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Knowledge of nurses on the code of professional ethics of nursing

ABSTRACT | With the recent update of the Nursing Professionals Code of Ethics, this became known only by professionals. Objective: to evaluate nurses' knowledge of the Nursing Professionals Code of Ethics. Method: This is an observational, descriptive and cross-sectional study, with data collected from September to October 2018, through an online questionnaire, via the Google Forms® Platform. 217 nurses participated in the research, 190 (87.46%) female and 27 (12.44%) male. Result: Regarding rights, the participants obtained similar responses, considering the most coherent alternative. As for duties and prohibitions, they showed great diversity and disagreement between the alternatives chosen, showing doubt or misunderstanding on the part of the participants. Conclusion: It was possible to observe that the nurses' knowledge about the Nursing Professional Code of Ethics is limited in relation to the duties and prohibitions of the profession.

Keywords: Codes of Ethics; Nurse; Nursing Ethics; Knowledge; Communication.

RESUMEN | Con la reciente actualización del Código de Ética de los Profesionales de Enfermería, esto solo se dio a conocer por los profesionales. Objetivo: evaluar el conocimiento de los enfermeros sobre el Código de Ética para Profesionales de Enfermería. Método: Se trata de un estudio observacional, descriptivo y transversal, con datos recolectados de septiembre a octubre de 2018, a través de un cuestionario en línea, vía Google Forms® Platform. En la investigación participaron 217 enfermeras, 190 (87,46%) mujeres y 27 (12,44%) hombres. Resultado: En cuanto a derechos, los participantes obtuvieron respuestas similares, considerando la alternativa más coherente. En cuanto a deberes y prohibiciones, mostraron gran diversidad y desacuerdo entre las alternativas elegidas, mostrando dudas o incomprensiones por parte de los participantes. Conclusión: se pudo observar que el conocimiento de las enfermeras sobre el Código de Ética Profesional de Enfermería es limitado en relación a los deberes y prohibiciones de la profesión.

Palabras claves: Códigos de Ética; Enfermera; Ética en enfermería; Conocimiento; Comunicación.

RESUMO | Com a recente atualização do Código de Ética dos Profissionais de Enfermagem, essa tornou-se conhecida apenas por parte dos profissionais. Objetivo: avaliar o conhecimento dos enfermeiros sobre o Código de Ética dos Profissionais de Enfermagem. Método: Trata-se de um estudo observacional, descritivo e transversal, com dados coletados no período de setembro a outubro de 2018, por meio de um questionário online, via Plataforma Google Forms®. Participaram da pesquisa 217 enfermeiros, sendo 190 (87,46%) do sexo feminino e 27 (12,44%) do sexo masculino. Resultado: Em relação aos direitos, os participantes obtiveram respostas semelhantes, considerando a alternativa mais coerente. Quanto aos deveres e proibições, apresentaram grande diversidade e discordância entre as alternativas escolhidas, demonstrando dúvida ou equívoco por parte dos participantes. Conclusão: Foi possível observar que o conhecimento dos enfermeiros acerca do Código de Ética Profissional de Enfermagem é limitado em relação aos deveres e proibições da profissão.

Palavras-chaves: Códigos de Ética; Enfermeiro; Ética em Enfermagem; Conhecimento; Comunicação.

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INTRODUCTION

In health care, nurses are involved with managerial, leadership and direct care aspects to patients, often making decisions quickly and fairly necessary, mediating conflicts and attending to situations of violence and vulnerability, which can someti-

mes lead you to question your ethical conduct.⁽¹⁾ To guarantee assistance in a benevolent way, professional ethics is allied, since health professionals have a duty to carry out their actions based on their own values, along with institutional principles, as well as the right to refuse to perform tasks that are not within their technical, ethical and legal competence, or that do not offer security to the professional, the patient, the family and the community.⁽²⁾

In order to guarantee the quality of services provided and compliance with the Professional Practice Law, the Federal Nursing Council (COFEN) is responsible for regulating and supervising the exercise of the profession of nurses, technicians and nursing assistants, as well as midwives and midwives, working together with the Regional Nursing Councils (COREN).⁽²⁾ The Code of Ethics for Nursing Professionals (CEPE), approved by COFEN, is the document that regulates the profession, aiming to guide the work process.⁽²⁾ The importance of CEPE knowledge is represented by the number of professionals dispersed in Brazil, who total 417.519 assistants, 1.307.680 technicians, 558.318 nurses and 291 midwives, totaling 2.283.808 professionals registered with the respective nursing council until March 2020.⁽³⁾

