



CONSCIENTIOUS OBJECTION AND ABORTION: OPINIONS AND KNOWLEDGE OF NURSING STUDENTS

Alessandra Lima Fontenele*

Jéssica de Souza Paes Landim**

Pedro Henrique de Souza Domingues***

Thaynara de Oliveira Mendonça****

Graziani Izidoro Ferreira*****

Maria da Graça Camargo Neves*****

Dirce Bellezi Guilhem*****

ABSTRACT

Objective: to analyze the conceptions of nursing students of a university in the Midwest of Brazil about the concept and use of the conscientious objection tool in abortion situations. **Methods:** a qualitative exploratory-descriptive study, conducted between March and April 2016. The study included 46 students from the 7th to the 10th semester of the Nursing graduate course. Data collection occurred through the application of an electronic questionnaire sent by email individually to the students. Categorical analysis was used; participants' reports were fragmented into units of meaning. **Results:** two categories emerged for each question of the electronic questionnaire: (1) My moral precepts and beliefs go against abortion and I don't know if I would have emotional and psychological conditions; (2) I don't remember and Legal Tool; (3) Discrimination and Commitment to Service and Freedom of Thought; (4) More awareness about our role as health professionals and Broaden students' view of ethical and humanitarian aspects. **Final thoughts:** from the conceptions of students, it was realized that conscientious objection is of paramount importance when working with the theme of abortion and could be more widely addressed in the process of academic training.

Keywords: Abortion. Abortion legal. Conscience. Students, nursing. Education, nursing.

INTRODUCTION

Considered a crime in Brazil according to the Penal Code of 1940 – excluding cases of pregnancy at risk to the life of the pregnant woman, pregnancy resulting from sexual violence and fetal anencephaly –, abortion is treated as one of the largest public health issues in the country, besides being one of the main causes of maternal mortality⁽¹⁾. This reality is one of the challenges to be addressed and discussed by health professionals mainly because it is a divergent topic in different spheres: ethics, moral, emotional and religious⁽¹⁻⁵⁾.

Health professionals who work in cases of

abortion – whether legal or illegal – often show themselves ambivalent about their practice, because their moral or religious values and their personal beliefs influence behaviors and attitudes, which generates situations of conflict between the ethical professional duty and the right of women and adolescents who face this situation^(3,4). Studies show that this ambivalence stems from two ideas: the first is the incompatibility in which there is a contrast between respect for the right of women to perform abortion in specific cases and the lack of compatibility to participate in the procedure due to their process of personal and professional socialization. And the second relates to the use

*Nurse. Doctorate's Student in Health Sciences (Bioethics) from the Postgraduate Program in Health Sciences (PPGCS). Health Sciences School of the University of Brasília (UnB). Brasília, DF, Brazil. E-mail: alelimafontenele@gmail.com ORCID ID: 0000-0002-2888-0981.

**Nursing Student. Nursing Department of the Health Sciences School of the University of Brasília (UnB). Brasília, DF, Brazil. E-mail: jessica.d.s.p14@gmail.com. ORCID ID: 0000-0003-4095-061.

***Nursing Student. Nursing Department of the Health Sciences School of the University of Brasília (UnB). Brasília, DF, Brazil. E-mail: pedrodsdomingues@gmail.com. ORCID ID: 0000-0001-6422-7974.

****Nursing Student. Nursing Department of the Health Sciences School of the University of Brasília (UnB). Brasília, DF, Brazil. E-mail: thaynaraoliveira.tma@gmail.com. ORCID ID: 0000-0001-9327-9140.

*****Nurse. Doctorate's Student in Nursing from the Postgraduate Program in Nursing from the University of Brasília (PPGEnf). Faculty of Health Sciences at the University of Brasília (UnB). Brasília, DF, Brazil. E-mail: gra.izidoro@gmail.com. ORCID ID: 0000-0002-4769-0104.

*****Nurse. PhD in Nursing. Nurse at the State Department of Health of the Distrito Federal (SES-DF). Professor of the Nursing Department of the Higher School of Health Sciences (FEPECS), Brasília, DF, Brazil. E-mail: camargo.enf85@gmail.com. ORCID ID: 0000-0002-7263-6281.

