









ETHICAL PROBLEMS EXPERIENCED BY NURSES IN MOBILE PRE-HOSPITAL CARE

PROBLEMAS ÉTICOS VIVENCIADOS POR ENFERMEIRAS NO ATENDIMENTO PRÉ-HOSPITALAR MÓVEL

PROBLEMAS ÉTICOS VIVIDOS POR ENFERMERAS EN LA ATENCIÓN PREHOSPITALARIA MÓVIL

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**ABSTRACT**

**Objective:** to describe the ethical problems experienced by nurses in mobile prehospital care. **Method:** descriptive research with a qualitative approach, carried out with 19 nurses working in mobile emergency services in the five regions of Brazil. Data collection took place in November and December 2021, through an online collection form using the Google Forms tool. To analyze the data obtained, Bardin's thematic content analysis was used. **Results:** the emerging ethical problems were grouped into three thematic categories: ethical conflicts between professionals, users, and families; ethical conflicts between teams in the emergency care network; and ethical conflicts arising from the organizational structure. **Conclusion:** it was identified that nurses experience ethical problems when working in the street setting. Aware that moral uncertainties impact the quality of care, this study supports the need to expand discussions on the ethical issues that emerge in emergency services

**Keywords:** Nurses; Bioethics; Ethics; Nursing Ethics; Emergency Relief; Emergency Nursing; Emergency Medical Services.

**RESUMO**

**Objetivo:** descrever os problemas éticos vivenciados por enfermeiras no atendimento pré-hospitalar móvel. **Método:** pesquisa descritiva com abordagem qualitativa, realizada com 19 enfermeiras atuantes nos serviços móveis de urgência das cinco regiões do Brasil. A coleta dos dados ocorreu nos meses de novembro e dezembro de 2021, por meio de um formulário de coleta online utilizando a ferramenta Google Forms. Para analisar os dados obtidos, utilizou-se a análise de conteúdo temática de Bardin. **Resultados:** os problemas éticos emergentes foram agrupados em três categorias temáticas: conflitos éticos entre profissionais, usuários e famílias; conflitos éticos entre as equipes da rede de atenção às urgências e emergências; e conflitos éticos oriundos da estrutura organizacional. **Conclusão:** foi identificado que as enfermeiras vivenciam problemas éticos na atuação no cenário de rua. Conscientes de que as incertezas morais impactam a qualidade da assistência, este estudo sustenta a necessidade de ampliar discussões sobre as questões éticas que emergem nos serviços de urgência.

**Palavras-chave:** Enfermeiras e Enfermeiros; Bioética; Ética; Ética em Enfermagem; Socorro de Urgência; Enfermagem em Emergência; Serviços Médicos de Urgência.

**RESUMEN**

**Objetivo:** describir los problemas éticos experimentados por enfermeras en la atención prehospitalaria móvil. **Método:** investigación descriptiva con enfoque cualitativo, realizada con 19 enfermeras que trabajan en los servicios móviles de urgencia de las cinco regiones de Brasil. La recolección de datos se llevó a cabo en los meses de noviembre y diciembre de 2021 mediante un formulario de recolección en línea utilizando la herramienta Google Forms. Para analizar los datos obtenidos, se utilizó el análisis de contenido temático de Bardin. **Resultados:** los problemas éticos identificados se agruparon en tres categorías temáticas: conflictos éticos entre profesionales, usuarios y familias; conflictos éticos entre los equipos de la red de atención a urgencias y emergencias; y conflictos éticos derivados de la estructura organizacional. **Conclusión:** se identificó que las enfermeras enfrentan problemas éticos en su actuación en el contexto de la calle. Consciente de que las incertidumbres morales impactan la calidad de la atención, este estudio sostiene la necesidad de ampliar discusiones sobre las cuestiones éticas que surgen en los servicios de urgencia.

**Palabras clave:** Enfermeras y Enfermeros; Bioética; Ética; Ética en Enfermería; Socorro de Urgencia; Enfermería de Urgencia; Servicios Médicos de Urgencia.

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## INTRODUCTION

In primary care in emergency situations, which occur in an extra-hospital environment, the action directed towards adequate assistance demonstrates the skills of healthcare professionals. In this sense, it is essential that these professionals have critical thinking, so that during the execution of professional practices, ethical issues are understood according to the social context experienced by them in the daily routine of mobile pre-hospital care (MPHC)<sup>(1)</sup>.

