

# NURSING PROFESSIONALS' KNOWLEDGE ABOUT THE ETHICS CODE THAT GOVERNS THE PROFESSION

---

## CONHECIMENTO DE PROFISSIONAIS DE ENFERMAGEM SOBRE O CÓDIGO DE ÉTICA QUE REGE A PROFISSÃO

---

## CONOCIMIENTO DE PROFESIONALES DE ENFERMERÍA SOBRE EL CÓDIGO DE ÉTICA QUE RIGE LA PROFESIÓN

Mayara Lima Barbosa<sup>1</sup>  
Hayla Nathália dos Santos Rodrigues<sup>2</sup>  
Suely Deysny de Matos Celino<sup>3</sup>  
Gabriela Maria Cavalcanti Costa<sup>4</sup>

**How to cite this article:** Barbosa ML, Rodrigues HNS, Celino SDM, Costa GMC. Nursing Professionals' Knowledge About The Ethics Code That Governs The Profession. 2017;31(4):e21978.

**Objective:** to understand the nursing professionals' knowledge about the ethics code that governs their profession. **Method:** data was collected through semi-structured interviews done with clinical nurses and nursing professors who work in the healthcare network in the city of Campina Grande, state of Paraíba, Brazil, in the first half of 2014. The interviews were transcribed and analyzed in the light of the content analysis technique. **Results:** the following categories emerged: Professional ethics meaning; Guiding instrument of ethical procedures in nursing and its fundamental principles; Prohibition, rights, duties and responsibilities expressed in the ethics code; and Regulatory entities and educational institutions in the construction of professional ethics. **Conclusion:** professionals' understanding was related to personal aspects and experiences, as well as to the existing culture and to codes and legislations approved for the category.

**Descriptors:** Ethics. Ethics in nursing. Nursing. Ethics Code.

*Objetivo: compreender o conhecimento de profissionais de enfermagem sobre o código de ética que rege a profissão*  
*Método: a coleta de dados foi desenvolvida mediante entrevista semiestruturada realizada com enfermeiros assistenciais e enfermeiros docentes que atuam na rede de atenção à saúde do município de Campina Grande, localizado no estado da Paraíba, nordeste brasileiro, no primeiro semestre de 2014. As entrevistas foram transcritas e analisadas à luz da técnica de análise de conteúdo. Resultados: emergiram as seguintes categorias: Significado da ética profissional; Instrumento norteador da conduta ética de enfermagem e os seus princípios basilares; Proibições, direitos, deveres e responsabilidades expressos no código de ética; e Entidades reguladoras e instituições educacionais na construção da ética profissional. Conclusão: a compreensão dos profissionais esteve relacionada às experiências e aos aspectos pessoais, bem como à cultura vigente e também a legislações e códigos aprovados para a categoria profissional.*

*Descritores: Ética. Ética em Enfermagem. Enfermagem. Código de ética.*

---

<sup>1</sup> Nurse. Lecturer at Unifacisa University Center. Campina Grande, Paraíba, Brazil. may.lb@hotmail.com

<sup>2</sup> Nurse by the State University of Paraíba. Campina Grande, Paraíba, Brazil. haylanathalia@hotmail.com

<sup>3</sup> Nurse. Master in Public Health. Lecturer at Unifacisa University Center. Campina Grande, Paraíba, Brazil. deysny@hotmail.com.br

<sup>4</sup> Nurse. PhD in Nursing from the University of São Paulo. Professor at the State University of Paraíba. Campina Grande, Paraíba, Brazil. gabymcc@bol.com.br