*****Nurse. PhD in Health Sciences (Bioethics). PhD in Bioethics and Research with Human Beings. Full Professor at the Nursing Department of the Health Sciences School. University of Brasília (UnB). Brasília, DF, Brazil. E-mail: guilhem@unb.br. ORCID ID: 0000-0003-4569-9081.

of conscientious objection as a justification for the repudiation of abortion, due to various religious and moral reasons^(2-4,6-9).

Conscientious objection is a legitimate normative device present in the codes of ethics of health professionals that aims to protect the integrity of individuals involved in moral conflicts⁽⁷⁻⁹⁾. In controversial situations, this device would protect the nurse's feeling and moral integrity – for example – by authorizing they not to participate in a procedure that they believe to be morally wrong, but legally accepted⁽⁶⁻⁸⁾. In these cases, it is shown as a mechanism capable of contributing to humanization in the health field, since it promotes respect for the diversity of cultures, beliefs and values^(3,4,8).

The moral, religious and ethical integrity of the health professional is guaranteed when conscientious objection is alleged, but conflicts may arise when this claim prevents the patient's access to information or adequate assistance. Refusal cannot be seen as the imposition of moral and religious beliefs of professionals on people who require procedures guaranteed by law^(3,4,7,8). The right to conscientious objection should not be seen as absolute, and for this not to occur, it is necessary that future health professionals learn about its concept and its correct applicability and limitations⁽⁹⁻¹¹⁾.

National and international studies have shown that professionals inserted in the practice were unprepared to deal with care involving abortion due to the lack of practical and theoretical knowledge on the subject^(3,9,10,11). A study conducted with newly graduated nurses in the city of Rio de Janeiro, for example, considers that the theme of abortion was little addressed during the undergraduate nursing course, and such restriction of teaching favors the dissemination of erroneous and prejudiced thinking about the theme⁽¹⁰⁾. On the other hand, a study conducted in Madrid showed that 64.3% of the interviewed nurses have little or no educational knowledge about conscientious objection, which contributes to a bad applicability of this device in situations of abortion⁽¹¹⁾.

The reality of this scenario proves the need to discuss the conscientious objection during graduation, and it is up to educators to outline a

learning that favors the adoption of ethical and humanized reasoning. In this context, the following guiding question is made: What would be the knowledge of nursing students about the conscientious objection and its applicability to health care in abortion situations?

The knowledge about the concept of this legal device, as well as its correct use, is of fundamental importance for the humanization process in the field of health, since it supports the various cultural manifestations, beliefs, values and convictions of health professionals⁽⁸⁻¹³⁾. In this sense, this study aimed to analyze the conceptions of nursing students of a university in the Midwest of Brazil about the concept and use of conscientious objection in abortion situations.

METHOD

This is a qualitative study, exploratory-descriptive. The total study population consisted of 96 students, 31 students from the 7th semester, 22 students from the 8th semester, 24 students in the 9th semester and 19 students from the 10th semester. These met the following inclusion criteria defined for the research: is attending (7th semester) or have attended (8th, 9th and 10th semesters) disciplines whose focus is on women's health and/ or bioethics. Those who refused to participate were excluded from the sample.

Data collection took place between the months of March and April 2016, through a semi-structured electronic questionnaire developed in Google Forms and made available through an access link sent to the 96 participants' email. This consisted of three sessions, the first had the Informed Consent Form (ICF), the second characterized the participants regarding sociodemographic data: age group, semester, sex, marital status and religion; and the third had four open questions, with a maximum limit of 500 characters, addressing the knowledge and applicability of conscientious objection in cases of abortion: (1) Would you act in a referral service for termination of pregnancy in cases provided for by law or any other that involved abortion? ; (2) Do you know about conscientious objection? According to what was studied at graduation, what do you understand by conscientious

objection?; (3) Do you believe that conscientious objection influences the nursing process?; and (4) Do you believe that debates regarding abortion during graduation are reflected in the care of women and adolescents who seek the reference service for termination of pregnancy?

