



## Nursing professionals profile and ethical occurrences\*

*Perfil de profissionais de enfermagem e ocorrências éticas*

*El perfil de profesionales de enfermería y ocurrencias éticas*

Genival Fernandes de Freitas<sup>1</sup>, Taka Oguisso<sup>2</sup>

### ABSTRACT

**Objective:** to describe the profile of nursing professionals involved in ethical occurrences in a specific hospital. **Methods:** this is a retrospective, exploratory study using a quantitative approach. **Results:** data obtained with a previously created form, used to collect information recorded by members of the Nursing Ethics Committee (NEC) of the referred hospital, between 1995 and 2004. Analysis showed distribution of occurrences according to age group, gender, job position, working hours, time in the job, and the person who reported the occurrence to NEC. **Conclusion:** Data have favored partnerships for an educational process involving the NEC, Continuing Education Program, and the nursing managers, pointing out areas that need more investment to prevent these ethical occurrences.

**Descriptors:** Nursing ethics; Ethics; Nursing team/ethics

### RESUMO

**Objetivo:** Descrever o perfil dos profissionais de enfermagem envolvidos em ocorrências éticas de um determinado hospital. **Métodos:** Estudo de natureza retrospectiva e exploratória com abordagem quantitativa. Os dados foram obtidos de ficha previamente preparada, coletando informações registradas pelos membros da Comissão de Ética de Enfermagem (CEE) desse hospital, no período de 1995 a 2004. **Resultados:** A análise revelou as distribuição de ocorrências de acordo com faixa etária, sexo, função, jornada de trabalho, tempo de serviço e sobre quem comunicou essas ocorrências à CEE. **Conclusão:** Dados têm favorecido parcerias para um processo educativo integrado da CEE, da Comissão de Educação Continuada e gerências de enfermagem, apontando áreas que carecem de investimentos para prevenção dessas ocorrências.

**Descritores:** Ética de enfermagem; Ética; Equipe de enfermagem/ética

### RESUMEN

**Objetivo:** Describir el perfil de los profesionales de enfermería involucrados en ocurrencias éticas de un determinado hospital. **Métodos:** Se trata de un estudio de naturaleza retrospectiva y exploratoria con abordaje cualitativo. Los datos fueron obtenidos de una ficha previamente preparada, la cual permitió la recolección de informaciones registradas por los miembros de la Comisión de Ética de Enfermería (CEE) de ese hospital, en el período de 1995 al 2004. **Resultados:** El análisis reveló la distribución de ocurrencias de acuerdo al grupo etáreo, sexo, función, jornada de trabajo, tiempo de servicio y sobre quién comunicó las ocurrencias a la CEE. **Conclusión:** Los datos han favorecido sociedades para un proceso educativo integrado de la CEE, de la Comisión de Educación Continuada y gerencia de enfermería, señalando áreas que carecen de inversiones para la prevención de esas ocurrencias.

**Descriptores:** Ética de enfermería; Ética; Equipo de enfermería/ética

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\* This study was performed in the Occupational Guidance Department at the Nursing School at University of São Paulo - USP – São Paulo (SP), Brazil.  
 1 PhD, Professor of the Department of Occupational Guidance at the Nursing School at University of São Paulo - USP – São Paulo (SP), Brazil; Lawyer – São Paulo (SP), Brazil.  
 2 Full Professor of the Department of Occupational Guidance at the Nursing School at University of São Paulo - USP – São Paulo (SP), Brazil.

## INTRODUCTION

Nursing has been developing based on empiric and theoretical knowledge as well as on multiple professional activities oriented to healthcare, teaching, management and research. In such development, the working process of the nursing staff is taken into account, in order to provide services that are safe and risk-free to patients. It is prominent for nursing professionals to know the legal principles that regulate the rights and duties related to their professional practice. However, such knowledge should not mean the substitution of the ethical and moral dimensions that comprehend those professionals' actions.

In this sense, the Brazilian Civil Code of 2002, art. 186 claims that "those who violate the rights and cause damage to somebody else, due to action, omission, negligence or imprudence, even if exclusively moral, perpetrates an unlawful act"<sup>(1)</sup>. The unlawful act implies the obligation of compensating, and there will only be compensation when there is damage to be compensated, whether such damage is physical (for instance, intentional bodily harm) and/or moral, when there may be offense to the physical integrity, a spiritual suffering or an embarrassment to the person<sup>(2)</sup>.

