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ETHICS AND HEALTH PROMOTION FROM THE PERSPECTIVE OF PRIMARY CARE NURSES

ÉTICA E PROMOÇÃO DA SAÚDE SOB A ÓTICA DE ENFERMEIROS DA ATENÇÃO BÁSICA

ÉTICA Y PROMOCIÓN DE LA SALUD DESDE LA PERSPECTIVA DE LOS ENFERMEROS DE ATENCIÓN PRIMARIA

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Objective: to identify the perception of Primary Care nurses about ethics in health promotion actions. Method: exploratory descriptive study of qualitative nature, carried out with 14 nurses working in Family Health Strategy units. The data obtained from semi-structured interview were analyzed through content analysis in the thematic modality. Results: conflicts of professional ethics between nurses and physicians were evidenced, in addition to the relationship between users and nurses; health promotion behaviors by nurses with a biologicist approach; justification of inadequate care to users, due to work overload and incomplete nursing staff; nurses' distress during professional experience. Final thoughts: according to the nurses working in Primary Care, ethics in health promotion actions is related to the diversity of daily work resulting from professional experience.

Descriptors: Professional Ethics. Ethics in Nursing. Community Health Nursing.

Objetivo: identificar a percepção de enfermeiros da Atenção Básica sobre a ética na realização de ações de promoção da saúde. Método: estudo descritivo exploratório de natureza qualitativa, realizado com 14 enfermeiros atuantes em unidades de Estratégia Saúde da Família. Os dados obtidos por entrevista semiestruturada foram analisados mediante a análise de conteúdo na modalidade temática. Resultados: evidenciaram-se conflitos de ética profissional entre enfermeiros e médicos; relação de vínculo entre usuários e enfermeiros; condutas de promoção da saúde pelo enfermeiro com enfoque biologicista; justificativa de assistência inadequada aos usuários, por motivo de sobrecarga de trabalho e equipe de enfermagem incompleta; sofrimento moral pelo enfermeiro durante a experiência profissional. Considerações finais: na perspectiva de enfermeiros atuantes na Atenção Básica, a ética na realização de ações de promoção da saúde está relacionada à diversidade de trabalho cotidiano decorrente da experiência profissional.

Descritores: Ética Profissional. Ética em Enfermagem. Enfermagem em Saúde Comunitária.

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Objetivo: identificar la percepción de los enfermeros de atención primaria sobre la ética en las acciones de promoción de la salud. Método: estudio descriptivo exploratorio de carácter cualitativo, realizado con 14 enfermeros que trabajan en unidades de Estrategia de Salud Familiar. Los datos obtenidos por entrevista semiestructurada fueron analizados a través del análisis de contenido en la modalidad temática. Resultados: se evidenciaron conflictos de ética profesional entre enfermeros y médicos; relación entre usuarios y enfermeros; la promoción de la salud realizada por enfermeros con enfoque biológico; justificación de la atención inadecuada a los usuarios, debido a la sobrecarga de trabajo y al personal de enfermería incompleto; sufrimiento de los enfermeros durante la experiencia profesional. Consideraciones finales: desde la perspectiva de los enfermeros que trabajan en Atención Primaria, la ética en las acciones de promoción de la salud está relacionada con la diversidad del trabajo diario resultante de la experiencia profesional.

Descriptores: Ética Profesional. Ética en Enfermería. Enfermería de Salud Comunitaria.

Introduction

Ethics is the science that investigates human acts, resulting in behaviors involving values and principles[1]. Ethical values and principles are based on philosophical theories that are classified as: empirical, which involves experience; pure, which is supported by principles that precede the experience; and metaphysics, pure philosophy, limited to certain areas of knowledge[2].

Metaphysics understands the nature of the individual, in his/her physical form and customs. Therefore, it is indispensably necessary, not only for speculative reasons, to investigate the source of the practical principles that precede the individual's reason, but also because the customs themselves are subject to dishonesty in the absence of self-judgment[2].

In view of those theoretical considerations, the importance of ethics is understood as a transversal element in the factual circumstances that involve the work process of nurses who have Primary Health Care (PHC) as a field of action. In this work field, care activities include actions of continuous monitoring of the individual, family and community, aiming at disease prevention and health recovery and promotion (HP)[3].

HP is a process characterized by the self-responsibility of the individual for his/her own health. The primary objective is to mitigate divergences in the health of the population and ensure equal benefits and resources that enhance an adequate state of health for all people. HP involves favorable environments, access to information, experiences and skills in life, as well as opportunities that allow the individual to make choices aimed at a healthier life. Above all, it is a process that depends on coordinated action between government and social, economic and health sectors, as well as non-governmental organizations, local authorities, industry and media[4].

