

## DIALOGICAL RELATIONSHIPS AND SAFE PATIENT CARE: REFLECTIONS IN LIGHT OF BUBERIAN PHILOSOPHY

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**ABSTRACT:** Descriptive text of a retrospective nature, with the objective to discuss the importance of communication in providing patients with safe nursing care. The study was conducted in the last quarter of 2015. The work is composed of 13 articles selected by year of publication, from 2011 to 2015, in the EBSCOhost Research Databases and Latin American and Caribbean Literature in Health Sciences (LILACS) database, along with all the basic works of the philosopher Martin Buber. Safe and people-centric care is based on a dichotomous relationship-dialogue concept in nursing care, understanding human beings from a holistic perspective and in the belief that dialogue should be viewed as something more than a mechanism for communication, but one replete with significances.

**DESCRIPTORS:** Communication; Nurse-Patient Relations; Patient Safety; Nursing Philosophy.

### RELAÇÕES DIALÓGICAS E ASSISTÊNCIA SEGURA AO PACIENTE: REFLEXÃO À LUZ DA FILOSOFIA BUBERIANA

**RESUMO:** Texto descritivo caracterizado pela retrospectiva, com objetivo de discutir sobre a importância da comunicação no cuidado seguro de enfermagem prestado ao paciente. Pesquisa realizada no último trimestre de 2015. O trabalho é composto por 13 artigos selecionados pelo ano de publicação, entre 2011 e 2015, nas bases de dados EBSCOhost® *Research Databases* e Literatura Latino-Americana e do Caribe em Ciências da Saúde, somado às obras basilares do filósofo Martin Buber. Considerando o conceito dicotômico relação-diálogo no cuidado de enfermagem, entendendo o ser humano holisticamente, acreditando que o diálogo deve ser considerado como algo além de um mecanismo de comunicação, carregado de significantes, constata-se, assim, uma prestação de assistência segura e personalística.

**DESCRIPTORES:** Comunicação; Relações Enfermeiro-Paciente; Segurança do Paciente; Filosofia em Enfermagem.

### RELACIONES DIALÓGICAS Y ATENCIÓN SEGURA AL PACIENTE: REFLEXIÓN EN LA VISIÓN DE LA FILOSOFÍA BUBERIANA

**RESUMEN:** Texto descriptivo caracterizado por la retrospectiva, con el objetivo de debatir sobre la importancia de la comunicación en la atención segura de enfermería brindada al paciente. Investigación realizada en el último trimestre de 2015. El trabajo se compone a partir de 13 artículos seleccionados por año de publicación, entre 2011 y 2015, en las bases de datos EBSCOhost® *Research Databases* y Literatura Latinoamericana y del Caribe en Ciencias de la Salud, sumado a las obras fundamentales del filósofo Martin Buber. Considerando el concepto dicotómico relación-diálogo en la atención de enfermería, entendiendo al ser humano en forma holística, creyendo en que el diálogo debe considerarse como algo más allá de un mecanismo de comunicación cargado de significados, se constata, así una prestación de atención segura y personalizada.

**DESCRIPTORES:** Comunicación; Relaciones Enfermero-Paciente; Seguridad del Paciente; Filosofía en Enfermería.

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## ● INTRODUCTION

To understand the communication process, it must be viewed as a living, dynamic system, especially as an environment where individuals, extending beyond the confines of speech, assume roles that they build socially and culturally, with the ability to use information, entering into a narrative and social action<sup>(1)</sup>.

Communication failures account for a large percentage of patient transition and drug administration errors<sup>(2)</sup>. Thus, the communication process between members of the nursing staff must be given its due importance, since optimization will be achieved on the basis of different factors<sup>(3)</sup>.

Understanding safe nursing care as something beyond its technical and scientific characteristics, but encompassing ethical, philosophical, humanistic, compassionate and cultural precepts, demonstrates that communication in nursing is not a matter of active or qualified listening, but rather a should-be type, effective, genuine communication between the agents in question, manifesting a process of understanding the other and its consequences.

The significance of this communication for the development of safe nursing care prompted the following question: How can real and genuine understanding of the dialogue between nurse-nurse/nurse-patient help promote nursing care? In the search for answers, the philosophy of Martin Buber<sup>(4)</sup> – Austrian theologian, educational journalist and philosopher – confirms the importance of dialogical relationships, primarily in the health area<sup>(5)</sup>. It is striking how contemporary Buber's work is and the importance of his contribution to the context of human relations. He sagaciously establishes and develops in his works, especially in "I and Thou", meanings such as "dialogical, principle, encounter and interhuman"<sup>(4,6)</sup>.

The objective of this text is to discuss the importance of communication in providing patients with safe nursing care.

## ● METHOD

This is a descriptive text which is retrospective in nature, produced from reference literature to support the concept of the relevance of communication, based on the thematic framework used by Martin Buber<sup>(4)</sup>, applied to dialogical relationships in nursing care.

In the last quarter of 2015, a search was conducted using the keywords "communication", "nursing care", "nursing philosophy" and "dialogue". Thirty-five articles related to the theme were found and 13 were selected for the study. The inclusion criteria were the period of the publications, spanning the years from 2011 to 2015, and identification of the articles in the EBSCOhost Research Databases and Latin American and Caribbean Literature in Health Sciences (LILACS) database. In addition to the consulted references, two basic works were used for discussion of Buberian philosophy.

As the study unfolded, it was noted that the keyword "dialogue" could serve to develop reflections on the relevance of communication, through application of the dialogical element in nursing care, understanding that the reporting of a diagnosis or a discussion in the nurse-nurse and/or nurse-patient context is not an act of communication in isolation, but represents a world of significances that generate other meanings, emotions and conclusions.