In 2017 COFEN published the new CEPE, having before that, three other editions, in the years 1993, 2000 and 2007.⁽²⁾ The recent version presents a clearer and more objective language in the deliberation of the rights, duties, prohibitions and penalties to the nursing professional linked to the council.^(2,4) Despite campaigns, courses and seminars for the propagation of CEPE, it is clear that it is still little explored by professionals, suggesting the lack of the theme from undergraduate to the years following the training.⁽⁴⁻⁶⁾

The professional ethics approach does not follow the context of society's needs, and it is common for dis-



We perceive the need for nurses to have knowledge in relation to CEPE, being essential to guarantee the quality of the services provided, following the principles of ethics and bioethics, in addition to ensuring universality of access, integral care, resolvability, preserving the autonomy of women. people, considered these fundamental principles.



ciplines focused on the theme to be addressed in optional chairs or in multidisciplinary seminars. Perhaps this occurs when leaders and coordinators, responsible for training new professionals, do not understand the importance of basing knowledge and practice on nursing ethics.^(7,8)

A study carried out in 2017 identified divergences among the participants regarding the meaning of ethics, and their understanding is sometimes related to personal experiences and aspects, and not to the collective.⁽⁴⁾ Another survey conducted in 2018 with 11 nurses, showed that more than half of the interviewees were unaware of the fundamental principles described by the code of ethics.⁽⁵⁾

Nursing remains among the health professions as the one with a large number of human resources, and that remains 24 hours according to the report of your patient. Thus, ethics in this care context is shown in order to provide respect for others in all its aspects, helping and developing balance and the human condition in the process of illness, cure, disability or death.⁽⁹⁾

Based on the reality of nurses' daily work, ethical conflicts become inevitable, and in view of this, reflection on these labor disputes should be objective and clear to professionals, based on the legislation of the aforementioned council, in order to preserve the autonomy of nurses. nurses without causing any harm to others.⁽⁹⁾

We perceive the need for nurses to have knowledge in relation to CEPE, being essential to guarantee the quality of the services provided, following the principles of ethics and bioethics, in addition to ensuring universality of access, integral care, resolvability, preserving the autonomy of women. people, considered these fundamental principles.⁽²⁾

Based on this, the study aimed to identify the nurses' knowledge about the new Code of Ethics for Nursing

Professionals regarding the rights, duties and prohibitions, as well as the sociodemographic data of the participants.

METHODS

It is a descriptive, cross-sectional observational study that consists of the application of standardized data collection techniques, such as the questionnaire and systematic observation, with the objective of describing a certain population or phenomenon. ⁽¹⁰⁾ Data collection was carried out for convenience from September to October 2018, using an online questionnaire, completed via the Google Forms® Platform, consisting of twenty closed questions based on CEPE, involving sociodemographic data and specific knowledge about rights, professional duties and prohibitions. The questionnaire was disseminated through sharing on social networks and through electronic address (e-mail). The online platform made it possible for the questionnaire to be completed

by professionals from the most diverse Brazilian regions.

The inclusion criteria were nurses with active registration with the regional nursing council, residing in Brazil. Other health and / or nursing professionals as well as participants who refused to accept the Informed Consent Form (ICF) were excluded. To the professionals who showed interest in participating in the research, the Informed Consent had been sent by email. Data collection was initiated from those whose return was completed.

The sample size was determined from the total population of 496.055 nurses registered with the CORENs in 2018. ⁽³⁾ Based on this, the need for 217 study participants was determined, with a margin of error of 5% and a confidence interval of 95%. ⁽¹¹⁾ A pilot was carried out with ten nurses, and then the data were discarded, after analyzing possible improvements.

The collected data will be stored for five years in the Excel® database and after this period, permanently deleted from the network. The data were tabu-

lated in the Excel Program, expressed in absolute and relative frequencies.

The research followed the criteria established by Resolution 466/2.012 of the National Health Council (CNS), for research involving human beings, being approved by the Research Ethics Committee (CEP) of the Centro Universitário Ritter dos Reis, under substantiated opinion n° 2880947, CAAE 9526.4418.7.0000.5309. The researchers involved were committed to privacy and confidentiality and the data used was preserved. ⁽¹²⁾

RESULTS

217 nurses participated in the research, 190 (87,46%) female and 27 (12,44%) male. An important portion had a specialist title 106 (48,85%) and training time between 0 and 2 years 55 (25,34%) followed by more than 15 years 49 (22,58%) and 6 to 10 years 44 (20,27%). The most mentioned sector of activity was secondary care 69 (31,8%) and the state with the highest participation was Rio Grande do Sul (RS) with 190 (87,56%) participants (Table 1).

