

<http://dx.doi.org/10.1590/0104-070720180004790015>

MORAL CONSTRUCTION OF UNDERGRADUATE NURSING STUDENTS TO PROMOTE CARE HUMANIZATION¹

Liziani Iturriet Avila², Rosemary Silva da Silveira³, Paula Pereira de Figueiredo⁴, Joel Rolim Mancia⁵, Naiane Glaciele da Costa Gonçalves⁶, Jamila Geri Tomaschewski Barlem⁷

¹ Article extracted from the Dissertation - Moral construction of undergraduate nursing students as an instrument for care humanization, presented to the Graduate Nursing Program (PPGenf) at *Universidade Federal do Rio Grande (FURG)* in 2015.

² Ph.D. in Nursing. School of professor, Nursing, FURG Rio Grande, Rio Grande do Sul, Brazil. E-mail: l.iturriet@yahoo.com.br

³ Ph.D. in Nursing. Professor, School of Nursing and PPGEnf / FURG. Rio Grande, Rio Grande do Sul, Brazil. E-mail: anacarol@mikrus.com.br

⁴ Ph.D. in Nursing. Professor, School of Nursing. FURG. Rio Grande, Rio Grande do Sul, Brazil. E-mail: paulapfigueiredo@yahoo.com.br

⁵ Ph.D. in Nursing. Professor, *Universidade do Vale do Rio dos Sinos (UNISINOS)*. Rio Grande, Rio Grande do Sul, Brazil. E-mail: joelmancia@uol.com.br

⁶ Master's student, PPGEnf/FURG. CAPES grantee. Rio Grande, Rio Grande do Sul, Brazil. E-mail: naianeglaciele@gmail.com

⁷ Ph.D. in Nursing. Professor at School of Nursing and PPGEnf/FURG. Rio Grande, Rio Grande do Sul, Brazil. E-mail: jamila_tomaschewski@hotmail.com

ABSTRACT

Objective: to reflect on how the moral construction of the undergraduate nursing student can promote the humanization of care.

Method: this is a theoretical reflection based on two different frameworks: Piaget and Kohlberg.

Results: the following are mentioned as possible consequences of this reflection: the recognition of the moral dimension of care; the need to consider the culture of the subjects involved in care; overcoming technicality in nursing, also considering the ethical dimension of care and, finally, the provision of instruments to teachers in order to enable them to address human morality as an exercise of citizenship at all academic times.

Conclusion: we believe that academic nursing education dedicated to the moral construction can help to prepare nurses who are capable of humanized care.

DESCRIPTORS: Nursing. Ethics. Moral development. Humanization of assistance. Education, Nursing.

CONSTRUÇÃO MORAL DO ESTUDANTE DE GRADUAÇÃO EM ENFERMAGEM COMO FOMENTO DA HUMANIZAÇÃO DO CUIDADO

RESUMO

Objetivo: refletir sobre como a construção moral do estudante de graduação em enfermagem pode fomentar a humanização do cuidado.

Método: trata-se de uma reflexão teórica pautada em duas diferentes correntes: piagetina e a kohlbergina.

Resultados: mencionam-se como possíveis encaminhamentos desta reflexão: o reconhecimento da dimensão moral do cuidado; a necessidade de considerar a cultura dos sujeitos envolvidos no cuidado; a superação do tecnicismo na enfermagem, contemplando-se também a dimensão ética do cuidado e, finalmente, a instrumentalização de docentes para que sejam habilitados a trabalhar a moralidade humana como um exercício de cidadania em todos os momentos acadêmicos.

Conclusão: acredita-se que a formação acadêmica em enfermagem dedicada à construção moral pode auxiliar na constituição de um enfermeiro capaz de cuidar de maneira humanizada.

DESCRIPTORIOS: Enfermagem. Ética. Desenvolvimento moral. Humanização da assistência. Educação em enfermagem.

DESARROLLO MORAL DEL ESTUDIANTE DE PREGRADO EN ENFERMERÍA PARA PROMOVER LA HUMANIZACIÓN DE LA ATENCIÓN

RESUMEN

Objetivo: reflexionar sobre cómo la construcción moral del estudiante de pregrado en enfermería puede promover la humanización de la atención.

