

EXPERIENCES OF NURSING PROFESSIONALS IN (DIS)RESPECT FOR HUMAN RIGHTS IN CARING FOR HOSPITALIZED PERSONS**VIVÊNCIAS DE PROFISSIONAIS DE ENFERMAGEM NO (DES)RESPEITO AOS DIREITOS HUMANOS NO CUIDADO À PESSOA HOSPITALIZADA****EXPERIENCIAS DE PROFESIONALES DE ENFERMERÍA SOBRE EL (IR)RESPECTO A LOS DERECHOS HUMANOS EN EL CUIDADO DE PERSONAS HOSPITALIZADAS**

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ABSTRACT

Objective: To understand how nursing professionals experience the (dis)respect for human rights in the care of hospitalized patients in emergency units. **Method:** Phenomenological research, based on phenomenological interviews with 11 nursing professionals from a large public hospital. From the analysis based on the Humanistic-Existential-Personalistic Triadic configuration, two thematic categories emerged. **Results:** the categories were: experiencing the (dis)respect for human rights when faced with the limits of hospital health services; and experiencing care when faced with disrespect for human rights. **Conclusions:** the study made it possible to unveil limiting structural and organizational conditions as real and/or potential factors for the occurrence of human rights violations in hospital emergency services and the need to practice care centered on the person, free from harm, even in scenarios with limitations. It makes the valorization of human rights conciliated to an ethical, respectful, humane and responsible practice prevail.

Descriptors: Bioethics; Human Rights; Nursing; Hospitalization; Hospital Emergency Service.

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RESUMO

Objetivo: Compreender como os profissionais de enfermagem vivenciam o (des)respeito aos direitos humano no cuidado à pessoa hospitalizada em unidade de emergência. **Método:** Pesquisa fenomenológica, realizada a partir de entrevistas fenomenológicas com 11 profissionais de enfermagem de um hospital público de grande porte. Da análise realizada a partir da configuração Triádica Humanística-Existencial-Personalista emergiram duas categorias temáticas do estudo. **Resultados:** as categorias foram: vivenciando o (des)respeito aos direitos humanos face aos limites dos serviços de saúde hospitalares; e vivenciando o cuidado face ao desrespeito aos direitos humanos. **Conclusões:** o estudo possibilitou desvelar condições estruturais e organizacionais limitantes como fatores reais e/ou potenciais para a ocorrência da violação dos direitos humanos em serviço hospitalar de emergência e a necessidade de prática do cuidado centrado na pessoa, livre de danos, mesmo em cenários com limitações. Faz imperar a valorização dos direitos humanos conciliado à uma prática ética, respeitosa, humana e responsável.

Descritores: Bioética; Direitos Humanos; Enfermagem; Hospitalização; Serviço Hospitalar de Emergência.

RESUMEN

Objetivo: Comprender cómo los profesionales de enfermería experimentan el (des)respeto de los derechos humanos en el cuidado de los pacientes hospitalizados en una unidad de emergencia. **Método:** Investigación fenomenológica, realizada a partir de entrevistas fenomenológicas con 11 profesionales de la enfermería de un hospital público de gran porte. Del análisis basado en la configuración triádica Humanista-Existencial-Personalista, surgieron dos categorías temáticas. **Resultados:** las categorías fueron: vivir el (des)respeto a los derechos humanos frente a los límites de los servicios de salud hospitalarios; y vivir el cuidado frente al desprecio a los derechos humanos. **Conclusiones:** el estudio permitió desvelar las condiciones estructurales y organizativas limitantes como factores reales y/o potentes para la ocurrencia de la violación de los derechos humanos en el servicio hospitalario de urgencias y la necesidad de la práctica del cuidado centrado en la persona, libre de danos, incluso en cenários con limitaciones. Prevalece la valorización de los derechos humanos combinada con una práctica ética, respetuosa, humana y responsable.

Descriptor: Bioética; Los derechos humanos; Enfermería. Hospitalización; Servicio de Urgencias del Hospital.

INTRODUCTION

The issue of human rights allows an approach to the rights of people who experience health care, whether in the public or private network. Conditions of socioeconomic vulnerability, with reduced autonomy, as well as limitations in decision-making, can be factors that impact the health

of these individuals when hospitalized and dependent on care provision.