Negligence, inability or imprudence can result on ethical occurrences from the nursing professionals, risking exposing the patient to harmful situations or damages to physical or moral integrity, even if there is not deliberate intention from those professionals to cause such harm to the patient.

Ethical occurrences are those situations that refer to inadequate attitudes towards the workmates or subordinates, including flaws or errors that may cause damages to the patient, to the workgroup and/or to the institution<sup>(3)</sup>.

Although the Commissions of Nursing Ethics (CNE) is over ten years old, the educational role towards the ethical occurrences has been quite incipient<sup>(3)</sup>. On the other hand, it has to be considered that ethical occurrences are not restricted to the technical flaws due to difficulties or errors in procedures.

The ethical occurrences can also result from difficulties in interpersonal or inter-professional relationships; for instance, when those relationships are shown to be disrespectful. In a study performed with eighteen participant nurses from the Commissions of Nursing Ethics, regarding the role of this agency in the health institutions where they work, it was demonstrated that the perceptions of those nurses include instances of human relations, involving respect, good relationship, secrecy, obedience to norms and laws. Those nurses' concern with the continuous search for the quality improvement process of care towards the patient was also revealed, assuring the legal support to the employee

in the execution of their duties and in the defense of their rights<sup>(3)</sup>.

Guaranteeing care, free from harmful events to the patient, is an ethical duty, according to the art. 16 of the Code of Ethics of Nursing Professionals<sup>(4)</sup>. Consequently, it is a right of the patients/clients of the nursing services to be insured that such risks are avoided by the professionals who assist them. There may be ethical, civil or even penal concomitance of responsibilities, on the part of the professional involved in the ethical occurrence, when the risks are predictable or avoidable<sup>(5)</sup>. It is also a right of the nursing patient/client to be briefed on the risks, benefits and costs, as well as the measures taken for the minimization of the harmful ethical occurrences to the clientele<sup>(6)</sup>. Those occurrences can also be named iatrogenesis.

Iatrogenic occurrences are those events, facts or occurrences that divert from the normal and expected course of a treatment or care, with a risk of causing harmful results to the patient, to the institution or to the health professionals themselves<sup>(7)</sup>. Besides, iatrogenesis can result from ethical occurrences, considering the possibilities of flaws or mistakes made by the nursing professionals, which can cause any sort harm or damage, whether physical or even moral, regarding the patient/client, colleagues or the health facility.

Another relevant aspect in the ethical or iatrogenic occurrences refers to responsibility issues, whether from professionals or from health service providers. Thus, when a mistake in medication dosage happens, involving nursing professionals, the nurse will decide what to do at the moment it occurs and which directions should be followed. Thus, the obligation to compensate or refute the accusation from the patient/client/family will depend on the hospital, by proving that the alleged error did not happen. The hospital may claim that it was the professional's exclusive fault, since, although having physical/material resources and technical/legal competence, the professional made a mistake, not the company. Therefore, the patient/client's right can be recognized as "[...] support to the defense of their rights, including the inversion of the obligation of proof, to his/her favor [...] when the allegation is true or when he/she is not self-supporting [...]"<sup>(8)</sup>, art. 6.º, Incise VIII from the Code of Consumer Defense and Protection<sup>(8)</sup>.

## OBJECTIVE

To describe the nursing professionals' profile involved in ethical occurrences, in relation to the professionals involved, sex, age group, working period, seniority and about the people that reported such occurrences to the Commission of Nursing Ethics (CNE), from 1995 to 2004.

The knowledge of the nursing professionals' profile involved in the ethical occurrences in the hospital context can guide institutional politics in the sense of investing and valuing the united performance of the nurses, as well as other nursing categories for educational and preventive processes regarding those events.

## METHODS

This is a retrospective and descriptive study, performed at a private, non-profit hospital in the city São Paulo, with approximately 200 beds, providing medical, clinical and surgical service. Its nursing staff is made up of nurses (14%) and nursing assistants and technicians (86%).

After defining the research problem, setting the objective delimitation and selecting hypotheses to be worked in this study, a pre-test of the field variables was performed, with three nurses who are members of the Commission of Nursing Ethics of the target-study institution, in order to verify whether the proposed instrument presented reliability, validity and feasibility. After the pre-test, the instrument was modified, enlarged and some items were eliminated, and the variables involved in the research were defined.

