



APPLICABILITY OF THE CODE OF ETHICS IN NURSING ACTIONS IN THE INTENSIVE CARE CENTER

APLICABILIDADE DO CÓDIGO DE ÉTICA NAS AÇÕES DE ENFERMAGEM NO CENTRO DE TERAPIA INTENSIVA

APLICABILIDAD DEL CÓDIGO DE ÉTICA EN LAS ACCIONES DE ENFERMERÍA EN EL CENTRO DE CUIDADOS INTENSIVOS

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ABSTRACT

Objective: characterizing the applicability of the Nursing Code of Ethics in nursing actions in the Intensive Care Unit. **Method:** an exploratory study with quantitative and qualitative approach, conducted in the Intensive Care Unit of a Federal Hospital in João Pessoa/PB, with nurses from July to August 2014. Data were collected through a questionnaire; for the analysis, there was used descriptive statistics and the model of the Thematic Analysis. The research project was approved by the Research Ethics Committee, CAAE: 31997114.0.0000.5183. **Results:** 60% of professionals have referred to applying the code of ethics in items dealing rights, duties and prohibitions. **Conclusion:** the nurses partially apply the Code of Ethics of the profession in nursing actions, pointing to the need for a deeper base of this Code in their professional decisions. **Descriptors:** Nursing; Code of Ethics; Intensive Care Center.

RESUMO

Objetivo: caracterizar a aplicabilidade do Código de Ética de Enfermagem nas ações de enfermagem no Centro de Terapia Intensiva. **Método:** estudo exploratório, com abordagem quanti-qualitativa, realizado no Centro de Terapia Intensiva de um Hospital Federal em João Pessoa/PB, com profissionais de enfermagem no período de julho a agosto de 2014. Os dados foram coletados por meio de questionário; para a análise, utilizou-se a estatística descritiva e o modelo da Análise Temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE: 31997114.0.0000.5183. **Resultados:** 60% dos profissionais referenciaram aplicar o Código de ética nos itens que tratam direitos, deveres e proibições. **Conclusão:** os profissionais de enfermagem aplicam parcialmente o Código de Ética da profissão nas ações de enfermagem, tornando evidente a necessidade de um embasamento mais profundo desse Código nas suas decisões profissionais. **Descritores:** Enfermagem; Código de Ética; Centro de Terapia Intensiva.

RESUMEN

Objetivo: caracterizar la aplicabilidad del Código de Ética de Enfermería en las acciones de enfermería en la Unidad de Cuidados Intensivos. **Método:** un estudio exploratorio con enfoque cuantitativo y cualitativo, realizado en la Unidad de Cuidados Intensivos de un hospital federal en João Pessoa/PB, con las profesionales de enfermería, de julio a agosto de 2014. Los datos fueron recolectados a través de un cuestionario; para el análisis, se utilizó la estadística descriptiva y el modelo del Análisis Temático. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, CAAE: 31997114.0.0000.5183. **Resultados:** 60% de los profesionales se han referido a aplicar el código de ética en los artículos que se ocupan de los derechos, deberes y prohibiciones. **Conclusión:** los profesionales de enfermería aplican parcialmente el Código de Ética de la profesión en las acciones de enfermería, señalando la necesidad de un fundamento más profundo de este Código en sus decisiones profesionales. **Descriptores:** Enfermería; Código de Ética; Centro de Cuidados Intensivos.

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INTRODUCTION

The intensive care units are sectors designed to meet critical patients, life-threatening, but recoverable and with chance of life.¹ Based on this assertion and on the high sectoral complexity, the nursing staff need to possess technical, scientific and legal knowledge to develop its functions in a holistic, individualized, humanitarian and securely way, aiming to ensure the welfare of the user who needs the health services in these sectors.

These sectors, as a result of its high complexity, and because it is a hostile environment, where they deal with life and death, can promote the professionals who perform their functions in this environment, a high level of anxiety and stress triggering an effect, many times, of failure of the ethical postulates of the profession. In the hospital several aspects could jeopardize the conduct undertaken, include:

*[...] cognitive, behavioral and physiological aspects, in order to provide a better understanding of the situation and of their demands, as well as faster processing of the information available, making possible a search for solutions, selecting suitable conducts and preparing the body acting in a quickly and forcefully way.*²

The emotional aspect can directly affect the daily lives of people in beneficial or detrimental ways depending on each situation. If the individual does not know how to balance his feelings, this will influence his psychological state and thus reflect the professional practice of these people.³

Nursing professionals in the professional sphere should be alert to the control of their emotional state during the performance of its shares whereas intensive care units are triggering local stress in this way to practice the care should be undertaken with caution in order to ensure the integrity of the patient, ridding it of the damage resulting from malpractice, negligence and recklessness.

