TEXTO & CONTEXTO ENFERMAGEM
TEXT & CONTEXT NURSING TEXTO & CONTEXTO ENFERMERÍA

FAKE NEWS AND SMALL TRUTHS: A REFLECTION ON THE POLITICAL COMPETENCE OF NURSES

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ABSTRACT

Objective: to present a theoretical discussion about the political competence of nurses in the face of the phenomenon of the spread of fake news and small truths.
Discussion: based on critical philosophical-political thinking, the concept of factual truth is described and discussed, as opposed to that of opinion, and its implications in the political and health fields. Based on the concept of the nurse's work process, issues considered central to their political competence are discussed.
Conclusion: the importance of developing the political competence of nurses in the face of changing demographic, social and political scenarios and threats to health as a universal right is reiterated.

DESCRIPTORS: Professional skills. Nurses. Politics. Dissemination of information. Professional practice.

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FAKE NEWS E PEQUENAS VERDADES: UMA REFLEXÃO SOBRE A COMPETÊNCIA POLÍTICA DO ENFERMEIRO

RESUMO

Objetivo: apresentar uma discussão de caráter teórico a respeito da competência política do enfermeiro diante do fenômeno da disseminação das *fake news* e das pequenas verdades.
Discussão: com base no pensamento filosófico-político crítico é descrito e discutido o conceito de verdade de fato, em contraposição ao de opinião, e suas implicações no campo político e no de saúde. A partir do conceito de processo de trabalho do enfermeiro, são debatidas questões consideradas centrais para a sua competência política.
Conclusão: reitera-se a importância do desenvolvimento da competência política do enfermeiro diante de cenários demográficos, sociais e políticos em mudança, e de ameaças à saúde como direito universal.

DESCRITORES: Competência profissional. Enfermeiros e enfermeiras. Política. Disseminação de informação. Prática profissional.

FAKE NEWS Y PEQUEÑAS VERDADES: UNA REFLEXIÓN SOBRE LA COMPETENCIA POLÍTICA DE LOSO ENFERMEROS

RESUMEN

Objetivo: presentar un debate de carácter teórico con respecto a la competencia política de los enfermeros frente al fenómeno de la diseminación de *fake news* y de pequeñas verdades.
Discusión: con base en el pensamiento filosófico-político crítico, se describe y debate el concepto de verdad de hecho, en contraposición con la de opinión, y sus implicancias en el campo político y en el de la salud. A partir del concepto de proceso de trabajo del enfermero, se debaten cuestiones consideradas centrales para su competencia política.
Conclusión: se reitera la importancia de desarrollar la competencia política de los enfermeros frente a cambiantes escenarios demográficos, sociales y políticos, y de amenazas a la salud como derecho universal.

DESCRIPTORES: Competencia profesional. Enfermeros y enfermeras. Política. Diseminación de información. Práctica profesional.

INTRODUCTION

The Brazilian nurse is professionally inserted in the fields of formulation, management, evaluation and execution of public policies in the health sector, in any of the three federal levels of the country. However, the nurse's visibility and ability as a political agent is a thorny topic, inside and outside the profession.

It is rooted in the common sense of the professionals that the scope of the nurse's political performance is centered on the possible participation in union and associative organizations, especially during the electoral periods of these organizations. The participation of nurses in the legislative power has also been considered to trigger a political-parliamentary project in Brazilian Nursing. In the academic world, the importance of forming what is conventionally called critical and reflective nurses is recognized, but there does not seem to be consensus on what exactly this means beyond the idea of developing some desirable predicates, usually presented in terms of abstract concepts such as leadership and proactivity, among others.[1]

We live in times of a massive flow of information and ideas about the social and political world, enhanced by the widespread use of social media on the Internet. However, this does not mean that this information is incorporated based on critical thinking, capable of distinguishing reliable and quality information from the mere issuance of personal opinions.[2]