The electronic questionnaire presented to the students was submitted to an evaluation process by two specialists in the thematic area – a nurse working in the Gestational Interruption Program Provided for in Law (PIGL) of the Midwest and a researcher who works with the issue of conscientious objection – and, before its application, the instrument was pre-tested by three randomly chosen nursing students, seeking its improvement as its applicability and viability, data were not included in the research. The participants' e-mail access was obtained through a meeting held with the representatives of the four classes chosen for the study.

Data were collected after the evaluation and approval of the study by a Research Ethics Committee under the Opinion: 356/11, Amendment: 11/09/2013. The Consolidated Criteria Guidelines for Qualitative Research Reports (COREQ)⁽¹⁴⁾ were followed, and the participation of students was achieved after accessing the electronic address, reading the ICF and subsequent completion of the electronic questionnaire. The questionnaires were forwarded two more times to each participant within the data collection period. To avoid duplicate responses, the survey was configured to recognize the respondent's Internet Protocol (IP) address, which prevented double entry of information from the same participant.

For data processing, the content analysis technique of Laurence Bardin was used. According to the author, content analysis is a set of communication analysis techniques that aims to locate indicators (quantitative or not) that allow the inference of knowledge regarding the conditions of production/ reception of these messages. In this study, categorical analysis was also used, in which the information provided by the participants was fragmented into units of meaning, enabling the identification of categories that allowed answering the guiding question of this research^(15,16).

The names of the participants were hidden and replaced by the letter (P) followed by the

interview number; and the answers to the electronic questionnaire – provided by the participants – were considered as “speeches” by the researchers during the data analysis.

RESULTS

The study included 46 nursing students - among the 96 students of the total population (7th, 8th, 9th and 10th)–, in the age group between 21 and 25 years, with a predominance of students from the 8th semester of the course and female. Regarding marital status, it was found that 52.2% of participants were single, 30.4% were dating (but still single) and 17.4% were married or in a stable union. Regarding religion, 32.6% of participants reported being Catholic, 30.4% said they were Protestant and Evangelical, 13% mentioned being Spiritists, 13% agnostic or atheist, 4.4% belonged to religions of African origin (*candomblé* and *umbanda*) and 6.6% reported not having religious affiliation. Next, the results from the information provided by the students will be presented in categories that emerged from the answers to the questions asked.

From Question n.1, two categories emerged:

Category I - My moral precepts and beliefs are against abortion

This category reveals how moral precepts and individual beliefs influence the way of thinking and acting of each participant in the face of the problem of abortion, intervening in the work process in everyday practice:

No. I wouldn't because my moral precepts and beliefs go against abortion, would declare conscientious objection and would ask, if possible, for another professional to take the case, but certainly would never leave the woman without health care. (P11)

No. Because it is very clear to me that the fetus (whose name only means “small” in Latin) is a distinct individual from the maternal body [...]. Therefore, any act intended to remove the life of a human being whose responsibility for ills and moral tragedies (rape, for example) cannot be attributed by the obvious circumstance of its non-existence becomes a violation of human rights and a shapeless arbitrariness which represents a homicidal euphemism. Thus, I would not work in

the Legal Abortion Program, incidentally, legal abortion does not exist in Brazil, because the Brazilian Penal Code defines it as a crime in which there are conditions not punishable and established in article 128 of that code. (P20)

No. Although I am in favor of the woman's right to choose whether to have an abortion or not, I would not feel good knowing that I would be interrupting a pregnancy for a banal reason. There are ways and methods to prevent pregnancy. (P31)

Category II - I don't know if I would have emotional and psychological conditions

The second category found from the answers to this question refers to the emotional and psychological demands of participants in the offer of possible care to women in the process of abortion, regardless of whether it is legal or illegal, as noted in the following lines:

No. Because I don't know if I would have emotional and psychological conditions to deal with the service. (P6)

No. I wouldn't want to be in a program like that because psychologically I couldn't handle the job. I believe that work would not do me good, would negatively affect my personal life. (P30)

However, feelings of concern and care also emerge in the speeches of students. Although they reported that they would not work in such places due to emotional and psychological unpreparedness, the students expressed concern about the continuity of care for these patients:

No. I am in favor of women making decisions about their own bodies and I am in favor of abortion, however, I wouldn't feel good working in a clinic specialized in abortion. Even so, I would never deny care to a woman who arrived at the ER with a hemorrhage for having had an abortion at home, for example. It is not for me to judge the reasons of this woman. (P8)

No. Because my personal opinion is contrary to abortion, however, I can't decide for other women so if I had the opportunity to choose I would opt for another service. Not to allow my personal opinion to interfere in my way of working. (P35)

From the answers to Question n. 2, there was the emergence of two categories that in fact translate divergent ideas of the participants.

