

## VIVÊNCIA DE PROFISSIONAIS DE ENFERMAGEM NO RESPEITO AOS DIREITOS HUMANOS NAS RELAÇÕES DE CUIDADO

### EXPERIENCE OF NURSING PROFESSIONALS IN RESPECT FOR HUMAN RIGHTS IN CARE RELATIONS

### EXPERIENCIA DE PROFESIONALES DE ENFERMERÍA EN EL RESPETO DE LOS DERECHOS HUMANOS EN LAS RELACIONES CON LA ATENCIÓN

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#### RESUMO

**Objetivo:** Compreender como as profissionais de enfermagem vivenciam o respeito aos direitos humanos nas relações de cuidado. **Método:** Estudo fenomenológico, realizado com 11 profissionais de enfermagem que atuavam em um serviço de emergência. A coleta de dados ocorreu, por meio de entrevista, com análise a partir da configuração triádica humanístico-existencial-personalista. **Resultados:** o respeito aos direitos humanos nas relações de cuidado, vivenciado por profissionais de enfermagem, em unidade de emergência, foi descrito no acolhimento ao usuário, respeito, diálogo, cuidado integral, esforços para a garantia dos direitos, limites do cuidado e preconceitos nas relações. **Conclusão:** Desvelou-se a prática social das profissionais de enfermagem que atuavam em unidade de urgência, a partir de um fazer cotidiano, com respeito aos direitos humanos na busca da integralidade do cuidado aos usuários do serviço, mesmo ante os limites institucionais e inadequações estruturais e organizacionais do serviço. **Descritores:** Cuidados de Enfermagem; Equipe de Enfermagem; Direitos Humanos; Emergências.

#### ABSTRACT

**Objective:** To understand how nursing professionals experience respect for human rights in care relations. **Method:** this is a phenomenological study. Eleven nursing professionals working in an emergency department participated in the study. The analysis was guided by the Humanistic, Existential and Personalist configuration. **Results:** The theme "respect for human rights" in care relations by nursing professionals in emergency rooms was described as embracement, respect, dialogue, integral care, efforts to guarantee rights, limits of care and prejudice in relationships. **Conclusion:** The social practice of nursing professionals working in an emergency room was demonstrated by their daily work that expresses a relationship with respect for human rights, even in unfavorable contexts, where this need is further evident. **Descriptors:** Nursing Care; Nursing Team; Human Rights; Emergencies.

#### RESUMEN

**Objetivo:** Entender cómo los profesionales de enfermería experimentan el respeto de los derechos humanos en las relaciones de cuidados. **Método:** Estudio fenomenológico. En el estudio participaron once profesionales de enfermería que trabajan en un servicio de emergencia. El análisis fue guiado por la configuración humanística, existencial y personalista. **Resultados:** El respeto de los derechos humanos en las relaciones de atención vividas por los profesionales de enfermería en una unidad de emergencias fue descrito en la recepción al usuario, respeto, en el diálogo, atención integral, esfuerzos para garantizar los derechos, límites de atención y prejuicios en las relaciones. **Conclusión:** Se revela la práctica social de los profesionales de enfermería que trabajan en un servicio de emergencia, basada en una práctica diaria que expresa una relación con el respeto a los derechos humanos, incluso en contextos desfavorables, donde esta necesidad es más evidente. **Descritores:** Atención de Enfermería; Grupo de Enfermería; Derechos Humanos; Urgencias Médicas.

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## INTRODUCTION

After the Second World War, there was an increased need to think and reflect on rights and respect for human dignity. Thus, the creation, implementation and diffusion of the Universal Declaration of Human Rights (UDHR) in 1948 by the United Nations (UN) was important for the consolidation of individual rights and the construction of numerous documents with a view to the rights of people, among them, the Constitution of the Federative Republic of Brazil, promulgated in 1988.

In its preamble, the UDHR considers the recognition of the inherent dignity of all members of the human family; the respect for human rights; the enjoyment, by all people, of freedom of speech and belief; the protection of human rights by the rule of law; and that a common understanding of rights and freedoms is of the greatest importance for the full realization of for full compliance with universal respect for and observance of human rights and fundamental freedoms<sup>(1)</sup>.

