

CONFLICTS AND ETHICAL DILEMMAS EXPERIENCED BY THE NURSE IN THE PERIOPERATIVE CARE¹

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ABSTRACT

The study aimed to get to understand the conflicts and ethical dilemmas experienced nurses in the perioperative care of a general hospital in Salvador-Bahia. It was choose the phenomenological approach by Edmund Husserl, by having as object of study the phenomenon conflicts and ethical dilemmas of the nurse in surgical center. The data collected by phenomenological interview. Ideographic and nomothetic analyzes allowed the seizure of the phenomenological structure in two categories: Comprehending the conflicts and ethical dilemmas experienced by nurses in the perioperative period and Nurses experience conflicts and ethical dilemmas in perioperative period in the context of inadequate human resources, physical and material. It is understood that the shortage of resources and divergence of opinions on the same situation; difficulty of the surgical team to reach a consensus; not treatment of requests of the team; actions held under tension in the unit; disrespect for the autonomy of nurses during practice and scarcity of resources are the generators of conflicts and dilemmas in perioperative. It recommended to institutions to invest in infrastructure, material and human resources in surgical center.

Keywords: Nursing. Nursing Staff. Perioperative care. Ethics.

INTRODUCTION

The conflict can understood as "the breaking of the order, a negative experience, generated by mistake or failure"^(1:80). Conflicts known as effort, conscience and interests. The effort comes from a recovery by demands above what it can produce; the conscience begins to impose a personal belief to others; and of interest, when an individual exploiting his position for personal gain or for the benefit of a family member. The resolution of these conflicts occur in individual level, according to stakeholders, immediately in all contexts of practice⁽²⁾.

One can see that the conflicts in the surgical Center (CC) arise in everyday interpersonal relations of the nurse with the members of the surgical team and may related to deficiencies of physical resources, human, material or infrastructure.

The moral dilemmas manifest themselves in situations that occur two or more possible courses and also compelling reasons⁽³⁾. They emerge at a time when there is a need to make a choice in the face of more than one alternative, all considered undesirable, i.e. a situation in

which it is present a clash of principles or obligations, real or where there are no rules and precedents to follow⁽⁴⁾.

In CC, the ethical dilemmas originate from conflicts of values in the intraoperative stage, i.e. occurring between two options involving situation ethics. Thus, "the trader is faced with more than one path and must choose one of them; in this perspective, we can say that he has a conflict between two or more possibilities"^(5:67).

Ethical dilemmas and conflicts may emerge during the caution. Take care with responsibility characterizes the Act, professional excellence and human aspects. We highlight here the care of nurses of CC, inserted in an intersubjective world, shared with the other, an individual lacking in attention, security, protection and comfort, or with the other professionals of the surgical team.

The performance of perioperative nursing comprises "the pre-operative, the trans operator and the postoperative period, i.e. from the moment the patient knows your diagnosis and decides for surgery until his recovery and rehabilitation"^(6:209).

Concerns to ensure Perioperative Nurse nursing care with competence and ethics.

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Because, to manage the assistance, requires that training and professional qualification to develop skills and abilities in order to lead the nursing staff, that is, develop their communication skills, listening, observation, negotiation, critical sense and sensibility to analyze the "other" and the context in which it is inserted⁽⁷⁾. In CC, the communication skills of nurses is of paramount importance in relations that require attitude to lead and manage the team. The ability to negotiate with the different professional categories requires him to articulate the demands of the institution to administer the conflict situations, as well as negotiate the oppositions, resistances and forward resolutions probes⁽⁸⁾.

In everyday nursing, in relations between the teams that operate in CC, occur conflicts and dilemmas that affect patient care. To address them, it becomes necessary the analysis of facts that may ensure the exercise of autonomy, aimed at climate of harmony in interpersonal relationships and service to ethical and legal precepts of his profession. In addition to the ethical analysis of the facts, it becomes important the knowledge of ethical theories, which direct for decision-making⁽⁹⁾.