During the professional practice of the nursing team, it is essential to recognize human rights, associated with inseparable values such as justice and human dignity. When considering health as a human right, it is essential to guide States as

responsible for quality, accessible and acceptable health care for the population.¹

Regarding the practice of violating human rights in care contexts, this can be seen mainly in those spaces where adequate care conditions are not offered. It is associated with the deficiency of material, human and infrastructure resources of the services.

The social condition of misery and inequalities allow individuals to experience situations of vulnerability, becoming more susceptible to their rights violations. This context proposes that nursing practice a more humanized and resolute care as a proposal to solidify the Unified Health System (SUS).²

The hospital emergency unit presents itself as an environment that favors care conduction by a team exposed to work processes with stress, physical and emotional exhaustion. Such circumstances, added to the conditions of high demand and work overload, directly interfere with the quality of patient care³, and, therefore, influence the practice of (dis)respect for human rights.

Emergency services aim to respond to acute and serious situations, with the imminent risk of death. Therefore, the focus on the patient's human rights cannot be neglected.⁴ Furthermore, nursing professionals must offer autonomy to the

user of health services, in order to recover their recognition as a subject of rights. In addition, the subjectivity of the human being must be valued and the nurse plays an essential role in promoting users' rights.⁵

Thus, the study will enhance the reflection of the Nursing team on human rights, as well as the need to transmit and respect them even in the face of the limitations found in environments where care is produced.

Therefore, the objective was to understand how nursing professionals experience the (dis)respect for human rights in the care of the person hospitalized in an emergency unit.

METHOD

Phenomenological research, developed with 11 nursing professionals, which sought to understand the experience of three nurses and eight nursing technicians regarding the (dis)respect for human rights in the care of users in the Emergency Unit. This sector of the hospital was selected by being one of the spaces where the relationships between users and nursing professionals are intense, with a dynamic of care that requires varied responsibilities, depending on the patient's clinical condition.

Hospital emergency units are characterized by 24-hour continuous service to users in serious conditions, with or

without risk of imminent death. It constitutes a fundamental service in health care.⁶ Therefore, the study was carried out in a large public hospital of Salvador, Bahia, with exclusive service by the Unified Health System (SUS) to the less-favored population of the capital and the interior, who, many times, experience conditions of vulnerability, becoming susceptible to the violation of human rights.

It is an excerpt from the master's dissertation, "Human rights experienced by nursing professionals in the care of hospitalized people", which revealed the meanings of the individual experiences of nursing staff by highlighting the structure of the phenomenon with its emerged categories.

The phenomenological method used is concerned with what is present in the individuals' consciousness. The world is apprehended as lived by the subject. In this way, reality is understood and interpreted from the understanding of the way of living and awareness of the phenomenon.⁷

The professionals were invited to participate in the study during working hours. The daily schedule and availability of the professional on the day and time scheduled for data collection were considered, which occurred without the researcher's influence on the participants, before the beginning of the study. For the selection of participants, 5 visits were made

to the emergency department, during the day shift, where the main researcher approached the team in person, presented the research proposal and offered the Free and Informed Consent Form (ICF) for reading. After accepting the invitation, the interview began.

The researcher was previously trained by the advisor regarding the approach to the participants, as recommended by the phenomenological research. Moreover, the researcher was also prepared, in the subjects taken during the master's degree in the *Stricto Sensu* Graduate Program of the School of Nursing of the Federal University of Bahia (UFBA), for the data collection procedures. In addition to that, the experiences with data collection procedures during the Undergraduate Nursing course.

The inclusion criteria adopted were: professionals who worked in public hospital care and graduated for at least two years. Those who were on vacation, off work, on leave due to health problems, training and night shifts, or because they were not available for the phenomenological interview were excluded.

Data production started from the phenomenological interview, which took place between February and March 2015, using a script created by the researchers, containing sociodemographic information and a guiding question. The participants

were welcomed in a private place, chosen by them, without interruptions and time needed to answer the question: “Tell me how you experience respect for human rights in the care of hospitalized people?”.