The data collection was accomplished after being approved by the Committee of Ethics in Research of the target-study institution, following a form previously elaborated by the researchers, containing the data of the nursing professionals' identification involved in ethical occurrences, considering the following variables: sex, age group, function, percentile of active nursing professionals in the institution per category (within the studied term), working period and seniority in the institution, as well as the identification of the people who reported such occurrences to the Commission of Nursing Ethics. The surveyed items created the quantitative variables, which received numeric values and enabled a correlational and associative study of the pertinent variables to the object and to the objective of this study.

The target-population of investigation for this study was constituted by the group of ethical occurrences that were observed at the research place from 1995 to 2004. The sample in this study was constituted by 186 ethical occurrences that were reported to the Commission of Nursing Ethics of that institution within the aforementioned period.

The existence of an accusation formally reported to the Commission of Nursing Ethics considering the fact as ethical occurrence within the period from 1995 to 2004;

Being a nursing professional, registered in the target-study institution.

The data were organized in tables and summary measures in order to be analyzed according to descriptive analysis methods. The statistical procedures of inferential

analysis were used, as proposed by Stevenson<sup>(9)</sup> and Sigel<sup>(10)</sup>:

## RESULTS

The nursing professionals' profile involved in ethical occurrences

**Table 1** – The nursing professionals' distribution involved in the ethical occurrences, according to the sex. São Paulo, 2005.

Sex	N.º	%
Male	67	36,0
Female	119	64,0
<b>Total</b>	<b>186</b>	<b>100,0</b>

The analysis of the data contained in the Table 1 evidences a predominance of occurrences registered by female professionals, with 119 (64.0%) of the claims that were reported to the CNE of the target-study hospital. Male professionals come second with 67 (36.0%) of the occurrences. That verification is apprehensible, considering that the largest contingent of nursing professionals in the institution is composed by women.

**Table 2** - The distribution of people in charge of reporting ethical occurrences to the Commission of Nursing Ethics. São Paulo, 2005.

Person who reported the occurrence	N.º	%
Nurse	178	95,7
Patient	1	0,5
member of the patient's family	4	2,2
Physician	2	1,1
Self-repot	1	0,5
<b>Total</b>	<b>186</b>	<b>100.0</b>

Examination of the data in Table 2 shows a predominance of occurrences reported by nurses, with 178 (95.7%) out of 186 accusations presented to the CNE, in the retrospective collection of data. Next are the occurrences communicated by a member of patient's the family, with 4 (2.2%) of the citations; and 2 cases (1.1%) that were submitted to the Commission of Nursing Ethics (CNE) by doctors. There was 1 occurrence (0.5%) in which the professional him/herself made the mistake and reported it to the CNE, and 1 occurrence (0.5%) reported by the patient/client.

Due to this verification, it is questioned: Among the nursing workers, why did only nurses communicate ethical occurrences to be investigated and other categories did not? Are the nursing assistants and technicians aware of the fact that they can report ethical infractions or irregularities made by any professional of the area? What

is the autonomy that such professionals have to make an accusation to the CNE in the target-study institution? Those questions, although relevant, detach from the primary objective of this study. The focus may be on the nurse, not the other nursing categories, as the decision-makers regarding reporting the ethical occurrences to the CNE or not.

**Table 3** – Distribution of the nursing professionals involved in the ethical occurrences, according to age group. São Paulo, 2005.

Age group	N.º	%
20 – 29	37	19,9
30 – 39	86	46,2
40 – 49	45	24,2
50 – 59	16	8,6
60 – 69	2	1,1
<b>Total</b>	<b>186</b>	<b>100,0</b>
Mean	36,86	
IC95%	1,23	
Median	35,00	
Mode	30	
Standard Deviation	8,65	
Minimum	20	
Maximum	61	
Q1	30,00	
Q2	35,00	
Q3	42,00	

The exam of the data contained in Table 3 suggests a prevalence of professionals within the age of 30 and 39 with 86 (46.21%) of the occurrences that were reported to the CNE in the period studied. Next, come the professionals in the 40-to-49 age group, with 24.2%; 20-to-29, with 19.9%; 50-to-59 with 8.6% and from 60-to-69 with 2 occurrences, or 1.1% of the total of cases analyzed. That age group is constituted, in general, by experienced professionals, and maybe, for this reason, they have done it in an automatic way, without due attention and care.

As for the summary of the measurements, mean age was 36.8 (SD=8.6), with an average of 35.0, mode of 30 and variation from 20 to 61. It is also possible to observe that nearly 25% of the occurrences happened with professionals under 30; 50% happened with by professionals between ages 30 and 42, and 25% happened with professionals over 42. Considering that the sampling error was 0.05, it is estimated, with 95% of certainty, that the average age of the professionals ranges from 35.63 to 38.09.