As for specific knowledge about professional rights, 148 (68,20%) believe that individual and collective activities should be suspended when the workplace does not offer safe conditions for professional practice and/or disrespect current legislation, except in situations urgency and emergency. Regarding the refusal of photographic records and filming during work, even if it is an institutional request, 205 (94,47%) said they had the right to refuse exposure. Finally, 210 (96,77%) assume the right to refuse to administer medications or perform procedures that do not offer safety to the professional, the person, the family and the community (Table 2).

When asked about professional duties and prohibitions, 179 (82,49%) responded that institutional documents

Table 1. Sociodemographic characterization of the participants. Brazil, 2018.

Variáveis	Feminino		Masculino	
	n	%	n	%
Tempo de formação				
De 0 a 2 anos	42	19,35	13	5,99
De 3 a 5 anos	35	16,13	4	1,84
De 6 a 10 anos	39	17,97	5	2,30
De 11 a 15 anos	26	11,98	4	1,84
Mais de 15 anos	48	22,12	1	0,46
Tempo de atuação profissional				
De 0 a 2 anos	58	26,73	17	7,83
De 6 a 10 anos	40	18,43	5	2,30
Mais de 15 anos	43	19,82	1	0,46
De 3 a 5 anos	25	11,52	2	0,92
De 11 a 15 anos	24	11,06	2	0,92
Maior titulação concluída				
Graduação	65	29,95	16	7,37
Especialização	100	46,08	6	2,76

Mestrado	17	7,83	4	1,84
Doutorado	6	2,76	1	0,46
Pós-doutorado	2	0,92	-	-
Setor de Atuação*				
Atenção primária	48	22,12	8	3,69
Atenção secundária	59	27,19	10	4,61
Atenção terciária	41	18,89	4	1,84
Docência / Pesquisa	27	12,44	5	2,30
Gestão	7	3,23		
Outros**	8	3,69		

Source: prepared by the authors. Legend: * considered the job with the greatest workload of professional activity. ** others: epidemiological surveillance, pharmacy, commerce or not working at the moment.

Table 2. Specific knowledge about nurses' rights. Brazil, 2018.

Variáveis	n	%
Suspensão do trabalho em condições de risco		
Deve ser suspenso, exceto em situações de urgência e emergência	148	68,20
Deve ser suspenso em qualquer situação	42	19,35
Deve-se garantir a continuidade da assistência	16	7,37
Não souberam opinar	11	5,07
Direito de recusa a registros fotográficos durante atuação		
Sim	205	94,47
Não	7	3,23
Não souberam opinar	5	2,30
Direito de recusa na administração de medicações/procedimentos em condições de risco		
Sim	210	96,77
Não souberam opinar	3	1,38
Não	3	1,38
Não, se o médico ou a instituição solicitar, é obrigatório executar	1	0,46

Source: prepared by the authors. Note: The data above were taken from the collection instrument, which were in question format.

Table 3. Specific knowledge of nurses about duties and prohibitions according to the professional nursing code of ethics. Brazil, 2018.

Variáveis	n	%
Identificação documental		
Nome completo, categoria de inscrição e número do COREN* em carimbo e assinatura/rubrica	179	82,49
Nome completo, categoria de inscrição e número do COREN, assinatura/rubrica	36	16,59
Apenas o nome completo e assinatura/rubrica	1	0,46
Nome completo, assinatura/rubrica e cargo	1	0,46
Quebra do sigilo profissional em situações de violência		
Comunicar imediatamente os órgãos envolvidos	177	81,57
Manutenção do sigilo	24	11,06

must contain their full name, registration category, professional registration number in stamp and signature/initial. Regarding professional secrecy in situations of violence, 177 (81,57%) believe that it must be broken, and that it is mandatory to report criminal responsibility bodies.

Regarding mandatory guidelines during assistance, 125 (57,60%) stated that it is mandatory to inform about risks, benefits, complications and rights of refusal and 29 (13,36%) only risks and benefits. In cases of serious incurable and terminal illnesses, with an imminent risk of death, in common agreement with the multiprofessional team, 196 (90,32%) would ensure physical, psychological and spiritual comfort, respecting the will of the patient or his legal representative and 20 (9,22%) believe that life should be preserved, taking advantage of all advanced support even without the consent of the person or their legal representative.