The phenomenological interview, marked as an empathic encounter, was carried out from the approach of the researcher with those who experience the phenomenon, in order to provide the necessary data for understanding the object under investigation. This was recorded after authorization from the participants, to ensure data fidelity. At the end of the recording, the participants had the opportunity to listen to the audio to confirm their statements, with the inclusion or deletion of any information. There was no need for a pilot test for this study, since the information emerged from the singularities of each consciousness and lived experience.

Data from the interviews were transcribed in full and organized with identification of the participants' responses and anonymity guaranteed. Flower names (Heather, Dahlia, Orchid, Gerbera, Freesia, Magnolia, Sunflower, Bromeliad, Champagne Rose, Saffron, Hyacinth) were considered as pseudonyms, according to the meanings of the statements.

The Humanistic-Existential-Personalistic Triadic configuration was used for data analysis.⁸ With this type of analysis,

it was possible to organize and systematize the manifest contents and elaborate the structure of the phenomenon in the form of thematic categories, namely: experiencing the (dis)respect for human rights in the face of the limits of hospital health services, and experiencing care in the face of disrespect for human rights.

The analysis and interpretation of the data followed the seven envisaged steps: I) Careful reading of the content expressed by the participants, in order to grasp its meaning within the global structure; II) Re-reading of the material with a view to identifying the Units of Meaning, apprehended through an analytical-associative process; III) Apprehension of the expressed verbal content of the significant aspects of their perceptions, for understanding and analysis of their experiences; IV) Identification and classification of aspects that converged in content, seeking what was constant in the testimonies of each one; V) Grouping of effective caluses or their meanings for the construction of categories; VI) Presentation of the structure of the phenomenon; VII) Comprehensive analysis of significant data from thematic categories.⁸

Study approved by the Research Ethics Committee of the School of Nursing of the Federal University of Bahia, Salvador, Bahia, under opinion n° 932.998/2014 and

CAAE nº 37557214.6.0000.553, to meet the ethical requirements of Resolution nº 466/2012, of the National Health Council.

RESULTS

Of the 11 study participants, three were nurses and eight were nursing technicians, five of whom were female. The age ranged between 31 and 52 years, with a mean of 41 years. The training ranged from 10 to 31 years and the time working in the health institution was between 2 and 31 years. Among them, six participants had specialization or training courses in the hospital area.

With the data analysis, it was possible to apprehend the structure of the phenomenon about (dis)respect for the human rights of the hospitalized person from the experience of nursing professionals, being presented through two categories.

Category 1: Experiencing the (dis)respect for human rights in the face of the limits of hospital health services

Nursing professionals reveal experiences of respect for human rights in public and private organizations care development. They consider the deficit of physical, personnel, and financial structure, as well as the demand for care and bureaucracy, as intervening factors for the

guarantee of rights, which distance the reality of public and private hospitals.

Because I also work in a private area and I observe that, once the public service manages to get into a normal service routine, it can even, sometimes, surpass the private service, since we do not have that need to, for example, is [...] call health plans for authorization. (Heather)

Because, the public service for which I work is open-door, which means we serve all people, [...]. However, our physical structures are not enough for us to provide this service that our customers need, right? [...] we always have a much greater demand than the space for them to be met. Also, the number of employees who work in this institution always fall short to those who need it, so that these same people, due to the high demand, have a service, right? better rendered right?. (Heather)

So, in fact, the human right in this case of health in the public service, due to this high demand, due to insufficient facilities, is always precarious [...]. (Heather) And there's not much to do about it due to lack of physical structure [...] (Orchid)

In addition, the experience of human rights care is expressed by respect for care in the public hospital, which is related to dependence on government resources. In the private hospital, on the other hand, special care is revealed in meeting these rights in relations with the user.

And in the case of public institutions, we depend on our government, right! [...] and the public, unfortunately, we depend on the government and sometimes we need to do something more and unfortunately we can't. (Gerbera) It's complicated because [...] (Orchid)

I've had an experience of people entering the institution with all the difficulty that is the public

service and he says: no, hey, I'm going to be discharged? (freesia)

In our private entity, they take some care with, or rather, they give us the opportunity to take more special care of the patient due to the support they give us, [...]. (Gerbera) The public hospital [...]. (Magnolia) many times nothing can be done, because the institution does not provide support [...]. (Orchid)

Nursing professionals recognize the limitations imposed by health equipment and accordingly propose the practice of harm-free care for hospitalized users.