Thus, in the practice of nursing in MPHC, clinical/reflective reasoning for decision-making and the ability to promptly perform interventions are among the competencies expected of the nurse<sup>(2)</sup>. This practice should also be based on respect for the dignity, rights and values of users; on respect among members of the work team; and on ethical principles, as a way of providing humanized care, in addition to optimizing harmonious interaction among the team<sup>(3)</sup>.

Due to the contextual diversity in which care is provided, such as public roads, the presence of numerous people at care scenes, turnover of work teams, among other stressful situations<sup>(4)</sup>, in MPHC, nurses face situations understood as ethical problems. These ethical problems are considered situations that involve a case in which values and duties compete, as in ethical conflicts, thus generating personal doubts among healthcare professionals regarding the appropriate solution to these problems<sup>(5)</sup>.

Among the ethical problems experienced by nurses that have already been highlighted in the context of MPHC, the following can be cited: disrespect for the autonomy of nurses during their practices; conflicts in relationships within the team; disrespect for the autonomy and privacy of patients; conflicts with third parties/caregivers; conflicts between personal values and beliefs; and lack of infrastructure, material resources, and human resources<sup>(6,7)</sup>. In this scenario where nurses need to make quick and effective decisions when faced with complex care<sup>(8,9)</sup>, experiencing these problems can interfere with their ability to make decisions.

Hasty decisions made in these circumstances compromise the care provided and may have repercussions on the quality of life of these professionals<sup>(10)</sup>. This reinforces the need to identify latent ethical issues in professional practice in MPHC and of nurses, with a view to supporting the resolution of ethical conflicts in clinical practice.

Given these considerations, the objective of this study is to describe the ethical problems experienced by nurses in mobile pre-hospital care.

## METHOD

This is a descriptive study with a qualitative approach. The recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ) were considered in the structuring and organization of the research, according to the characteristics of this study. Nineteen nurses participated in the study, selected through a non-probabilistic convenience sample, working in the Mobile Emergency Care Service (*SAMU - Serviço de Atendimento Móvel de Urgência*) in Brazil. The inclusion criteria were being an intervention nurse for at least one year in SAMU; and, as exclusion criteria: being a nurse working in administrative positions or being away from the service for various reasons.

Initial contact with potential participants occurred via text message in a group of 204 members, residing in different federal units, formed on the WhatsApp application and called Instructors of Prehospital Trauma Life Support and Advanced Trauma Care for Nurses, of which one of the researchers is a participant. Of the total number of members, only 30 expressed interest in participating in the study, via private message to the researcher participating in the group.

For those interested in participating in the study, we requested their email address so that we could send an invitation with information about the study, inherent procedures, risks and benefits of the research, and the link to access the online data collection instrument, which had an approximate time of 10 minutes to respond. Eleven<sup>(11)</sup> people did not respond to the instrument, nor did they justify the reasons for withdrawing, resulting in a total of 19 participants.

Data collection took place in November and December 2021, using an online form through the Google Forms tool. This instrument was developed by the main researcher of the study and consisted of closed questions regarding the characterization of the participants and an open question, which guided this study: "What ethical problems have you experienced in MPHC?". Each participant completed the collection instrument only once. Data saturation was the criterion used to complete data collection<sup>(11)</sup>.

To ensure confidentiality of information and anonymity of participants, responses were coded as N1, N2... N19, where N corresponds to the nurse and the number

corresponds to the order in which the completed instruments were received.

The data were analyzed using Bardin's thematic content analysis, with the purpose of obtaining, through systematic procedures, the description of the content of the responses and indicators that allow the inference of the data<sup>(12)</sup>. The phases indicated in this study were: pre-analysis, in which the data were organized in tables in Microsoft Word 2010 and Excel and, based on the skimming, selected to be submitted to analysis; exploration of the material, with the coding of the findings; and treatment and interpretation of the data, through the analysis of the data through the inference, interpretation and articulation of the thematic contents obtained with the reference based on ethics and bioethics.

The research considered ethical aspects according to Resolution 466 of 2012<sup>(13)</sup> and Circular Letter No. 02 of 2021<sup>(14)</sup>, which deal with online research, both from the National Research Ethics Commission (CONEP – Comissão Nacional de Ética em Pesquisa). The project was approved by the Research Ethics Committee of the School of Nursing of the University Federal da Bahia under opinion report number 4,754,385. The participants signed the Free and Informed Consent Form (ICF) virtually when they agreed to participate in the form response stage. A copy of the ICF was made available to all participants.