The analyses of the data contained in Table 4 shows a predominance of the category of nursing assistants with 90 (48.4%) of the ethical occurrences that were reported to the CNE, followed by nurses, with 47 (25,3%) occurrences, and nursing technicians with 45 (24.2%) occurrences.

There was one case involving an undergraduate nursing

trainee, which represents 0.5% of the occurrences and 3 situations with nursing attendants, resulting 1.6% of the total reports.

**Table 4** – Distribution of the frequency and percentile of the occurrences, according to function of the involved nursing professionals. São Paulo, 2005.

Category	N.º	%
Nurse	47	25,3
Nursing technician	45	24,2
Nursing assistant	90	48,4
Nursing trainee	1	0,5
Nursing attendant	3	1,6
<b>Total</b>	<b>186</b>	<b>100,0</b>

It is not possible to assert that the nursing assistants are the most likely professionals to have incurred on ethical occurrences, considering that this category is composed by a larger contingent when compared to other categories inside the institution studied, as it can be verified in the table below:

**Table 5** – Distribution of the number of nursing professionals in the institution, from 1995 to 2004, according to the categories. São Paulo, 2005.

Category	1995-2004 averages	%
Nurse	158	35,0
Nursing technician	99	22,0
Nursing assistant	176	39,0
Nursing attendant	18	4,0
<b>Total</b>	<b>451</b>	<b>100,0</b>

From 1995 to 2004, the average of nursing professionals was approximately 451 professionals/year in the target-study institution, considering that 35% were nurses, 22% were nursing technicians, 39% were nursing assistants and 4% were nursing attendants.

Other factors can be overlapped with iatrogenic occurrences within the health area. In this sense, the professional background of several nursing categories, seniority in the institution, professional experiences and working conditions are important variables in relation to such occurrences, whether they relate to the patient, other professionals or health facility itself<sup>(10)</sup>. Thus, besides identifying the profile of the professionals involved in the ethical occurrences, it is necessary, as far as we are concerned, to know the social context and the working conditions of those nursing professionals in order to better understand the factors that can contribute to the ethical occurrences in nursing, allowing for intervention proposals to minimize occurrences. On the other hand, it is understandable that a larger critical-reflexive attitude is expected on the part of the nurse towards harmful occurrences to the patient/client, for being the leader of

the nursing team and the coordinator of a series of interactions with other professional categories in the health area. It is frequently up to him or her to evaluate, guide, decide and report the ethical occurrences involving nursing professionals to the Commission of Ethics or to other administrative instances of the institution, or even external instances, as it is the case of the reporting to the current professional inspection agencies, in order to evaluate the professional's possible ethical responsibility.

In the following table, the frequencies of the ethical occurrences with the nursing professionals are presented.

**Table 6** – Distribution of nursing professionals involved in the ethical occurrences, according to working shift. São Paulo, 2005.

Working shift	N.º	%
Six hours	107	57,5
Eight hours	2	1,1
Night shift 12 × 36	77	41,4
<b>Total</b>	<b>186</b>	<b>100,0</b>

The analysis of the data contained in Table 6 shows a predominance of occurrences with nursing professionals with a six-hour working shift, with 107 (57.5%) of cases. Second come the professionals with night shifts 12 × 36-hour working shifts), with 77 (41.4%) and 2 occurrences in eight-hour working shifts, (1.1%). In the target-study institution, the 8-hour working shift is more frequently assumed by nurses who have leading positions. It is important to point out that, customarily, those leading nurses are the ones who have the power of decision regarding the direction of occurrences in the sections they are responsible for, although they know that, from an ethical-legal point of view, there is no such demand. In other words, any nursing or health professional may communicate an ethical occurrence to the Commission of Ethics of the respective category that the involved professional belongs to.

The seniority of the professionals who made the ethical occurrences is another variable to be considered in the following table of this study.

The analysis of the data contained in Table 7 shows a predominance of nursing professionals with less-than-three-months seniority, with 72 (38.7%) occurrences; from three to 15 months with 21 occurrences (11.3%), from 16 to 36 months with 30 occurrences (16.1%); from 37 to 72 months with 12 (6.5%). 72 months or more of seniority in the institution registered 49 occurrences (26.3%).