Unfortunately, they don't give us this opportunity to provide better care for the patient, but [...], within what I can do, I do what I can. (gerbera) In our reality of a public institution, I believe that the difference is in relation to our limitations in being able to provide everything that is necessary for that patient. So you end up no longer enjoying them [rights]. (Sunflower)

Category 2: Experiencing care in the face of disrespect for human rights

Nursing professionals experience care through the violation of human rights. They describe that the user does not have these rights guaranteed since the initial care of hospitalization. The professionals describe experiences with negative impacts such as vulnerability and devaluation of the user when his rights are not respected.

He doesn't have guaranteed human rights, yes, he is very exposed, very vulnerable, right? [...] he often goes through... situations that he doesn't... it's not a good situation for any human being, [...]

many times we, as professionals, see what happens and try to alleviate it. (Orchid)

A very propitious moment, we had an experience today of a patient who did not receive care in another institution, when he arrived at ours, he already arrived, he already got out of the car already cursing everyone, already wanting to attack [...]. (Freesia) That many people sometimes feel diminished because their rights are not respected [...]. (Magnolia)

Unfortunately, the demand is great and these rights end up being disrespected, [...] because of few employees to meet a great demand, there is no way to respect the rights of each one, [...] (Magnolia) I believe that the human rights of the hospitalized person are not so respected with regard to the physical structure and processes [...], because the client's demand is many times greater than the supply, consequently the assistance and human rights are harmed. (bromeliad)

However, professionals, when experiencing difficulties in care, recognize the patient's rights and base their clinical practice on principles such as autonomy and beneficence. During the established interrelationships, the nursing team values the identification of the user, guiding the recognition of the same as an agent of the care process.

Obeying the rules of society, helping to clarify what his true rights, of human beings. (Dália) It's, like, going through certain difficulties in the hospital sector that he can resort to them [norms] so [he] can have a benefit and clarity of that moment when he needs it [...]. (Saffron)

That's when we look at the document and say: wow, his name is Antônio, Pedro, we start calling him by name. Then they feel valued just in

*being called by name, called by name, being touched
[...] (Freesia)*

*They begin to compare that in here,
sometimes, they are even treated better than in the
family. [...] We went through a situation where
people even feel scared when they are treated well,
being touched! (freesia)*

In this context, there is a need for the nursing team to respect the rights of users of health services. This occurs from when the patient, when being cared for, is called by name, is welcomed, informed about their health conditions and their rights.

DISCUSSION

The testimonies of the professionals revealed that the physical structures, demands for care and the dimensioning of personnel act as intervening factors to guarantee human rights in the care routine.

They also emphasize that the service to the human rights of users through the experiences expressed in public and private health institutions, such as in an emergency unit, takes place with the intervention of the State, which can be personified by managers, and ensured through the guarantee of resources for adequate and quality care, especially in the public service. The participants also corroborated the proposal that human rights discourses be based on practice, carried out by the State and civil society as well as reflected in the social context.⁹

It is noteworthy that the lack or inadequacy of public policies and the public health system interfere with the exercise of human rights during service to users, and it is emphasized that, despite the laws not being applied in practice, their existence constitutes tool to achieve the proposed objectives in public health services.¹⁰ Thus, the integration of ethical and human rights considerations in the formulation and implementation of public health measures, as well as their concerns, constitute a necessary complement to the design and applicability of such measures.¹¹

In addition, it was identified that the deficit of structural resources, aspects related to multidisciplinary work and the fragility of a hierarchical structured network in the health system lead to overcrowding in hospital emergency units and act as barriers to the use of this device.¹²

Nursing professionals deal with human rights issues in their daily work, and it is necessary to realize the importance of these rights in their daily activities.⁴ Thus, the nursing team must recognize its role as a collaborator in facing the violation of rights, sharing responsibilities with the family, society and the State, as well as announcing their citizenship.