## RESULTS

Of the participants in this study, 14 (73.7%) were female and 5 (26.3%) were male, with ages ranging from 22 to 55 years; the length of professional experience ranged from 1 to 19 years; and the period of work in the MPHC ranged from 1 to 11 years. Of the participants, 15 (65%) reported having more than one employment relationship, with the majority working 36 hours per week. Due to the predominance of females, the term nurse was chosen to identify the study participants. From the analysis and interpretation of the data, ethical problems experienced by the MPHC nurses emerged, characterized as ethical conflicts, which were grouped into three thematic categories (Figure 1).

**Category 1:** Conflicts in the relationship between professional/users/families

In this category, it was found that the participants described ethical problems they experienced, such as those arising from discomfort generated during relationships with users, family members and other professionals

during care. These conflicts arise from inappropriate or disrespectful conduct on the part of doctors and nurses in relation to the health condition of users and the care provided, in addition to refusals and family interference in the care provided to the user in the care setting.

*Doctor does not pay due attention to family members and their complaints only. "For the professional, what matters is their medical conduct" (N2)*

*Embarrassing the patient: the nurse makes comments that characterize the hygiene condition and/or skin color of the person being treated as factors that make it difficult to perform procedures. Ex.: "This skin is so dirty; I can't see the vein to 'get' it!" (N3)*

*Poor service at the time of assistance. (N10)*

*Disrespect towards the team when approaching the user and disrespect towards the team regarding family interference in the care provided in the scenario. (NE8)*

*Refusal of procedures; Refusal of removal. (N15)*

**Category 2:** Conflicts related to the organizational structure of the ECN

Ethical conflicts related to the organizational structure are characterized by the scarcity of resources, inadequate triage with incorrect dispatch of mobile units, lack of institutional protocols and weakness in the reference network. These conflicts are seen by the participants as sources of lack of assistance and imply unethical practices.

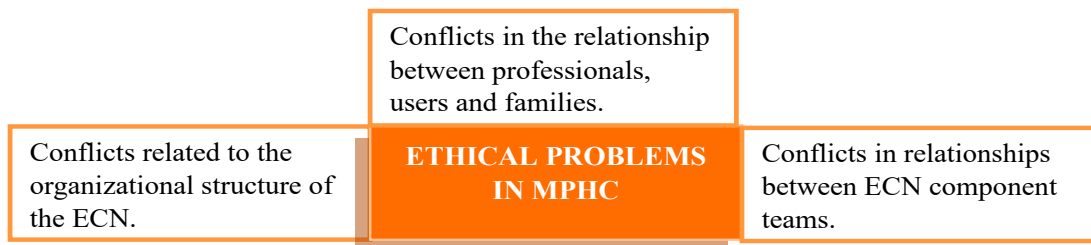
*I have experienced incidents in which the time between the caller's call to the Regulatory Center and the unit's activation took more than 30 minutes, compromising the progress of the incident and the patient's survival. (N1); As well as delays in the regulation process and lack of contact with the regulating physician. (N1)*

*Lack of basic equipment and supplies for daily use by MPHC teams. (N2)*

*Broken and unmaintained equipment. Frequent lack of materials/supplies for long periods. (N4)*

*Lack of fleet maintenance involving assistance due to not having mobile units. (N13)*

Figure 1 – Categorization of ethical problems experienced by nurses working in APM in Brazil (2021)



Source: The authors.

Observation: ECN – Emergency Care Network; MPHC – Mobile Pre-hospital Care; PHC – Pre-hospital care.

*Refusal of reference units due to not having material resources to receive users. (N14)*

*Neglect of materials, supplies, equipment and vehicles, a serious problem that harms the entire system. (N16)*

The health crisis resulting from the COVID-19 pandemic was also highlighted by one of the participants as a limiting situation and a generator of ethical conflicts in the work process of MPHC nurses, as described:

*Shortage of material equipment [...] during the pandemic, we often use what we have, not the best [...] and work with equipment retained in the reference units. (N6)*

Regarding the functioning of SAMU 192, maintained as a public utility service, inadequate triage in the dispatch of mobile units according to case classification, lack of technical skills and training of those involved, in addition to the absence of institutional protocols were highlighted. These situations were indicated by the participants as ethical problems that interfere in the nurse's decision-making during emergency care

*Inadequate triage of services. (N7)*

*The advance team first moves a basic vehicle to respond to a red incident. (N11)*

*Lack of trained staff. (N8)*

*Inability of MPHC members to conduct invasive procedures. (N13)*

*Absence of operational protocols that align conduct [...] (N14)*

**Category 3:** Conflicts in relationships between ECN component teams

Regarding conflicts arising from relationships between the teams that make up the ECN, the following were identified: refusal to provide care and asymmetrical relationships expressed through the disrespectful moral behavior of professionals working in the MPHC and those in fixed units, referenced for the reception of users.

