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EXPERIENCES OF THE MORAL DELIBERATION OF NURSES IN MOBILE PRE-HOSPITAL CARE

VIVÊNCIAS DA DELIBERAÇÃO MORAL DE ENFERMEIRAS NO ATENDIMENTO PRÉ-HOSPITALAR MÓVEL

EXPERIENCIAS DE LA DELIBERACIÓN MORAL DE LAS ENFERMERAS EN LA ATENCIÓN MÓVIL PRE-HOSPITALARIA

Simone da Silva Oliveira[1]
Adriana Braitt Lima[2]
Darci de Oliveira Santa Rosa[3]
Genival Fernandes de Freitas[4]
Mariana Oliveira Antunes Ferraz[5]

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Objective: to understand how nurses experience the action of moral deliberation in the practice scenario. Method: phenomenological research based on Alfred Schutz's reference conducted through interviews with 12 nurses from a Mobile Urgency Care Service. From the idiographic and nomothetic analysis, the concrete categories of the lived were obtained. Results: three categories emerged: meanings of the action of nurses' moral deliberation in the mobile pre-hospital emergency care that refer to the care context; technical-scientific knowledge as the basis for the action of moral deliberation; and the social dimension of the relationships established between the teams as a source of ethical problems. Conclusion: factors that affect practice were revealed, unveiling elements that favor deliberation, such as experiences of the lived, the sharing of situations and conflicts that require decision-making. Thus, a new look emerges for the practice of nurses based on an ethical, responsible and prudent action.

Descriptors: Bioethics. Nursing. Nurses. Problem Solving. Emergency Relief.

Objetivo: compreender como as enfermeiras vivenciam a ação de deliberação moral no cenário de prática. Método: pesquisa fenomenológica fundamentada no referencial de Alfred Schutz realizada mediante entrevistas com 12 enfermeiras de um Serviço de Atendimento Móvel de Urgência. Da análise ideográfica e nomotética foram obtidas as categorias concretas do vivido. Resultados: emergiram três categorias: significados da ação da deliberação moral das enfermeiras no atendimento pré-hospitalar móvel de urgência que se referem ao contexto do atendimento; o conhecimento técnico-científico como fundamento para a ação da deliberação moral; e a dimensão social das relações estabelecidas entre as equipes como fonte de problemas éticos. Conclusão: foram desvelados fatores

[1] Nurse. MSc in Nursing. Nurse at the Serviço de Atendimento Móvel de Urgência da Microrregião Alagoinhas. Alagoinhas, Bahia, Brazil. simone192samu@gmail.com. http://orcid.org/0000-0003-1884-7026.
[2] Nurse. PhD in Nursing. Professor at the Universidade Estadual de Feira de Santana. Feira de Santana, Bahia, Brazil. http://orcid.org/0000-0001-7893-9753.
[3] Nurse. Post-Doctorate in Bioethics. Professor at the Postgraduate Program of the Universidade Federal da Bahia. Salvador, Bahia, Brazil. http://orcid.org/0000-0002-5651-2916.
[4] Nurse. Post-Doctorate in Care History and Anthropology. Professor at the Nursing School of the Universidade de São Paulo. São Paulo, São Paulo, Brazil. http://orcid.org/0000-0003-4922-7858.
[5] Nurse. MSc in Health Sciences. Professor at the Universidade Estadual do Sudoeste da Bahia. Jequié, Bahia, Brazil. http://orcid.org/0000-0002-7328-6025.

que incidem na prática, revelando elementos que favorecem a deliberação, como as experiências do vivido, o compartilhamento das situações e os conflitos que demandam a tomada de decisão. Emerge, assim, um novo olhar para a prática das enfermeiras pautada em um agir ético, responsável e prudente.

Descritores: Bioética. Enfermagem. Enfermeiras e Enfermeiros. Resolução de Problemas. Socorro de Urgência.