The recent phenomenon of media bubbles limits the communication of groups around social and institutional actors who emit similar and ideologically tuned ideas and opinions. This fact is linked to the disqualified or non-existent political training. Both intensify polarizations around the national project of society and development (which encompasses the health field). In the current informational war, ethical principles have been replaced by manipulation processes, mainly through the disclosure of small truths, which are transformed into fake news, whose objective is to disclose untruths, or partial truths, as narrative arguments in favor of political interests of people or groups. The concept of fake news refers to the dissemination of information that mimics journalistic material in its form, but not as regards the process of organizing its content, especially as regards checking its veracity.[3]

The idea of the circulation of fake news is linked to those of misinformation and lies, whether intentional or involuntary. At the limit, the very logic of thinking is questioned: "*Ahora asistimos a un nuevo tipo de propaganda que trata de decirnos que no sabemos lo que sabemos. Son intentos de manipular a la gente para que crean que no saben lo que saben*" ("We are now witnessing a new type of propaganda which tries to tell us that we don't know what we know. They are attempts to manipulate people so that they believe they don't know what they want").[4:56]

This is not a new phenomenon, but it is increasingly extrapolating the field of political disputes and entering the various spheres of social life. The nurse's work world is not immune to the influences of this phenomenon. The most striking example is related to the way in which a false narrative was constructed about measles vaccination and its current consequences, a theme to which we will return later.

The ability to identify, recognize and value the health needs of people, families and communities depends on a permanent exercise of action-reflection-action, which goes far beyond the technical-based professional practice, although it cannot do without it.[5] As a necessary profession and social practice committed to the health needs of the population, Nursing cannot be held hostage to processes of concealing reliable evidence, nor outside the qualified, critical, respectful and plural political debate. It is urgent that we reflect on the relationship between nurses' moral and political choices and postures and their capacity to respond to the health needs, in a scenario of immediate and expanded access to an infinite universe of information on the one hand, and to increasingly threats to the access to health as a universal right, on the other. Too much information does not always mean adequate

information. Or, as the writer and semiotic Umberto Eco stated, anticipating the current moment: too much information can mean no information at all.[6]

Among the skills required for a critical professional practice and for nurse decision-making, politics stands out. The concept of political competence comes close to the idea of critical and reflective thinking, an aspect highlighted, above all, as necessary in the training of nurses and which is part of the National Curricular Guidelines.[7]

As it is a fundamental theme and anchored in essential values of the profession, it needs to be permanently revisited, as it is not given: the nurse's political competence is (re)produced in every act of caring. At every juncture - international, national, local - we need to ask ourselves about our praxis, what to do in a hyperconnected, polarized and (supposedly) informed world, but in which injustice and inequalities continue to take place.

Given this context, we propose a reflection on dimensions that contribute to the construction of the political competence of nurses. We begin with brief notes on the political challenge brought about by the phenomenon of fake news and its implications in the health field. We discussed the work process in its triple constitution: object, means and purposes, taking into account the current configurations of the nurse's work world. We understand that this triple constitution of the work process is produced, in terms of professional practices, in three dimensions: care for the person, family and community,[8] its performance in terms of broader social relations, related to the processes of social determination.[9] Based on these dimensions, we list some elements that constitute a political practice that we believe it is opportune to highlight, as a preliminary explanatory model.

It is worth mentioning that it does not propose to dogmatize, to guide the construction of ideal political competences or to issue moralist predication, but to bring into the debate some critical inflections of a critical basis to contribute to analyses of the role of nurses in the current Brazilian political and social situation, shedding light on the theme from an open formulation perspective, in progress.

Fake news: on the small truths and their impacts on social and political life

The concept of truth, due to its complexity and polysemy, is not the subject of discussion here regarding its ontological-philosophical basis. Especially because there is a risk of entering into an eternal recursion, debating what the concept of truth really means, without reaching a single conclusion. We are interested in the concrete effects, in terms of changes in the ways of understanding the world and in the social relations that the idea of truth brings, and how what is being called small truths has been affecting this understanding and people's ability to think.