*Objetivo: comprender el conocimiento de profesionales de enfermería sobre el código de ética que rige la profesión*  
*Método: la recolección de datos fue desarrollada mediante entrevista semiestructurada realizada con enfermeros asistenciales y enfermeros docentes que trabajan en la red de atención a la salud del municipio de Campina Grande, localizado en el estado de Paraíba, nordeste brasileiro, en el primer semestre de 2014. Las entrevistas fueron transcritas y analizadas a la luz de la técnica de análisis de contenido. Resultados: emergieron las siguientes categorías: Significado de la ética profesional; Instrumento guía de la conducta ética de enfermería y sus principios basilares; Prohibiciones, derechos, deberes y responsabilidades expresados en el código de ética; y Entidades reguladoras e instituciones educacionales en la construcción de la ética profesional. Conclusión: la comprensión de los profesionales estuvo relacionada con las experiencias y los aspectos personales, así como con la cultura vigente y con las legislaciones y códigos aprobados para la categoría profesional.*

*Descriptores: Ética. Ética en Enfermería. Enfermería. Código de ética.*

## Introduction

The purpose of ethics in the society is to provide fundamentals to guide human actions and behaviors, based on critical evaluations and problematization of values and principles accepted by the society<sup>(1)</sup>. In healthcare, ethical questions should guide every action to allow the performance of the profession with quality and human values<sup>(2)</sup>.

Since nursing is at the core of healthcare professions, in this context ethics has the purpose of providing respect to others in all aspects, favoring balanced and human conditions in processes of illness, cure, disability or death<sup>(2)</sup>.

In order to maintain the ethical order in the profession, a deontological code was created. The Brazilian Nursing Association (ABEn) created the first Deontological Nursing Code, observing other professions' standards. It emphasized expressions such as dedication, discretion, loyalty and trust, considering the peculiarities of nursing<sup>(3)</sup>.

Ever since then, it has been amended and is currently called Ethics Code of Nursing Professionals (CEPE). It aims to establish standards regarding rights, prohibitions, duties and responsibilities in face of assistance and professional relations<sup>(4)</sup>.

Considering the daily routine of nurses in their work practices, ethical conflicts are inevitable, and the reflections about them should be clear and objective, based on the acknowledged legislation. They must always preserve the autonomy without ever causing any harm to others<sup>(5)</sup>.

In order to contribute to scientific knowledge in the nursing and professional ethics field and to help fulfill the existing gaps in the proposed theme, this study aims to understand the nursing

professionals' knowledge about the ethics code that governs their profession.

## Method

We adopted a qualitative strategy of exploratory and descriptive nature. Data was collected from the healthcare network in the city of Campina Grande, state of Paraíba, Brazil, from January to June, 2014.

In qualitative research, the participants are recruited based on their experience with the analyzed phenomenon. Therefore, our studied population was made of clinical nurses who work at the city healthcare network and nursing professors that develop their teaching activities in this same sphere. The purpose was to get different and dense insight on the same phenomenon.

We adopted some criteria to choose the participants who were more suitable to participate and share their knowledge about the nursing ethics code. Professionals from the municipality of Campina Grande (PMCG) who had been working there for at least one year composed the group of clinical nurses from the healthcare network. Additionally, the criteria for selecting the Paraíba State University professors were: being a nurse and a professor at the nursing program of the superior education institution (SEI), working at the SEI for at least one year and developing activities of internship.

The researchers approached the participants in the healthcare network and in the selected SEI. At this point, participants were told about the research objectives and the importance of their participation.

Participants' insight was collected through semi-structured interviews in two sessions. The first session collected sociodemographic data, whereas the second presented questions about the nurses' knowledge of their professional ethics and the CEPE. The interviews were recorded and transcribed. Later on, the content analysis technique was applied<sup>(6)</sup>.

In order to limit the number of participants in the study, saturation criterion was employed, aiming to reach repetition and confirmation of information provided by the respondent. As a result, after completing 19 interviews, we considered that the saturation criterion was met.

Content analysis was carried out in three phases. In the pre-analysis phase, the study objectives were resumed and all the analyzed material was prepared and read, resulting in register units corresponding to keywords or objective meaning phrases, and context units. The second phase consisted in the exploration of the material, where register units and context units with the same meaning were assembled, forming the categories and sub-categories. Finally, the third phase corresponded to treating and interpreting the results<sup>(6)</sup>.