The study reveals the performance of nurses and technicians in a context that disrespects the already guaranteed rights, of

the person in a situation of vulnerability. The user, when being treated in an emergency unit within a hospital unit, already becomes vulnerable, as the emergency clinical conditions and vulnerability are interconnected⁵, in addition to being potentiated by the patient's dependence on the health team regarding their diagnosis, prognosis and treatment, as well as the disease state and the asymmetrical relationship between patient and health professional.¹³ The participants also recognize the negative impact of the use of health equipment with high demand for the service and an insufficient number of nursing workers.

Low level of education and less awareness of users about their rights is related to respect for patients' rights¹⁴ and also for human rights. There is a direct relationship between socioeconomic vulnerability and respect for human rights in hospitalized people treated in emergency units. The condition of vulnerability can enhance the occurrence of cases of human rights violation in public hospitals, especially in the emergency service, since patients in public hospitals are less aware of their rights.¹⁴ Thus, it is up to the nursing team to identify and consider such vulnerabilities in their care practice, offering necessary information about human and patient rights. The nurse has the role of

being a promoter of user rights by prioritizing values such as freedom, human dignity and respect for subjects.⁵

Thus, the insertion of nursing professionals in the context of vulnerability and (dis)respect for human rights in the condition of emergency, has negative impacts on the provision of care that guarantee and protect such rights, in view of the dimensioning of ineffective personnel.

However, the nursing care process triggers an opportune moment for guidance and/or expansion of patients' knowledge about their rights. By improving the knowledge of patients in emergency services about their rights, the contribution of their practice will certainly be added, such as routines in hospitals.¹⁴ Such a measure can provide positive impacts in terms of guaranteeing human and patients' rights even in situations of vulnerability and/or limiting conditions that become inadequate for care. It is necessary to have recognition of the autonomy of the people assisted in the emergency units, in addition to allowing spaces for dialogue, so that the user is contemplated as a subject of law.⁵

The refusal to provide reasonable and necessary care also violates the patient's human rights. As a practical example, there is the fact of ignoring a patient's complaints in situations of care where they cannot claim their rights.¹⁵ Therefore, taking all measures

to help patients receive the best care, based on human rights, is indispensable.¹⁴

A study on user satisfaction describes that the quality and humanization of health services are among the rights most requested by users, which provokes existing gaps in professional practice.¹⁶

Some users, when experiencing care in public health institutions in Brazil, do not always have a positive experience, which demands greater approximation of those involved and in the form of organization of these services in view of their fragility and resolution, compromise of the quality of care and violation of human rights.¹⁷ This corroborated the results of this study, as it reveals the disrespect for the human rights of users and their influence on the quality of care, raising the need for services to (re)think the team's conduct during the care provided.

The Nursing team, within the scope of professional practice, shares the moral obligation to respect the self-determination of people in situations of vulnerability, to protect the right to life. It should guarantee a practice free from inhuman or degrading treatment.³ In this aspect, as evidenced in this study, nursing professionals in the hospital emergency sector constantly experience disrespect for these rights and recognize that this makes patients often

more vulnerable to condition imposed on the health service.

The participants of this study express respect for human rights in care in emergency situations, constituted in a chaotic environment. They reveal the identification of the patient and the establishment of care relationships based on user autonomy and beneficence, enforcing the moral values of professional practice, human rights and the rights of hospitalized patients, contributing to user satisfaction. Thus, beneficence, within the health care network, requires ensuring continuity of care, and autonomy requires respect for freedom of choice throughout the care trajectory¹⁸, which reinforces the ethical and moral duty of Nursing.

In this context, a nursing practice guided by the principles of patient-centered care; relational autonomy; responsibility, becomes essential for the exercise of moral competence of professionals through a daily intersection between nursing care and the patient human rights.³ Accordingly, the American Nurses Association declares that the protection and promotion of human rights in health and health care are fundamental functions in nurses'.¹⁵

Thus, respecting the dignity of users is an effective step to increase user satisfaction and will bring ideal relationships between patients and teams, a feeling of

being valued and increased incentives for teams to provide better care¹⁹, even in the face of limitations found in hospital services in the public sector.