The experience of the authors as teachers in practical fields of surgical Center survived them numerous concerns the example of this research question: how the nurse experience conflicts and ethical dilemmas experienced perioperative. Behold, we define as objective: understanding conflicts and ethical dilemmas experienced by nurse in perioperative care.

METHOD

The present study is the clipping of PhD thesisⁱ who seeks understanding of conflicts and ethical dilemmas experienced by nurse in CC.

To approach to the phenomenon, we chose to perform a qualitative research, following the phenomenology of Edmund Husserl. This choice made considering that the research object, the phenomenon conflicts and dilemmas require an original source of the experience in his world life-nurses. The data source was the

phenomenological interview conducted in the search for the essence of the phenomenon from the action and perception of the world lives of nurses in operating room.

For the realization of the analysis process, we use analytical techniques as a means of ideographic reveal the synthesis of structure of empirical and nomothetic analysis categories, according Martins and Bicudo⁽¹⁰⁾ for understanding the content of meaning expressed by the nurses.

Pretending if unveiling hidden attributes, to interrogate the phenomenon investigated. The search for "who shows himself as, presents itself in the phenomenological method as the object of research and as the main instrument of knowledge"^(11: 298).

The phenomenology translates the human experience and the ways things are. Thus, Unveils "the phenomenon, i.e. what shows, not explaining from concepts, beliefs or a pre-established reference"^(12: 509).

The information collected in the months of January and February 2010, through phenomenological interview, on a CC to a public general hospital, large enterprises, located in the city of Salvador-BA. The CC consists of nine operating rooms, on occasion, only six fully functioning. Has post-anesthesia Recovery Center (CRPA), with four beds.

The first contact with the nurse coordinator of CC, made possible the access to the other nurses. Ensured the autonomy of participants and Declaration of the nurses of interest to participate in the study. After knowledge of the information provided by the researcher, reading and understanding of the information contained in the informed consent signed the term for carrying out the interview. It obtained the consent for the recording of interviews with practicing professionals in OR and management assistance.

The interviews were scheduled and carried out individually, in times and locations suggested by the participants themselves. Started from two guiding questions: what is your understanding of conflicts and ethical dilemmas? Which leads the nurse to experience conflicts and ethical dilemmas in the perioperative period?

ⁱOliveira MAN. Conflicts and ethical dilemmas experienced in the practice of a nurse at the surgical Center. Thesis [PhD]. Nursing school of the Federal University of Bahia, Salvador, 2011.

The interviews transcribed verbatim. Confidentiality and anonymity guaranteed by use of letter and numbers as the order in which took place.

For the analysis of descriptions obtained in the interviews, we used the technique of analysis based on structure mode of phenomenon located.

At first, the ideographic analysis, were performed readings, how many times were necessary in order to achieve a general sense of what described in the reports of the nurses. Then proceeded to the re-reading of transcribed texts, in order to find the units of meaning. Next, these units interpreted seeking a transposition of language gullible of nurses.

The second time, who understood the nomothetic analysis, sought to approach the different units of individual meanings, establishing the convergences and divergences between them. In this stage, there was the synthesis of units interpreted into categories that describe a structure of the studied phenomenon: understanding conflicts and ethical dilemmas experienced by perioperative nurses.

Reading and analysis of descriptions led to the construction of empiric categories: understanding conflicts and ethical dilemmas experienced by nurses in the perioperative period and the nurses experience conflicts and ethical dilemmas in the perioperative period in the context of human resources, physical disabilities and materials.

The project was referred to the Ethics Committee and research (CEP), the institution where the study took place, under paragraph protocol of the 66/09, in compliance with the criteria of ethical research involving humans, as the resolution 196/96 of the National Health Council ⁽¹³⁾ and obtained approval in 1/28/2010 (CAAE nº 25655913.5.0000.0049).