In observation of the ethical principles established by Resolution 466/2012 of the National Health Council (CNS) and the legislation in force at the time of the research, all participants were told about their involvement on the research project and signed the Free and Informed Consent Term. In order to maintain the anonymity of the individuals, an identification system using letters and numbers was created<sup>(7)</sup>, namely: clinical nurses and nursing professors are identified by the codes CN and NP, respectively, and by a number corresponding to the interview's order.

## Results and Discussion

We carried out nineteen interviews with professional nurses. Among the 12 clinical nurses, 11 were female and 1 was male. Their mean age was of 44.6 years; mean graduation time was 17.6 years; mean time of practice in the profession was 14.3 years; and, finally, mean post-graduation time was 8.3 years.

Among the seven nursing professors, 5 were female. Their mean age was 47.8 years; mean graduation time was 21 years; mean post-graduation time was 18.8 years, and they had an average 10-year time of practice as professors.

During the content analysis, the following categories emerged: Professional ethics meaning; Guiding instrument of ethical procedure in nursing and its fundamental principles; Prohibition, rights, duties and responsibilities expressed in the ethics code; and Regulatory entities and educational institutions in the construction of professional ethics.

### *Professional ethics meaning*

Professional ethics is established by moral principles widely accepted and recognized by the society, with the purpose of guiding professional practice through the regulation of rights, duties and responsibilities. The objective is to provide security to the workers and to the community related to their work activities<sup>(3)</sup>.

Among the nursing professors, the understanding of ethics is related to a personal construction, built from individual and interpersonal experiences, considering the current culture, as observed in the interview excerpts.

*Ethics is a behavior based on a culture, which you acquire throughout your life. Ethics is a component that comes from culture, and in nursing it means to distinguish what should be done and how to do it (NP1).*

*Ethical principles are first interconnected to moral values, related to the personal part, really, of each professional, so these are values that the professional develops not in the university, but in the formation of his or her personality throughout life. These moral values are shaped and adapted for the labor situation of each worker (NP2).*

While moral deals with a conduct recognized by a group of individuals, ethics brings reflection to these principles and values guiding the individual's life, questioning the reality that permeates it<sup>(8)</sup>. In the professionals' testimonials, one can observe the relation between ethical conduct and the aspects built by the personal and particular experience of each individual, where moral values are acquired throughout life and transcend to work activities.

In this sense, the moral that arises from relations and experiences at the core of social relations shapes their professional actions, along with cultural and work environments and in consonance with ethical reflections. A discussion that emerges from ethical formation affirms the importance of interpersonal relations, as well as the support from other students and professors<sup>(9)</sup>.

While for these participants, ethics is related to personal aspects, the other clinical nurses and nursing professors, on the other hand, understand that the definition of ethics is related to what is stated by the regulations and codes in force.

*Ethics is within what permeates our attributions and competences in accordance to the Federal Nursing Council, so we have articles and paragraphs that refer to the ethics code (NP4).*

*Ethics are the principles, norms and rules that govern the exercise of the nursing profession, supporting the practice, so it can be more ethical, not causing any harm to any patient (CN11).*

*It is to perform your profession following the norms and principles guided by the ethics code (EA5).*

Relating professional ethics to the category's ethics code was recurrent in both participating groups. That is based on the thought that ethics is related only to the legislation composed of norms and criteria, which aim to guide the community – in this specific case, the nursing professionals<sup>(1)</sup>.

In fact, the ethics code integrates the legislation that governs the profession practice. Its principles are as relevant as the law, and anyone who violates them might be punished. They have, therefore, singular importance in enforcing the qualified professional practice<sup>(10)</sup>.

However, it is important to emphasize that the knowledge about the CEPE, its rights, duties, responsibilities and prohibitions, should not replace moral and ethical dimensions related to the professional proficiency, expressed in the actions in their work routine<sup>(11)</sup>.

#### *Guiding instrument of ethical procedure in nursing and its fundamental principles*

Principle is a byword for foundation, so for nursing professionals the CEPE informs the

ethics and bioethics principles that should guide their care activities<sup>(4)</sup>.