Método: se trata de una reflexión teórica basada en dos corrientes diferentes: Piaget y Kohlberg.

Resultados: se mencionan como posibles referencias de esta reflexión: el reconocimiento de la dimensión moral de la atención; la necesidad de considerar la cultura de los sujetos involucrados en el proceso; la superación del tecnicismo en la enfermería, contemplándose también la dimensión ética de la atención y, finalmente, la instrumentalización a los profesores para que sean capaces de trabajar, a lo largo de los momentos académicos, la moralidad humana como un ejercicio de la ciudadanía.

Conclusión: se cree que la educación de enfermería académica dedicada a la construcción moral puede ayudar en la creación de un enfermero capaz de cuidar de manera humana.

DESCRIPTORES: Enfermería. Ética. Desarrollo moral. Humanización de la atención. Educación en enfermería.

INTRODUCTION

Humanization can be considered a principle of care, whose purpose is to organize the actions of health workers and build human values capable of rescuing the dignity of those who are being assisted. From an ethical point of view, humanization refers to "the critical reflection that each of us, health professionals, has the duty to accomplish, confronting institutional principles with our own values".^{1:255} Ethics can be an important instrument with regard to humanization as, through its principles, it is possible to understand what is considered good and fair in society, and what is right and wrong in the ways of caring.

In order to learn to take care in a humanized way, it is not enough to use techniques during undergraduate education. Instead, permanent self-construction and deconstruction are necessary. In this context, teachers need to be able to reinforce in the student moral values that contribute to reflection, awareness and (de)construction of the student's way of seeing/thinking regarding respect for human rights.¹ The proposal of the Ministry of Health through the National Humanization Policy (PNH), also known as HumanizaSUS, evidences that humanization does not refer to attitudes of benevolence or kindness, but represents respect for patients' rights and respect for ethical aspects.²

In order to do so, "we need to take care not to trivialize what the proposal of a Humanization Policy brings to the field of health", because "the initiatives are usually vague and associated with humanitarian, philanthropic, voluntary attitudes that reveal goodness, a 'favor', therefore, and not a right to health".^{2:6} It is known that humanizing is more than being kind, yet it is necessary to associate respect for human rights, proposed in the PNH, to human and moral values for humanized care to take

place because "in the moral aspect, humanization can evoke humanitarian values, such as respect, solidarity, compassion, empathy".^{1:255}

Thus, it is necessary that, since the academic formation, students be instigated to strengthen themselves morally, through theoretical, theoretical-practical and practical classes, in which the students are confronted with the professional reality and, thus, can perceive that most of the decisions in the nursing work routine entail moral implications. The students need preparation to resolve conflicts ethically, recognizing what is right and what is wrong, to provide the highest level of benefit to the patient, joining quality in care and humanization, besides being ethically competent.³⁻⁴

It is not enough simply to know what needs to be done technically if the students' attitudes are insensitive. It is necessary, therefore, to commit to care, because, in caring, the students (future health professionals) imprint their "personal marks on their actions, and these express values and feelings"^{5:312} that lead him to provide humanized care. Students need to have a sense of duty, with responsibility and commitment; to immerse themselves in a process of (de)construction to achieve ethical practice. Therefore, it is essential to confront moral values and ethical principles in order to underpin their morally compromised way of being.⁶

In a study concerning the contributions of ethical education to the moral competence of nursing students, it was evidenced that moral and ethical education should be based on actual clinical practice. Thus, moral construction in academic education can happen through the opportunity to articulate the technical knowledges to the moral competences, so that they can benefit the humanization of care. This search can be constructed by articulating theory and practice through the contextualization of the themes in the classroom, trying to simulate experiences so

that the students can put themselves in situations of decision-making.⁶

We believe that moral construction can be developed based on values and behaviors that are internalized in different contexts experienced and that moral commitment can take place based on the internalization of values and valuation attitudes in the education process of nursing students. Not only the educational environment, but also the people, country, region, city, religion, work, culture, way of life, way of talking, temperament, way of being and exercising freedom can constitute the base an individual's morality is constructed on.⁷

In this perspective, the nurses' education process cannot be thought without taking into account the ethical perspectives, which are the basis of nursing development. To that end, undergraduate education needs to value learning to learn through a critical and inclusive education, committed to humanized, responsible and ethical care.⁸ It is believed that when investing in the moral construction of nursing students, a more solidary and more humanized nursing can be established, based on the appropriation of scientific knowledge and the internalization of moral values to support professional practice.