The selected references were read in their entirety and the following two themes emerged: (1) dialogue from the perspective of Martin Buber; (2) dialogue in nursing care focused on patient safety. The final considerations, at the end of this text, presents a discussion on aspects gathered in the analytical-reflexive reading.

## ● DIALOGUE FROM THE PERSPECTIVE OF MARTIN BUBER

Nursing constantly seeks to renew its concepts to benefit individuals through care from a holistic point of view. Understanding human beings is always a complex challenge, since it involves multi-dimensional issues, where it is useful to appropriate the reflective resources proposed by philosophy, in order to develop critical and participative awareness, as well as humanized professional practices, from the knowledge acquired<sup>(5)</sup>.

Looking at the precepts of Martin Buber, it can be concluded that it is a relational-dialogical philosophy, i.e., these two central concepts can be detected in his works, understanding human relationships and words as dialogical factors. Thus, Buberian ideas are dichotomously entwined in the meaning of human existence and its range of manifestations, enabling a reflection of the reflection and to daze the experience lived with life itself<sup>(4,6)</sup>.

Splitting and considering this bifurcation, the fact that human relationships, in Buber's view, do not involve only part of a being, represents the possibility of ever new dialogical incidence, conferred gratuitously, so that it can be enjoyed and recognized through spontaneous encounters between individuals, where initial contact is an essential act of each one<sup>(4)</sup>.

In turn, the word is fundamental as a central concept. There is commotion when the "I-Thou" relation materializes, since it rejects any type of reservation and must be expressed in its fullness<sup>(4,6)</sup>.

Thus, considering lived experience as action and thought as the effect of reflection, the dialogical relationship contributes to the understanding of reality, as an existential category per excellence<sup>(4,7)</sup>. Dialogue, therefore, is understood as that which is represented globally, not only as an exclusively verbal form, for sending and receiving messages, but as a manner of talking and understanding.

## ● DIALOGUE IN NURSING CARE FOCUSED ON PATIENT SAFETY

All forms of communication should be taken into consideration for improvement of the health environment, both in the organizational system and the relationships within the nursing team, whether in the duet between pairs (nurses), in the records or in the dialogue with patients and those accompanying them<sup>(8)</sup>, since it is not possible to talk about health safety without referring to the quality of the interaction and communication among those responsible for the care.

Considering the fact that nursing records are a source of communication between nursing team members, and contribute to improved care quality and clinical reasoning, and especially serve as a legal support for patients and professionals, it is imperative that these records be complete and legible, with the date, time, signature and official registration number of the professional, in addition to information about all the care provided by the nursing staff<sup>(9)</sup>.

The aspects related to organizational communication involve institutional organization, which includes organization of the work, as well as infrastructure. Taking into account the team's behavior, these aspects can interfere in the progress and success of dialogue within the team<sup>(10-12)</sup>.

In patient care, it is clear that human interaction, relationships of interdependence, professional recognition, better understanding of each other, sharing of information through group meetings, when the issues apply to the entire team, and individual private conversations for situations experienced by team members are factors that help optimize the work of nursing teams<sup>(3)</sup>.

Added to this are the care and interventions with patients in intensive care units, where the sensitivity of the professional is essential for involving them in the process, since there is sufficient evidence to support the hypothesis that there is increased mental activity and emotional awareness in unconscious patients when they are stimulated, as well as a correlation between auditory stimulus and increased blood pressure, heart rate, respiratory rate, intracranial pressure and body and facial movement<sup>(13)</sup>.

Along this line of reasoning, Buber argues that this interhuman relation entails being available for social interaction, such that the involvement of the nurse with the patient must transcend technical aspects, so that the relationship ceases to be subject and object, but becomes authentic. The dialogical relationship, therefore, is the ultimate existential class, when it helps understand reality, through assimilated experience, action, and reflection itself. Both nurse and patient simultaneously experience

the dialogue, calling and responding, reflecting verbal or nonverbal communication, viewing the other intrinsically and considering their feelings<sup>(4)</sup>. By valuing the dimension of care and caregiver, technical aspects give way to a humanistic attitude, which perceives beings in their uniqueness. These concepts applied to health practices promote a new way of operating professionally, transforming those involved, building bonds of affectivity and responsibility for actions that result in the well-being of all, affecting social, ethical and management spheres, giving rise to new processes and engendering new perspectives.

Therefore, it applies here that concepts in nursing care are in a continuous state of flux, perceiving respect, dialogue and exchanges obtained in human relationships, in the belief that, through words, this care is more than a mechanism of communication. The dialogical relationship proposed by Buber is comprehensive looking and listening, not only physically, but holistically, taking into account feelings and all forms of communication, both verbal and non-verbal, with the latter representing around 93% of interactive communication, such as physical postures, silence, facial expressions, somatic singularities, organization of objects in space and even the distance maintained between individuals<sup>(14-15)</sup>, wherein the complexity of the reciprocal call and response between nurse and patient is experienced.

## ● FINAL CONSIDERATIONS

From the reflections supported by the reference literature, certain basic aspects stand out. In dialogical communication established with patients, nursing professionals are able to understand them as holistic beings and, consequently, comprehend their world view, taking into account their way of thinking, feeling and behaving. This will enable them to understand the needs of patients and provide adequate, personalized care that minimizes their suffering and distress. In this regard, communication is irreplaceable and, if ineffective, all the work will be affected.

The ability to communicate is a relevant characteristic in nurse-patient relations. For professionals to provide safe and quality care, in order to minimize and/or prevent errors and avoid the performing of unnecessary or redundant activities on the job, dialogue is crucial. Otherwise, this can lead to higher costs, as well as ethical and legal implications for professionals and the health establishment.

It can be seen then that the basic work instrument of nurses is communication. Therefore, they need to recognize the principles underlying this process and develop skills for establishing effective communication.

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