Part of the clinical and teaching professionals related the professional ethics principles to the duties and responsibilities within the CEPE, such as confidentiality and respect, according to the following interview excerpts.

*Ethical principles tell about responsibilities, our duties and our obligations under the ethics code (CN1).*

*I think it is the information confidentiality. We must keep this secrecy. It means respecting our colleagues, making no comments with other professionals, not about another coworker and his attitudes, neither about the patient. What is said in those rooms is confidential (CN6).*

*The principles are within the rights and duties, so they are in everything I can do in my position (NP4).*

*It is the norms that the professional must follow so that he does not commit any malpractice or negligence (NP3).*

Principles perceived by the professionals are related to duties and responsibilities inherent to the nursing daily practices. In fact, the CEPE was created to guide the professional category. It addresses the various ethical conflicts generated within the nursing care, not only in relation to the patient, but also concerning families, work organizations and other coworkers, thus contributing to the development of safe practices<sup>(12)</sup>.

Through the CEPE, the ethical value system of these workers become public. These values are exposed and executed for better work and community relations. Through the participants' statements, it becomes clear that they are aware of the fact that an ethical duty starts when confidentiality and secrecy are guaranteed, and that this ethical duty is necessary for them as nursing professionals.

Among the remaining participants, the expressed principles are those admittedly ethical, such as autonomy, beneficence, maleficence and justice.

*Respecting the human being, the patient and the user in their simplicity (CN6).*

*Autonomy, benevolence (CN11).*

*There are four principles I have clear in my professional life, autonomy, for the patient and for the professional as well. Beneficence, non-maleficence and justice principles (NP5).*

*Principles such as justice, equality, non-maleficence, thus all of these are ethical principles (NP2).*

The principles recognized by these professionals are called principlism or Beauchamp and Childress' principles of biomedical ethics. Their publication represented the first instrument to standardize the ethical dilemmas in health, and their established principles include the participation of the healthcare network professionals and users<sup>(13)</sup>.

Thus, it is fundamental to consider that the principles must be related to the nursing professional's social commitment towards the other individuals involved in their own care process, in order to assure the performance of safe and humanized practices by professionals who are sensible, competent and committed to the nursing, the institution and their clients.

Moreover, the CEPE aims to improve the professional ethical conduct, establishing goals, values and moral questions, centered in better client assistance. Nurses must be aware of the CEPE's importance for their practice<sup>(14)</sup>. Therefore, the CEPE and other instruments for ethical conduct guidance must be kept up to date to sustain their relevance in face of the surrounding reality<sup>(8)</sup>. In fact, there were participants of both nursing areas that recognize the Ethics Code of Nursing Professionals as the guiding instrument for ethics in the practice of nursing.

*When I was undergraduate student, it was called nursing deontology code. Now it is called the nursing code. There is a ruling that says that this is the code that is approved to standardize the nursing conduct in the whole country (NP5).*

*Nursing professional ethics code (NP6).*

*Our ethics code (CN8).*

*What we have as a reference is the nursing professional ethics code (EA12).*

Nevertheless, this is not the reality of all workers in this category. Among professors and clinical nurses, we noticed some confusion about professional category legislations. The Professional Practice Law was often mentioned as the regulator of professional ethics in nursing.

*Professional practice law, where the guidelines, rights, duties and what legal and ethical norms that the nurse must observe are placed (NP2).*

*Our ethics is based on the professional practice law (CN6).*

Such scenario is worrying, especially because nursing professionals are assessed and punished through the CEPE. Moreover, this is a category that has progressed with regard to its practice, concomitantly, it is essential to break with the superficialism remaining in discussions about ethics in this field of practice<sup>(2)</sup>.

A confusing view concerning legislation is still widespread in the nursing area. For some professionals, the CEPE is reduced, essentially, to the execution of legal duties, however, without raising its own and meaningful reflections over what is determined for them<sup>(15)</sup>. On the other hand, the CEPE, as well as others ethics code, has been created to clarify the ethical obstacles that emerge in healthcare services every day. Fully understanding and complying with its ethics and principles is fundamental for all the professionals<sup>(8)</sup>.