Based on these statements, the objective was to reflect on how the moral construction of undergraduate students in nursing can foster the humanization of care. In order to reach this objective, firstly, through the conceptions of Piaget⁹ and Kohlberg,¹⁰ pioneering researchers in the area, the moral development and construction process is presented. Subsequently, the humanization of care and the moral formation of undergraduate students in nursing is reflected on and, to elucidate how undergraduate nursing education based on moral construction can humanize care, this theorization is finalized with clarifications about education as an element of moral (de)construction

A theoretical-philosophical reflection was carried out, which is based on in-depth theoretical formulations about a specific theme.¹¹ In this context, reflections are presented on how the moral construction of undergraduate students in nursing can foster the humanization of care.

The theoretical support for this reflection consists of two different currents of thought about moral development, namely: Piaget and Kohlberg. In addition, there are spaces in which morality can be addressed and/or constructed; reflections are presented on how the humanization of care can be influenced by the moral formation of undergraduate students in nursing and, finally, theoretical reflec-

tions are presented on education as an element of moral (de)construction.

MORAL DEVELOPMENT AND CONSTRUCTION PROCESS

Regarding studies on human morality, Piaget and Kohlberg are the pioneers in trying to understand how the process of moral development and construction takes place. The first author investigated the moral development of children, and the second conducted research with adolescents and adults. Thus, one may say that there are two streams of thought about moral development which are somehow complementary: Piaget's framework and Kohlberg's framework.¹²

Moral construction according to Piaget

Jean Piaget is considered a reference when it comes to the study of moral development, mainly because the authors raised developmental questions as a way to research on human morality, establishing stages for moral construction. It should be emphasized that Piaget brought an important contribution to philosophy, because he conducted investigations on how moral development occurs. His achievement was the application of something philosophical in the empirical field.

The importance of the author lies in his emphasis on the problems concerning the acquisition and transformation of moral reasoning in the child. It is emphasized that one of the researcher's postulates is that morality develops gradually in the child, when it adapts to the values and rules that are imposed by society and the culture it belongs to.¹⁴

In the work *The Moral Judgment of the Child*, the author defines morality as the relationship of obedience or disobedience established by individuals in relation to certain systems of rules and social norms. The child initially needs to be ordered to take action and, as some psychological conditions develop, the child becomes able to reason logically and to make moral decisions through his or her own critical sense. In this way, he becomes capable of making free and informed decisions, and can then be considered as a morally autonomous individual.⁹

To carry out his research on moral development, the scholar examines children in the context of children's games. Through the observation of play situations and interviews, the researcher finds the possibility of analyzing how the construction process of moral reasoning occurs, verifying how children behave in disputes with other children. These situa-

tions of conflict put people's values to the test; How do they act when they are losing? How do they act when they are winning? Are they able to compete honestly?

Piaget presents three successive stages of development for moral judgment, anomy, heteronomy and moral autonomy; in short, anomy characterizes children up to a year and a half old, who are still strongly self-centered and do not differentiate between what is right and what is wrong, being unable to follow social rules. At this stage, the strongest type of relationship they establish is that of affection for their parents. Heteronomy is characterized as the phase in which respect for rules beyond the child arises. Dictated in a coercive way, these rules are imposed by older people. The child does not follow rules because he feels it is important, but because he fears punishment. Moral autonomy is characterized as the phase in which the subject manages to gain critical sense, being able to choose his own ways without having to obey someone to carry out an action. The child by himself perceives attitudes that are considered correct or incorrect and is free to choose the way to be taken in an enlightened way.