In terms of referring to cases, situations or facts and inserting images of people or institutions in the media, 128 (58,99%) nurses replied that 71 (32,72%) is allowed, with prior authorization. assume that it is strictly forbidden and 12 (5,53%) said yes, as long as those involved are not identified. Regarding the delegation of nurses' private activities, 89 (41,01%) believe that it is prohibited in any situation, 85 (39,17%) prohibited, except in cases of emergency and home care for supported self-care and 36 (16,59 %) would allow as long as they were on the side of whoever was going to execute the action (Table 3).

DISCUSSION

The findings are in line with similar previous studies, which also found a greater participation of women with 91,67% and 92,6%, respectively. (6,4) This data corroborates with the research of the nursing profile in Brazil,

Decisão a critério do profissional	11	5,07
Não souberam opinar	5	2,30
Orientações durante a assistência		
Riscos, benefícios, intercorrências e direito de recusa	125	57,60
Riscos e benefícios	29	13,36
Riscos, benefícios e direito de recusa	18	8,29
Riscos, benefícios e intercorrências	12	5,53
Direito de recusa	11	5,07
Riscos, benefícios, intercorrências, direito de recusa e custos para a instituição	9	4,15
Outros**	12	5,52
Não souberam opinar	1	0,46
Conduta em casos de doenças graves incuráveis e terminais***		
Conforto físico, psíquico, social e espiritual, respeitada a vontade da pessoa ou de seu representante legal	196	90,32
Preservação da vida, usufruindo de todo suporte avançado de vida****	20	9,22
Não souberam opinar	1	0,46
Uso de imagens de pessoas ou instituições em meios de comunicações		
Sim, desde que haja autorização prévia	128	58,99
Não, é terminantemente proibido	71	32,72
Sim, desde que não sejam identificados	12	5,53
Não souberam opinar	5	2,30
Sim, desde que não sejam identificados, ou haja autorização prévia	1	0,46
Delegação das atividades privativas do enfermeiro		
Proibido em qualquer situação	89	41,01
Proibido, exceto nos casos de emergência e atenção domiciliar para autocuidado apoiado	85	39,17
É permitido desde que o enfermeiro esteja ao lado de quem for executar	36	16,59
Não souberam opinar	7	3,23

Source: prepared by the authors. Legend: *COREN: Regional Nursing Council. ** guidance during assistance: other (complications, costs to the institution, right of refusal and complications); *** conduct considered in cases of serious, incurable and terminal illnesses with imminent risk of death, in agreement with the multiprofessional team; **** life preservation, enjoying all advanced life support considered even without the consent of the person or their legal representative.

carried out by COFEN in 2013, which shows the predominance of female nurses 86,2% and the majority of participants with a specialist title, representing 72,8%.⁽¹³⁾

As for specific knowledge regarding the rights of nurses, 148 (68,20%) participants believe that they have the right to suspend individual or collective activities, when the workplace does not offer safe conditions, except in urgent and emergency situations. CEPE describes that, in fact, professionals

can suspend the work process when it does not offer safe conditions, except for urgent and emergency situations.⁽²⁾

Despite this, 42 (19,35%) assume that assistance should be suspended in any situation and 16 (7,37%) would continue, regardless of the risk situation. It is noteworthy that approximately 139 thousand Brazilian nurses have already suffered some type of violence in the workplace: psychological (113 thousand), institutional (41 thousand), physical (15 thousand) and

sexual (1 thousand).⁽¹³⁾ A previous study with the same approach found that most respondents, 13 (72,22%), had knowledge about their rights to suspend activities.⁽⁵⁾ This result stratifies the importance of talking more about the rights and duties of nursing professionals, who will only be able to provide quality assistance when they know what governs CEPE.

This finding, regarding the carrying out of assistance independent of risks, is necessary nowadays, when a pandemic is living and nursing professionals are seeing their infected and dead professionals, often for reasons, the lack of protective equipment, insecurity and the fear of exposing those responsible to situations.⁽¹⁴⁾

Of the 217 participants, 205 (94,97%) said they had the right to refuse photographic records during professional practice. According to a study by Pereira (2006), if the employer uses images for marketing, without prior authorization or using in addition to what has been authorized, the employee may receive compensation for moral and material damages.⁽¹⁵⁾ This information is very relevant, when we realize that we are inserted in a digital age and several ethical questions end up being infringed by the lack of knowledge about them.