Category I – I cannot remember

Some students, although they have already studied about conscientious objection and its applicability, report not remembering or even not knowing the term in their area of training, as, for example, pointed out "*I don't remember studying the subject.*" (P30)".

Category II – Legal Provision

Among the participating students, there were those who reported knowing – even partially – the term conscientious objection, diverging from those who declared that they had not studied on the subject during graduation. However, there was a lack of knowledge of these participants about the correct concept of the term and its applicability in the work process of nurses:

Yes. Right of the professional to refuse to participate in the abortion. (P2)

Partially. No one is obliged to do something or some procedures that goes against their spiritual and moral values. (P12)

Partially. They are people who create or follow their own ethical, moral and religious principles. (P19)

Two categories have also emerged from Question n.3 which will be presented below:

Category I - Discrimination and service commitment

When questioned, several students reported believing that the use of conscientious objection would influence the nursing process, reflecting the quality of care offered or the possible negligence to the demand of these women:

Yup. Because professionals have a lot of religious bias at work. Abortion is still a taboo and professionals do not know how to deal with the issue. Nobody talks about it, and when they do, they do it in an impolite and even violent way. Blaming the women who decided. (P14)

Yeah. Often, the professional uses this prerogative to, when their needs are not met, make the work of the nursing team difficult, which can antagonize the patient in front of their teammates

and, mainly, not assist the woman in this state of total vulnerability.. (P37)

Yeah. Because if all professionals decide to carry out the objection in the care of these women, we will have an assistance problem. In which it violates the right to comprehensive care for all. (P38)

Category II - Freedom of thought

In this category, participants indicate that the use of conscientious objection favors the preservation of freedom of thought in working conditions, not excluding the responsibilities listed in their charge:

Yeah. It's an influence with positive potential, as it guarantees the right of health professionals to preserve their freedom of thought in view of adverse working conditions without excluding the duty of their professional responsibility to save lives (both the fetus and the pregnant woman). It would be undemocratic and oppressive to impose on nurses, exempt from the risk of death, a practice whose consequences conflict with their own principles. (P20)

Not. Assistance needs to be given regardless of whether a professional refuses to assist. The nursing work process remains continuous, with another professional in the area. (P44)

Yeah. The nurse, as a health team professional, has to understand and respect professionals who have conscientious objection, in addition to guaranteeing women's rights and ensuring that they receive adequate care without suffering violence in any way.. (P46)

Question n.4 also found two categories that reflect the students' position on the impact of discussions on the subject for professional practice:

Category I: More awareness of our role as healthcare professionals

Yes, no doubt at all. There is a lot of talk about the option of having an abortion or not, but little is studied on how to treat women who seek termination of pregnancy. (P12)

Yes, because during graduation, the topic isn't discussed, and we don't know in depth techniques, legislation and national policy for cases. In addition, the course focuses a lot on the

myth and sacralization of motherhood. Despite not condemning abortion, there is no deeper discussion and technical knowledge of the procedure, if it arrives at the service already taking place, which is the most common thing to happen. (P32)

Yes, debates are very important to build the best profile of professionals we want in these care spaces. (P37)

Category II - Expand students' view of ethical and humanitarian aspects

Yes, regardless of the religious and moral beliefs of professionals, they must be able to provide humanized care to women in situations of abortion, as this is a reality in health services. Promoting reception, care and qualified listening is a professional's duty, so it's essential to introduce these discussions even during the student's training process. (P24)

I believe it can generate more awareness about our role as health professionals, and the need to face facts from scientific and ethical perspectives to avoid or minimize the suffering of people served in the health system, whether private or public. (P28)

In Category I, the participants argued that these debates could contribute to expand the role of the nursing professional and make the team aware of their functions before the type of care required in such situations. In Category II, participants pointed to the ethical and humanistic view that these discussions could have in the care process offered by nurses. Regardless of the category, it was noted the importance given by participants to this type of approach during graduation as a way to improve their professional training.

