interpersonal relationship skills together with the technical and scientific aspects involved in the positions they occupy is becoming more and more valued. In this new millennium, it is a fact that occupations demand high levels of results from cognitive processes and also require workers to have a vast repertoire of social skills⁽¹⁾.

In this scenario, nurses must align care management to care practices in their daily routines. In addition to this, due to the fact that it exerts a leadership position, they need to utilize moments to integrate thinking, feeling and acting for all those involved in care activities⁽²⁾. Given this fact, it is essential that these professionals are skilled in relational processes that permeate their managerial performance, and they must possess a sharp repertoire of social skills to do so.

The social skills (SS) are defined as social behavior classes which the individual presents in order to adequately act in the interpersonal relationships. These SS classes are: self-monitoring, communication, civility, assertiveness, empathy, work, and expressing positive feeling. However, even though there is such didactic separation, they permeate encounters between people⁽³⁾, since they correspond to combinations between the formal and functional characteristics of certain individuals' social responses. Thus, SS have been the object of research precisely because of this relevance to strengthening the competences and the relational health of the human being, and for enabling the accomplishment of interventions for its improvement⁽⁴⁾.

It is perceived that SS are essential to nurses' interpersonal competence as a central obelisk of care management, since they are important allies in constructing interactions between individuals and to create social support networks⁽⁵⁾.

That said, from the theoretical-philosophical point of view it is necessary that the intersections between SS and care management require the support of a paradigm that transposes the reductionist view still found in health and nursing work. This is because the interpersonal relationships and the SS involved in them for the management practiced by nurses are a multifaceted, hologramatic, non-linear process, and in this way it is shown that to build them under the Cartesian aegis is anachronistic at the present time, for it requires a complex mode of understanding.

However, like in other managerial competencies it must be considered that interpersonal relationships and SS must be constantly developed through continuing education, since they occur in a dynamic and situational way⁽⁶⁾. Nevertheless, educational processes can be better defined from knowledge of perceptions and the deficit of its protagonists regarding the theme to be approached.

Starting from such a statement and also from the complexity of the relationships that permeate the daily routines of hospital nurses who manage care, it has emerged an uneasiness which culminated in the following question: how do hospital nurses perceive SS in their managerial practices? In order to elucidate this question, the aim of this study was to analyze nurses' perceptions about the social skills used in care management in a hospital.

METHOD

STUDY DESIGN

This is a qualitative, comprehensive study.

SCENARIO

This study was conducted in a public university hospital in the South of Brazil from January to July 2017, the first three months of which were dedicated to data collection. Eleven nurses were intentionally selected, including those who worked during the daytime (morning or afternoon) in different sectors: Male Unit, Female Unit, Infectious Diseases Unit, Intensive Care Unit I, Intensive Care Unit II, Maternity ward, Burn Treatment Center, Surgical Center, Ambulatory/Chemotherapy, Hemocenter and Hemodialysis.

DATA COLLECTION

The number of interviewees was determined by saturation sampling, so that there were no new elements in their statements from the eighth interview. However, these interviews (after the 8th) were conducted since they had already been scheduled with the nurses.

The selection of the professionals working in the day shift was due to the fact that the concentration of administrative activities to be performed by the nurse is greater during the day in this particular institution's work process. As a result, even though these nurses had the same hierarchical position on the organizational chart, they were more recognized as leaders in their respective sectors as they often had to make impactful decisions that impacted the other periods. Other inclusion criteria were: to be a nurse for at least 1 year in the previously selected sectors and to have a statutory (legal) relationship with the hospital.

Those who were on leave, those who did not confirm their participation after three contacts or those who were on leave for any reason during the data collection period were excluded. Each nurse was submitted to a single semi-structured interview, with a minimum duration of 15 and maximum of 30 minutes.

The invitation to participate was made personally by the researcher, by approaching the nurses in their work environment. On this occasion, an appointment was made with the nurse for the interview, which took place at the workplace premises itself in a private setting. When the nurse gave their acceptance to the interview request and was available, the interview was then held on this occasion.

Before the beginning of the interview, the nurse was clarified about the objectives of the study and also about the SS classes through a brief explanation using their own didactic material. A guiding tool was used consisting of an initial part of the participant's characterization and an open question: considering the previously given explanation, how do you perceive the social skills in nursing care management?