To prepare professionals for technical work, theory and practice are key, as well as the understanding of the applicable legislation. However, ethics means continuous and daily construction, which is subject to interference from personal, professional and religious experiences. Therefore, it is essential to create an ethical culture that permeates professional relations<sup>(16)</sup>.

### *Recognized prohibitions, rights, duties and responsibilities*

The CEPE is composed of different sections that present the nursing professionals' prohibitions, rights, duties and responsibilities. It refers to the aspects that are inherent to their careers, providing explanation and guidance to the nursing category in relation to ethical behaviors<sup>(4)</sup>.

Clinical nurses and nursing professors recognized the responsibility to build their caring procedures over ethical principles, as determined by the CEPE.

*Committing a disloyal act in relation to your professional conduct is one of the prohibitions. You must not, at any moment, commit any act that might compromise yourself as a professional (NP3).*

*Acting with ethics and dignity in face of your attributions (NP6).*

*Do not stain another professional's reputation (CN11).*



*Act with respect for all patients and coworkers' rights (CN8).*

Participants' statements are related to what is outlined in CEPE's chapter I. It deals with the professional relations, recognizing as nurses' rights the execution of their actions with free autonomy, according to the legal and ethical framework, thus promoting technical and scientific improvement. However, nurses must perform their function in a fair, loyal and resolute manner, maintaining relations based on respect. They are not allowed to promote injury, slander and defamation of other colleagues from the nursing and healthcare team, other coworkers and users<sup>(4)</sup>.

Identification and characterization of possible pain points, done by the research participants, and still concerning the CEPE, stressed the need to maintain what the ethics code rules. It encourages discussion and contributes to a better decision making among the professionals<sup>(5)</sup>.

Additionally, the research participants discussed nurses' rights, duties, responsibilities and prohibitions regarding their attributions and competencies in order to avoid acts of negligence, recklessness and malpractice, as seen on the following excerpts.

*Responsibility is to provide quality assistance, free from negligence, recklessness and malpractice (CN5).*

*I have the right to perform all nursing procedures (NP5).*

*We have the responsibility to develop the attributions of a nurse (NP1).*

*It is our duty to care for the patient within the limits of our profession, without any harm to the patient (CN8).*

*We are not allowed to do anything we are not prepared to do or that we have not been properly trained to do (CN12).*

There emerges a discussion from the participants statements that highlights the need to maintain the debates about ethical, professional, civil and criminal responsibilities, professional conducts, as well as the knowledge about rights and duties, in order to minimize negligence, malpractice or recklessness occurrence in actions and acts performed<sup>(5)</sup>.

Regarding negligence, malpractice or recklessness, Section I of the first chapter discusses the relations with people, family and collectivity. It

states that it is a right of the nursing professional to refuse care if he or she is not technically or scientifically competent to do so or if there is no safety to the professional or to the patient<sup>(4)</sup>.

Still in Section I, articles 31 and 32 comprise prohibitions to nursing professionals in order to ensure that the professional ethics is observed. They state that it is vetoed to nursing categories to prescribe medications and perform surgeries, except when provided for the by current legislation or in an emergency situation<sup>(4)</sup>.

*I have the right to prescribe medications that are registered and formalized within the institution where I work at (NP5).*

*Nurses are not allowed to prescribe medicines, unless they are registered in protocols and in emergencies where protocols already exist (NP5).*

*Suturing is not a nursing attribution; suturing tissues is out of the nurses' studying scope, which is caring for the individual (NP2).*

*Suturing is a procedure that is out of our scope, as well as delivering a baby without being an obstetric nurse (CN7).*

According to the following sections, the professionals also recognized other prohibitions such as abortion practices and euthanasia:

*Forbidden is what I can't do, like participate in an abortion or be conniving to euthanasia (NP4).*

*Euthanasia is prohibited (CN2).*

*I can't perform an abortion, this is one of the prohibitions (CN5).*

*In case of rape, in this situation the professional has the right to deny performing an abortion (CN12).*

In relation to controversial situations for the society, the professional's acknowledgment was observed. Such aspects present in the nurses' care context require substantial discussion among the professionals, with the purpose of guaranteeing that decisions are compliant with legal and ethical values and principles, without harming the worker's autonomy or exposing users, who often find themselves in a fragile and/or vulnerable situation<sup>(5)</sup>.