Aiming at HP, the PHC implements, in the Family Health Strategy (FHS), the development of the work of taking care of the health of individuals, family and community. The objective of the FHS is to consolidate the principles established by the Brazilian public health system, the Unified Health System (SUS in portuguese), and respond to the health needs of the population[5].

The HP actions carried out in the FHS should be conducted by the guidelines of the National Health Promotion Policy (PNPS). Established in the management of the UHS, this policy considers the nurse protagonist in the execution of health-promoting activities, for being a professional who stimulates and creates bonds with the interdisciplinary health team and the community[3].

In order to develop HP actions in PHC, nurses should use strategies that drive changes in the health sector and society, enabling the recovery of essential values for the construction of new social relationships based on respect, solidarity and ethics[5]. When it comes to ethics, there stands out the possibility of confronting beliefs and values that the process of proximity between nurses and the different ways of living of individuals from the assisted community can promote.

Based on the premise that HP actions performed by PHC nurses involve ethical issues

among individuals, family, communities and health professionals, the interest in this study arose, with the following research question: How do nurses working in the PHC perceive ethics in the development of HP actions?

The aim of this study was to identify the perception of Primary Care nurses about ethics in health promotion actions.

Method

Descriptive exploratory research of qualitative nature, carried out with the Municipal Health Department (SMS in portuguese) of a municipality in southern Brazil, with nurses working in FHS units. The nurses investigated were identified in a list provided by the permanent education sector of the SMS of the municipality scenario of this study.

The inclusion of the participants in the study was characterized by intentional qualitative sampling[6], constructed based on the 32 Consolidated criteria for reporting qualitative research (COREQ). In compliance with the COREQ international guide, nurses who shared particular characteristics and with the potential to provide rich, relevant and diverse data relevant to the research question participated in the study[6]. Inclusion criteria: nurses working in the FHS for a minimum period of one year. Exclusion criterion: nurses who, in the period scheduled for data collection, were absent from the service at the time of the interview.

The period between September and December 2019 was destined for data collection. For this, a semi-structured interview instrument containing open and closed questions about the characterization of the subjects, regarding gender, age, time of profession and performance in the FHS was used; and guiding questions that involved ethics and HP actions.

The interviews, conducted by the researchers themselves, in the nurses' individual workrooms, according to their availability, were recorded, with a minimum duration of 15 and a maximum of 60 minutes. Only the researcher and the interviewee were present at the time. First, a pilot test was conducted, which involved three interviews. As there was no need for changes in the questions, these interviews were aggregated to the total qualitative sampling. However, it was not necessary to repeat interviews. Each interviewee was identified by the letter N (Nurse) followed by the number corresponding to the order of the interview.

The data obtained from the content analysis technique were analyzed in the thematic modality[6], comprising the following stages: pre-analysis – exhaustively, the selected material was read, aiming at textual comprehension and a vision of the set; treatment of the results – distribution of the analysis texts in excerpts, phrases and fragments of speeches, identifying, through inferences, the meaning cores; by categorizing the data, two categories of analysis were defined; elaboration of the interpretative synthesis – construction of the essay by theme, with the purpose of articulating and giving meaning to the texts that guided the analysis.

This study followed the precepts of Resolution nº 466/2012 of the National Health Council. The research project was approved by the Research Ethics Committee of the Universidade Estadual do Centro-Oeste do Paraná, under Opinion nº 3.527.560.

Results

The participants were 11 female nurses and 3 male nurses. Of the 14 nurses participating, 8 were between 30 and 40 years old; 3, between 41 and 50 years old; and 3, over 60 years. Regarding the time of profession, 7 nurses had between 5 and 10 years; 3, between 11 and 20 years; and 4, more than 20 years. One worked between 1 and 2 years in the FHS; 6, between 5 and 10 years; and 7, more than 10 years.

The results of the semi-structured interviews are arranged in two categories of analysis – Ethics and health promotion in the context of the organization of the Family Health Strategy and Ethical issues in health promotion actions involving nurses and people using the SUS –, each organized in different subcategories.

Ethics and health promotion in the context of the organization of the Family Health Strategy

The following subcategories are part of this category.

Elements involving professional ethics among the interdisciplinary team of the FHS

The ethical issue in the HP [Health Promotion] *actions involves the multidisciplinary team, that is, there is resistance from health professionals to changing the biomedical health care model. Many health professionals still believe that to keep health is just to take medicine. This creates ethical conflict because it influences users*. (N2).