DATA ANALYSIS AND TREATMENT

After transcribing the interviews to unveil the phenomenon, a comprehensive analysis was implemented in which its core is the social categorization triggered from a narration that allows the individual to organize the meaning of the social

world, as well as their insertion in it; this process enables a methodical appropriation and interpretation by the researcher, producing categories and propositions that are not limited to what the subjects/participants have stated⁽⁷⁾. There was initial immersion into the raw data with several readings of the interviews, followed by textual corpus cutouts that could be useful to achieve the objective. The next step was to assign meaning of each section, which is a process that allows for inferences and interpretations and grouping the meanings into categories, which are exemplified in excerpts from the statements, and coded between N1 and N11 (nurse 1 to nurse 11) in order to maintain the anonymity of the participants.

ETHICAL ASPECTS

In order to be able to carry out this study, the ethical aspects followed Resolution No. 466/2012 of the National Health Council⁽⁸⁾, which establishes guidelines and ethical standards for research involving human subjects, with the approval of the research ethics committee involving human beings of the institution under the number of opinion 822.341/2014 and CAAE 36415314.8.0000.5231. Participants signed the clear and Informed Consent Form before beginning their participation.

RESULTS

All 11 interviewees were female with a mean age of 41.3 years, nursing time between 11 and 25 years (mean of 17.2 years), and ranging from 1 to 10 years (mean of 4.3 years) in the current sector.

Comprehensive analysis enabled identifying three empirical categories, described in the following sequence.

CATEGORY 1: MAIN SOCIAL SKILLS IN CARE MANAGEMENT: SPECIFICITIES AND INTERLACINGS

Although nurses mentioned that all SS were necessary in order to manage care correctly, the following were listed as the most important ones: communication, assertiveness, empathy and decision-making.

Communication was the most mentioned in the interviews, as exemplified below:

Communication is extremely important for us nurses, because everything revolves around it (...) Faulty communication, which leaves something lacking, does not obtain the expected result (N1).

Inserted in the SS communication class is feedback, a point highlighted by the participants:

When I see something being very well done or that was taught, that I see is being done correctly, I say so at the time that I see it, I give positive feedback to the team. This is very gratifying because I realize that the team has this need. When they give me feedback, I realize that they feel important (N2).

(...) even ourselves, as managers, need feedback so you know what needs improvement (E4).

Nurses were aware of assertiveness being an essential SS to care management:

Being assertive is critical! But there are times when we get nervous and end up saying something that was not meant to be said

(...) after you reflect, you think you should have left it to speak about later. I think you'll learn this, and next time you think: I'm going to breathe, I'll wait a little and then I'll say it (N6).

The statements on empathy were also repeated in the speeches, as evidenced in the subsequent quotes:

(...) even if you are in a leadership position, if you do not have empathy, you don't put yourself in the other's situation, you don't know how to listen a little more, then all communication is compromised (N7).

Care is inherent in the ability to put oneself in another's place. So, in order to manage care, it is fundamental to understand the limitation of others, in their eyes, regardless of being the boss or not (N9).

Decision-making emerged as the last SS considered essential by the interviewees:

The employee expects us to make a decision, just as the patient, their family, the doctor also expects the nurse to make a decision. Nothing is managed without making a decision (N1).

It is noteworthy that at the periphery of the statements there is the perception of nurses about the complementarity between SS in day-to-day care management, as highlighted in these quotes:

I believe that it is necessary to develop all these skills together, one complementing the other (N5).

The connection between interpersonal relationships and care management is very difficult. It takes a lot of time to learn to do this, mainly because everything happens in a way that is interlinked in everyday life, one SS depends on the other (N10).

This perception is solidified through subsequent statements, in which the interviewee clarifies the connection between conflict management, self-monitoring and assertiveness in their statement:

In a situation of conflict, I avoid discussing the issue during the day. Maybe in the day I can point out something immediately, because it has to put an end to the event, but I leave it for discussion after we calm down. I know myself, I am emotional (...) So if it is in the heat of the moment, I know that maybe I wouldn't decide things very coherently. In knowing this side of me that I can 'explode out of nowhere', I try to avoid immediate conflicts (N9).

CATEGORY 2: INTERVENING FACTORS IN THE USE OF SOCIAL SKILLS

This category is divided in two subcategories: a) Positive interferences (flexibility, personalization in using SS and professional experience); and b) Negative interferences (bureaucracy required by the institution, stability of the public servant and inadequate amount of nursing staff).