Objetivo: entender cómo las enfermeras experimentan la acción de la deliberación moral en el escenario de práctica. Método: investigación fenomenológica basada en la referencia de Alfred Schutz realizada a través de entrevistas con 12 enfermeras de un Servicio de Atención Móvil de Urgencia. A partir del análisis ideográfico y nomotético, se obtuvieron las categorías concretas de los vividos. Resultados: surgieron tres categorías: significados de la acción de la deliberación moral de las enfermeras en la atención pre-hospitalaria móvil de urgencia que se refieren al contexto de la atención; conocimiento técnico-científico como base para la acción de la deliberación moral; y la dimensión social de las relaciones establecidas entre los equipos como fuente de problemas éticos. Conclusión: se revelaron factores que afectan a la práctica, revelando elementos que favorecen la deliberación, como las experiencias de los vividos, el intercambio de situaciones y conflictos que requieren la toma de decisiones. Así, surge un nuevo aspecto para la práctica de las enfermeras basada en una acción ética, responsable y prudente.

Descriptores: Bioética. Enfermería. Enfermeras y Enfermeros. Solución de Problemas. Socorro de Urgencia.

Introduction

Among the components of the Brazilian scenario of the Urgency and Emergency Care Network is the Mobile Urgency Care Service (SAMU), a public utility service aiming to ensure the user's right to access the health service, through telephone calls and embracement of calls by an Urgency Regulation Center. The care team has qualified professionals, such as the Regulating Physician, who acts in the dynamics of the service, classifying the disease and defining the type of Mobile Unit for each case, as well as the crew teams composed of other professionals[1], including nurses.

Regarding nurses' practice in this Mobile Pre-Hospital Care (MPHC) service, the concern with the ethical action of the responsible professional becomes a constant challenge, based on competencies that help in decision-making in adverse, unusual and conflicting circumstances, different from those that occur in the hospital environment[2]. Before this phenomenon, nurses need to develop ethical competence in care provision, considering that these experiences require updates of compliance with norms and duties, which may involve both the sick person as well as family members and other members of the multidisciplinary team. In this context, the tensions between values and professional duties can be experienced and compromise the moral integrity of nurses[3], thus being essential to recognize the meanings of the deliberative actions of these professionals, who maintain a network of interpersonal relationships in the care space.

Therefore, the deliberative action on an ethical conflict is considered the process of maturation of decisions, making a prudent and responsible action course prevail. The doubt, the occurrence of tension between values and individual or collective duties are necessary at the time of action, in order to bring to light the practice of Deliberative Bioethics[4].

Thus, from a perspective of Social Phenomenology, this world-life, contextualized by the intersubjectivity of a social group of nurses that encompasses their daily experiences, is shown with the need to express attitudes in concrete situations that give rise to coping processes, in a time of doubts, questions or need for corrections of elements of the daily practice of these professionals. These concerns involve the nurse's performance in moral experience, with a frequent search to be able to act in a valued and responsible way[5].

In this sense, Schutz discusses the social structure and expresses that the social relationship is a fundamental element in the interpretation of meanings, elects as relevant the understanding

of daily life and human existence in the world of life, also called the social world, daily world and world of common sense[6]. It is in this world that ethical experiences are opened up.

At the moment of primary care, which occurs on the streets, the action intended for adequate help follows a trail that conditions the need for critical thinking of professionals before daily practices and ethical issues directed to a social reality that is familiar through a previous coexistence, experienced in the daily world of MPHC.

A study on ethical issues in the care of ambulance service nurses, conducted in the United States, revealed that a coexistence with unpredictability, often life-threatening, makes ethical decision-making challenging, characterizing the performance of professionals as a complex, difficult task, loaded with responsibility[7].

Aware of the complexity of the care actions involved in the nursing profession in the MPHC scenario, moral deliberation becomes an essential requirement by expanding ethical competence and the effectiveness of relationships in decision making.

Given this scenario, in the perspective that nurses working in MPHC are a social group that deals with lives, directs their practical and ethical actions to all people involved at the moment of care, it is proposed to establish strategies for decision-making, with a view to minimizing damage before ethical problems that may emerge[8]. Thus, the following question was arose: "How do MPHC nurses experience the action of moral deliberation in their daily lives?"