In contrast, vulnerabilities expressed in the population's health situations, in the risk factors and access to health services, in which the social production of the disease is recognized, differ in their essence from that proposed by the very Brazilian Magna Charter or by the UN. The expression of this reality is reinforced by the need to support initiatives, to promote humanization in healthcare spaces, in an attempt to rescue the recognition of the dignity of people, as presumed by its philosophical origin, the humanism<sup>(2)</sup>.

From a legal perspective, the principle of prohibition of social retrogression arrests the possibility of revoking people's fundamental rights in the sense that there is no return to situations of atrocities already experienced<sup>(3)</sup>. At the same time, social and economic inequalities violate the right to health and influence people's access to services<sup>(4)</sup> because unfavorable income, social class and education, are directly associated with poor health conditions<sup>(5)</sup>. Thus, it is based on human rights that vulnerable populations find grounds to fight for their rights<sup>(6)</sup>, such as health. These observations raise the value of considerations in the context of health care relationships.

However, there is a violation of human rights in care settings when adequate conditions of care are not offered in health care spaces. In the Brazilian reality, work environments with unsatisfactory conditions are also related to the

exhaustion of health professionals, which has an impact on the quality of care<sup>(7)</sup> and affects patient safety. This includes emergency services.

We opted to use the term urgency for situations and scenarios of assistance to people in the case of problems that require immediate intervention, typical of urgencies and emergencies, as adopted by the texts of the Ministry of Health. Some obstacles are pointed out in these scenarios, such as the fragmented work process, high demand for care, and disrespect for users' rights<sup>(8)</sup>, which create challenges in the health environment to be overcome.

As nursing is a profession that provides care to people, its workers - nurses, nursing technicians and nursing assistants - must know, recognize and put into practice, in their decisions, the guarantee of human rights to health services<sup>(9)</sup>.

Nursing professionals must experience the rights of the people they care for, having as reference the UDHR as well as the Charter of Rights of Health Users and the International Code of Ethics for nurses, in the sense of engagement in favor of appropriate conditions of care. It is important to reflect on these documents because, in health services, these professionals have to face situations of disrespect for people's rights, as unveiled in situations of prejudice and discrimination<sup>(10)</sup>.

The scarcity of research on experiences of nursing professionals regarding respect for human rights in care relationships in the hospital context justifies the accomplishment of this study. Therefore, it is necessary to understand how respect for human rights takes place in health services, especially in hospital emergency units, by the nursing team so as to contribute to humanized, dignified and ethical care.

The objective was to understand how nursing professionals experience the respect for human rights in care relationships.

## METHODS

This is a phenomenological study originated from the results of the master's thesis "Human rights experienced by nursing professionals in the care of hospitalized people", in which the structure of the phenomenon with its theme, category and emerged subcategories was evidenced.

The study was developed in the urgency department of a large hospital in Salvador, a reference in the state of Bahia. This hospital was selected because it is exclusively intended to

serves the Unified Health System (SUS) and the less favored population which experiences vulnerable conditions and which may be susceptible to the violation of human rights.

Eleven nursing professionals participated in the study, including three nurses and eight nursing technicians; of the eight technicians three were male. The participants were addressed in person by the researcher and were selected, according to their availability for the interview, without previous contact between the researcher and participants.

The inclusion criteria were: acting in the care provision of the hospital's urgency unit; having graduated at least two years ago; being assigned to the morning and/or evening shift. Those who were on vacation, on leave, time off, removed, or unavailable at the time of collection were excluded.

Data collection took place through phenomenological interviews between February and March 2015, guided by a previously elaborated script composed of personal data of characterization and the guiding question "How do you experience the respect for human rights in the care of hospitalized people?"

Phenomenology allowed seizing experiences of nursing professionals regarding the respect for human rights in the provision of care based on their experiences as guided by awareness about the phenomenon, provided in the description of the experience. Thus, it was necessary to direct to what was given to the conscience, excluding what can modify it, such as the subjective aspect of the researchers and the objective aspect that is not really given in the considered phenomenon<sup>(11)</sup>.