The cut we bring is of a critical basis, so we seek the theoretical support of philosopher Hannah Arendt to briefly situate considerations regarding the concept of truth and its expressions in the political field.[10]

Let us remember the well-known controversy that occurred after the publication of the collection of five articles by Hannah Arendt, later organized in a book under the title Eichmann in Jerusalem: A Report of the Banality of Evil.[11] The author, of Jewish origin, was invited by the The New Yorker journal to follow and report the trial of a well-known member of the Nazi command, involved in decisions regarding the extermination of groups considered enemies of the III Reich, mainly Jews. The idea of a murderous monster, finally captured and tried, prevailed in the social imagination of the time and Arendt's report generated great controversy when she proposed to examine the trial process and, in particular, the figure of the defendant much more as a bureaucrat deprived of moral sense than as a human aberration.

For Arendt, the idea of trivializing evil lay precisely in Eichmann's inability to reflect on his role in the process of perpetrating the act of extermination and to challenge the orders received. By bringing the idea that a person whose public behavior is socially endorsed by a system of hierarchical and

bureaucratic dispositions, an ordinary being, would be able to decide in favor of brutal acts against humanity has opened up a crisis and a wound in human convictions about absolute and immutable truths. She agreed on an uncomfortable question: How far ordinary people, by agreeing with what *status quo* is imposed on them, are accepting the maintenance of an unjust and ultimately murderous social order?

After the controversy spread, Arendt published, in the same periodical, the text "Truth and politics" in which she discusses the relationship between the world of political relations and the mutability of the concept of truth, remembering that hiding or distorting the truth was never exactly a problem in the political world.[12] It contrasts with the idea of philosophical truth or truth of reason, anchored in the tradition of philosophical thought and based on logical postulates, that of factual truth, which relates to what we currently call evidence, the fact itself, publicly demonstrable. It is at this point that the author issues an assertion that surprises us today: "And since factual truth, though it is so much less open to argument than philosophical truth, and so obviously within the grasp of everybody, seems often to suffer a similar fate when it is exposed in the market place - namely, to be countered not by lies and deliberate falsehoods but by opinion - it may be worthwhile to reopen the old and apparently obsolete question of truth versus opinion."[12:9]

In times such as the present, in which there is an evident confusion between a narrative that starts from an opinion and one that is based on observable evidence or events (what we understand to be what Arendt calls factual truth), to broaden the debate on this distinction seems urgent. It is an invitation to reflection - the fact is what sustains the opinion, but is distinguished from it. Opinions, in turn, can be diverse and still legitimate, when, and only when, they respect the factual truth.

The truth does require the involvement of many people, witnesses and testimonies, even if the event took place in the private sphere. And the author warns us: although the interpretation of the facts may change, over time, according to the perspective of each era, this interpretation cannot distort or invent the fact that occurred. As Arendt mentions, by way of example, when French statesman Georges Clemenceau was asked about future narratives about the responsibility of the European states in unleashing World War I, the answer was: "I don't know about that, but I know they won't say that Belgium invaded Germany!"[12:10]

Perhaps we can, by analogy, mention the changes that interpretations about the phenomenon of slavery have undergone in Brazil. Teaching about indigenous and African ethnicities tended, for a long time, to interpretations that emphasized, more or less subtly, the social inferiority of these peoples. In spite of recent changes, especially after the Black Movement became more active in the rescue of its history, superficial interpretations persist, but aspects related to the complexity of the phenomena of slavery and its abolition are already recognized, which go beyond an abstract humanist perspective and involve different political and economic aspects.[13]

Despite being a theme still subjected to constant revisions and interpretations, there is an imperative of the factual truth: the enslaved African peoples did not come voluntarily, but were, rather, subjugated by the use of violence by the Portuguese and, later, by white-skinned Brazilians. It is worth remembering that, in a recent episode broadcast by the journalistic media, a candidate for the presidency stated that the Portuguese had never set foot in Africa and that black-skinned people were enslaved by black-skinned individuals themselves, an argument that is surprising due to intellectual dishonesty, which generated repudiation by researchers of the field of History, but that was incorporated as true by the population.