SUBCATEGORY A: POSITIVE INTERFERENCES

The first highlight provided by nurses as positive interference was the flexibility faced by interpersonal demands:

It's necessary to be very malleable, you can't be very much like: 'it's 8 or 80'. You always need to have tact to deal with employees. Being flexible contributes to the success of relationships with people during management (N3).

Next, they discussed the need for personalization in using SS, meaning that different types of behavior are required for each person or situation during care management:

(...) there are things that we sometimes need to be a bit harsher about, some not. It's necessary to be assertive, to realize the moment you have to pull a little more or less (...) I think this is already part of leadership, of management and not letting the team get into conflict, because each person has their way, so you have to deal with it (N6).

There are people with different qualities and profiles, who already bring a history, an experience, then we have these obstacles, you have to make certain personalizations when using these skills in management (N8).

They also spoke positively about professional experience:

In order to deal with managerial relationship issues, we are learning on a daily basis, because, in truth, we are not prepared to relate (...) Professional experience has developed me (...) because you will learn to face some things in life (N4).

We graduate at about 22 years old and don't have that ability to talk to people and often employees/colleagues are much older. We take a leadership position and do not always know how to approach, or what to ask or talk about, how to behave. So there are many things that graduation does not teach, it is the experience (N7).

SUBCATEGORY B: NEGATIVE INTERFERENCES

From the perspective of the participants, the three factors that negatively interfere in daily social routines since they impact their social skills are: a) institutional bureaucracy; b) stability of the public servant; and c) inadequate amount of nursing staff. The excerpts from the interviews shown below enable illustrating each of these topics, respectively:

(...) I do everything: shifts, see different contracts and see a thousand things! Then, sometimes, the relationship with the team is left a bit aside in some moments in order to handle doing everything; I am overwhelmed and care is faulty (N6).

In a public hospital, one of the things I find difficult is the resistance of people to work processes that need to be changed. There is complacency of what is done by virtue of stability (N9).

This is a public hospital, meaning they have civil servants with stability, who, depending on how you act, you will not be able to take measures to get rid of them. So, you'll have to always try to keep it close and for that you need to develop all those skills (N5).

Inadequate staffing completely interferes with relationships. It's a stress point. I depend on them (employees) to work overtime to keep the shifts close to adequate, and if they do too much overtime, they get very worn out (N11).

CATEGORY 3: BENEFITS OF SOCIAL SKILLS FOR NURSING CARE MANAGEMENT

As the first item benefited from adequate use of SS, the interviewees cited improvement in the work process and consequent improvement in the care quality, as shown in this statement:

When a person is happy or works in a pleasant environment, which they know they can negotiate, it positively impacts the care provided there. This is much better than an employee who works unhappy, who works grumpily, who does not have a good relationship with the boss, nor with colleagues (N11).

They also affirmed that appropriate SS help in forming bonds with the team, favoring change processes, as observed in this statement:

I believe that if we do not have these social skills, we can't get close to an employee, nor create a connection with them, to make them see the importance of changing a certain routine so that an improvement for the patient takes place (N5).

In another statement from the interviews, participative management can be perceived as a benefit of SS:

The first thing for a good relationship is the direct participation of the team in making the decision and building the process. Because when you build a thing together, you're part of the project, so you want it to work. It is co-responsibility. I have this characteristic of avoiding imposition, to order (N9).

DISCUSSION

Communication is an essential SS for monitoring one's own performances and those of the people with whom one works with, since it aims at healthy and satisfactory relations, enabling correction, maintenance and improvement in the process-product relationship⁽³⁾.

As was mentioned by the participants, a study on interpersonal relationship and leadership in the health team evidenced communication as a key point in the work process, contributing to reducing care fragmentation⁽⁹⁾.

When nurses emphasize feedback as being essential, they allow us to infer close association with the dictates of complex thinking, since complexity has bases anchored in the general systems theory⁽¹⁰⁾. In such theory, as well as in interpersonal relationships, feedback is the information feedback mechanism necessary to rebalance a system or the functioning of the parts that affect it.

Participants are aware that communication is only affective and effective if it occurs assertively, and when considering being assertive, a study carried out with caregivers of psychiatric patients found (among other results) that the lower the assertiveness scores, the greater the overload felt by these workers in the care process⁽¹¹⁾.