DISCUSSION

Conscientious objection can be defined as a legitimate right, and in cases of conflict between moral rights and public duty, this resource can be used to protect the private morality of the professional before a certain procedure that is in contradiction with their convictions, thus safeguarding their principles and personal beliefs and avoiding conflicts between professional duty and their conceptions^(4,6,7,8,17). This respect for

freedom of conscience can be translated in the search to avoid the imposition of moral principles that go against intimate personal convictions^(4,8).

In controversial cases such as abortion, several other conflicts generate tensions and influence the way professionals think and act^(6,7). When they report, for example, that they would not act in these cases and/or that they would not feel good participating in the interruption of a pregnancy for “trivial/commonplace” reasons, it is perceived the existence of conflicts between the principles and the professional duty of the participants.

The conflict between individual principles and professional duty – if not resolved – can lead to many problems. Among them, inadequate care in assisting to women who need the procedure or post-abortion care may be mentioned. In this case, the contrary values and positions presented by health professionals are superior to ethical and humanized care. Conducts based on moral, religious or personal precepts tend to be strictly normative and punitive, dehumanizing women in the health service and pushing them underground^(4,6,8,18).

In addition, as observed in other reports, emotional and psychological unpreparedness is a significant weakness for this type of care. It is known that women who face an abortion situation tend to relate to the health professional who assists them, and, in most cases, this bond is created with the nursing team that is present throughout the procedure^(3,19). In order to provide systematic, qualified and humanized care to women who need to perform the abortion provided for by law, it is necessary to articulate theoretical and practical knowledge on the subject⁽²⁰⁾.

The lack of preparation can bring several risks both for women who need care and for the nursing work process, because, since the professional does not have adequate knowledge that can support their decisions, it will not be possible to offer adequate and humanized care⁽¹⁹⁾. Some authors have shown that the theme of abortion is little worked during graduation since there is the appreciation of less controversial themes. And this is mainly due to the lack of qualified faculty to work with the content, insufficient scientific material and fear

of possible moral and religious biases^(3,9-12,19,20).

However, it is important that this theme be discussed during graduation, so that future professionals understand all the problems underlying it, thus minimizing the possible difficulties during their insertion in health services. Lack of knowledge and unpreparedness interfere with the quality of care and favor the demonstration of wrong behaviors by these professionals⁽⁶⁾. Professionals must seek knowledge about the relevant laws available for the preservation of their rights and appropriate their correct applicability, which would contribute to avoid conflicts and dehumanization of care^(3,9,10,20).

Some students were unaware of the real concept and correct use of conscientious objection in the nursing work process in controversial situations. The lack of knowledge about the legal provisions that base nursing practice is extremely harmful, considering that the knowledge of what underlies their area of expertise allows professionals to clarify the premises and values that guide their professional practice. Otherwise, there will be no basis for critical thinking and professional scientific contextualization⁽²¹⁾.

There are documents that guarantee the non-participation of the professional in the procedure due to moral issues and/or personal values. Among them, the Code of Ethics for Nursing Professionals can be mentioned, which lists the possibility of claiming conscientious objection⁽²²⁾. However, for the use of this legal provision, the professional must have the correct knowledge of this^(3-6,10,21).

Participants demonstrated that concerns related to the use of conscientious objection would be related to the following aspects: unawareness of the concept itself; lack of understanding about its use and misuse of this legal provision. Some studies have pointed out that the misuse of conscientious objection generates harmful results for women who seek the service, as well as inequalities and the violation of the rights of these people^(4,7,18).