RESULTS AND DISCUSSION

Effected the **ideographic analysis** in order to grasp, so understanding, a description of the participants, for being that access to their world-life, building the empirical categories as listed below.

Understanding conflicts and ethical dilemmas experienced by nurses in perioperative period

Understanding of conflicts and ethical dilemmas experienced in CC was unveiled from the nurses ' testimonials. For them, the conflict emerges in the midst of struggles, relationship difficulties, and divergence of opinions that involve diversity of positions before a situation of difficult resolution:

[...] this difficulty is often conflict in the relationship between the people who work in the same profession or different profession. [...] difficult resolution, lead to ethical conflicts within the same profession or in different professions (E5).

[...] conflict, [...] something splits between right and wrong or what needs to be and what can be.

[...] conflict [...] opposing forces that divide my conscience and sometimes my desire to want to do (E7).

For the participant E5, conflicts occur intra and inter relations professionals. Moreover, the participant E7 expresses the conflict as a division of forces, internal source something on his conscience, between opposites as right/wrong, power/want and not be able to do. In the practice of Nursing are frequent situations that generate ethical problems, arising from conflicting circumstances related to the patient and/or his family, to the profession, to the Organization of work and other aspects related to this practice ⁽¹⁴⁾.

On the relationship between the professionals in CC, conflicts arise from the plurality values of those involved faced with situations involving patients and members of the surgical team. The actions of the professionals, emerging values personal and professional trials based on ethical principles, such as: respect, justice, humility and competence.

In CC, the nurse relates to heterogeneous professionals, this can encourage generated conflicts, disagreements, dissatisfactions, factors that will certainly evolve to stress. It is necessary therefore interact continuously so that the work will performed in a manner effective ⁽¹⁵⁾.

The nurses discover that the dilemma is present in front of two opposing conditions requiring decision-making:

[...], dilemma is for me, for example: when you have two issues, right? In addition, you do not know what you ... (laughs) will hang, what

decision I will take for that, or for one another. (E3)

[...] dilemma in my book there is a part right, part wrong there might be situations that make us think differently, right, for a particular thing, [...]. [...] the conceptions are different, what to do, why do, when to do it, what the result of this, thinking of something positive pro customer, I think there [...] is an ethical dilemma. (E8)

It observed that nurses make it clear that experiencing ethical dilemmas and have different conceptions. The participants agree that E8 E3 and the dilemma is a situation that involves the doubt and decision-making. For E3, the dilemma exists in situation of indecision before two questions; there is uncertainty about what decision to take. I E8 conceives the ethical dilemma as situation that requires the nurse a definition about what, why, when and what the positive result for the person being cared for, from the judgment of right and wrong, which varies according to the different conceptions of those involved.

The dilemmas in CC arise in situations that require a decision between two alternatives considered not satisfactory. The moral judgment about the attitudes taken by people who live in this context often receive a look of satisfaction or other dissatisfaction. This occurs in relationships that involve the surgical team, whether on the part of the patient, the nurse, nursing technician, the surgeon or anesthesiologist. The unsatisfactory repercussion for any of the team members revealed when the decision taken by a go against the interest of another who feels aggrieved with the decision. Important to note that the ethical issue must be identified by the moral agent prior to decision making⁽¹⁶⁾.

The nurses experience conflicts and ethical dilemmas in perioperative period in the context of human resources, physical disabilities and materials

This category demonstrates that nurses in CC experience conflicts and ethical dilemmas arising from human resources deficiency, physical space and materials.

To take the unit, the nurses experience numerous conflicts and ethical dilemmas in CC, due to lack of resources for the surgical process that give proof the testimonials:

[...] in my practice I have experienced many conflicts and many dilemmas, right ... in the surgical Center, [...] we already ... begins to experience early conflicts. [...] sometimes lack of ICU, [...] and the surgeon be questioning why no UTI? (E3)

[...] dilemma, if you are wrong, I cannot do so, but I don't have a resource, how should I proceed? Therefore, in my day-to-day I experience many ethical dilemmas. (E5)

E3 Unveils that experiencing many conflicts with the surgeons in the everyday life of CC related to lack of beds waiting for postoperative patients in the ICU. E5 expresses his immobility, which he attributes to a lack of material resources in their daily lives.