After accepting the invitation, the participant chose a private place for the interview and, after signing the Informed Consent Form, data collection was started and recorded on a portable audio recorder. When the questions were made, the participants had limitless time to answer the question without interruption.

In order to guarantee the secrecy and confidentiality of the reports, names of flowers were assigned according to the meaning of the statements. Nurses (Gerbera, Dahlia, Bromelia) and nursing technicians (Saffron, Freesia, Heather, Hyacinth, Champagne Rose, Sunflower, Orchid, Magnolia). Confidentiality, anonymity and the right of the professionals to refuse to participate in the study were ensured, before, during or after data collection.

At the end of the interview, the interviewees were allowed to hear their statements for confirmation and/or alteration of what they considered necessary. Subsequently, the interviews were transcribed in full length. There was no need for a pilot test for this study because the information emerged from the singularities of each consciousness and lived experience.

Data analysis was guided by the Triadic Humanistic-Existential-Personalist configuration that enabled the seizing of the interviewees' essence. "The phenomenon starts to be analyzed in its singularities, leaving generalizations aside"<sup>(12)</sup>. This type of analysis was used based on the information provided by the participants, collected in interviews, systematized contents and expressions.

The analysis involved the following steps: 1) careful reading of the content manifested by the participants in order to understand the meaning within the global structure; 2) rereading of the text in order to identify the units of meaning through an analytical-associative process based on a theoretical framework; 3) apprehension of the verbal content expressed by the professionals of the significant aspects of their perceptions for the understanding and analysis of their experiences; 4) identification and classification of aspects that presented convergence of content from several testimonies expressed by different participants, looking for what was constant in the testimonies; 5) grouping of phrases of effect for the construction of subcategories, categories, and themes; 6) presentation of the structure of the phenomenon containing the theme, category and subcategories; and 7) comprehensive analysis of the significant data of the analysis<sup>(12)</sup>.

The research complied with the ethical requirements of Resolution 466 of the National Health Council of 2012, with approval by the Research Ethics Committee under substantiated Opinion 932.998/2014 and CAAE nº 37557214.6.0000.553.

## RESULTS AND DISCUSSION

Among the three nurses and eight nursing technicians who participated in the research, eight were female, with a mean age of 41 years (minimum 31 and maximum 52 years). The time elapsed after graduation ranged from 10 to 31 years, and they had worked at the institution between two and 31 years. The three nurses had specialization and, among the nursing technicians,

seven reported presenting courses in the hospital area, and one technician had a higher education in theology.

The quick reading provided the apprehension of the global sense of the experience of nurses and nursing technicians in care relationships. Thus, it was possible to understand the senses and meanings for the construction of subcategories and empirical categories and, later, of the theme that structures the phenomenon.

### **Theme: Respect for human rights in care relationships by nursing professionals**

The theme that structures the situated phenomenon comprises the category: experiencing respect for human rights in the provision of care, and the subcategories: unveiling efforts to ensure compliance with human rights in the provision of care; unveiling the experience before the limits of care and; unveiling prejudice in care relationships. Aspects of human rights experienced by these professionals emerged in the care of hospitalized people in an urgency department.

### **Category: Experiencing respect for human rights in the provision of care**

The category describes how nursing professionals experience care in relationships with users, who base their practice on dialogue and embracement, and consider human rights essential in the pursuit of comprehensive care.

In this category there are the subcategories: Embracing the users of the health service considering human rights in care relationships; Respecting the dialogue between nursing professionals and users in the hospital service; Seeking comprehensive care for users in the hospital urgency service; Unveiling efforts to guarantee human rights in the provision of care; Experiencing the limits seen by nursing professionals related to care provided to the user; Unveiling prejudice in the care relationships with users.

### **Subcategory 1: Embracing the users of the health service considering human rights in care relationships**

For nursing professionals, compliance with the human rights of hospitalized users in a condition of fragility requires embracement, and professionals must guarantee comprehensive care.

"So I think it is more or less like that, this way, and especially for people who are hospitalized, in the moment when they are more fragile, they are more in need of embracement, [...]" (Saffron).