Regarding the use of images of people or institutions in the media, 128 (58,99%) replied that it can be published, provided there is prior authorization and 71 (32.72%) assume that it is strictly prohibited. COFEN Resolution No. 554/2017 expresses that it is forbidden for the nursing professional to expose name, photographs, face, body or images of exams in social networks, which are not intended for academic activities without the express authorization of the patients.⁽¹⁶⁻¹⁸⁾

In a positive way, regarding the administration of medications and the performance of procedures in conditions of risk, 210 (96,77%) stated that

they have the right to refuse, in line with the CEPE recommendation. ⁽²⁾ Understanding the safety standards related to the medication administration process, and knowing how to identify possible errors in time to avoid them, is an action of the nurse as a care manager, since it is one of the processes in which there is the greatest participation of the team of nursing. ^(19,20)

Another extremely important duty of nursing is the professional identification after the records made in the patient's medical record, since this is considered a legal document for the defense of professionals and patients, and should therefore be imbued with authenticity and legal significance. Thus, to be considered valid, they must be legally identified, have the signature of the author of the record or initial, accompanied by a stamp with the acronym of COREN, federative unit, followed by the registration number and acronym of the professional category of nursing, separated by a hyphen. ⁽²¹⁾ Of the 217 participating nurses, 179 (82,49%) reported that they perform documentary identification as recommended by CEPE.

In relation to professional secrecy, the majority of participants 177 (81,57%) believe that in situations of violence, this should not be maintained and it is mandatory to communicate the criminal accountability bodies, reinforcing the deliberation of CEPE. ⁽²⁾ Despite this, 24 (11,06%) nurses would maintain confidentiality. It is emphasized that the obligation to breach confidentiality in these situations is both ethical and legal. ^(21,16)

CEPE also addresses the issue of cases of serious incurable and terminal illnesses with imminent risk of death. On this subject, in common agreement with the multiprofessional team, most nurses 196 (90,32%) agree with the recommended, which is to ensure physical, psychological and spiritual comfort, respecting the patient's wishes or

their legal representative. Thus, nursing can support the patient and his family, minimizing his fears and anxieties, and must be able to identify physical, psychological, social and spiritual disorders. ⁽²²⁾ In addition to CEPE, the World Health Organization (WHO) (2002) points out the principles of palliative



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care, promoting pain relief and other stressful symptoms, besides not intending to anticipate or postpone death, seeing death as a natural process. ^(23,24)

A study carried out with students, referring to the teaching on terminality of life, during undergraduate nursing, showed the students' unpreparedness and fear to speak on the subject, exposing the need for a continuous and projected work to resume, throughout the training, the situations of death and grief. This highlights the need for training professionals, making them well-informed and comfortable to act in the face of death, respecting the rights and autonomy of patients. ⁽²⁵⁾

During the execution of a procedure or exam 125 (57,6%) of the interviewees informed that they advise on risks, benefits, complications and the patient's right to refuse. CEPE mentions the duty of nursing to guide the person and the family about the whole process of nursing care as well as procedures and exams. ⁽²⁾

Regarding the delegation of private nurses' activities, there were differences of opinion among the participants, most 89 (41,01%) understand that it is prohibited in any situation to delegate, however, 85 (39,17%) assume that it is prohibited, except in cases of emergency and home care for supported self-care. Resolution COFEN 564/2017 determines the prohibition on delegating the nurse's private activities to another member of the nursing team, but in fact CEPE does not punish in cases of home care for supported self-care. ⁽²⁾

The limitations in this study are due to the use of an online questionnaire, such as memory and confusion. ⁽²⁶⁾ In addition, it is suggested that the lack of continued reflection on the topic by nurses is presented as a limitation, since according to previous research, professional ethics is only addressed during training at universities and superficially without advocating cross-cutting themes. The potential biases resulting from these limitations are recognizable even though it is possible to obtain a panorama of nurses' knowledge about CEPE in a considerable way.

CONCLUSÃO

From the results it was possible to observe that the nurses' knowledge about the Nursing Professionals Code of Ethics is limited, especially in relation to professional duties and prohibitions, which are extremely important aspects for maintaining the quality of care. It was identified in the research that the participants have a wide range

of knowledge about their rights, while their duties and prohibitions obtained a low level of consensus among nurses, being fundamental for the exercise of the profession. It is understood that it is necessary for nurses to empower themselves with their code of ethics, thus recognizing the issues described therein, in order to guarantee security for themselves and the autonomy of the subjects they care for, without interfere-

ring in the ethical aspects of professional practice.

It is hoped that through this study, new research will be carried out in order to evaluate teaching formats for these professionals, thus providing greater knowledge in face of the Nursing Professionals Code of Ethics. Still, it is necessary to highlight the need to discuss this subject in the academy, investing in the training of professionals. 🐦

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