According to section II, Chapter I, nurses have the right to participate in Multi and Interdisciplinary practice with responsibility and autonomy. However, it is important to stress

that they are fully liable for the consequences of absences and mistakes, whether individually or collectively. They also have the right to provide written and/or verbal information about the patient care<sup>(4)</sup>.

*I have the right to autonomy when performing my professional activity (NP4).*

*The nursing professional is prohibited to perform procedures that are not of their competency, even if their superiors order or prescribe. If I think something will harm the patient, I have no obligation to participate in it. (NP5).*

*I work with a practical nurse. I supervise her and I am responsible for her work (CN4).*

*I am liable for my actions. If I cause any maleficence, I am responsible for that, and as a nursing team leader my responsibility is to work with my team and answer jointly with them (NP5).*

*I have the obligation to pass and receive the shift and keep the occurrence record (CN2).*

In a study about nursing ethical lawsuits characterizing factual elements, in the state of Santa Catarina, it was demonstrated that the occurrence of iatrogenesis, illegal professional practice, conflicting inter-professional relations and nurse's professional responsibility are the main reasons for charges in the Nursing Federal Council (Cofen)/Nursing Regional Council (Coren) system. These institutions are responsible for supervising and punishing offending professionals, ensuring patient security, assistance quality and respect for the ethical conduct<sup>(5)</sup>.

When it comes to autonomy, nursing professionals consider it is their duty to participate in the orientation to the patients about benefits, risks and consequences resulting from examination and other procedures<sup>(4)</sup>. This aspect was recognized only by clinical nurse professionals.

*I have the right to inform the patient the reason why I am asking for a specific exam, why I am doing what I am doing. I have to provide the patient with information about his health (CN5).*

Clinical nurses and professors mentioned the need for employers to value nursing professionals and pay them decent salaries, compatible with their duties. Nurses should also have the minimal conditions to perform their job.

*I have the right to my salary and to have decent working conditions (CN3).*

*I have the right to work in an appropriate facility, and to have no trouble receiving a decent salary (CN9).*

*I have the right to be paid on time (NP5).*

Section IV, which discusses the relations with the employer institutions, reveals that it is a nurses' right to receive salaries or wages suitable to their professional practice, as well as having available compatible working conditions to safely deliver care. Nurses can stop their activities in case of lack of materials or equipment for individual or collective protection<sup>(4)</sup>. Thus, infrastructure inadequacy may influence the professional ethical conduct.

Only the professors recognized the right to make demands, however, without disrespecting the patient's right to have his health assistance preserved.

*Nurses cannot abandon their workplace. They should continue to provide patient care even in situations of collective demands. Nurses are not allowed to be absent from the institution (NP5).*

*I have the right to collective bargaining, as long as I respect other people's rights (NP4).*

The CEPE states that in case of disrespect for the nurses' professionals' rights, these may participate in movements for professional dignity and citizenship rights. They can demand better conditions of patient care, work and payment. They are also allowed to suspend their activities, individually or collectively, excepting urgency and emergency situations, having to immediately inform to the Nursing Regional Council, in writing<sup>(4)</sup>.

*It is our duty to keep information secrecy, especially in relation to the patients during appointment (CN6).*

*The professional must keep procedure confidentiality, before the institution (CN10).*

*Keeping secrecy about information received during an appointment is crucial (CN12).*

*Professional secrecy is required (NP7).*

There is a chapter in the CEPE about professional secrecy. It is the nurses' duty to keep secrecy about a confidential fact, which has come to their attention as a consequence of professional activity, excepting cases provided for by the law, court orders or with a written consent of the person involved or their legal representative.