The preamble of the Nursing Professionals Ethics Code (CEPE, in Portuguese) mentions that the nursing professional must respect the life, dignity and human rights in all its dimensions; as well as the Article 12 indicates that the provider should ensure that the person, family and community nursing care free of damage from malpractice, negligence or recklessness. These quotes commitment and compliance that we should have as a nursing professional make clear, with a normative ethics of the profession.⁴ Malpractice, negligence and recklessness are

typified in criminal misdemeanors, the offender can answer criminal to justice.

For nursing professionals being differentiated in covering ethics, nurses need technical, scientific, ethical and legal grounds in the provision of quality care and free from risk and harm to the patient and/or family and offenses to professional. As these breaches defined as an act committed by the nursing professional, omission or connivance that implies failure and/or disobedience to the Code of Ethics of Nursing Professionals.⁵

The of Professional Code of Ethics can be defined as a set of norms, law and moral principles that guide a particular profession in the exercise, deciding standards of behavior they expect from a particular class. They include the offenses and penalties that will be charged in case of non-compliance with ethical and legal principles in the context of professional practice.⁶

With the standardization of specific legislation, nursing has been over the years gaining more space in the social environment, emerging opportunities in acting means hitherto unknown by category. Therefore, the need to improve both the scientific aspect as cool has become indispensable for the profession, it is essential that these professionals have knowledge of the full content of CEPE for that way to practice their exercise more safely both for themselves and for the user and the community.

Given the above it is felt the need to assess the applicability of CEPE in the actions of the nursing profession in Intensive Care Units.

This study aims to:

- Characterizing the knowledge of nursing professionals about the profession's Code of Ethics.
- Checking its applicability in nursing actions in the Intensive Care Unit.

METHOD

This is an exploratory study of a qualitative approach, performed with nursing professionals (nurses and nursing technicians) in the general adult Intensive Care Unit of a teaching hospital in João Pessoa - PB. The population consisted of 50 nursing professionals and 15 nurses and 35 nursing technicians, the sample was formed by 10 professionals, 06 nurses and 04 nursing technicians, considering the following sample selection and inclusion criteria: be professional nursing with a minimum performance of six months in the Intensive Care Unit, accept participate and sign the Informed Consent (IC).

Data collection was carried out from July to August 2014, after the project was approved by the Research Ethics Committee (CEP) of the University Hospital Lauro Wanderley (HULW) with protocol CEP/HULW 703.095 under the CAAE 31997114.0.0000.5183. It was used as data collection instrument the questionnaire with objective and subjective questions divided into two parts: the first with issues related to the profile of the professionals and the second with items on the knowledge of CEPE emphasizing questions drawn up with some random practical situations based on the Code, to obtain the data.

During data collection there were observed the ethical aspects of Resolution 466/12 NHC, ensuring anonymity and confidentiality of information.⁷ Data were analyzed and interpreted using descriptive statistics and the model of thematic analysis. This analysis consisted of three stages: pre-analysis, material exploration and treatment of obtained results.⁸

1) Pre-analysis: consists of the choice of documents to be analyzed. There are certain registration units (descriptors or phrases), the context units, the clippings, the form of categorization and general theoretical concepts that guide the analysis, taking into account the central and objective research question;

2) Exploration of Material: consists of the changes of the initial obtained data, aiming to understand the text from its core sense. The procedure is the clipping of text in registration units, and it can be a word, a phrase, a theme as established in the pre-analysis; still, it performs the classification and aggregation of data; in this item there was used the coding to the answers of questions about knowledge of nursing professionals about section III of the CEP [...], this encoding was established in names of rose, daisy, petal, lavender, gillyflower and orchid, aiming the non identification of the professional.

3) Processing of the results obtained: the interpretation of the data obtained, already categorized, correlating them with the theoretical framework on which the research is based.

RESULTS AND DISCUSSION

◆ Profile of the Nursing Professionals

The following data show the profile of nursing professionals from the variables: age, gender, religion, vocational training and training time, as shown in Table 1.

Table 1. Distribution of nursing professionals according to age, gender, religion, vocational training and training time. João Pessoa, 2014.