In the case of the interdisciplinary team, it involves the issue of secrecy about what is discussed in the meetings. It generates moral conflict when this secrecy is broken by a team member. (N3).

People who complain about some professionals, such as the doctor, for example, and often we get our hands tied. (N11).

Work overload and incomplete nursing team

If we had greater coverage of the FHS [Family Health Strategy], *we could work better at HP* [Health Promotion] *and we would not just be putting out fire*. (N2).

Overload. It is too complicated. We do not work calmly, but under pressure all the time. I do my best to carry out collective actions of HP [Health Promotion]. (N11).

Moral conflict between nurse and physician

Many times, we, who are in the embracement, realize that the user does not need to go through the doctor and we understand that we can solve, only by talking to the patient, but we are there to organize the service queue, classify the risk. (N2).

I think about the fact that people prefer medical care. Sometimes the FHS [Family Health Strategy] *goes three months without a dentist and has no complaints. But if the FHS goes a week without a doctor, it is complicated! The doctor-centered care is cultural*. (N5).

Recently, I had an exhausting situation. A doctor told me that I could not question him as to the patient's diagnosis, even though I did not agree with his medical evaluation. (N6).

I have problems with the medical professional. He complains about taking care of patients, he is negligent in care, whether diagnostic or procedural, and that, for me, is very difficult, because people who come here expect a lot from us. (N12).

Individual care and nursing consultations configuring Health Promotion actions

To tell the pregnant woman, the mother, at the time of childcare, about the care to prevent diseases and avoid problems. (N3).

Sometimes, even with a simple conversation at the counter, we do a lot of this HP [Health Promotion], *that is, when delivering the medication, guiding the person on how to take it, also making orientations at the time of pre-consultation*. (N5).

My HP [Health Promotion] *actions are in relation to scheduled appointments, to orientations in the hall, when they are waiting for the medical consultation. I also provide guidance in embracement and risk classification*. (N6).

It is always to guide. It is the embracement, the patient's listening. Have an active listening. (N7).

I take advantage of nursing consultations for HP [Health Promotion]. (N4).

Intention of bonding between nurses and the enrolled population, and development of user autonomy in health care

It is to encourage the individual to do physical activities, to have an adequate diet, to self-care. (N7).

We have invested heavily in a community garden project. The idea is to involve our community for self-care. (N2).

Worry about the person and not the disease. (N10).

I think it is any kind of action that we do that leads the person to understand that he is also responsible for his health. (N11).

Bringing knowledge to the user and, from this knowledge, he will take care of himself. (N12).

To stimulate self-care. Awakening in the user the awareness, for example, of adequate eating and the annual execution of gynecological cancer prevention. (N14).

Ethical issues in health promotion actions involving nurses and people using the Unified Health System

Fragments of data for this category are exposed in the following subcategories.

Compliance with professional ethics with respect and secrecy while meeting the user

When you do nursing care, for anyone, regardless of creed, religion, the important thing is respect; that is, the

patient must be respected, heard and his integrity must be preserved. (N5).

Ethics in care involves respect, secrecy. For example, the reports I hear at the time of Pap smear collection should concern only the patient and me. (N6).

Ethics involves a service with respect; that is, not to expose the patient, so as not to embarrass him; not to use technical terms, because "they" do not understand; not hurt the patient's confidence; not to criticize the patient's complaint. (N7).

I have had situations of guiding the patient on a correct diet, such as decreasing fat consumption, for example, and he does not accept, because it is his culture to eat early in the morning fried egg and crackling. Another situation is the pregnant woman, in which you advise the importance of doing physical activity, ingesting enough liquid to avoid urinary infection and, in front of you, they agree, but do not always do what you have guided. And what do you do with all this? You guide, but if the patient does not comply, you respect her. (N13).

Nurses' moral suffering stemming from their professional experience in the Family Health Strategy

When you have a situation of sexual abuse and decision-making to report, you are coerced by the situation of working in that FHS [Family Health Strategy] *and being known in the territory*. (N10).

We have many cases of women living in violence here, which is scary, you know? (N12).

Remedies that people need and cannot get it, because they depend on bidding; and, at other time, we lack it, and the person has addiction and gets nothing. It shakes me! (N11).

One situation is the fact that the user is resistant to listen to the health professional, being the justification: My mother did so and I will continue to do so. That, to me, is an ethical dilemma. I suffer with it! (N2).