Although the population of the abovementioned study is different from this study, in both cases there is the involvement of one individual taking care of another; therefore, it is conjectured that (also in nursing), and especially in care management, assertiveness is a SS that supports the appropriate care, being consistent with the perception of the respondents.

As stated by the respondents, assertiveness corresponds to one of the most important SS classes, since when it is performed efficiently it contributes greatly to an individual being able to solve innumerable aversive situations in the most different social interactions⁽¹²⁾.

In addition, it is evident that there is a need to overcome visions that are limited to simply technical skills in the labor universe, and to value social skills which provide teamwork, a fruitful public speaking and empathetic and assertive communicational processes⁽¹³⁾.

As far as empathy is concerned, this is the ability to understand and feel what one thinks and feels in a situation of affective demand, adequately communicating such understanding and feeling. As stated by the nurses, and reaffirming that SS have interlacings in the effectiveness of relationships, empathy has a high dependence on communication, being fundamental for the correct understanding of the sent and/or received message^(3,14).

Allied to these SS, the participants emphasized decision-making. It is believed that such perception comes from the fact that the nurse occupies a leadership position in nursing care management. This presupposes frequent decision-making processes, which require skillful social behavior, since it refers to the ability to evaluate, systematize and decide the most appropriate behavior based on scientific evidence⁽¹⁵⁾.

When the nurses point out that SS are complementary, they are not mentioning an alienated issue, but rather reinforcing other scientific findings. As an example, a randomized controlled German study conducted with healthy people revealed that, when training two subclasses of SS, "Law and Citizenship", there was a specific improvement in them; however, when reapplying the evaluative instrument, it was verified that this improvement did not occur in the class as a whole⁽¹⁶⁾.

This reaffirms the fact that SS is interdependent in the daily social lives of the individual, and in this way promoted by the hologramatic principle of the complexity that the part is in the whole as the whole is in the part⁽¹⁰⁾, and therefore it is necessary to not only consider them individually, but also as interlaced, since individually (the parts) influence the fluidity of relationships (whole), just as relationships (whole) exert an influence on the way of practicing each SS (parts).

All these mottos described in the interviews are sharpened by advancing years in the professional lives of nurses. Undoubtedly, as the years go by there is a tendency to improve the understanding of interpersonal relationships and to customize attitudes according to their respective social demands. This is because previous experience of knowledge, skills and attitudes act as a basis of competencies to promote responses in unforeseen and adverse situations⁽²⁾. Thus, everyday social interactions throughout life provide a natural learning process for SS and improvement in social competence.

Learning SS and consequently developing social competence occur naturally throughout the lives of individuals through daily social interactions⁽¹⁷⁾. However, although humans are born with biological equipment of great potential, they need to constantly learn new abilities throughout their lives, since the environment where they are inserted is also in constant transformation, and much of this environment is social⁽³⁾. Therefore, there is a need for combining experience with specific knowledge to improve the relational

web of nursing care management⁽¹⁸⁾, which is in line with the respondents' comments.

However, hospitals are living systems, and the relational point of view as well as the social performance of individuals interfere in the services offered to the clientele. Organizational culture and other institutional issues also influence the quality of relational practices. Regarding nursing care management, the points made by the interviewees regarding influences which hamper their SS revolve around the specificities of the study institution, confirming the system issue in this universe, meaning the individuals (parts) influence the hospital (whole), just as the hospital (whole) influences the relations of individuals (parts)⁽¹⁰⁾.

From the point of view of complexity, this is because providing care means welcoming the circularity and dynamicity of order-disorder-organization that continually (re)nourish human and professional relationships and interactions in the work environment⁽¹⁹⁾.

However, in addition to identifying the actors in SS, nurses also acknowledge that SS (when well used) promote benefits to their work process as leaders. In this context, when reflecting on leadership style and interpersonal relationship/social skills, it is mentioned that a study carried out in three hospitals in the state of Minas Gerais revealed that the nurses of these institutions recognize that the success of their activities is directly related to implementing management strategies that value team interaction and participation in decision-making processes. According to the participants in this study, leadership in healthy relationships is essential to the hospital work process⁽¹⁸⁾.

In addition, the nurse is the professional responsible for strengthening teamwork, dealing with conflicts and providing an environment of trust and satisfaction through healthy interpersonal links and dialogical processes between the social protagonists of care and the change processes⁽¹⁸⁾. This enables inferring that this professional must possess skillful social behavior in order to provide that their subordinates are partners in daily decisions.