In addition to describing how individuals' moral construction takes place in childhood, the author identified two distinct forms of morality that have repercussions for adult moral life. The first of these two processes is the morality that arises by imposition or by limitations imposed by adults, which leads to moral heteronomy and, as a consequence, often, the subject spends his adult life without being able to be autonomous in his moral decisions. The second form of morality is based on cooperation, giving rise to autonomous morality.¹²

From childhood, individuals are morally constructing themselves, seeking to act according to cultural standards and following social interaction rules. Moral construction does not only occur during childhood but also in adulthood, through ethical principles shared with family, friends and educational institutions.⁷ It should be noted that undergraduate nursing education seems to be a space that can favor moral construction with a focus on health-disease process and beyond, because this course provides several moments of ethical discussions, in which the student is invited to reflect on moral issues in caring for the ill.

Moral construction according to Kohlberg

In a sense similar to that of Piagetian research, Lawrence Kohlberg's studies with the Theory of Moral Development Levels emerge.¹⁰ The descrip-

tion of moral development proposed in this theory partially overlaps with Piaget's, but extends to adolescence and adult age. To explore reasoning on moral issues, the researcher used a series of hypothetical dilemmas he himself created to question the subjects of his studies. Participants should evaluate and position themselves in the face of such dilemmas, justifying their positions. Thus, the author concluded that there are three main levels of moral reasoning, each level being composed of two stages, namely preconventional, conventional and postconventional levels.

The preconventional level contains the first stage, which covers the heteronomous morality, and the second stage: the individualistic/instrumental morality. At this level, values and moral principles have not been internalized yet, considering a pre-moral stage, in which the individual presents a strong hedonism, in which individual satisfaction commands the actions of the person. Thus, the individual's actions are governed by obedience, arising from the fear of suffering punishment. Most children under the age of nine can be classified at this first level.

The conventional level, in turn, comprises the third stage, which marks the interpersonal normative morality, and the fourth stage, the morality of the social system. This is the internalization level of moral values, in which individuals obtain a greater understanding of their roles in society. Thus, the way of acting occurs by subordination of personal interests to the detriment of the laws established by society; at this level, the individual is capable of respecting the social order. Most adolescents and adults are at the conventional level.¹⁰

The postconventional level includes the fifth stage, with the morality of human rights, and the sixth stage, in which the morality of universal ethical principles is present. At this level, for the first time, questions are raised on what is legal and what is moral. The individual is able to acknowledge that laws can be unfair, setting off the perception of conflict between the spheres of law and justice. At the post-conventional level, the researcher sees only a small part of society. To be at that level, according to the theory, there is a minimum age of twenty years.¹⁰

Scholars who have studied the Theory of Moral Development Levels emphasize their structural characteristics, so that the stages reflect ways of reasoning morally; thus, any person can be classified at any of the established levels through his answers and justifications. The research results allowed Kohlberg to conclude that, despite possible differences in the age at which individuals

reach each stage, there exists a universal sequence of stages. What the moral reasoning is concerned, no differences among cultures, religions and beliefs were detected.¹²

After presenting studies that reveal how people's moral development and construction takes place, we can understand that both Piaget and Kohlberg conclude that there is a moral development process that enables human beings to be part of harmonious social interaction, assuming values that regulate their way of being and acting towards other people and their own life. That capacity makes the individual distinguish between what is right and what is wrong, develop critical sense towards injustice and, finally, make free and autonomous decisions, based on morally accepted conceptions.¹²⁻¹³

It should also be noted that moral construction occurs from the beginning to the end of life and that human beings' different experiences can bring it about. In nursing, "during professional educations, students who have reached different stages or even different levels of development of moral judgment, can progress to higher stages or levels",^{14,938} as long as teachers and students can discuss ethical and moral issues in theoretical disciplines and can experience care in a humanized way, reflecting on the moral dimension of nursing care.