The reports make clear that, in the context of the CC, the nurses experience conflicts and ethical dilemmas in perioperative care daily. Related to lack of beds and resources that makes the administration of the unit.

Seize that, provided the CC Manager, the nurse is responsible for solicitation of ICU bed for the patient's recovery, considered his age and surgical condition.

The nurse is the professional responsible for request, from the hospital administration, human resources and materials for the operation of the CC and ensure the bed booking service, be it in the post-anesthetic; CC, in the recovery room or on return to the source drive. The forecast, the provision and control of material and human resources to meet the demands are another surgical nurse's responsibility in the industry. The testimony leads to the understanding that the nurses have responsibilities diverge to "ensure the person, family and community nursing care free of recurrent damage of malpractice, negligence or recklessness"^(17:38).

Nurses, as members of the surgical team, professionals have the responsibility to question, reflect and debate controversial points, acting therefore actively seeking ethical solutions to the situations of confrontation.

The ethical dilemmas that emerge in the CC brings wear and suffering to all involved (professionals of the surgical team, patient and family). This requires discussion of the facts in order to share reflections and decisions.

Conflicts and ethical dilemmas experienced by nurse's daily long difficulty or inability to meet the schedule of the unit:

[...] dilemma, we experience every day. The doctors put us in a sometimes-difficult situation, like Mark surgery. [...] few operating rooms functioning, [...]. (E3)

Therefore, I have had time to have the [...] Surgery [...] I had a room available, but was all the time questioned by the preceptor of surgery, as I nurse [...] would suspend a patient's surgery, young, who was in serious condition. As I am taking this initiative? (E1)

Participants E3 and E1 allege as causes of conflicts and ethical dilemmas between the teams the insufficient number of rooms to meet the number of surgeries in the unit. The participant E1 Unveils feel impotent to administer situations, such as taking decision to suspend surgery before the questioning of surgery team.

Study points out that the ethical dilemmas are arising out of conflicts of values in the intraoperative phase; autonomy rights of patients, shortage of resource allocations and demands more effectively⁽¹⁸⁾.

Nurses perform forecasting and the provision of material resources, however, in the daily life of the unit, faced with the deficiency of these resources, which leads to s: embarrassing situations to overcome.

[...], a dilemma [...] in situations where you have two programming heart surgeries and that the material is sufficient for surgery [...], one in the morning and another in the afternoon, the material is the same [...]. [...] the boxes were still inside the autoclave; [...] boxes leave wet I would have to repeat the whole process, but the patient was already open on the dining room table and then surgery? (E7)

The participant E7 describes a dilemma and a decision on the scarcity of resources for a large procedure and the maintenance of patient safety in the operation room.

In the planning and organization of the CC, it is the responsibility of nurses providing the unit with the necessary materials for Perioperative care. The report demonstrates that the lack of material resources is one of the main problems that they face in everyday life.

The deficiency of material resources taken as a factor that hinders the performance of nurses in CC and can compete for the suspension of the surgery when there is no material required and in sufficient amount for carrying out the procedures⁽¹⁹⁾.

So that nurses can administer the unit with efficiency, lack of support and cooperation from the administration of the institution, in order to supply the unit with the necessary material resources in the face of demand for surgeries.

In this perspective, the nurse works inconsistent with the direction and administration of the hospital, with the purpose of providing and promote the maintenance of materials and equipment necessary for the realization of the surgical procedures performed in patient injury without causing perioperative⁽¹⁵⁾.

The nurse's experience in CC, conflicts related to lack of employees making the realization of perioperative activities.