The study of the phenomenon of moral deliberation will enable reflections on moral and ethical experiences by nurses, in view of ethical problems in their daily lives, social relationships and care dimension, in a work environment marked by limitations and adverse situations found in street care.

Aware of the world of relationships, of the communication existing in the MPHC and that the meaning and sense of the deliberative action are attributed to daily experiences of the phenomenon, the objective of this study was to understand how nurses experience the action of moral deliberation in their practice scenario.

Method

This is a phenomenological study on deliberation, conducted from January to March 2014. Social Phenomenology is interested not in singular acts, nor individual behaviors, closed in one self-consciousness, but in the understanding of what constitutes a particular social group that lives a typical situation. The daily world is common to all and is not limited to an individual world, but intersubjective, which is shared with our peers[9].

Alfred Schutz's Social Phenomenology was chosen for this study because it provides an understanding of issues that express motivation, which underlies and drives the action developed in the world of their social relations in the daily practice of those who share life projects[6]. Thus, this study had as a scenario the decentralized bases of a Metropolitan SAMU, considering that this service provides its users with a 24-hour medical listening service, linked to an Urgency Regulation Center that portrays the world-life of the MPHC predominant in the Brazilian scenario.

Intentionally, the participants were 12 nurses who met the inclusion criteria: being a nurse who intervenes with the team in the Mobile Units, having experienced in their daily routine the moral deliberation in the care process in a Mobile Urgency Care Service and having at least six months of work in this service. Exclusion criteria were: being a nurse with an administrative position and being on leave for any reason.

To ensure anonymity, the participants were identified by codenames representing words that, at the meaning origin, are involved with the action of moral deliberation: Decision, Normative, Commitment, Behavior, Action, Value, Responsibility, Protocol, Knowledge, Attitude, Conflict and Dilemma.

The statements were obtained through an authorized phenomenological interview, which

allowed an empathic meeting between the researchers and the participating nurses, after signing the Informed Consent Form (ICF), with the possibility of quitting the study at any time, without any kind of burden or injury. In a comfortable meeting environment, the interview was directed through a guide with the following questions: "Tell me how you have experienced moral deliberation or ethical/moral decision-making in the MPHC?"; "How do you express your expectations before moral deliberation in the MPHC?"

The analysis of the statements was processed through exhaustive reading and acquisition of the essence of the phenomenon. To this end, the idiographic stage was performed in five moments in order to discover the experience of the participants' deliberative action. At first, the speeches were fully transcribed with vertical reading; later, the effect locutions were highlighted with description of the context units. In the third moment, a new reduction was performed, making the phenomenon of moral deliberation appear in its essence. The fourth moment sought the convergences of the meaning units that expressed common motives related to the action, described by words, and then the concrete categories were constructed from Schutz's perspective.

The concrete categories of the lived emerged, as an objective synthesis of the different meanings of the action of the nurses' moral deliberation, called by Schutz as existential motives. The reasons "why" were expressed by the past experiences of nurses in the daily life experienced in PHC, which lead to action in the street care scenario. Data were discussed based on the theoretical framework of Alfred Schutz's social phenomenology and on literature related to the phenomenon under study.

Results

The study population was 12 nurses, 7 women and 5 men, aged between 28 and 45 years old, with 2 to 17 years of professional practice, with more than one employment relationship and attending about 70 weekly work hours.

From the analysis of the statements, to meet the objective of understanding how nurses experience the action of moral deliberation in their daily practice, three concrete categories experienced in the world-life of MPHC emerged: expressing the context of MPHC experienced as the principle of the deliberative action; revealing technical-scientific knowledge as the basis for the action of nurses' moral deliberation in the MPHC; expressing the social dimension of the relationships established between the teams as a source of ethical problems in the MPHC scenario.

Expressing the context of the MPHC experienced as the principle of the deliberative action

In this category, nurses express that, in the concreteness of the existence lived with other actors in the social world of MPHC, there is concern about external or environmental and institutional factors for the practice of moral deliberation. Among these are the lack of community support, the dependence on the scenario found, the occurrence of adverse situations and the exposure to be filmed by the public.