As for the measure summary, the average value of seniority was 52.3 (SD=75.9), with central value of 14.0, mode 0 and variation from 0 to 336 months. Considering that the sampling error was 0.05, it is estimated, with 95% of certainty, that the average seniority of the nursing

professionals involved in ethical occurrences within the studied period ranges from 41.33 to 63.27 months. Such discoveries allow us to infer that the ethical occurrences with professionals in their first months after being hired in the institution have a smaller percentile than expected. This may be due to the fact that the professional is more attentive during the probationary period, being under constant supervision of the nurse, particularly because a more serious mistake made by the newly-hired professional may interfere in the final evaluation and result in him or her having a permanent job or not.

**Table 7** – The distribution of nursing professionals involved in the ethical occurrences, according to seniority. São Paulo, 2005.

Seniority	N.º	%
Less than 3 months	72	38,7
3 to 15 months	21	11,3
16 to 36 months	30	16,1
37 to 72 months	12	6,5
over 72 months	49	26,3
N/A	2	1,1
<b>Total</b>	<b>186</b>	<b>100,0</b>
Average		52,30
IC95%		10,97
Central Value		14,00
Mode		0
Standard Deviation		75,97
Minimum		0
Maximum		336
Q1		0,00
Q2		14,00
Q3		84,00

## CONCLUSION

The ethical occurrences can be considered as originators of iatrogenesis when the actions of the professional reveal being careless or negligent in relation to the current risks of healthcare service to the clientele, considering that the predictability of risks is an important variable in order to assess professional responsibility. That explains the need of preventing those risks. Besides, it is prominent to emphasize the positive aspects of safe care, in other words, without iatrogenic risks to the client.

Neglecting the negative aspects of the ethical occurrences, which are harmful or detrimental to the patient/client, would be the same as disregarding the existence of ethical occurrences and their legal implications in the daily praxis of nursing. On the other hand, the ethical occurrences in nursing cannot be overstated, risking the stagnation of the nursing professional in his/her operational field.

It is worth mentioning that the managerial actions regarding ethical occurrences should be educational and promoted not only by the Commission of Nursing Ethics (CNE), but by all of the sections and nursing management

bodies, with the institutional commitment of supporting permanent education of the nursing professionals. By doing so, the ethical-political commitment and the professionals' partnership in the educational process can result in effective and safe nursing service to the client, by controlling and preventing ethical occurrences. Such partnerships also request the existence of investment and professional training, on the part of the health facility, in the sense of providing the adaptation of physical, material and human resources<sup>(1)</sup>.

A great challenge that is posed to the nursing management is that it is supposed to be impartial, in order not to neglect the ethical occurrences, even if managerial actions are involved.

## REFERENCES

1. Brasil. Leis, Decretos, etc. Lei nº 10.406, de 10 de janeiro de 2002. São Paulo: Saraiva; 2002.
2. Freitas GF. Ocorrências éticas de enfermagem: uma abordagem compreensiva da ação social [tese]. São Paulo: Escola de Enfermagem da Universidade de São Paulo; 2005.
3. Zborowski IP, Melo MRAC. A Comissão de ética de enfermagem na visão do enfermeiro. *Esc Anna Nery Rev Enferm.* 2004; 8(2):224-34.
4. Código de Ética dos Profissionais de Enfermagem. In: Conselho Regional de Enfermagem de São Paulo. Documentos básicos de enfermagem: enfermeiros, técnicos, auxiliares. São Paulo: COREN-SP; 2001.
5. Oguisso T, Schmidt MJ. O exercício da enfermagem: uma abordagem ético-legal. São Paulo: Ltr; 1999.
6. Padilha KG. A prática de enfermagem em UTI e as ocorrências iatrogênicas: considerações sobre o contexto atual. *Rev Paul Enferm.* 2000; 19(3):49-56.
7. Padilha KG. Iatrogenias em unidade de terapia intensiva: uma abordagem teórica. *Rev Paul Enferm.* 1992; 11(2):69-72.
8. Brasil. Leis, Decretos, etc. Lei n. 8.078, de 11 de setembro de 1990: dispõe sobre a proteção do consumidor e dá outras providências. Brasília: Imprensa Nacional; 1990. 12 p. (Suplemento ao nº 176 do Diário Oficial, de 12 de setembro de 1990).
9. Stevenson WJ. Estatística aplicada à administração. São Paulo: Harbra; 1997.
10. Siegel S. Estatística não-paramétrica para as ciências do comportamento. São Paulo: McGraw-Hill do Brasil; 1995.