[...] we already live [...] the conflict [...] from an early age [...] lack of employees who fall sick [...] lack a nursing technician, stock room and we will resolve this conflict not suspend the emergency care of nursing problems. (E3).

[...] work in surgical center of Ophthalmology [...] a teaching hospital, [...] residents are slower in the procedures, the surgery extends and there is missing a patient do surgery [...] employees live far away [...] I am in conflict, if I do the surgery because the patient is inside and has no money, [...] or if I stop for lack of officials who live far away. (E4)

One realizes, at E3, which speaks of the dilemma emerges on the lack of members of the nursing staff, previewing conflicts with the other teams and the management of the institution for the consequences that may arise from the possibility of suspension of surgery. E4 Unveils that can emerge a dilemma facing the decision not to suspend the following surgery, a patient coming from the interior. Because its decision may cause discomfort for not releasing employees that live far away, before the delay in surgical schedule, since resident physicians perform the procedures.

The statements show that the dilemmas emerge daily in the CC because of the shortage of nursing staff personnel generating the

suspension of surgeries. In this sense, study reveals that a proper staff at the CC would supply the demand, and the nurse would play its true role, would perform their activities with tranquility, would provide, the patient, the necessary attention and proper perioperative assistance⁽¹⁵⁾.

Take into consideration that the insufficient number of nursing professionals is a frequent situation in the hospital's organizational structure, which makes the process of holistic care and humanized⁽¹⁹⁾.

In **analysis nomothetic**, approach units of meanings about conflicts and ethical dilemmas experienced by nurses in the operating room and realizes a movement of the passageway to the General individual, involving understanding and articulation between the categories built⁽¹⁰⁾.

The nurses experience conflict in a situation in which there is participation of people who perceive differently the same situation, from which emerges a discussion. For them, when you do not get consensus, originates from the conflict. Moreover, as soon as the decision is not like one of the parties involved – nurses, surgeons, anesthetists-notes-if the workers wear surgical team compromising the quality of care (E3, E5 and E7). In the performance of its shares, the nurse requires skills such as logical reasoning, emotional balance, communication with the patient interventions, exclusive actions even⁽²⁰⁾.

The ethical dilemma experienced when a situation arises and there is a doubt whether it is ethical or not, however, it is necessary that the people involved have an action to be resolved (Y3 and Y8).

The ethical dilemma presents itself in a situation in which come into play two or more choices and none of them seems correct. Is experienced in everyday life for people, whether in personal life and in professional life. With regard to nursing, the increasing complexity of care, the advancement of science and technology, the lack of infrastructure and the shortage of financial resources in health institutions, among others, do arise situations involving ethical and moral aspects (E1, E3, E5, E6 and E7).

The field hospital this study provides several specialties, however, does not have sufficient

resources or rooms in quantity that can meet the demand of surgeries, which gives rise to the incidence of conflicts and dilemmas. Faced with this reality, the nurses, claiming the possibility of injustice, advocate be necessary to define the surgical priorities, at the time of distribution of the rooms and of material resources (E1 and E2).

The nurses also express the deficiency of human resources in the context of the CC. They solve the situation considering be your responsibility in the management of the unit the suspension not surgery. In their practice, they understand to be their ability to circumvent the situation, position yourself and take the appropriate decision on the conflicts and ethical dilemmas experienced perioperative.

FINAL CONSIDERATIONS

The testimony nurses unfolded presence conflicts ethical dilemmas in practice of the Surgical Center, and understanding these professionals regarding such episodes, revealed the same can be triggered in the perioperative period, for various reasons: different conceptions of a same situation; daily coexistence; difficulty to reach consensus, due to professionals with diverse cultures and professions; surgical team members ' requests not answered; differences opinions; existence questions and/or concerns; actions taken under tension; disregard autonomy of nurses; scarcity of financial resources, human and material.