Thus, the findings of the interviews are echoed in the fact that the scientific conception of administering based on fragmented processes complies with a mutual distancing between the nurse and their team⁽²⁰⁾. In this way, seeking new paradigms that overcome Cartesianism is essential to achieve success in the relational and nursing care process.

Following the reasoning discussed above, recursion is resumed, since when nurses' SS are productive they strengthen management, and this should not be considered to be impervious to care, since it exerts influence on the quality of care in a feedback process. All these issues together are also driving mechanisms for a more fluid work process, contributing to the quality of provided nursing care.

In times when the continuous search for changes that seek quality in health services is valued, it is important to consider that people with socially skillful behavior tend to occupy higher social levels and have a more developed reflexive capacity, which allows them to exert a more effective reasoning on institutional change processes⁽²¹⁾.

Far from resolving the discussions on this subject, it is pointed out that this research presents limitations, and although the attained findings can provide subsidies for social skills training programs, it is recommended to deepen the research in other realities and through applying validated and specific psychological instruments for evaluating participants' repertoires, thus providing more objective, complementary and appropriate indicators for future interventions.

CONCLUSION

The results reinforce that nursing care management is a relational, non-linear practice that requires nurses to have a well-developed repertoire of social skills and reaffirm that managerial and caring activities, properly speaking, cannot

be practiced separately in the nurse's work process, since they act in a hologramatic and recursive way.

Identifying the factors that positively interfere in using nurses' social skills makes it possible to develop them as reinforcers for improving their social performance. Knowledge on what negatively interferes provides subsidies for training social skills and for the institution to mold its organizational culture in order to favor a management that aims at nursing care based on healthier interpersonal interactions.

Finally, it is envisioned that the considerations put forward herein may serve as a support for the theoretical SS framework and of care management, encouraging nurses to pursue complexity as a supportive paradigm in their relational and professional practice.

RESUMO

Objetivo: Analisar as percepções de enfermeiros sobre as habilidades sociais utilizadas na gerência do cuidado em um hospital. **Método:** Pesquisa qualitativa, compreensiva, realizada em um hospital universitário público do Sul do Brasil, com enfermeiros estatutários selecionados intencionalmente, os quais foram submetidos à entrevista semiestruturada, cujos dados foram tratados pela análise compreensiva. **Resultados:** Participaram do estudo 11 enfermeiros. Identificaram-se três categorias empíricas: Principais habilidades sociais na gerência do cuidado: especificidades e entrelaces; Fatores intervenientes no uso das habilidades sociais; e Benefícios das habilidades sociais à gerência do cuidado de enfermagem. **Conclusão:** A percepção dos participantes sobre as habilidades sociais em sua prática gerencial fornece informações à instituição para potencializar os intervenientes positivos neste processo e, ainda, para lapidar a cultura organizacional por meio de processos educativos que melhorem os intervenientes negativos e contribuam para a valorização das relações interpessoais no cotidiano laboral do enfermeiro.

DESCRITORES

Habilidades Sociais; Serviço Hospitalar de Enfermagem; Supervisão de Enfermagem; Liderança; Relações Interpessoais.

RESUMEN

Objetivo: Percepciones de enfermeros acerca de las habilidades sociales utilizadas en la gestión del cuidado en un hospital. **Método:** Investigación cualitativa, comprensiva, realizada en un hospital universitario público del Sur de Brasil, con enfermeros estatutarios seleccionados intencionalmente, quienes fueron sometidos a la entrevista semiestructurada, cuyos datos fueron tratados por análisis comprensivo. **Resultados:** Participaron en el estudio 11 enfermeros. Se identificaron tres categorías empíricas: Principales habilidades sociales en la gestión del cuidado: especificidades y entrelazamientos; Factores intervenientes en el uso de las habilidades; y Beneficios de las habilidades sociales para la gestión del cuidado de enfermería. **Conclusión:** La percepción de los participantes acerca de las habilidades sociales en su práctica de gestión proporciona informaciones al centro para potenciar a los intervenientes positivos en ese proceso y asimismo para esculpir la cultura organizativa mediante procesos educativos que mejoren los intervenientes negativos y contribuyan a la valorización de las relaciones interpersonales en el cotidiano laboral del enfermero.

DESCRIPTORES

Habilidades Sociales; Servicio de Enfermería en Hospital; Supervisión de Enfermería; Liderazgo; Relaciones Interpersonales.

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