> *We have situations in which the community itself turns against* [...] *the professionals who are providing assistance* [...] (Normative).

> [...] *in fact our deliberation* [...] *often depends on a whole scenario that we find. And then we get to a decision* [...] (Decision).

> [...] *we have to be very careful to make some decision* [...] *everyone today has a video camera and we are exposed to all this.* (Responsibility).

Revealing technical-scientific knowledge as the basis for the action of nurses' moral deliberation in the MPHC

For nurses, moral deliberation is influenced by the knowledge acquired from their stored experiences. This knowledge is constituted in the technical-scientific knowledge and in what was studied, at a certain moment, according to their role in the service. The baggage of knowledge helps respond the possibilities of ethical/deontological violations before the

Regional Nursing Council (COREN), as described in the statements:

> *It is to do what is up to you according to what you studied, according to your role in the service at that time, with what you learned from the other* [...] (Behavior).

> *When I got into the service my difficulties were minor, the technical knowledge, and the search for approximation with emergency situations contributed to my deliberations* [...] *I believe!* (Responsibility).

> *If you have the technical-scientific knowledge, you are backed up* [...] *to answer before the COREN* [...] (Protocol).

Expressing the social dimension of the relationships established between the teams as a source of ethical problems in the MPHC scenario

The nurses, in their statements, describe the moral behavior of the professionals, as well as the existence of social gaps between these professionals, and of the nursing team with the regulatory medical team working in the service. Such attitudes are able to intensify ethical problems in the MPHC scenario.

> *We have issues related to people's personality, people's addictions, the disengagement of people who are part of the team* [...] *trying to standardize the team's work* [...] *decision to do so is quite difficult for the nurse and involves a team* [...] (Conflict).

> [...] *you work together and the group might not be cohesive, and an action that could be complete and effective can sometimes be hindered by agility or rush in service* [...] (Dilemma).

> *But sometimes the team is not intertwined or the situation is really adverse* [...] *Sometimes you cannot communicate with regulating doctors*. (Value).

The nurses also highlight in the statements the power relations instituted among the members of the MPHC teams, as observed in the statements:

> *We make that decision, advanced support unit* [...] *that decision based on medical behavior, right? The doctor is the one who usually determines the behavior* [...] (Behavior).

> *As much as we have the knowledge, we have this obligation to contact the regulating physician* [...] (Protocol).

> [...] *we usually do not make decisions alone except the decision that is already filed, in several care protocols we have, other than that, we only make decisions accompanied by the doctor* [...] *because we can do what is already in the protocol, right? We go to jail, right?* (Attitude).

Discussion

For the nurses in the study, unveiling moral deliberation was to uncover social relationships established in a scenario described by exposure to working conditions that can generate feelings such as anguish, frustration and suffering. These feelings may be associated with the feeling of impotence for an action in situations that refer to the frequent need for moral deliberation[10].

In line with limits or obstacles in care, moral distress can be experienced by nurses, because it encompasses a process of individual experiences in which ethical issues, problems, uncertainties, sensitivity and moral deliberation of these professionals interact[11].

During the care, the professionals who make up the MPHC teams are exposed to some factors that hinder the work process, such as environmental risks, accidents on highways, violence and places of difficult access, involvement of the population as stressors that cause illness, as well as the occurrence of ineffective communication among professionals[12].

The commitment of privacy was highlighted due to the constant exposures with the filming of the population that is in the street scenario. However, the feeling of identity, personal space and dignity, considered as privacy, needs to be respected at the time of urgency and emergency care[7]. In this study, it is noticeable that this ethical issue influences the decision-making of those involved in the pre-hospital context, influencing the deliberation on the facts.

Recognizing the facts related to the service itself and the values that the individual, social, cultural and historical construction carries is essential for the deliberative journey[4]. Thus, being in care with a severe patient on the street causes constant ethical problems that require consideration of the decisions made by the teams.

