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The Dialogical Relationship of The Practice Environment and Professional Ethics

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ABSTRACT

The work environment, associated with the lack of knowledge or professional fatigue, make the error something that the current ethical discussion cannot deepen. Since the publication of the report by The Institute of Medicine* (IOM) To Err Is Human: Building a Safer Health System (2000), errors related to medication administration, care-related infections, falls or pressure ulcers in the elderly are handled daily; with a high rate of complications for patients, families, professionals and health systems. Ethical principles must bring a high level of understanding and tolerance to the communication of error, but not your consent to failures. This environment must guarantee minimum working conditions and psychological safety for the improvement of practices, care quality and safety. Thus, a psychologically safe climate for work is envisaged, which promotes the reduction of safety incidents and increases productivity. Individual and collective talents emerge and make the environment conducive to adult learning. Given its importance, the work environment needs to be deeply analyzed, in order to identify factors that favor safe practices, as well as the human factors associated with this complex environment that intensify positive outcomes.

Keywords
Medical ethics, Justice, Solidarity, Patients.

Professional ethics guided primarily by the professional code, regarding deontology, define a series of rules and norms that guide practice. The exercise of ethics during professional health practice is dependent on environmental, cultural, political, and economic contexts, which originate from factors such as justice, solidarity, responsibility, and authenticity [1].

Thus, these professionals start to have legal duties towards the exercise of the profession, which bring obedience to the pre-established rules. However, these rules are relativized by factors such as individual conscience, the individual and collective structure understood about morals; the corporatism of professional practices, as well as the interrelationships between teams, patients and family members.

It is therefore appropriate to analyze this context and the role of professionals in order to understand these factors that determine and build work environments, favoring or not the practice guided by ethical principles.

In their practice, the medical professional has an important role ahead of care, historically defined, imputing, in dialogical relationships, empowerment in front of teams and patients, as well as the exercise of authority. This socially defined context builds relationships in such a way that it becomes the subject of science and knowledge [2].

Authority is a skill that generates trust in others and voluntary obedience. Trust legitimated by authority, when broken, gives rise to violence to maintain obedience. Thus, there is a depersonalization of health care, weakening of bonds, with the absence of reflection on practice, where technical and scientific knowledge is no longer valued. This is a loss of human ethical values in addition to a loss of technical importance in the character of relationships in health practice [3].

Technical and practical failure favors violence by transforming subjects into objects. The speeches or behaviors thus become coarse, disrespectful, and discriminatory. Fear or "false camaraderie", in this way, gains its space in different professional relationships in health practice and among peers [3].

These hierarchical patterns constructed by society, with the empowerment of the medical figure, legitimize possible errors in health; which prevents many professionals from criticizing care practice, identifying dangers or having suggestions for improvements in practices [3].

Thus, ethical dilemmas are imposed on the daily practice of health professionals, who work with the most different adverse situations: the high workload with endless hours between more than one institution, the low remuneration [4].

This work environment, associated with the lack of knowledge or professional fatigue, make the error something that the current ethical discussion cannot deepen. Since the publication of the report by The Institute of Medicine* (IOM) To Err Is Human: Building a Safer Health System (2000), errors related to medication administration, care-related infections, falls or pressure ulcers in the elderly are handled daily; with a high rate of complications for patients, families, professionals and health systems [5].

The 1999 Institute of Medicine (IOM) estimate that between 44,000 and 98,000 people die each year as a result of medical errors, predicting a necessary 50% decrease in these over five years. After five years, the reduction estimate was 1% per year, costing US$ 17 to US$ 29 billion per year for the health of the United States alone [5,6].

There is thus a need for ethical learning, prior to clinical practice, worked throughout professional training, associated with technical and theoretical teachings such as anatomy, pathophysiology, pharmacology, epidemiology, pediatrics or medical clinic [4,7,8].

Since these professionals graduated, it is necessary to rediscuss these themes, stimulating the reflection of the various values involved, in an attempt to introduce the essential principles for an adequate professional conduct, with emphasis on the model of ethical practice given by the masters; while returning to the hypocratic "primum non nocere" model of medical education, based on the "critical, democratic and disalienating" problematization.

Informing the mistake made or other professional requires solid ethical bases, so that corporatism, shame or questioning about the professional's technical competence do not gain space [9].

High impacts related to post-event stress are observed, causing many doctors, nurses, and other health professionals to abandon the profession, initiate abuse of legal and illegal drugs, or even take their own lives. It is also known that increased tension, as well as post-traumatic apprehension, can be a facilitator for this professional to make more mistakes; demonstrating the importance

of a fair culture, and the support that should be provided to this professional [9].