"So when they come to us, they are already a little predisposed; so there is a need for you to embrace these people, for you to give care in a way that they realize they are valued there. [...] and we had a way to embrace them, to show them that the problem was elsewhere, it was not with us and we tried, with tact, we managed to embrace them" (Freesia).

Low-income social groups do not have human rights respected and are exposed to poor care by nurses and nursing technicians. There is a daily effort by these professionals to embrace and assist the user's companion as a way to collaborate in the recovery of the patient. The way these professionals approach users brings meaning to nursing care.

"People, mainly from the lowest classes, they don't are not usually treated well, they are not called by their names, [...] they don't even know the name of the person, they live with the person for a long time and they don't know the name, [...]" (Freesia).

"I have tried every day to also embrace the companion, I try to help with the result, [...] even in the dynamics of the patient's treatment, when you embrace, the companion feels more relaxed. [...] that, sometimes, the person wants to leave the institution, in reality it is because they do not want to tire the companion who they think is being a burden, [...] because the person has to be sitting with them, [...]" (Freesia).

"And the traditional question of nursing: is everything okay? Are you feeling something? Do you want anything? This causes an impression on people" (Freesia).

### **Subcategory 2: Respecting the dialogue between nursing professionals and users in the hospital service**

There is a need for care and dedication to hospitalized patients, focused on the essence of being. Dialogue and listening between users and professionals are necessary, as it is one of the ways of respecting human rights. And providing information to users about care and services fosters approximation and support for diagnosis, monitoring and treatment.

"And in this case [...] hospitalized patient requires more care, more [...] dedication and always thinking about him, right?!" (Gerbera).

"The time stop, and talk, laugh, sometimes, even breaking the protocol of being a nursing technician, but we sit down, talk, laugh with people, [...] they end up opening up, we end up discovering more information that will contribute to the doctor's correct diagnosis than the very anamnesis interview of the doctor, so I think this is important" (Freesia).

"It is [...] helping and participating directly, informing him of all the care measures that are provided" (Dália).

"The way of approaching people is also important, sometimes, the person has some problem that he feels closed when talking to the doctor, the way of the doctor, very mechanical to answer, to speak. And nursing has that question of sitting down, talking, sometimes someone passes by and asks: is this your relative?" (Freesia).

"You can say: is there comfort in a chair? [...] if at that moment you only have the chair, we will talk to our client: look! At the moment we are overcrowded, we will be able to take your pain away, but at the moment you have to sit in a chair, we have no other option to offer, as soon as the vacancy arises, you will be transferred to a better place! [...] and on my part, in my technical area, this is it: giving the minimum conditions of hygiene, comfort" (Heather).

### **Subcategory 3: Seeking comprehensive care for users in the hospital urgency service**

Comprehensive care considers the person under care as a vulnerable human being with particular needs. The user has the right to comprehensive care and nursing professionals need to guarantee respect for human rights, even despite institutional limits.

"Seeing the client as a whole, not only seeing him as a person who needs care, not only the nursing professional, but also as a human being who needs attention, affection, care and sensitivity, because in addition to the poor condition, there is abandonment on the part of family members, which further weakens him, [...]" (Hyacinth).

Care provided with respect for human rights by the nursing team favors the guarantee of privacy, safety, and respect for the autonomy and decision of the users of health services.

"We experience it from the moment patients enter the institution, calling them by their

first name... showing that they have an identity. Even the issue of privacy, safety in the care we have, and even their right to refuse some care measures that are provided in the institution" (Champagne Rose).

"Because we understand that he has the right to comprehensive care, [...]" (Sunflower).

### **Subcategory 4: Unveiling efforts to guarantee human rights in the provision of care**

The participants revealed efforts to ensure compliance with human rights in the care provided to user and their family members, which is the object of the law.

"But, in fact, human rights today are guaranteed by law" (Rosa Champagne).

"In my experience of three years in a public emergency service, I try to do my best to respect this right of the human being, the person who seeks us, right?" (Heather).

"In my nursing experience, I try to provide care based on the rights of each person and I see that my professional colleagues work in the same direction" (Bromeliad).