Certainly, not all the events, political or otherwise, of our times are registered as facts as brutal as a war or the phenomenon of slavery. That is, although the previous examples are useful to help distinguish opinion, interpretation and truth from fact, we are dealing with information, in daily life, in a mixed and chaotic way, which can lead us to chronic skepticism, which is at a dangerous risk of

turning into cynicism. Or, on the contrary, we can uncritically believe in any information that makes sense and is consistent with our worldview, beliefs and/or preconceptions.

Let us take advantage of a recent phenomenon that has caused a lot of perplexity to the health professionals: the return of measles outbreaks in developed countries. Vaccination against measles (together with the rubella vaccine and epidemic mumps) has been widely offered since the late 1980s in developed countries and in most developing countries. The high levels of vaccination coverage obtained, above 90%, led to a rapid and consistent drop in the incidence of the disease, which is attributed to the phenomenon of group immunity. After nearly two decades without known epidemics, new outbreaks have sprung up in several countries, leading to inquiries about the possible causes.[14]

Thus, there is an asynchronous and non-linear set of disseminations of information about the alleged harmful effects of the vaccine on the health of children, the best known being the one that attributes the emergence of cases of autism due to the vaccine. Even after more than a decade of retracting the article originally published on this hypothesis, which has never been confirmed, more and more people have started to not vaccinate their children based on unfounded fears and conspiracy theories, or even because of beliefs or lifestyles and eating habits. It is common for people who follow vegetarian or vegan diets to criticize the fact that, in the composition of the vaccine, there is the presence of proteins of animal origin - and there is no alternative, so far, for that. However, it is possible that, unless there is strict and permanent control, especially in what a child consumes, these same proteins are ingested because they integrate a number of products, ranging from ready-made foods to vitamin supplements.[14]

That is, the information necessary for a broad understanding of the issue is not sought or is not immediately available, at the same time that false information or fake news circulate and are widely accepted. Let us add to that the fact that politicians with national visibility issue personal opinions against vaccines and the demonization of vaccination is complete, with serious consequences in terms of public health.

For a lay audience, however, the distinction between the verifiable elements and the fallacies about the vaccine may not be so easy. The relationship between the factual truth (a decrease in measles cases worldwide after vaccination) and the fallacy (the measles vaccine causes autism) can be mediated by a partial truth. As an example, we have the fact that the protein that is part of the measles vaccine can trigger allergic phenomena in predisposed individuals (so the vaccine is not recommended for people with an allergy to egg white).

A specific data, restricted to a certain combination of factors - a small truth - is reinterpreted and amplified to serve as a basis for false arguments that generalize conclusions, mix misinformation and beliefs, and are usually supported by an irrational fear directed against someone or some threat.

Returning to the world of politics, understood as the set of relationships, negotiations and decisions regarding projects of society, the distribution of power and the allocation of resources in the public sphere of life, the problem, as Arendt reminds us, is not only the mere replacement of truth by lies, or the automatic acceptance of a lie as the truth, but the destruction of the system of meanings by which we move in the world.[12]

In other words, the constant issuance of fake news, in addition to serving the interests of people and groups against other people and groups, can undermine the ability to build minimum consensus and to find common sense for living. It is no coincidence that terms such as anesthesia, alienation and naturalization have been used to describe the ways in which we have reacted, to a large extent, to the confusing current political moment in the country. The challenge is to ask ourselves to what extent we can abstract from bad politics and focus on maintaining and strengthening the fundamental element of our practice, care, as a fundamental link between people, families and the community, strengthening our political competence.