*In many situations, nurses in reference units are not interested in receiving information provided by the MPHC nurse (N1)*

*Disrespect between professionals in reference units and the MPHC team (N5)*

*Failure to provide care due to the lack of preparation on the part of the medical team to recognize and assess the situation, which are necessary interventions, waiting for the patient to deteriorate before carrying out basic measures [...]; Preventing the entry of the MPHC team and patient/family member into the health unit, claiming that the patient is not a patient for the location, without even assessing him/her. Failure of medical and nursing teams and health units that requested the removal of the patient to perform technical procedures, leaving this to the MPHC teams. Often postponing adequate care. (N3)*

## DISCUSSION

The descriptions of ethical problems in MPHC, seen in this study, made it possible to understand that they arise from conflicting everyday circumstances, exposing nurses and their nursing team to delicate, embarrassing and unsafe situations for qualified care.

Among these ethical problems, conflicts arising from the relationship between professionals, users and families stand out, manifested through situations in which there are disrespectful comments by healthcare professionals, which violate both the dignity and fundamental rights of users. Thus, the study considers that stigma reproduces inequality in terms of power asymmetry and social



justice, which can increase the risk of death in health care services<sup>(15)</sup>.

Aware that nursing configures care as an ethical practice, the International Nurses Code recommends that nursing care demands a respectful and, therefore, non-discriminatory relationship<sup>(16)</sup>, increasing the need for recognition of human dignity.

The participants' narratives about decision-making and scenario management, when restricted to medical conduct and decision-making, sometimes become situations that generate ethical problems. It is also worth noting that this experience contributes to maintaining a condition of subordination of the nurse, defined by historically constructed social roles that portray the subordinate performance to medical actions in the MPHC scenario<sup>(1)</sup>.

Thus, it is proposed that nursing care, with the scope of the ethical dimension, aims to overcome the medical-centered model, becoming the care model that organizes health services. However, a study on the occurrence of ethical problems in primary care states that users in clinical practice are treated according to their injuries and pathologies, with the ethical dimension often being disregarded<sup>(17)</sup>.

Regarding the refusal of procedures and/or transportation to a hospital unit, a study that investigated the experiences of professionals in the Iranian pre-hospital emergency service, points to the refusal of treatment and transportation as prevalent situations among the ethical conflicts experienced by these professionals<sup>(6)</sup>.

Thus, even though it is a patient's right, it is difficult, in emergency situations, to determine the competence of the user who needs immediate care to make a choice, considering clinical issues such as reduced level of consciousness, psychological disorders, and use of alcohol or other drugs. Furthermore, the patient's will to make a choice in cases of pre-hospital emergency is influenced by the subjective assessment of the healthcare professional<sup>(7)</sup>. However, it is argued that coercive or paternalistic practices can reduce the user's autonomy, even when they aim to guarantee beneficence<sup>(15)</sup>.

As pointed out by the nurses in this study, the difficulties encountered in the organizational structure of the ECN directly influence the care provided to patients in the MPHC. It was evident that the deficit of equipment, supplies, low-quality equipment and equipment retained in the reference units due to scarcity are factors that will reflect on the outcome of the work. Shortage of resources with repercussions on the safety and quality of care are aspects pointed out in studies on MPHC services in Brazil<sup>(6)</sup>.

This study highlights the shortage of supplies and equipment and how these make the nurse's work process unfeasible. In line with this, a study carried out at SAMU on obstacles to pre-hospital care in the interior of the state of Piauí showed that ambulance maintenance only occurred when the vehicle broke down, making the effective functioning of emergency care unfeasible and impacting the user's right to immediate and dignified care in urgent and emergency situations<sup>(18)</sup>.