In these scenarios, essential values can be implied in decision-making, such as beneficence, human dignity, the supremacy of life, justice and professional responsibility[13].

It is also worth mentioning that, in the social world, man experiences a determined biographical situation, is specifically situated in the world of life, and it is in this context that he thinks, feels and acts[9].

The statements presented in this study revealed that, in the act of established social relations and motivations, knowledge sharing supports nurses' actions in the MPHC scenario. They share an existing world-life, with service professionals, seeking diverse knowledge for the care practice in street scenarios.

Thus, in the world-life of MPHC, interpretation can be based on a stock of previous experiences about it; the baggage of knowledge, the own experiences and those that are transmitted operate as a reference source[4].

In this context, Iranian nurses converge with the statements when they highlight that previous missions and living with experienced colleagues play an important role in carrying out ethical challenges[7]. New values can be established in force from a qualified professional practice.

In an American study, ambulance service nurses also understand clinical judgment and scientific knowledge as indispensable tools for decision-making and safe practices[14].

In Brazil, the insertion of nurses trained and qualified in PHC enables qualification and care safety for the population in urgent situations, affecting the quality of care offered with better outcomes for the health system[15].

Thus, it is essential to highlight the need for teams' qualification strategies as a permanent process, inserted in the daily work of the service, in view of the space for education within the work routine, as provided for in the Technical Regulation of the State Urgency and Emergency Systems, Ordinance n. 2048, of the Ministry of Health[16]. This regulation leaves demarcated the possible strategies for inserting deliberative practice in line with the professional self-assessment and self-education necessary for dealing with ethical problems that emerge in the practical scenarios[4].

Moral deliberation is considered as a method that analyzes the events of life, historical and cultural events, corroborating the explanation, argumentation and justification of moral elections[17]. The conduction of educational, dialogical spaces in the MPHC can be a beacon for identifying ethical problems, as well as strategies for ethical decisions.

The statements show that the role of nurses in mobile units cannot be seen as isolated in the world of life, since there is a network of established relationships able to define their actions. The difficulties expressed in the social relations maintained reveal the positions occupied by the service professionals when performing different pre-established functions.

The frequent existence of an indirect relationship between nurses and other team members who work in the care process in the MPHC is conducive to conflicts due to the routine decision-making process, which can remove the institution from a dialogical space among professionals[10].

A study on the obstacles faced in the SAMU, in nurses' perception, also presents the obstacles that exist in communication between Intervention and Regulation professionals as factors that hinder the work of the SAMU, corroborating a minimization of the quality of care that has as ordering a call initiated with the care of professionals from a Regulating Center, who are not at the scene of the occurrence[12]. Thus, there is a relationship characterized by anonymity between the social agents from the Regulation and Intervention responsible for care in the MPHC, in addition to the recognition of this situation as distant relationships for care performance.

Thus, in this area, in which cooperation is fundamental for the quality and safety of care provided, the difficulties in interpersonal relationships certainly compromise the teamwork and the repertoire of options for prudent deliberation[5].

The existence of breakable social groups in the MPHC is configured, maintaining the relationships of the dominated and dominant, with imposed rules, hindering the horizontal characterization of relationships and providing

a distancing from the "I-you, I-we" relations, which can influence the awakening of a moral conscience at the moment of deliberating in the MPHC scenario.

The relationships of the teams, when they provoke the continuity, in practice, of a hierarchical meeting, with a vertical and childish characterization of relationships, breaks the dialogue and creativity among health professionals[18].

This fact can transgress the actions of deliberation, potentiate ethical problems, enabling only a rational, fast and little reflected decision, even aware of situations in the daily life of these professionals that are not listed as ready-made filed rules, including those that permeate the deliberative action.

Thus, the constructed social relationships are perceived as contradictory, because as a homogeneity is proposed to the SAMU team with the standardization of the same uniform, the horizontal characterization and balance of these relationships are broken when the need for demarcation of professional territories emerges in the daily world of doing[19]. In this context, the absence of reciprocity and intersubjectivity between the teams occupying the MPHC space is grasped.