It is important to carry out discussions on conscientious objection in educational institutions as a strategy to improve the preparation of professionals in the field of assistance⁽³⁾. The responses of academics

indicate that conscientious objection is a device capable of listing discriminatory actions in the services, providing reflections about the assistance offered, as well as preserving the freedom of thought of nursing professionals. Its use allows articulating communication between the team of professionals, considering the woman who needs the procedure as a subject of care and guiding the actions^(4,21,22).

In professional practice, conscientious objection can constitute a difficulty for the health service – lacking human and material resources^(4,8,21). However, the process of caring can only occur from a proper and humanized nursing care management. The quality of care in controversial situations, such as abortion, requires the constant exchange of information, ideas and perceptions among professionals. An uninterrupted process of teaching and learning is necessary, minimizing differences and offering skillful and human care to those who need the procedure^(18,21).

The limitations of this study are related to the following aspects: the complexity of the phenomenon researched and the constraints of the methodological approach used for data collection. The electronic access and the pre-tested questionnaire proved to be useful forms for data collection, but, although the use of this type of approach is advantageous to maintain the anonymity of respondents when it comes to controversial topics, some potential participants refused to answer the questionnaire. In addition,

the instrument was subject to measures to protect electronic mailboxes (anti-spam software) and/or their loss amid the large volume of messages received.

FINAL THOUGHTS

This research analyzed the conceptions of nursing students of a university in the Midwest of Brazil (DF) about the concept and use of conscientious objection in abortion situations. For them, conscientious objection proved to be of paramount importance when working with the theme of abortion, since it offers the professional the opportunity to remain faithful to their beliefs and values.

They also indicated that discussions on conscientious objection during graduation would facilitate understanding of the issues underlying the theme of abortion, reduce emotional and psychological unpreparedness, preserve freedom (moral and religious) and would make health professionals aware of the role that must be played so that the care offered in these situations is respectful and qualified.

However, although the evidence produced is relevant, it is necessary to develop more research on this subject, considering that these can contribute to future discussions on the insertion of a new approach on the themes – conscientious objection and abortion – in the academic training of future nurses.

OBJEÇÃO DE CONSCIÊNCIA E ABORTO: OPINIÕES E CONHECIMENTOS DOS ESTUDANTES DE ENFERMAGEM

RESUMO

Objetivo: analisar as concepções dos acadêmicos de enfermagem de uma universidade do Centro Oeste do Brasil acerca do conceito e utilização da ferramenta objeção de consciência em situações de abortamento. **Métodos:** estudo qualitativo do tipo exploratório-descritivo, realizado entre os meses de março a abril de 2016. Participaram do estudo 46 acadêmicos do 7º ao 10º semestre do curso de graduação em Enfermagem. A coleta de dados ocorreu por meio da aplicação de questionário eletrônico enviado por e-mail individualmente aos estudantes. Utilizou-se a análise categorial; os relatos dos participantes foram fragmentados em unidades de significados. **Resultados:** emergiram duas categorias para cada questão do questionário eletrônico: (1) Meus preceitos morais e crenças vão contra o aborto e Não sei se teria condições emocionais e psicológicas; (2) Não me lembro e Ferramenta Legal; (3) Discriminação e comprometimento do serviço e Liberdade de pensamento; (4) Mais consciência sobre nosso papel como profissionais de saúde e Ampliar a visão dos estudantes sobre os aspectos éticos e humanitários. **Considerações finais:** a partir das concepções dos estudantes, percebeu-se que a objeção de consciência é de suma importância quando se trabalha com a temática do aborto e poderia ser mais amplamente abordada no processo de formação acadêmica.

Palavras-chave: Aborto. Aborto legal. Consciência. Estudantes de enfermagem. Educação em enfermagem.