Therefore, they have the right to protect confidential information<sup>(4)</sup>.

Regulatory entities and educational institutions in the construction of professional ethics

Clinical nurses and professors who participated in this research say the understanding of the ethics code is flawed in the universities, once it is often dissociated from reality and from other topics. Such flaws are maintained by regulatory entities, like nursing councils, although they should encourage the development of educational actions to bring professionals closer to the CEPE.

*Even the councils do very little about this. They often charge us but they don't provide enough support for the professional to develop awareness about the ethics code (NP3).*

*The council should visit the professionals and the students more often. They should give them more information about the duties, rights, and rules that govern the whole ethics code. So I believe that this flaw, this shortcoming exists (NP6).*

*Each one of us professors should talk about ethics. It should not be a just another topic to be forgotten. It should be part of all contents, even if in a summarized way (NP4).*

Whether in an academic or professional environment, it is crucial to emphasize the importance of encouraging the discussion about the CEPE, ethics and the Professional Practice Law. The objective is to build up the ethical background of students and professionals regarding their work practice and make them aware of the rights and duties of their career. Moreover, it helps supporting them before confronting situations, making these professionals confident both ethically and morally, in accordance to the norms<sup>(18)</sup>.

Only nursing professors recognized the need to review the professional ethics code, including the search for new ethical and theoretical backgrounds, with the purpose of making them more efficient and reasonable.

*The code could be reviewed. Over time, the code should undergo adjustments, I think that the other professions should see this, and it could be something very specific (NP1).*

*Ethically, all of our legal pieces are influenced by the principlism, which is North American. These principles alone are not enough to provide what*

*we need in ethical and bio-ethical terms. Thus, it is necessary to reform these legal pieces so they can receive the influence of other bioethics concepts like social justice, for instance, and not just from principlism (NP2).*

Keeping the continuous discussion about ethics codes is crucial, since they should adjust continually to new demands and scenarios created by social and scientific change. Furthermore, it is not possible to paralyze the ethical discussion regarding only the legislation in force, with hermetically shut norms; it is necessary to promote further discussion and experience among the professionals<sup>(8)</sup>.

Continuous lack of reflection about ethical aspects was a limitation to this study, since many participants had only discussed professional ethics during their college years.

## Conclusion

Nursing professionals have distinctive meanings for ethics. The professionals' understanding was related to personal aspects and experiences, as well as to the existing culture and to codes and legislations approved in the category. In both perspectives, there must be deeper reflections made by nurses in order to enable a critical analysis of the reality and not only the superficial development of their praxis.

Regarding the CEPE, the need for its reformulation was widely recognized, including its fundamental principles. In order to do so, professionals themselves must recognize their ethics code and acknowledge their inherent questions and reflections, aiming to ensure the subjects' autonomy without harming the ethical aspects of their practice. At all times, they have to be committed to the patients, their family and the collective health and quality of life. They must respect life, dignity and human rights in all spheres.

In this sense, this work contributed to the nurses' reflection upon ethics application and the CEPE in their practices. It also revealed the need for greater effort from the professors in order to address the professional ethics code in universities in a broader and more critical fashion.



## Collaboration

1. design, project, analysis and interpretation of the data: Mayara Lima Barbosa e Gabriela Maria Cavalcanti Costa.

2. article writing and critical review of the intellectual content: Mayara Lima Barbosa, Hayla Nathália dos Santos Rodrigues, Suely Deysny de Matos Celino, Gabriela Maria Cavalcanti Costa.

3. final approval of the version to be published: Mayara Lima Barbosa, Hayla Nathália dos Santos Rodrigues, Suely Deysny de Matos Celino, Gabriela Maria Cavalcanti Costa.