Cultural and technical changes can promote a safety culture with the purpose of establishing clear and transparent communication, without punitive character, developing trust, learning, systemic thinking and executive responsibility [10].

Professional ethical codes must adapt to the social, economic, and political reality itself, prioritizing values, principles, and norms that safeguard and expand rights, in communion with public and collective health. The human being is the only sense and goal for development; thus, only he should be subject to any regulation that is intended to be democratic, participatory, and truly bilateral [11].

Thus, deontology, in the current context, must bring the guidelines closer to different realities and societies, in the face of overly complex and high-cost practices, whose resolution is not linked to collective problems. This model permeates health care, as well as institutions, for an accelerated and uneven expansion of a model that does not aim at equity and equality in interrelations, a field for judicialization in health [1].

In health, there are several situations in which the political ideal is confused with the real needs of the population served, and it is up to the professionals involved to assert the patient's interest and their own principles learned during their training. This condition brings the patient and his family an unforeseen responsibility, which tries to decide with facts and data that are often unknown. Therefore, it is reflected in the role of the ethical professional, devoid of political views, based on his learned clinical reasoning [11].

It follows, therefore, that ethics and politics have an intimate dialectical connection. One can understand politics in this context, interpreted, in one of its meanings, in action oriented to a common good, benefiting a group of people. In its second meaning, relative to the conquest and maintenance of power, whose common good is no longer the priority.

In this sense, the incentive to good interpersonal practices, the improvement of the coexistence between the teams, can positively influence the institutional ethical construction, improved in this social microenvironment [11]. Thus, an institution that promotes an ethical work environment is more likely to face crises in a positive way, since the instituted base will give little space for unfounded justifications or professional practices subject to silence or immorality itself.

This alignment between institutional principles and the purpose of care is fundamental to guarantee the formation of a safety culture for patients as well as a sustainable work environment [11].

Negligence, malpractice, and imprudence happen daily, but they also need to find their discussion forum in the institutions. Bioethics, Compliance, and integrity in care practices are still

little discussed points that signal a reality seen under the exclusive perspective of established security protocols and indicators.

In this way, the main values of the organization, its beliefs and assumptions, guide behavior and decision making. The visible and non-visible elements of behavior are reflected in the actions of employees in addition to ethical and safe attitudes [12].

In Brazil, it is often observed the plurality of norms and rules generated in the institutions creating manuals of expected behaviors among employees, partners and in care practice. Although widely disseminated, in addition to these documents bringing great potential to influence behavior, the example and support of managers is what promotes ethics present in the day by day professional practice [11].

Practical actions must be adopted by managers and spread to the entire workforce, as a way of educating people and creating a reciprocity network. Feedback, advice, and knowledge exchange can be initiatives adopted to strengthen and perpetuate an ethical organizational climate. The maintenance of good relationships and mutual support between professionals are an important source of satisfaction that contribute to organizational citizenship, as they generate recognition, respect, and admiration. This practice tends to be passed from the oldest to the most recent employees and in this way the sustainability of the ethical environment is maintained [11].

The manager must remain attentive in order to identify problems related to job satisfaction and interpersonal relationships that may imply a commitment to a pro-environmental attitude. The manager's effort to identify how each professional can contribute to the determination of an ethical organizational environment is of paramount importance, since actions must be implemented at the macro (culture) and micro (organizations) levels and understand how each one can contribute is great relevance mainly for institutions in the implementation phase of a structured ethical environment, since programming will be necessary to favor change management and the creation of a cohesive group [11].

The broad, understandable, and non-judgmental approach to error among the team is urgent and essential, so that it favors communication and the free sharing of knowledge. The support of the leaders must build a psychological safety environment, unfolding strategic actions for all hierarchical levels of the organization.

Ethical principles must bring a high level of understanding and tolerance to the communication of error, but not your consent to failures. This environment must guarantee minimum working conditions and psychological safety for the improvement of practices, care quality and safety.

Thus, a psychologically safe climate for work is envisaged, which promotes the reduction of safety incidents and increases productivity. Individual and collective talents emerge and make the environment conducive to adult learning [13].

Given its importance, the work environment needs to be deeply analyzed, in order to identify factors that favor safe practices, as well as the human factors associated with this complex environment that intensify positive outcomes.

It is necessary to recognize that moments of crisis act as potentiators of factors in this work environment, both positive and negative, directly influencing the results of the organization. Ensuring that these situations bring learning to professionals, institutions as well as users of the health system is the major objective for the organizations sustainability, in an ethical and safe way.

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