"It is... another thing that we have also tried, to talk to us because I think my colleagues have also been striving in this direction [...] I always like to speak in plural, but it's kind of, the concern also of embracing the family. [...] So this effort, and also another thing is that we must always strive for perfection because we must always be learning every day, but it ends up being [...]" (Freesia).

### **Subcategory 5: Experiencing the limits seen by nursing professionals related to care provided to the user**

The professionals revealed limitations in the care provided, and considerations about the physical and psychological integrity of the users were considered. The shortage of nursing professionals in relation to the demand was mentioned as a limitation that interferes with the effectiveness of respect for human rights. However, despite the limitations found in the institution, they sought to guarantee the respect for these rights in the care process.

"Precariously, right? [...] human rights in the public hospital is an ineffective practice because the patient does not have his physical integrity respected, he does not have comprehensive care, he does not have it... (pause), how can I say it... (pause), does not have, does not have the physical, psychological integrity" (Orchid).

"[...] then provide the best possible care, despite the difficulties that the institution or the system imposes on us, right [...]" (Saffron).

"But unfortunately this right is not usually respected, in some cases, due to the professionals, but I believe that in most cases, due to the fact that there are few employees for a large demand" (Magnolia).

### **Subcategory 6: Unveiling prejudice in the care relationships with users**

Prejudice, which violates human rights, emerged in the care provided and in the care relationships between professionals and users.

"Many people already come to the service with this "prejudice" thinking: no! I will arrive, it will take a long time and that is not always what happens, right?" (Heather).

"There are people who even have a homosexual view of the health professional for treatment. People start to look different, because they are not used to it" (Freesia).

Most nurses and nursing technicians who work in the emergency department are women, as shown in other studies<sup>(13-14)</sup>, and in other emergency services<sup>(15)</sup>. This predominance of the female sex is related to the care activity as socially emanated by women in the homes and the historical constitution of nursing. It raises the need to recognize care from an ontological perspective by a group that is still socially marked by struggles for freedom, including freedom of speech, so that a practice that is more than technical, more humanized and supportive, may be favored.

Care implies activities developed by nursing professionals for and with other people based on knowledge, critical thinking, skills, intuition and creativity, so as to favor the promotion, maintenance and recovery of the person's dignity and integrality. Involvement and commitment to the human being is necessary in care relationships, as well as ethical care based on competence, skills, professional attitude, and appreciation of the subjectivity of each person cared for<sup>(16)</sup>.

As seen in this study, the care of nursing professionals is based on embracement and dialogue. This is in line with the Charter of Rights of Health Users, which, in its article 4, explains the quality of embracement and humanized health care guaranteed as the right of any person<sup>(17)</sup>. These characteristics described by the participants contribute to the convergence of the guarantee of health care in the emergency service and, at the same time, respect for human rights.

However, the speeches also reflected a relational aspect of hardening regarding the previous experiences of the person receiving care, and this hardening can affect the relationship with nursing professionals. In order to improve the interaction, the professionals must develop social skills and increase their capacity to deal with the challenges in their activities<sup>(18)</sup>.

In addition to a reductionist view of health, the understanding of people's right requires that the State guarantee affordable and quality health care, as well as the promotion of actions that may interfere with its determinants. The right to health needs to be implemented without discrimination of age, race, ethnicity or other condition<sup>(4)</sup>. As seen in this study, nursing professionals feel responsible in the attempt to implement strategies that ensure this right in their practices.

Health, as an important aspect for a dignified life, is an ethical claim related to the development of citizenship in a democratic society; thus, there is a relationship between human rights and health<sup>(19)</sup>. Therefore, guaranteeing conditions that favor the preservation of health converges with the guarantee of the exercise and protection of human rights.

Embracement of user is closer to a nursing exercise because it involves the practice of interpersonal relationships, with the purpose of comfort, recognition of the user as a subject of objective and subjective conditions, and inserted in a context of life. This embracement should be based on qualified listening, identification of needs, accountability and commitment to the needs of others, and teamwork<sup>(20)</sup>.