## References

- Crozeta K, Stocco JGD, Labronici LM, Méier MJ. Interface entre a ética e um conceito de tecnologia em Enfermagem. *Acta Paul Enferm.* 2010;23(2):239-43.
- Rosenstock KIV, Soares MJO, Santos SR, Ferreira ASM. Aspectos éticos no exercício da enfermagem: revisão integrativa da literatura. *Rev Cogitare.* 2011;16(4):727-33.
- Silva RS, Santos DT, Carvalho SS, Lisboa ACFN. Código de Ética dos Profissionais de Enfermagem: uma pesquisa documental. *Enferm Foco (Brasília).* 2012;3(2):62-6.
- Conselho Federal de Enfermagem. Resolução 311/2007. Aprova a reformulação do Código de Ética dos Profissionais de Enfermagem. Brasília, DF: Conselho Federal de Enfermagem; 2007 [cited 2013 Oct 15]. Available from: [http://novo.portal-cofen.gov.br/resoluco-cofen-3112007\\_4345.html](http://novo.portal-cofen.gov.br/resoluco-cofen-3112007_4345.html)
- Schneider DG, Ramos FRS. Nursing ethical processes in the State of Santa Catarina: characterization of factual elements. *Rev Latino-Am Enfermagem.* 2012; 20(4):744-52.
- Bardin L. *Análise de conteúdo.* Ed. rev. ampl. São Paulo: Edições 70; 2011.
- Conselho Nacional de Saúde. Resolução 466, de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. *Diário Oficial União.* 12 dez 2012.
- Pedro AP. Ética, moral, axiologia e valores: confusões e ambiguidades em torno de um conceito comum. *Kriterion.* 2014 [cited 2017 Oct 20];55(130):483-498. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0100-512X2014000200002&lng=en&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-512X2014000200002&lng=en&nrm=iso)
- Kloh D, Lima MM, Reibnitz KS. Compromisso ético-social na proposta pedagógica da formação em enfermagem. *Texto Contexto Enferm.* 2014 [cited 2017 Oct 20];23(2):484-91. Available from: <http://www.redalyc.org/articulo.oa?id=71431352031>
- Leal DF, Rauber JJ. A concepção de ética dos profissionais da enfermagem. *Rev Min Enferm.* 2012;16(4):554-63.
- Burgatti JC, Leonello VM, Bracialli LAD, Oliveira MAC. Estratégias pedagógicas para o desenvolvimento da competência ético-política na formação inicial em Enfermagem. *Rev Bras Enferm.* 2013 [cited 2017 Oct 20];66(2):282-6. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0034-71672013000200020&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672013000200020&lng=en)
- Santos FS, Arruda AJCG, Vasconcelos JMB. Aplicabilidade do código de ética nas ações de enfermagem no centro de terapia intensiva. *Rev Enferm UFPE,* 2016;10(1):1-8.
- Paiva FCL, Almeida Júnior JJ, Damásio AC. Ética em cuidados paliativos: concepções sobre o fim da vida. *Rev Bioét.* 2014 [cited 2017 Oct 20];22(3):550-60. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1983-80422014000300019&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-80422014000300019&lng=en)
- Mendonça FAC, Menezes MV, Amorim SC, Moraes FDM, Feitosa EMN, Lacerda CMM. Processo ético de enfermagem no estado do ceará: reflexão para prática profissional. *Enferm Foco.* 2017;8(2):77-81.
- Germano RM. A evolução do ensino da ética para enfermeiros. *Rev Bioet.* 2009;4(1).
- Germano RM. A pesquisa e os dilemas éticos do trabalho da enfermagem. *Rev Bras Enferm.* 2013 [cited 2017 Oct 20];66:76-9. Available from: <http://www.redalyc.org/articulo.oa?id=267028669009>
- Costa EO, Germano RM, Medeiros SM. A fiscalização do exercício profissional no conselho federal de enfermagem. *Rev Min Enferm.* 2014;18(1):208-12.
- Dias OV, Gomes LMX, Barbosa TLA, Souza e Souza LP, Rocha ALF, Costa SM. Segredo profissional e sua importância na prática de enfermeiros e odontólogos. *Rev Bioet.* 2013;21(3).

Received: April 15, 2017

Approved: October 24, 2017

Published on: December 20, 2017