In parallel, the health crisis resulting from the COVID-19 pandemic, highlighted in the study in the field of Bioethics, clarifies how complex it is to obtain consensus and precise definitions for ethical decision-making in borderline situations with scarce resources. However, recognizing this problem can also lead to dialogical relationships that bring the decisions of political agents closer to the technical arena and involve professionals/users. Such proximity presents itself as a proposal for reducing actions due to unilateral and limiting decisions, identifying co-responsibility for the need for health care, and ensuring professional support with consideration for the principle of justice, which are fundamental for the decision-making process<sup>(19)</sup>.

The participants also described that there are difficulties in communicating with the Emergency Regulation Center, already foreseen as one of the factors that hinder the work of SAMU<sup>(18)</sup>, and that imply ethical conflicts, since ethical-professional decision-making must also consider the clinical, technical and operational aspects guided by the team responsible for health care<sup>(20)</sup>.

Thus, being subjected to organizational silence during health care are communication barriers that impact patient safety and propagate the violation of the user's right to safe and harm-free care<sup>(21)</sup>. Maintaining ineffective communication among professionals at the regulatory center gives rise to tension in the team's values, duties, and responsibilities. To this end, effective communication mediated by clear and precise information that can guide the clinical practice of nurses in the street setting is essential, as well as developing professional skills to deal with complex and unpredictable situations in the street setting.

the work process at the Regulatory Center refer to delays in sending units to provide care, the lengthy process of regulating patients to reference units, and inadequate triage. When they occur, these can lead to exposure of the user's privacy by spending more time in public spaces, favoring the violation of beneficence during care due to disregard for the user's inability to protect his/her interests<sup>(22)</sup>.

In addition, there was filming of professionals and users in the incident scenarios, narrated by the participants. It is considered that maintaining the privacy and dignity of the user is closely linked and is an ethical responsibility provided for in recommendations by the Nursing Professional Council<sup>(23)</sup>. This problem related to exposure was highlighted as originating from factors external to the service, which requires a closer relationship between professionals who work in receiving calls and those who provide street care, prioritizing decisions that guarantee the user's rights and the team's safety.

Points such as training and qualifications to work in pre-hospital care were also pointed out as conflicts experienced by nurses in MPHC. Training and management guidance for its occurrence are important in promoting patient safety, since they improve the possibility of qualified care. The lack of standardization of protocols is also evident, and this fact represents a significant risk to patient safety in the process of continuity of care, weakening interprofessional communication for the benefit of the patient<sup>(24)</sup>.

Regarding ethical conflicts arising from social relationships established with the ECN team, these were identified as failure to provide care to users conducted by the MPHC team and disrespectful relationships between agents responsible for care in emergency and urgent care settings. These situations contrast with the guidelines of the National Humanization Policy (NHP), which, based on principles such as transversality, encourage communication between healthcare professionals to build an environment of affection and respect among them and in relation to users, in line with the production of health in a co-responsible manner<sup>(25)</sup>.

When identifying inter-team relationships, MPHC nurses achieve the possibility of hierarchical practices, with verticalization of relationships that break the dialogue and creativity among healthcare professionals. This fact increases the occurrence of ethical problems consistent with quick and poorly reflected rational decision-making in the MPHC care scenario<sup>(1)</sup>.

Thus, through the awareness of responsibility described by nurses, in MPHC the performance of these professionals is imbued with choices that need to be made at each moment of the practice of care, making them reflect on their skills, values and duties of the profession<sup>(1)</sup>.

Therefore, professional practices in MPHC should be based on a more holistic perspective of care, which minimizes attitudes that violate respect for the user, family and professionals, and ensures ethical care. Expanding discussions on the early identification of ethical problems

in management, academic and care practice spaces is essential for the development of skills aimed at decision-making that seek reasonable and prudent solutions.

As limitations, it is worth noting that this study covered only some dimensions of ethical problems in MPHC. Thus, it is possible that other experiences may emerge with the expansion of the phenomenon in other contexts. In addition, there is a scarcity of studies on the subject in the Brazilian scenario, which reduces the possibility of comparisons to expand the results.

## CONCLUSION

The main ethical problems highlighted in this study reflect the challenges and conflicts that permeate nursing practice in MPHC. As observed, ethical problems interfere in decision-making in emergency care and contribute to unethical professional behaviors, which impact the quality of care for users and their families, making the care space challenging.

From this perspective, the results of the study can contribute to the formulation of content based on cases and reflections, promoting discussion about the resolutions of these problems, which converges to the reduction of moral suffering and anguish among professionals. In addition, it can expand the possibilities for ethical decision-making strategies in the context of MPHC, favoring the improvement of professional practice and the qualification of care.

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