Respondents expressed the need for technical, scientific, and ethical expertise to deal with unpleasant episodes that emerge in the surgical Center. One realizes that, by means of technical and scientific knowledge, there is a possibility of nurses take care in the perioperative period holistically, competent and ethical, promoting safety for the patient and the surgical team.

One issue that stood out most was the interpersonal relationship conflict with the surgical team favoring the triggering conflicts and ethical dilemmas in the aforementioned practice.

It is understandable that nurses can resolve conflicts and ethical dilemmas in the surgical Center developing coping strategies in situations that emerge in perioperative care.

In the face conflicts ethical dilemmas experienced nurses in this study, suggest themselves: new research subject, in the field of nursing, in other regions of the country; CC nurses meetings to exchange experiences and

develop strategies to deal with conflicts and ethical dilemmas in perioperative care context; for the institutions it is suggested that these invest in infrastructure, human resources and materials.

CONFLITOS E DILEMAS ÉTICOS VIVENCIADOS PELO ENFERMEIRO NO CUIDADO PERIOPERATÓRIO

RESUMO

O estudo objetivou compreender os conflitos e dilemas éticos vivenciados por enfermeiros no cuidado perioperatório de um hospital geral, em Salvador-Bahia. Optou pela abordagem fenomenológica de Edmund Husserl, por ter como objeto de estudo o fenômeno conflitos e dilemas éticos do enfermeiro no centro cirúrgico. A fonte de dados foi a entrevista fenomenológica. As análises ideográfica e nomotética possibilitaram a apreensão da estrutura do fenômeno com duas categorias: Compreendendo os conflitos e dilemas éticos vivenciados pelos enfermeiros no período perioperatório e Os enfermeiros vivenciam conflitos e dilemas éticos no período perioperatório em contexto de deficiências de recursos humanos, físicos e materiais. Compreende-se que a escassez de recursos além da divergência de opiniões sobre uma mesma situação; dificuldade da equipe cirúrgica para chegar a um consenso; não atendimento das solicitações da equipe; ações realizadas sob tensão na unidade; desrespeito à autonomia dos enfermeiros durante a prática e escassez de recursos são os geradores de conflitos e dilemas no perioperatório. Recomenda-se às instituições investir em infraestrutura, recursos materiais e humanos no centro cirúrgico.

Palavras-chave: Enfermagem. Equipe de enfermagem. Assistência perioperatória. Ética.

CONFLICTOS Y DILEMAS ÉTICOS VIVIDOS POR EL ENFERMERO EN EL CUIDADO PERIOPERATORIO

RESUMEN

Este estudio tuvo el objetivo de comprender los conflictos y dilemas éticos vividos por enfermeros en el cuidado perioperatorio de un hospital general, en Salvador-Bahía. Se optó por el enfoque fenomenológico de Edmund Husserl, por tener como objeto de estudio el fenómeno conflictos y dilemas éticos del enfermero en el centro quirúrgico. Los datos fueron recolectados a través de entrevista fenomenológica. Los análisis ideográfico y nomotético permitieron la aprehensión de la estructura del fenómeno con dos categorías: Compreendiendo los conflictos y dilemas éticos vividos por los enfermeros en el período perioperatorio y; Los enfermeros viven conflictos y dilemas éticos durante el período perioperatorio, dentro del contexto de deficiencias de recursos humanos, físicos y materiales. Se comprende que la escasez de recursos, además de la divergencia de opiniones sobre una misma situación; la dificultad del equipo quirúrgico para alcanzar consensos; el no atendimento de solicitudes del equipo; las acciones realizadas bajo tensión en la unidad; la falta de respeto a la autonomía de los enfermeros durante la práctica y escasez de recursos son los generadores de conflictos y dilemas en el perioperatorio. Se recomienda a las instituciones invertir en infraestructura, recursos materiales y humanos en el centro quirúrgico.

Palabras clave: Enfermería. Equipo de enfermería. Asistencia perioperatória. Ética.

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