An ethical issue is when we treat a positive HIV [human immunodeficiency virus] *patient, who was already in her third child, and the current partner was unaware of the diagnosis, and she did not want to tell him. I understand this situation as an ethical dilemma, which imposes moral suffering on me. How can I live with that, knowing that her partner was at risk, and I, as a health professional, had my hands tied? Whether I broke confidentiality or not, I did not seem to be complying with my work ethics. Another situation is the child with suspected sexual abuse. We end up trying to defend the child, but then the adult sometimes does not accept, thinks it is not, or protects the abuser. I suffer a lot with all this!* (N3).

So, I accompanied a 13-year-old pregnant woman, married, who became pregnant because she stopped using birth control of her own free will; that is, it was a planned pregnancy. For me, this is an ethical dilemma, because I had to meet the pregnant girl without judging her by pregnancy, which I understand was not the ideal time for this 13-year-old girl to have a child! (N10).

I suffer with dilemmas that run into what I believe as correct such as when meeting a child in a situation of sexual abuse, in which you realize that the perpetrator is a very close relative, like the grandfather, for example. Another situation would be that of a woman asking for help to have an abortion, and my moral principles and values do not accept, regardless of the reason. (N14).

Discussion

Ethical issues that are part of the daily activities developed by FHS nurses, when not perceived and valued, can result in damage to the health care of the related population, especially concerning bonding and co-responsibility[8]. In this perspective, nurses who work in the FHS, in addition to adequately performing the work of taking care of the population's health, especially performing HP actions, need to have the sensitivity to perceive and consider ethical issues of a significant nature. Otherwise, the professional relationship between team and user becomes shuddered, when they are promoted by the confrontation of beliefs, values and different ways of living.

Performing the work of HP in the FHS requires nurses to be situated in the paradigm of network management and to have a generalist view, which encompasses knowledge in the area of politics, education, culture, sports, housing, the environment and/or anyone else who has a confluence with the field of collective health[9]. It also implies the implementation of a work process marked by the exercise of citizenship, that is, in the offer of a care practice with quality interpersonal relationship between professional and user, permeated by ethical issues that require valorization and are not restricted to clinical care[8].

In this study, HP was not related to the housing, culture and education conditions of the related population, as well as the social and political responsibility involved. Above all, nurses presented a broad discourse on health-disease dynamism, overcoming a simplified knowledge of health.

Among the nurses investigated, the understanding of HP was not qualified, and difficulties and uncertainties about this expanded concept of health were implicit. A study conducted with nurses from the FHS in

the city of São Carlos (SP) corroborates these findings, in which difficulties in demonstrating knowledge about HP were significant evidence among professionals[10].

The understanding about HP in the context of the FHS should be inserted in the health behaviors of individual and collective domain, which involves an integral care that has repercussions on the social determinants of health of individuals and communities[5]. This understanding can be arranged in two main axes: one approximates actions to promote disease prevention; the other proposes the expansion of the concept of health, which involves the concern of people themselves for building better living conditions[9].

It is emphasized that the conception of prevention is based on biomedical concepts, which have health as the absence of diseases[11]. However, disease prevention is a term that is inserted in the HP, since HP actions prevent diseases[9]. Perhaps this approximation between the concept of HP and disease prevention is explained by the fact that the nurses in this study attribute a biological character to HP actions.

The HP actions performed in the FHS should be conducted according to the PNPS guidelines. It is noteworthy, in the nurses' reports, the naturalization of considering that individual care and nursing consultations configure HP actions, characterizing a distancing from the PNPS guidelines. Another relevant factor was work overload and the incomplete nursing team, which serve as a justification for nurses not performing collective actions of HP. These findings are related to the study[10] in which nurses also reported to predominantly develop HP actions in individual care and nursing consultations.

Nursing consultations are essential to the nurse's performance, in order to identify the user's needs, as well as strengthen the bond with him/her. However, health-promoting activities should not be limited to individual care, but should emphasize strategies for performing collective HP behaviors, such as the act of educating in health[10].

Health education is closely associated with the care provided to people, as well as guides different actions exercised by nurses, who are educators par excellence. Educational actions are characterized as one of the most important elements for the development of HP actions[10-11]. In this type of strategy, themes should be addressed, encompassing the social determinants that interfere in the health-disease process, such as safe and sustainable mobility and healthy body practices[3].

Although the HP actions reported by nurses were individual and focused on prevention, it was verified the intention of the FHS interdisciplinary team to form a bond with the related population, in addition to the development of user autonomy in health care. These findings are related to a study[10] conducted in Recife (PE), with the objective of analyzing the perception of nurses about their educational performance in the FHS, and another developed in the city of São Carlos (SP), which analyzed the knowledge and practice of health promotion performed by FHS nurses[12]. The success of HP collective actions is related to the motivation and involvement of the organizing team, besides covering the feeling of belonging of the participants of the groups and the recognition of their knowledge and health needs[13].