Nurses' work process and care dimensions: political competence as transversality

As nurses, we are guided by a set of ethical-political values and by the set of professional skills that, as we acquire more practice and dexterity, become tacit knowledge in the profession's daily routine. The mediating character of the profession gives the nurse's practices relational characteristics, in addition to technical skills, which include political competence, which can be described as "that set of personal and social interactions that lead to actions that establish rights and circumstances in which those rights can be claimed, and ensure the resources that allow those rights to be respected."[15:26]

We are referring to a practice that goes beyond the technical practice and requires a constant stance towards situations that threaten comprehensive care. There is a perspective of value, performance and professional positioning, in the various practice scenarios, anchored in the ability to issue judgment, autonomously.[16]

However, this is not a simple or unambiguous theme. So as to deepen this reflection, we can base ourselves on the concept of critical thinking, necessary for political competence, and which is very present in the themes of professional training and the work process of nurses. A review of the theoretical and conceptual bases that support the use of the concept of critical thinking in the academic production of Ibero-American Nursing discusses different sets of thought currents. Their authors organized them into two groups: the first, with a diverse base, postulates that it is possible to develop critical thinking skills, especially with the aim of qualifying reasoning and clinical judgment. A second group of studies and reflections is already anchored in authors such as John Dewey, Paulo Freire and Jürgen Habermas, which, in the authors' evaluation, expand the perspective of applying critical thinking, because it now includes the analysis of social reality and its implications and contradictions.[17]

Our understanding of political competence agrees with this second set of studies, without distinguishing, for the purposes of this reflection, this or that basic philosophical-political and pedagogical current. It is enough to go on to assert that the concept of political competence goes beyond the scope of the individual Nursing care practice and is not limited to the health services. It is understood as the broader dimensions related to the projects of society and to the unbiased confrontation of the inequalities related to the health needs.

Taking the work process of the nurse as a base, we can analyze, form its constitutive elements, the dimensions in which care is produced, highlighting some characteristics related to its political competence.

The concept of the work process can be described based on a triad of components: the work object that, in the case of Nursing, refers to people - individuals, family, community, work team; the instruments or means, which would be the material and cognitive tools (knowledge) necessary for the professional practice; and the purposes, which some authors refer to as products.[18] In another similar categorization, we have as work instruments "the behaviors that represent the technical level of knowledge, which is health knowledge"[19:160] and as the final product, assistance, the act of caring itself, produced at the same time it is consumed.

The dimensions in which the nurse's practice takes place resume the object: people, as an individual dimension; the family, considering the insertion in a limited nucleus of parental or other ties; as members of a collectivity or dimension of the community, and also as citizens inserted in a society, from a civic perspective, guided by values of justice, rules and social rights. The means or instruments highlight specific knowledge, conducts and instrumentations necessary for the practice. The purposes call for the explicit explanation of the care objectives, in one or more dimensions.

The characteristics of the nurse's political competence refer to the practices through which their essential attributes are expressed. It is not a matter of offering a list of desirable actions, but of considering conducts and acts that can facilitate or strengthen the political competence necessary

for a critical posture in the face of the threats of disinformation and the empire of small truths. By choosing to describe, albeit succinctly, some practices that express political competence, we seek to avoid the debate taking place around abstract concepts, such as leadership, or innovation, as these and other attributes can be expressed in practices with various, when not opposite, meanings.

At the level of individual care, political competence is mainly expressed by means of attentive listening practices, which show the recognition of the others in their integrality and autonomy as human beings. Dialog with the other, in this sense, cannot constitute a clutch at straws. A "radicalization of listening" is an imperative in times of denial of the other and expressions of hatred based on social preconceptions and misinformation. We need to ask ourselves about who this other is, about our care, how to be unique (which does not mean agreeing with the positions and opinions expressed by that other). It also implies establishing the possible dialog that leads to mutual clarification. Clinical and general knowledge and technical skills support this conduct.

Family care involves, on the part of the nurse, the development of mediating relational skills, as well as the stripping of preconceived ideas about what constitutes a family, a unity in diversity. The purpose is to contribute to the family relationship being a locus of health production. The nurse's practice is based on clinical and epidemiological knowledge and on institutional, community, social and government resources for family support, based on inter-professional relationships.