Variables	n=10	%
Age (in years)		
20 - 29	03	30
30 - 39	05	50
40 - 49	01	10
>50 years old	01	10
Gender		
Female	07	70
Male	03	30
Religion		
Catholic	04	40
Evangelical	04	40
Other	02	20
Vocational Training		
Nursing technician	04	40
Nurse	06	60
Academic training time		
Less than one year	01	10
From one to ten years	06	60
11 - 20 years	02	20
>20 years	01	10

The data show that 50% of the participants are in the age group between 30 to 39 years old, 70% are female and 40% respectively are Catholics and Evangelicals. Like gender, age group also corresponds to the reality found in Brazil, in which predominates age group (30-39 years old) ranging between 26 and 35,

corresponding to 35.98% of these professionals.⁹

With regard to vocational training, the majority of respondents (60%) were made up of nurses and 40% are nursing technicians. The time of formation of these professionals, regardless of the category they belong to, is

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between one to ten years. In this sense it is believed that ten years may be sufficient to meet the professional code of ethics and use it in their professional practice. And thus use it in everyday applicability of their professional actions.

The training time is considered a major factor in the development of activities in the ICU because patients require specialized care, the critical state they are in. This requires professional technical ability and professional experience.¹⁰

The variable referring to gender was evidenced predominantly. Nursing, from its origins, has emerged as a predominantly female profession. This study has validated this assumption, among the participants, as well as data obtained by COFEN,

corresponding to 87.24% of the quota in Brazil.⁹

Knowledge of nursing professionals about CEPE

To assessing the knowledge of nursing professionals about the CEPE, questions were prepared for the Code. Data were organized into two groups: the first with answers to objective questions, displayed in Table 2, and second, with examples of random practical situations, which were answered by professionals according to their knowledge of the applicability of CEPE to situations mentioned.

Table 2. The study participants ' responses to questions about knowledge in relation to CEPE. João Pessoa, 2014.

Questions	n=10	%
You know the content of the CEPE?		
Completely.	01	
I know partly through articles which refer to rights, duties and prohibitions.	09	
I do not.	00	
How often do you usually consult the CEPE to make decisions in your professional practice?		
Sometimes	06	60
Always	02	20
Never	02	20

After analysis of the data from the table 2 it was observed that 90% of professionals said they knew the articles relating to the rights, duties and prohibitions. What about the frequency of seeking the assistance of the CEPE in decision-making in professional practice, 60% reported that only sought this help sometimes.

Respondents were also asked about the knowledge of the number of items that make up the CEPE and which resolution of Federal Nursing Council - (COFEN) it represents. To investigating this issue the following question was made: Considering that CEPE is the largest professional code of health, do you know how many articles it has and which COFEN resolution it represents? None of the respondents could answer this question.

Nursing professionals have as their main objective the care turned to the point of promotion to life, well-being of human beings, both collective and individual potential and vital. This care includes therapeutic, healing, comfort or preparation for death when inevitable.¹¹

In seeking a professional quality one must follow rules established for the benefit of the patient, family, community and the nursing professional himself. For this, the CEPE eases the nursing performance in teaching,

research, management and assistance to that way everyone can enforce and also have knowledge of guiding principles and standards of a professional ethical practice.¹²

The nurse is responsible for making decisions that guide patient care in the routines and procedures developed by the nursing team providing the welfare of this patient during his stay in hospital. In these decisions the values and ethical principles should guide the conduct of daily activities as professionals, while we provide a framework of support for autonomy. It is expected that the nursing professional use his creativity ethically in the adequacy of human and material resources at its disposal and thus ensures a risk-free service when these are expected soon, preventable.¹³

♦ Applicability of CEPE in the actions of nursing professionals

With regard to the applicability of CEPE in nursing actions were proposed to respondents structured questions based on specific parts or CEPE items. The following situations are presented to professionals, covering parts of the code, and the responses consistent with each.

♦ Knowledge of nursing professionals on section III of CEPE, which mentions the

relationships with the organizations of the category

To answer this question properly, professionals should justify their attitude to this situation: During the night a patient in a state of agitation falls from bed. You saw minutes ago your colleague performing a procedure on that patient and then does not raise the guardrail. The patient has clinical complications from that incident and an inquiry is opened in COREN, what will be your attitude?