A study points out that nursing care enables dialogue with the person being cared for, since the bond between professional and user is an important aspect of the care<sup>(16)</sup>. This need for dialogue unveiled by the participants of this study is related to the strengthening of light technologies in health care as a premise that reaches emergency and urgency services and constitutes ways to ensure relationships of trust and effective communication<sup>(21)</sup>.

However, emergency services have deficiencies in structures and processes that affect results and contrast with the guarantee of quality health care rights. These deficiencies involve high demand, overload of work, inadequate physical structure, few material and human resources, and the authoritarian attitude of some professionals<sup>(21)</sup>.

With regard to this reality, nursing professionals still have to institute comprehensive care, a product of the relationships between the various professionals and the respective care plans offered to users, which should favor comprehensiveness. Nursing management is one of the strategies to implement this care and is aimed at solving problems aimed at meeting the health needs.

However, structural or functional difficulties such as inadequate organizational structure, dichotomy between management and care, and communication failures<sup>(14)</sup> limit this management. Another problem is the work dynamics of sectors such as urgency rooms, in which the care relationship is sometimes interrupted, takes place in short time, and in different ways depending on the demands and organization of the services.

Comprehensive care is a right of users who seek health organizations, regardless of their conditions, vulnerability (physical, psychological, economic and social)<sup>(17)</sup>, and it is one of the principles of nursing professionals is to ensure this right<sup>(22)</sup>. Thus, when the nurses and nursing technicians in this study view the human being in his entirety, they must consider people in all their dimensions. This will raise respect for human rights in care, even in the face of institutional limitations such as the low number of health professionals available to meet the demands.

Through the understanding of the nurses' experience and techniques in care relationships, dialogue with the user is one of the ways of approaching human rights. Dialogue with qualified listening in these relationships is an indispensable tool to guarantee experiences and respect for human rights. Therefore, it is important that the initial approach of nursing professionals takes place through empathic communication, avoiding deviations in the respect for the rights of the person and covering a comprehensive care provision.

The understanding that Human Rights are guidelines that express human values and needs. Knowledge about the norms is fundamental to subsidize the construction of normative devices and assist in the regulation and defense of these rights for their protection in the area of health. Such Knowledge must contain indications for the defense of human rights and the dedication of nursing professionals, to consider respect for these rights, by embracing and learning in daily care.

As evidenced, respect for human rights permeates the search for comprehensive care. However, when these rights are reduced to a meeting point of rights, it is difficult to understand the real dimension of the meaning of their need, such as the fight against social injustices<sup>(19)</sup>. Violations of human rights can have serious consequences for health and undermine the foundations of social justice, because they lead to pain, hopelessness, feeling of social abandonment, and iniquity<sup>(19)</sup>. Respect for these rights was revealed as a need to be pursued by people.

The professionals experienced limitations in the care relationships with the user and considered the structural and organizational conditions ineffective to guarantee the physical and psychological integrity of the user and respect for human rights. However, despite the limitations, they revealed a project of pursuit to guarantee respect for human rights in the execution of their activities. Compliance with human rights favors the guarantee of privacy, safety, and respect for autonomy and decision.

Understanding that human existence has an intrinsic value, respect for humanity is related to the perception of justice and of the human dignity incorporated into it. This dignity, in turn, is inseparable from justice and human rights<sup>(4)</sup>. Privacy reinforces other rights, including equality and non-discrimination and freedom of speech. Privacy is essential for the protection of human dignity, being one of the themes of the UDHR<sup>(1)</sup>. As shown in this study, respect, justice and privacy, as fundamental human rights, must be exercised in the provision of care for users in urgency spaces.

Considering the items contained in the Universal Declaration of Human Rights<sup>(1)</sup>, the Code of Ethics for Nursing Professionals (CEPE)<sup>(22)</sup> and the Charter of Rights of Health Users<sup>(17)</sup> about care without discrimination in the care process, in addition to respecting human dignity, is fundamental to safeguard and protect users against human rights violations through the provision of dignified and quality assistance.

Nursing professionals should not overlap their values with those of users, nor use them as a way of determining ethical or moral impositions regarding the needs and perceptions of those who seek care. In care relationships, the nursing team must consider respecting human rights for their guarantee, such as not suffering discrimination or prejudice. And, in the care of users in emergency

services, there is also a demand related to the need to involve the family.