Therefore, nurses have “the potential to play a unique role in defending the right to health and the right to life and, through alliances, strengthen the exercise of people's citizenship”.¹⁷ Added, as seen, the nursing team recognizes its responsibility towards users, in order to guarantee their rights in emergency services care.

This study has limitations that permeate the fact that it was developed in a single hospital emergency unit, with characteristics that can delimit the specificities of the care production space, not being able to favor generalizations of the results. Furthermore, there are limitations related to the data production environment, given the dynamics of emergency hospital services, and that, in some situations, the study participants could not carry out the interview due to not being able to leave the service. Therefore, more time for data collection and closer contact with the participants, without them being on the day/time of work, could expand the unveiling of the phenomenon of experience by the nursing team in the (dis)respect for human rights in the care of users in an emergency unit. It is suggested to include, in

other studies, nursing professionals who work the night shift.

CONCLUSIONS

The situations revealed show how much the vulnerability of hospitalized patients contributes to the disrespect for human rights when they are attended by nursing professionals in health organizations. The lack of physical structure, the high demand, the insufficient number of nursing professionals for safe care, are real or potential conditions that favor the violation of human rights, and reveal institutional practices, in hospital units, that do not ensure users human dignity in a care production space.

It is also understood that, even in limiting situations, the nursing team recognizes the need to guarantee personal identity, autonomy and beneficence in the care provision, assuring users that their rights are valued through a respectful, humane practice and free from harm.

By not exhausting the theme, new studies are suggested that can discuss the (dis)respect for the human rights of the hospitalized person, as well as the early recognition of the violation and guarantee of these rights. The need for a nursing care practice centered on the individual, based on

values and ethical commitments in favor of human dignity, emerges.

REFERENCES

- Oliveira MHB, Vianna MB, Teles N, Machado FRS, Ferreira AP, Telles FSP, et al. Direitos humanos e saúde: 70 anos após a Declaração Universal dos Direitos Humanos. RECIIS (Online) [Internet]. 2018 [citado em 20 nov 2020];12(4):370-374. doi: 10.29397/reciis.v12i4.1667
- Maffaccioli R, Oliveira DLLC. Challenges and perspectives of nursing care to vulnerable populations. Rev. gaúch. enferm. [Internet]. 2018 [citado em 20 nov 2020]; 39:e20170189. doi: 10.1590/1983-1447.2018.20170189
- Duarte MLC, Glanzner CH, Pereira LP. O trabalho em emergência hospitalar: sofrimento e estratégias defensivas dos enfermeiros. Rev. gaúch. enferm. [Internet]. 2018 [citado em 12 abr 2022];39:e2017-0255. doi: 10.1590/1983-1447.2018.2017-0255
- Albuquerque A, Oliveira IM. Manual de Direitos Humanos para a Enfermagem. Brasília: Centro Universitário de Brasília (UniCEUB) e Conselho Federal de Enfermagem (Cofen); 2016. [citado em 21 nov 2020]. Disponível em: <http://biblioteca.cofen.gov.br/wp-content/uploads/2018/03/Manual-Direitos-Humanos-Enfermagem.pdf>
- Lacerda ASB. Acolhimento com classificação de risco em emergência: relação de justiça com o usuário. [Dissertação]. Rio de Janeiro, RJ: Universidade Federal do Rio de Janeiro, Escola de Enfermagem Anna Nery; 2017 [citado em 12 abr 2022]. 109p. Disponível em: <http://objdig.ufrj.br/51/teses/854443.pdf>
- Ministério de Saúde (Brasil). Portaria nº 2048, de 05 de novembro de 2002. Regulamento Técnico dos Sistemas Estaduais de Urgência e Emergência. Diário Oficial da União, Brasília, DF, 12 nov 2002; Seção 1:50.
- Gil AC. Métodos das Ciências Sociais. In: Gil AC. Métodos e técnicas de pesquisa social. 6. ed. São Paulo: Atlas; 2008. p. 8-25
- Vietta EP. Configuração triádica, humanista-existencial-personalista: uma abordagem teórica-metodológica de aplicação nas pesquisas de enfermagem psiquiátrica e saúde mental. Rev. latinoam. enferm. (Online) [Internet]. 1995 [citado em 20 nov 2020];3(1):31-43. doi: 10.1590/S0104-11691995000100004
- Ventura CAA, Fumincelli L, Miwa MJ, Souza MC, Wright MGM, Mendes IAC. Health advocacy and primary health care: evidence for nursing. Rev. bras. enferm. [Internet]. 2020 [citado em 21 nov 2020];73(3):e20180987. doi: 10.1590/0034-7167-2018-0987
- Souza DS, Ventura CAA, Carrara BS, Moll MF, Mendes IAC. Exercise of human rights of institutionalized persons: perception of psychiatric hospital professionals. Rev. bras. enferm. [Internet]. 2020 [citado em 20 nov 2020];73(1):e20180519. doi: 10.1590/0034-7167-2018-0519
- Barugahare J, Nakwagala FN, Sabakaki EM, Ochieng J, Sewankambo NK. Ethical and human rights considerations in public health in low and middle-income countries: an assessment using the case of Uganda's responses to COVID-19 pandemic. BMC Med Ethics [Internet]. 2020 [citado em 20 nov 2020]; 21(1):1-12. doi: 10.1186/s12910-020-00523-0