Coming from a biomedical, assistance model, centered on the figure of the medical professional, mobile care bears the origin of a service conducted by protocols[5]. Living in a world with imposed rules, where contradictory and incoherent elements are not mobilized, it prevents the individual from transcending the necessary requirements of its plans and practical operations, which tend to assume a routine character[9].

Nevertheless, it is proposed a paradigm break with health production based not only on the technical-material result, but based on values, relationships and affections that provide an inter-human exchange of horizontal, collective-cooperative character[18].

Thus, belonging to a daily life with common interests, this process of becoming aware of the way of deliberating of MPHC nurses projects a movement, through reflections of the daily relations of this social group, with possibilities for an action that leads to the exercise of autonomy, the transformation of values at the moment of deliberative practice, with the daily redoing of professional exercise.

The deliberative practice in the field of bioethics allows a space for debate among ethics, power and emancipation for a locus of equitable and democratic practices as a way of weighting decisions[20].

Nonetheless, in the perspectives of nurses who experience moral deliberation, a concrete, conflicting scenario emerges, which enshrines a distance from the social actors involved in the MPHC, described as professionals working in the mobile units and the Urgency Regulation Center (CRU), providing the occurrence of ethical problems in team relations.

Schutz's thought establishes the need for a face-to-face relationship arising from social relations and intersubjectivities, with direct concurrency between one person and another[6]. However, in the daily routine described by the participants, a relationship of anonymity, of distancing, which, at a maximum degree, considers the other as a number or only function[9].

It was possible to identify the reality of meanings, reasons and justifications for the deliberation of these professionals in their daily world. Aware that nurses can be subjects of their own world-life, the starting point for this action can be an evaluation of the ethical problems experienced, opening up a range of possibilities for their prudent resolution, with a repertoire of actions based on an interactional relationship between the teams, intervention, regulation and coordination[5].

Thus, the need for the exercise of deliberative practices may indicate the systematized use of methods that may favor the development of skills and competencies, for an excellence of ethical action in the MPHC scenario, which particularizes intervention and regulation professionals, and, at the same time, can strengthen the dialogue between peers and minimize the occurrence of

moral distress among nurses belonging to this world-life.

As a limitation of this study, which unveils the world-life of a social group, there is the participation of a specific group of a metropolitan area and that may differ from the meanings of experiences of other social actors marked by different times, histories and motivations in the deliberative practice in the MPHC.

Conclusion

The study allowed an approximation with the world-life of MPHC nurses, scenario of action and deliberation before the ethical issues experienced, with the record of a daily life demarcated by disruptions in relationships that are reflected in limits. However, it also reveals elements that can favor deliberative practice, such as experiences of the lived, the sharing of situations and the conflicts that require decision-making.

The study brings out the proposal to guide the exercise of moral deliberation as a practical method in the world-life of MPHC as relevant as team training, favoring a relational, deliberative, dialogical scenario and close to an "I-you-we" relationship.

Studying moral deliberation based on the past actions of this social group makes a new look at the practice of nurses prevail, which motivates prudent action, with effective choices, reconciled with safe and ethical practices.

In the absence of exhaustion, new approaches are proposed aiming at the expansion of this theme, so that subsidies are offered, which provoke an awakening of moral conscience, modify nurses' deliberative actions in professional practice and establish horizontal relations between the social actors that are part of the MPHC scenario through new motivations that lead to deliberative actions.

Collaborations:

1 – conception, design, analysis and interpretation of data: Simone da Silva Oliveira, Adriana Brait Lima and Darci de Oliveira Santa Rosa;

2 – writing of the article and relevant critical review of the intellectual content: Simone da Silva Oliveira, Adriana Brait Lima, Darci de Oliveira Santa Rosa, Genival Fernandes de Freitas and Mariana Oliveira Antunes Ferraz;

3 – final approval of the version to be published: Simone da Silva Oliveira, Genival Fernandes de Freitas and Mariana Oliveira Antunes Ferraz.

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