A study exposed the satisfaction of family members with the team and the embracing strategies employed during the period of hospitalization of their family member<sup>(23)</sup>. However, the participation of users and companions in decision making, the knowledge of the care needs, their satisfaction, and the resoluteness of the care provided are still challenges to be overcome by nursing professionals<sup>(13)</sup>. The need to guarantee human rights in meeting the demands of users and their family members was evident in this study as a way to impact the recovery of the client.

As seen, although the participation of users and family members in decisions about their health is a challenge, this must be guaranteed and respected in all hospital environments as well as in the urgency sector. Respect for users' rights is part of comprehensive care and should be one of the priorities in the SUS network.

In this sense, the fundamental rights of health users are constantly disrespected and, in most cases, these people are not even aware that they are having their rights denied, mainly due to lack of knowledge<sup>(9)</sup>. This was revealed in this study when nursing professionals reported that they are concerned with ensuring the rights of users and that they always strive to ensure that all their rights are respected, in addition to reinforcing that these rights are guaranteed by law.

A study carried out in Pakistan found that health care education among users can improve awareness and the respect for users' rights in hospitals<sup>(24)</sup>. Thus, it is considered important to associate the concerns and efforts of nursing professionals in order to guarantee users' rights, as well as the expansion of information through health education actions and, above all, information on the human rights of health care service users in the hospital context.

Furthermore, this concern of the nursing team is essential to the effectiveness of care, because, when guaranteeing rights is a priority, the care provided to others assumes a humanized and sensitive way, respecting the subjectivities of the users and valuing the putting oneself in the other's place. This care goes beyond the biological sphere; it tries to meet the emotional, psychological and social needs. Thus, the necessary measures based on human and moral

rights must be taken to support users of health services to receive quality care<sup>(24)</sup>.

In this study, it was demonstrated that the inadequate number of nursing professionals in relation to the demand of users in the emergency service impairs the service and compromises the quality of the care provided as well as the guarantee of the respect of rights. This is in accordance with a study<sup>(25)</sup> which explains that the size of the personnel team, the workload, and working conditions are factors that interfere with the quality of care and, consequently, with the guarantee of respect for the rights of users of health services.

Thus, health services need to adapt to personnel sizing standards so that human rights are guaranteed and the quality of care is not affected. However, for these rights to be respected, it is necessary that the State ensure the necessary conditions for the demands of services and users. The population also needs to be sensitized about their rights in convergence with what is proposed in social participation in health. Finally, nursing professionals need to be aware of their social responsibility in defending people's rights.

## CONCLUSION

This study showed the social practice of nursing professionals from an emergency unit based on their daily activities with respect to human rights in the search for comprehensive care for users. These professionals sought to guarantee the dignity and respect for human rights when providing care, even despite the institutional limitations and structural and organizational inadequacies of the emergency service in which they performed their activities and that, in some way, influenced the care provided.

The relational and quality aspects of care emerged in the study, emphasizing the valorization of the use of light technology in the care context of emergency units. Thus, the actions of nursing professionals demonstrated aspects that converge with the implementation of aspects present in the Charter of Rights of Health Users, reflecting the need to recognize positive actions in a movement of visibility and encouragement of practices that promote the guarantee of rights of health users through the recognition of human rights.

The study contributed to the expansion of knowledge in the health field and, in special, in the nursing area, as well as enabled reflections that

support the decision making of health teams such as those of emergency services. For nursing, as evidenced, even when professionals have to face factors that compromise the guarantee of respect for human rights in their practice, they provide care in a humanized way, according to the needs of users. They base their actions on embracement, which strengthens a comprehensive care in the context of SUS and favors their performance in a responsible and sensitive way in relation to human rights.

As a limitation, the study was conducted in only the emergency unit of a public hospital. Further studies are recommended in other sectors of the hospital environment where nursing care takes place, especially involving care for vulnerable populations. Low complexity services should also be included. Studies that approach the respect for human rights in care relationships in the perception of health users are also encouraged.

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