12. Sousa KHJF, Damasceno CKCS, Almeida CAPL, Magalhães JM, Ferreira MA. Humanization in urgent and emergency services: contributions to nursing care. *Rev. gaúch. enferm.* [Internet]. 2019 [citado em 20 nov 2020];40:e20180263. doi: 10.1590/1983-1447.2019.20180263
13. Albuquerque A, Paranhos DGAM. Direitos humanos dos pacientes e vulnerabilidade: o paciente idoso à luz da jurisprudência da Corte Europeia de Direitos Humanos. *Rev. Quaestio Iuris* [Internet]. 2017 [citado em 20 nov 2020];10(4):2844-2862. doi: 10.12957/rqi.2017.26686
14. Tabassum T, Ashraf M, Thaver I. Hospitalized Patients' Awareness Of Their Rights-A Cross Sectional Survey In A Public And Private Tertiary Care Hospitals Of Punjab, Pakistan. *J Ayub Med Coll Abbottabad* [Internet]. 2016 [citado em 20 nov 2020];28(3):582-586. Disponível em: <http://jamc.ayubmed.edu.pk/index.php/jamc/article/view/607/421>
15. American Nurses Association (ANA). Position Statement. The Nurse's Role in Ethics and Human Rights: Protecting and Promoting Individual Worth, Dignity, and Human Rights in Practice Settings [Internet]. Silver Spring (MD); 2016 [citado em 21 nov 2020]. Disponível em: <https://www.nursingworld.org/~4af078/globalassets/docs/ana/ethics/ethics-and-human-rights-protecting-and-promoting-final-formatted-20161130.pdf>
16. Martins MS, Goese PB, Barrionovo MM, Massarollo MCKB. Direitos dos pacientes requeridos em um serviço público de ouvidoria. *Rev Rene (Online)* [Internet]. 2015 [citado em 20 nov 2020];16(3):337-44. doi: 10.15253/2175-6783.2015000300006.
17. Ventura CAA, Mello DF, Andrade RD; Mendes IAC. Aliança da enfermagem com o usuário na defesa do SUS. *Rev. bras. enferm.* [Internet]. 2012 [citado em 20 nov 2020];65(6):893-8. doi: 10.1590/S0034-71672012000600002
18. Raus K, Mortier E, Eeckloo K. The patient perspective in health care networks. *BMC Med Ethics* [Internet]. 2018 [citado 20 nov 2020];19:1-8. Disponível em: <https://bmcmedethics.biomedcentral.com/articles/10.1186/s12910-018-0298-x#citeas>
19. Sabzevari A, Kiani MA, Saeidi M, Jafari AS, Kianifar H, Ahanchian H et al. Evaluation of Patients' Rights Observance According to Patients' Rights Charter in Educational Hospitals Affiliated to Mashhad University of Medical Sciences: Medical Staffs' Views. *Electronic physician* [Internet]. 2016 [citado em 20 nov 2020];8(10):3102-3109. doi: 10.19082/3102

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