In this context, ethics in HP actions are agglutinated in a diversity of health actions, supported by methods, techniques and procedures that inspire the development of the nurse's work in coping with numerous health problems that affect individuals, families and community. Especially in the daily practice of nurses, care should be the essence of their doing, that is, go beyond the biological and fragmented practice[14].

The interprofessional relationship between nurses and physicians proved to be troubled, and the competence of academic training was a background. These findings corroborate the studies conducted with PHC[15] nurses and nurses from the FHS[16]. Thus, the moral conflict between nurse and doctor, involving discrepancy of authority, is historically constructed. Contrary to the contemporary moment, this happened at a time when medicine was commonly performed by men and nursing, by women. Nevertheless, the

gender power structure among these professional categories persists in the imagination of today's society, even though in contemporary times there are a considerable number of women in medicine and men in nursing[17].

Applying ethics in the development of HP actions implies philosophical principles, historical-social experiences and human behavior. It is important to emphasize that ethics has the function of explaining, clarifying and studying the relationships and behavior of the human species within society, in order to elaborate concepts that indicate the best behavior from the moral point of view. Although morals have certain principles, it is not ethics that enlightens them. Ethics, as a science of morals, is based on historical and social experiences[18]. A morally good action is one performed according to certain universal principles. Those who act according to principles do not care about the outcome of their actions. Those who care exclusively about the result of their actions do what is necessary to make what they want to occur[19].

The moral distress of the nurses participating in this study, resulting from the proximity in care to users, is confirmed in a study[20] that aimed to verify the ethical problems experienced by nurses working in a FHS of São Paulo, which showed that ethics in PHC deals with common events in the daily practice of nurses' work.

Nurses, when they participate in actions perceived as incorrect, either by action or omission, can be affected by moral suffering, which is surrounded by psychological, emotional and physiological suffering[21]. A study[22] on moral distress in nurses working in PHC units in Rio Grande do Sul identified, among its results, the contestation of decisions of other professionals as a risk factor that presented the highest means. There are also studies conducted in New Zealand[23] and China[24] that indicated considerable rates of moral distress among nurses. It is understood that it is necessary to focus on the ethical issues that involve the daily work in health, whether in professional-patient relationships or in professional-interdisciplinary team relationships[25].

Nurses working in the PHC/FHS need to incorporate HP as a strategy of social transformation[4]. It is important to reflect on care and highlight that, in the Nursing profession, caring is much more than protecting, than providing psychological and emotional support, satisfying the individual in the care of his/her needs. Caring is being ethically competent, providing a service with respect, making wise and timely decisions. When nurses practice health care, making use of ethical principles, the relationship between "he/she" and the individual who is cared for becomes strengthened[26]. Thus, the sensitivity of nurses in relation to ethical issues that come from HP actions with individuals, family and community is considered *sine qua non*.

In view of the relevance of the results of this study, the small number of participants in the study was considered a limitation. Another limitation considered was the scarcity of scientific studies addressing the ethical theme in HP actions by nurses working in PHC, in this conjuncture, a fact that inhibited more valuable comparisons.

It is believed that the results presented here can trigger the expansion of knowledge along the ethical and HP theme focused on PHC, supporting, from a deontological perspective, the construction of practices committed in the context of nursing work, solidifying the adequate care provided to SUS users.

Final thoughts

The development of this study confirmed the initial premise that motivated it, identifying the relationship between ethical issues and HP actions among nurses working in the PHC.

The HP actions reported by nurses had individual and focused on prevention. However, it was perceived the intention of forming a bond between nurses and the related population, and the development of user autonomy in health care.

Among the elements involving ethics and HP actions pointed out by the nurses were: professional discomforts among the

multidisciplinary team, triggered by work overload; incomplete nursing team; and moral distress. On the other hand, the nurses demonstrated believing they complied with professional ethics, by assisting the user with due respect and ensuring care confidentiality.

From the perspective of nurses working in the PHC, ethics in HP actions is mainly related to the diversity of daily work resulting from professional experience.

Collaborations:

1 – conception, design, analysis and interpretation of data: Kátia Pereira de Borba, Donizete Azevedo dos Santos Silva, Leonardo de Carvalho Barbosa Santos and Isabela Letícia Petry;

2 – writing of the article and relevant critical review of the intellectual content: Kátia Pereira de Borba, Maria José Clapis and Adriana Kátia Corrêa;

3 – final approval of the version to be published: Kátia Pereira de Borba, Maria José Clapis and Adriana Katia Corrêa.

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