OBJEÇÃO DE CONCIÊNCIA Y ABORTO: OPINIÕES Y CONOCIMIENTOS DE LOS ESTUDIANTES DE ENFERMERÍA

RESUMEN

Objetivo: analisar as concepções de los académicos de enfermagem de una universidad del Centro Oeste de Brasil acerca del concepto y la utilización de la herramienta objeción de conciencia en situaciones de aborto. **Métodos:** estudio cualitativo del tipo exploratorio-descriptivo, realizado entre los meses de marzo a abril de 2016. Participaron del estudio 46 académicos del 7º al 10º semestre del curso de graduación en Enfermería. La recolección de datos ocurrió mediante la aplicación de un cuestionario electrónico enviado por correo electrónico individualmente a los estudiantes. Se utilizó el análisis categorial; los relatos de los participantes fueron fragmentados en unidades de significados. **Resultados:** surgieron dos categorías para cada pregunta del cuestionario electrónico: (1) Mis preceptos morales y creencias van contra el aborto y No sé si tendría condiciones emocionales y psicológicas; (2) No me acuerdo y Herramienta Legal; (3) Discriminación y compromiso del servicio y Libertad de pensamiento; (4) Más conciencia sobre nuestro papel como profesionales de salud y Ampliar la visión de los estudiantes sobre los aspectos éticos y humanitarios. **Consideraciones finales:** a partir de las concepciones de los estudiantes, se percibió que la objeción de conciencia es de suma importancia cuando se trabaja con la temática del aborto y podría ser más ampliamente tratada en el proceso de formación académica.

Palabras clave: Aborto. Aborto legal. Conciencia. Estudiantes de enfermagem. Educación en enfermagem.

REFERENCES

- Cardoso BP, Vieira FMSB, Saraseni V. Aborto no Brasil: o que dizem os dados oficiais? *Cad. Saúde Pública*. 2020; 36(1): e00188718. Doi: <http://dx.doi.org/10.1590/01002-311X00188718>.
- Fleming V, Frith L, Luyben A, Ramsayer B. Conscientious objection to participation in abortion by midwives and nurses: A systematic review of reasons. *BMC Med Ethics*. 2018; 19(1): 1–13. Doi: <http://dx.doi.org/10.1186/s12910-018-0268-3>.
- Fontenele AL, Ferreira GI, Neves MGC, Guilhem DB. Opiniões e conhecimentos de académicos de enfermagem sobre o aborto previsto em lei – estudo descritivo. *Cienc Cuid Saude*. 2019; 18(1): 0–3. Doi: <http://dx.doi.org/10.4025/cienccuidsaude.v18i1.45112>.
- Branco JGO, Brilhante AVM, Vieira LJS, Manso AG. Objeção de consciência ou instrumentalização ideológica? Uma análise dos discursos de gestores e demais profissionais acerca do abortamento legal. *Cad. Saúde Pública*. 2020; 36(1): e00038219. Doi: <http://dx.doi.org/10.1590/0102-311x00038219>.
- Carvalho ADR, Silva PC, Silva ACR, Costa ACM, Silva JTP, Saraiva JEB. Abortion: a situational analysis. *Rev Enferm UFPI*. 2020; 9(1): e10102. Doi: <http://dx.doi.org/10.26694/reufpi.v9i0.10102>.
- Nascimento L, Conceição PL, Silva TP, Sousa INA, Fortes FLS, Silva EA. Percepção de mulheres em situação de aborto em relação ao atendimento dos profissionais de enfermagem. *Rev. Enferm. UFJF*. 2019; 5(2): 1-13. Doi: <http://dx.doi.org/10.34019/2446-5739.2019.v5.27179>.
- Spina E. Objeção de consciência na interrupção voluntária da gravidez. Entre a marginalização de profissionais e o retorno do aborto ilegal. *Tempus – Actas De Saúde Coletiva*. 2019; 13(2): 205–16. Doi: <http://dx.doi.org/10.18569/tempus.v13i2.2679>.
- Zamora MAG, Vicco MH. Objeción de conciencia como necesidad legal: una mirada desde el aborto. *Rev. Bioét.* 2019; 27(3): 528–34. Doi: <http://dx.doi.org/10.1590/1983-80422019273337>.
- Darze OISP, Barroso JU. Uma Proposta Educativa para Abordar Objeção de Consciência em Saúde Reprodutiva durante o Ensino Médico. *Revista Brasileira de Educação Médica*. 2018; 42(4): 155-164. Doi: <http://dx.doi.org/10.1590/1981-52712015v42n4rb20180021>.
- Schroeter MS, Pereira ALF. Abordagem do tema do aborto no ensino de graduação na perspectiva das enfermeiras recém-graduadas. *Rev Enferm UERJ*. 2019; 27(1): 1–6. Doi: <http://dx.doi.org/10.12957/reuerj.2019.36835>.
- Toro-Flores R, Bravo-Agüi P, Catalán-Gómez MV, González-Hernando M, Guijarro Cenisergue MJ, Moreno-Vásquez M et al. Opinions of nurses regarding conscientious objection. *Nursing Ethics* [internet]. 2019; 26(4): 1027-1038. Doi: <http://dx.doi.org/10.1177/0969733017731915>.
- Faúndes A. The importance of openly discussing abortion for the protection and promotion of women's health. *Cad. Saúde Pública*. 2020; 36(1): 1–3. Doi: <http://dx.doi.org/10.1590/0102-311x00003920>.
- Brasília. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Atenção humanizada ao abortamento: norma técnica. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde, Área Técnica de Saúde da Mulher. 2. Edição. Brasília; 2011.
- Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *Int J Qual Heal Care*. 2007; 19(6): 349–57. Doi: <http://dx.doi.org/10.1093/intqhc/mzm042>.
- Bardin L. Análise de Conteúdo. São Paulo: Edições 70. São Paulo: Edições 70. 2016.
- Oliveira DC. Análise de conteúdo temático-categorial: uma proposta de sistematização. *Rev enferm UERJ*. [Internet]. 2008 [citado em 17 jan. 2020]; 16(4): 569–76]. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/lil-512081>.
- Harris LF, Halpern J, Prata N, Chavkin W, Gerdts C. Conscientious objection to abortion provision: Why context matters. *Glob Public Health*. 2018; 13(5): 556–66. Doi: <http://dx.doi.org/10.1080/17441692.2016.1229353>.
- Madeiro AP, Diniz D. Serviços de aborto legal no Brasil – um estudo nacional. *Cienc. Saúde Colet*. 2016; 21(2): 563–72. Doi: <http://dx.doi.org/10.1590/1413-81232015212.10352015>.
- Ayres R, Martins AC, Xavier RB, Bento PASS, Silva JN. A contextualização do aborto sob a ótica do enfermeiro. *Nursing* [Internet]. 2018 [citado em 24 jul. 2021]; 21(244): 2334-2337]. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/biblio-946669>.
- Machin R, Couto MT, Rocha ALS, Costa MRM. Formação médica e assistência aos processos de abortamento: a perspectiva de residentes de duas universidades públicas em São Paulo, Brasil. *Interface: comunicação, saúde, educação*. 2019;