Only 60% of professionals knew how it would justify their attitude toward the exposed situation. These reasons were:

The entire team is responsible for the well-being of the patient, and provides the necessary clarifications in case of inquiry. (Rose)

I would assume the responsibility along with the team. (Daisy)

Have to reveal the episode as it happened. (Petal)

As a professional nurse, my duty is to perform real and honest explanations before the fact, worrying only with the welfare of the patient. (Lavender)

I would call for attention of professional colleague and clarify with the facts along with the colleague and the Council. (Gillyflower)

During the inquest report what happened, because in a way there is a joint responsibility. (Orchid)

The Article 49 of CEPE mentions that the nursing professional has a duty to inform the Regional Board of Nursing facts that hurt provisions of this Code and the law of professional practice. The Article 52 cites collaborate with the professional practice of supervision.⁴ CEPE therefore is related to a need for continuing education on the part of health professionals therefore ethics is an occupation that requires knowledge to be put in place successfully.¹⁴

To the professional who is conniving or omitting of CEPE in Article 113 quotes that is considered ethical breach action, omission or collusion involving in disobedience and/or non-compliance with the provisions of the Code of Ethics of Nursing Professionals. Regarding the Article 115 the same Code ensures that Responsible for the offense who commit or contribute to its practice, or it obtains benefit when committed by others.⁴

Given the above, it is observed that nursing professionals know partially the applicability of penalties and offenses established in the CEPE and the responses also appear unaware of the prerogatives of the Criminal Code, where the latter mentions that ignorance of

the law is inexcusable and the error on the unlawfulness of fact, if avoidable, can decrease the pain of one-sixth to one-third.¹⁵

♦ Managing medicines

The second question refers to Article 30 of the CEPE, which prohibits nurses administer medications without knowing the action of the drug and without making sure of the possibility of risks. For this item there was prepared the following question: During the administration of sodium nitroprusside care must be carried out, including: a) Use any type of serum for dilution; b) It can be administered along with general anesthetics, eg halothane; c) There is no need to change this medication until its total infusion, if it exceeds 24 hours; d) Observe the severe hypotension should regress 1-10 minutes after its discontinuation; or e) None of the alternatives. Justify your answer.

To answer this question in order to confirm the knowledge of these professionals regarding the care with this medication, the professional had the correct answer the letter "d", but only 40% of professionals have marked the correct alternative.

On the above and concerned about the technical and professional experience, highlight the response issued by nursing professionals when asked about the administration of sodium nitroprusside and precautions that should be performed.

The correct answer is the statement the observation of severe hypotension, which would regress 1-10 minutes after its discontinuation. However, only 40% answered correctly, this data becomes a concern, given that all healthcare professionals active in the Intensive Care Unit has an obligation to understand the actions and reactions of this drug due to its high content of physiological commitment when administered wrongly and when the failure of the clinical manifestations present, which may be triggered resulting from poor administration of the drug, dosage not compatible with the patient's needs, as well as own reaction presented by the originating patient's underlying disease. With the results, it is clear that nurses are not aware of this type of correlation related to severe hypotension, if not they wouldn't have answered the statement the wrong way.¹⁰

In severe hypotension the patient may experience changes in mental state, most often anxiety, agitation and aggression, decreased urine output, and other unexpected events. We also recall that depending on the drug involved, the blood

pressure is generally low and the pulse can be both fast, normal or slow, the skin may be cool and moist (in patients with increased vascular resistance), normal or warm, red (in patients with decreased vascular resistance). The inadequate tissue perfusion can lead to lactic acidosis.¹⁰

The CEPE in its Article 13 establishes that the professional should evaluate his technical skills, scientific, ethical and legal and only accept charges or duties when able to secure performance for himself and others.⁴

With the results of this statement, it is believed that the professional needs to know better the drugs used in the ICU, because most of these medications causes great clinical and hemodynamic changes, causing risk to the patient's life.

◆ Recognizing a prohibition

To assessing whether the professionals interviewed knew recognize in practice a prohibition which the CEPE references, there was used the following question: According to the conditions below, which report refers to an article's prohibitions, according to the CEPE? a) the nursing staff refuses to administer a medication without knowledge of its effects and consequences; b) nursing professionals refuses to hand over the patient's record for people who are not directly involved in providing assistance; c)

nursing technician refuses to perform the bath in the bed of a patient newly admitted with untreated tuberculosis table because reports that there is N95 masks (PFFP) in the institution; and d) None of the answers.

Of the professionals interviewed, 60% did not answer the question satisfactorily the required knowledge. It would be considered appropriate response to "d", considering that all the above listed alternatives not matched prohibitions, but with rights of nursing professionals. At this point, we find a contradiction on the answers of respondents. When questioned on the content of the knowledge of CEPE, Table 1, 90% of professionals stated that they know the rights, duties and prohibitions; however, when asked to exemplify it in applicability, it became clear that from 90% only 60% were able to distinguish so correct, the remaining 30% respondents did not hit the answer.

◆ Penalties and offences reported in CEPE

Regarding knowledge of these professionals about the penalties and offenses referred to in CEPE, the question was proposed: According to CEPE, mention the penalties imposed when the professional commits an offense. Graph 3 shows the percentage of citations that professionals made about penalties and offenses.