REFLECTING ON THE HUMANIZATION OF CARE AND THE MORAL EDUCATION OF UNDERGRADUATE NURSING STUDENTS

In order to reflect on the nursing care theme, some central ideas are presented for the moral education of nursing students and the humanization of care. For the nursing student to take care in a humanized way, not only compliance with managerial, administrative and care actions, but students also need the possibility to link technical-scientific knowledge, competence and technical skill with the ability to promote favorable interpersonal relationships among themselves, with teachers, users, family members and other health workers.^{7,15}

The performance of procedures is part of the care process, but as important as the development of technical skills during undergraduate education is the possibility to recover the student's moral sensitivity.^{7,15} Studies show that moral competence needs to be considered important in the nursing education process, being a process that continues throughout the education program, cross-sectionally in undergraduate subjects, in which students gradually increase their confidence and their capacity to reflect

morally on specific situations. This type of reflection will lead the students to a better understanding of nursing practice.¹⁶

In order to contemplate the humanization of care, in 2003, the PNH or HumanizaSUS was launched, which "invests in the inclusion of workers, users and managers in the production and management of care and work processes".^{17,4} PNH considers that, if there is communication among these three axes (workers, managers and users), there will be a change for the better with regard to public health. According to the PNH, "humanizing is translated, then, as the inclusion of differences in management and care processes. These changes are not built by an isolated person or group, but in a collective and shared manner".^{17:4}

Although already consecrated, the PNH remains the subject of many questions, especially regarding nursing care, as the essence of the area refers to caring. The Ethics Code of Nursing Professionals expresses the need for its workers to exercise their profession with justice, commitment, equity, problem-solving ability, dignity, competence, responsibility, honesty and loyalty, highlighting the ethical dimension this theme implies.¹⁸

Although the idea seems obvious that the service to human beings is humanized by its very nature, however, it is known that, in practice, this may not be the case. Even more than a decade after the implementation of PNH, care humanization remains an issue for debate and seems to require new strategies to be truly effective. This may happen because discussing care arouses many questions about how nursing has been practicing clinical care. As the PNH has opened space to think about care, and the essence of nursing is characterized by care (and this in turn is not dissociated from humanization), one needs to think to think to what extent care needs to be more humanized.¹⁹

The PNH guidelines go beyond a simple set of rules to guide health practices, and can be understood as a guide of conduct for all workers with a health education background to pursue. A humanized behavior presupposes the adoption of professional behavior that can visualize human beings in their various spheres, valuing their beliefs, their culture, their religion and their moral values. In this sense, with the implementation of a new paradigm, changes in the health sector are expected, leaving behind what still persists: "a biomedical care model, with fragile relationships between users and health staff and the precariousness of access to services".^{20:307}

In nursing, as in the other health professions, there is a human component and a mechanical component, represented by the technical interventions related to care. The human component is represented by the fundamental values of nursing, such as “solidarity, the value of truth, morality, and utility”^{21:904} This component also includes attention, diligence, constant observation, ongoing preparation to cope with adverse situations and accountability, in order to reach the desired end, which is humanization.²¹ All of these adjectives culminate in the humanized attitude towards the users. According to the PNH, humanization is an ethical and political orientation to guide the coping with health problems, implying an ethical attitude “of users, managers and health workers who are committed and co-accountable”^{22:13} for care for the other, which presupposes “an affective and moral bond between both”.^{22:13}

EDUCATION AS AN ELEMENT OF MORAL (DE)CONSTRUCTION

Education should be an act constructed by subjects who teach and learn through the establishment of dialogic relationships. It does not only build knowledge but also builds the individual as a moral subject because, when “the nature of the human being is respected, the teaching of content cannot be alienated from the moral education of the learner”.^{23:16} Thus, it seems essential that the educator be attentive to the attempt to instill in the student a critical attitude towards life and reflexive about himself so that he may become, through moral education, an enlightened, autonomous and ethical person.

Moral education is understood as a “process by which values cease to be laws imposed by external agents and become internal guidelines legitimated by the person himself”.^{24:456} For this process to occur in this way, education should be liberating, thus providing autonomy to the subjects. The educator can ideally help the student to free himself from social conventions, authoritarianism, thoughtless obedience and self-indulgence. Therefore, education should stimulate the subject’s action for the construction of knowledge, providing criticality, reflection and legitimation of moral values.