23(1): e180370. Doi:

<http://dx.doi.org/10.1590/interface.180370>.

21. Cabal EVE. Objeción de conciencia en enfermería. Rev.

Colomb. Enfermería. 2016; 11(12): 4-14. Doi:

<http://dx.doi.org/0.18270/rce.v11i12.168>.

22. Brasil. Conselho Federal de Enfermagem. Resolução

COFEN nº 564, de 06 de novembro de 2017. Aprova o novo Código de Ética dos Profissionais de Enfermagem [Internet]

Brasília (DF): COFEN; 2017 [citado em 06 nov. 2019].

Disponível em: http://www.cofen.gov.br/resolucao-cofen-no-5642017_59145.html.

Corresponding author: Alessandra Lima Fontenele. Quadra 102 Lote 07 Bloco A Apartamento 1201 – Residencial Ouro Branco (Águas Claras Norte). Brasília, Distrito Federal. Brasil, CEP: 71.907-000. Telefone: (61) 98147-7191. E-mail: alelimafontenele@gmail.com.

Submitted: 20/09/2021

Accepted: 17/06/2022

Financial Support

The present work was carried out with funding from the Coordination for the Improvement of Higher Education Personnel - Brazil (CAPES - Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brasil) - Financing Code 001, through the granting of an Academic Master's and Academic Doctorate scholarship; and with the support of the National Council for Scientific and Technological Development (CNPq - Conselho Nacional de Desenvolvimento Científico e Tecnológico) for the granting of a 1-D Research Productivity grant, which were fundamental for carrying out this study.