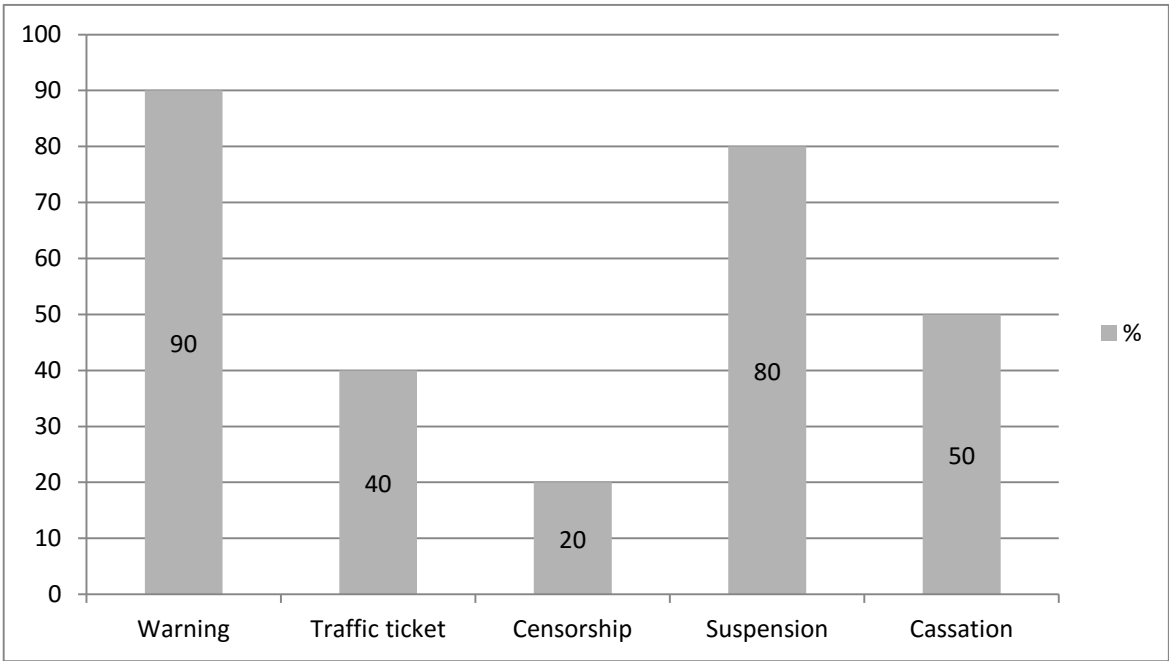


Figure 1. Knowledge of the violations and penalties which the CEPE references. João Pessoa, 2014. HFe. João Pessoa- PB, July/August, 2014.

In this item, the professionals were asked to list the possible violations and imposed penalties for those professionals who infringe the CEPE somehow. And, with the analysis of this graph it showed that 90% of professionals said the warning, 80% to 50% offense and professional forfeiture.

Nursing professionals have as their main objective the care turned to the sense of promoting the life, well-being of human beings, both collective and individual potential and vital. This care includes therapeutic, healing, comfort or preparation for death as inevitable. However, during this assistance you may need a more professional

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look and less emotional and can thus be interpreted as inhuman by the patient.¹² And this requires care from the nursing professional, ethical and technical components with the utmost attention of those involved in the process in order to minimize the adverse effects on hospitalization¹⁶.

CONCLUSION

The nursing professional who works with the critical patient should empower increasingly in search for technical-scientific basis, since they are dealing with hemodynamically unstable patients.

Nursing professionals have a partial knowledge of the CEPE and its applicability in professional actions. The unpreparedness of the professional and the lack of knowledge about CEPE, as well as its applicability improperly, can endanger the practices developed by the nursing team and can be harmful not only to the professionals involved, but also to those who are assisted.

With the result of the present study, it appears that the ICU nursing professional is involved with many assignments in the course of his daily practical activities, in addition to constant confrontations with life and death and this scenario are emerging dilemmas that requires this professional knowledge of ethical and legal nature which will serve as tools for reflection in decision-making, aimed at promoting prevention and health, safely and without infringing the ethical postulates of the profession.

It is considered that the research will provide important information for nursing professionals in their correct practice based on ethical principles and include a committed and free act of damage to the individual/community assistance.

It highlights the importance of nursing professionals recognizing about the CEPE and know how to apply it in their professional practice. Therefore, guides the development of their skills ethically protecting the patient from offenses committed by these professionals, in addition to fostering them when in their defense of possible criminal actions.

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