Regarding education directly applied to nursing, it can be inferred that Paulo Freire presents in his assumptions concepts that can be considered important for the nursing students’ education, regarding their moral construction and the learning of care humanization, which are: dialogue, problema-

tization, freedom and awareness. Moreover, “the process by which a critical and reflexive attitude is achieved would be through a problematizing course; and any form of learning without freedom does not subsist”.^{25:634}

Dialogue, understood as “the way in which men find their meaning as men”^{26:8} is regarded as an existential necessity, which enables the human being to establish relationships. With regard to nursing, it is highlighted that, possibly, the dialogue can be a means to encourage learners to adopt practices compatible with the ideology of nursing care and not only with the institutional standards established in the place where they will work.

The problematization starts from concrete and actual situations of the daily life of students, which need to be questioned, reviewed, discussed and analyzed in an attempt to provoke new ways of thinking and acting. The main objective of this reflection should be the possibility for the students to transform themselves and the reality. Through the problematization, the educator can invite the students to reflect critically on their reality. This process requires freedom, an essential element for learning as, in order to learn, it is necessary to be able to create, to be able to propose how and what one should or wants to learn. Awareness, however, consists in the development of the critical and reflective sense, in the awareness raising that takes place within each individual, as the act of being aware should start in the subject himself. Nobody will do it for him.²⁶

When seeking an education based on dialogue, problematization, freedom and awareness, nursing may educate professionals who are able to care in a humanized way, because the act of caring requires the perception of the whole; the visualization of the being in a holistic, creative and creating view. Thus, establishing undergraduate education that prioritizes humanization can contribute for the future health professional to give care in a humanized way.²⁷

Therefore, formal education is considered ideal to assist in the internalization of moral values. In this sense, undergraduate nursing education is fertile ground for discussions about ethical dilemmas, which can help to consolidate the values and virtues that already exist in students, and also encourage the overcoming of their moral imperfections. Formal education obviously is not characterized as the only space in which the being is morally constructed, but the university seems to be a place for discussions about human morality to take place.⁸

In this perspective, it is emphasized that one of the attributions of the universities concerns the promotion of students' moral education. Thus, "education has a fundamental role in the preparation of the moral, critical and autonomous subject, giving new and transforming directions to the dialectical movement between the individual and the community".^{8:745} There are several ways of articulating technical knowledge with moral competences for the sake of care humanization: this search can be built through ethical discussions, proposed in the academic environment, articulating theory and practice through the contextualization of the themes in the classroom, trying to simulate experiences for the students to put themselves in decision-making situations, getting equipped to seek solutions to moral problems of the student decision-making occasions, instrumental in seeking solutions to moral problems from the daily real life of nursing.

Hence, to educate nurses who are capable of humanized care, it is insufficient to evidence only theoretical and technical aspects. Therefore, the critical perspective needs to be promoted for the student to gain autonomy to permanently (de)construct themselves, with a view to rescuing values such as accountability, solidarity and commitment to life. Thus, we consider that student education is fundamental to underpin aspects of human mortality, in the belief that, during ethical education, these elements can be addressed.

Nursing education does not only favor the construction of morality, but should also be based on the Ethics Code of Nursing Professionals for an assimilation process of moral values and standards of conduct towards the users and the community in general to take place. Codes of ethics are indisputably relevant and committed to the ethical principles of a profession. During the education process, the student should be guided to commit to ethical practices. In addition, the awareness should be raised that nurses need to be able to work to solve moral conflicts.²⁸

After these considerations, it should be emphasized that the moral education of nursing students should be initiated, whenever possible, at the beginning of the course, with general notions of ethics, exploring principles and fundamentals of ethical theories, as well as ethical problems and dilemmas. Specifically, the ethical principles of nursing should be discussed that are necessary for the decision-making process, among others. In addition, students themselves need to participate and experience simulations of ethical and moral problems as, as has already been shown, it is not

enough to receive guidelines passively. Instead, the students need to constitute themselves as active subjects in the process of moral education and self-construction.²⁹

Thus, during academic education, students need help to recognize the affective and moral dimension of care and to guide them to determine some individual and moral limitations, as professional training is not restricted to technical ability and theoretical knowledge, but requires the construction of reference paths, promoting change.¹

CONCLUSION

This study permitted reflections on how the moral construction of undergraduate students in nursing can foster the humanization of care. The discussion revealed that academic education in nursing dedicated to the moral construction can help in the constitution of a nurse capable of caring in a humanized way. The following are mentioned as possible further steps of this reflection: the recognition of the moral dimension of care; the need to consider the culture of the subjects involved in care; overcoming technicality in nursing, also considering the ethical dimension of care and, finally, the provision of instruments to teachers in order to enable them to address human morality as an exercise of citizenship at all academic times.