The more the social circle expands, referred to here to the dimensions in which care is produced, more political competence based on historical, political, cultural and sociological knowledge is required. The relationship of care for the community considers the community to be composed of more or less homogeneous groups, although diverse in their family and individual constitution. From the perspective of political competence aimed at defending health as a right, it is the theme of community participation that centralizes the expression of political competence. Communication and mobilization skills, combined with the recognition of the specificities of each location, allow nurses to develop health education practices that encourage collective analysis of living conditions, always starting from each reality. Policies and social movements are also part of this community work agenda.

The attitude of respect for popular knowledge is an issue that concerns the central core of the nurse's work, the educator-being. This is not a trivial issue, as it implies certain epistemic perspective about the knowledge that should or should not integrate health knowledge.[20] Here, it is to be considered what kind of relationship is possible to establish between common sense and scientific knowledge, remembering that common sense is produced from everyday experiences, in which different information and ideas circulate, which includes the increasingly rapid and technologically mediated spread of fake news. There is no ready answer on how to face this challenge, which demands, much more than this or that knowledge or skill on the part of the nurse, an attitude of openness, listening and permanent dialog.[21]

Finally, by bringing as a dimension of the nurse's practice that of society, we want to focus on aspects related to the formulation and implementation of social and health policies. To participate in this process, it is necessary for nurses to develop skills capable of integrating knowledge about management, planning, and public policies, among others, articulating them with relational and communication skills. A solid human, social and political training base allows political competence to be built on a permanent basis to support the practice of nurses in the field of public management.

There is an attribute of an ethical character considered essential and that must permeate all spaces and dimensions of production of political competence: the attribute of moral courage. This can be defined as the ability to overcome fear and insecurity, to assert a position based on values that you consider correct, without being intimidated,[22] which may extend to the defense of the factual truth, as opposed to the issuing of distorted opinions or truths.

Chart 1, elaborated from a matrix perspective, summarizes the main elements highlighted for the listed categories, object, means, purposes and central practices that make up the political competence of nurses in the four dimensions of care. It is a systematization that does not intend to present itself as a guide, but as a trigger for discussion.

Chart 1 – Components, dimensions and practices that constitute the political competence of nurses. Rio de Janeiro, RJ, 2019.

Objects/ Dimensions	Means/Instruments	Purposes	Central practices
Individuals and families	Clinical/Epidemiological/ Human/Sociological knowledge; Empathic and relational skills; Technical instruments; Multidisciplinary team	Comprehensive care: clinical, psychological and spiritual conditions; Strengthening of autonomy and self-care; Family care as a health producing nucleus	Active and radical listening; Establishment of dialog; Conduction of technical procedures; Conflict mediation; Articulation between the family and the necessary resources
Community	Knowledge about the culture and history of the community; Mastery of participatory mobilization and educational techniques	Community participation in the health services and policies; Development of health actions in the community, with the community, for the community	Collective mobilization actions; Health education/Collective training
Society	Knowledge on planning, formulation, management, monitoring and evaluation of social and health policies; Knowledge on public legislation; Argumentative and political negotiation skills	Strengthening of a universal and unbiased health sectoral policy	Participate and support social groups and organizations regarding their health demands and needs; Participate in public policy deliberative bodies (councils, working groups)

CONCLUSIONS

The political competence of nurses is absolutely necessary so that we can contribute to generating equality, identifying and combating violence, empowering the community, and promoting resilience in the face of poverty.

Only if, as nurses, we are able to abstract themselves from the contagion of bad politics based on partial truths, fake news, misinformation and manipulation and we focus on maintaining and strengthening the fundamental element, care, as a fundamental link between people, families, community and society to be autonomous, responsible, active and participatory, we can, in fact, be essential in a dynamic society.

In a changing world, which proposes new scenarios and new demographic, social and political realities, and in which a future reserved for Nursing care is foreseen, we believe that the development of a practice guided by political competence will be an essential factor for improving these scenarios.

Contribute to generating equality, identifying and combating violence, empowering the community, promoting resilience in the face of poverty, collaborating for the autonomy of subjects, all of this is possible from the nurses' care action, having access and universal right to health as goal.

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NOTES

ORIGIN OF THE ARTICLE
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