It seems to be relevant that teachers commit to a part of the construction and internalization of nursing students' moral values, recognizing that the study environment is a place where care perspectives are built, through the strengthening of human values and the look committed to high-quality care, favoring nursing in the provision of humanized care.

It should be noted that the act of caring demands attention to the whole, to the integrality of the being. During nursing education, it is necessary to value education based on dialogue, in the problematization of ideas and in the development of the students' morality, so that they learn to prioritize, to make decisions, to put themselves in the place of the other and, thus, to be able to care humanely.

This article highlighted the need to think about aspects related to the ethical competence and moral construction of nursing students, which is in line with similar conclusions discussed in the Brazilian and international literature in the area. Thus, after all that has been presented, it is emphasized that, since academic education, students need to be instigated to get morally equipped, simulating the experience

of the professional reality, through theoretical, theoretical-practical and practical classes, with a view to gaining strength to solve daily conflicts in their professional work ethically.

This reflection was not intended to exhaust the proposed subject, nor to establish truths, but to provoke discussions that could underpin some changes of thought regarding nursing education, moral construction and humanization.

REFERENCES

- Rios IC. Caminhos da humanização na saúde: prática e reflexão. São Paulo: Áurea Editora; 2009.
- Ministério da Saúde (BR). Política Nacional de Humanização. Relatório Final da Oficina HumanizaSUS [Internet]. Brasília (DF): Ministério da Saúde; 2004 [cited 2015 Jun 06]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/oficina_nac_humanizaSus.pdf
- Solum EM, Maluwa VM, Severinsson E. Ethical problems in practice as experienced by Malawian student nurses. *Nurs Ethics*. 2012; 19: 128-38.
- Rosser M, Mooney GP, Jasper M. Professional development, reflection and decision-making in nursing and healthcare [Internet]. 2nd ed. Chichester: Wiley-Blackwell; 2013 [cited 2015 Dez 22]. Available from: http://samples.sainsburysebooks.co.uk/9781118303269_sample_406928.pdf
- Silva FD, Chernicharo IM, Ferreira MA. Humanização e desumanização: a dialética expressa no discurso de docentes de Enfermagem sobre o cuidado. *Anna Nery*. 2011; 15(2):306-13.
- Cannaerts N, Gastmans C, Casterlé BD. Contribution of ethics education to the ethical competence of nursing students: educators' and students' perceptions. *Nurs Ethics* 2014; 21: 861-78.
- Silveira RS, Martins CR, Lunardi VL, Vargas MAO, Lunardi-Filho WD, Avila LI. A dimensão moral do cuidado em terapia intensiva. *Ciênc Cuidado Saúde*. 2014; 13(2):327-34.
- Goergen PL. Educação moral hoje - cenários, perspectivas e perplexidades. *Educaç Sociedade* [Internet]. 2007 [cited 2015 Maio 20]; 28(1):737-62. Available from: <http://www.scielo.br/pdf/es/v28n100/a0628100.pdf>
- Piaget J. O Juízo Moral na Criança. São Paulo: Summus; 1994 (original 1932).
- Kohlberg L. Essays on moral development. v. 2. The psychology of moral development. San Francisco (US): Harper and Row; 1984.
- Pope C, Mays N, organizadores. Pesquisa qualitativa na atenção à saúde. Porto Alegre (RS): Artmed; 2009.
- Biaggio AMB, Lawrence Kohlberg: ética e educação moral. 2. ed. São Paulo (SP): Moderna. 2009
- Sampaio LR. A Psicologia e a educação moral. *Psicol Ciênc Profissão*. 2007; 27(4):584-95.
- Burgatti JC, Bracialli LAD, Oliveira MAC. Ethical problems experienced in a supervised curricular internship in nursing in an integrated curriculum. *Rev Esc Enferm USP* [Internet]. 2013 [cited 2015 Dez 20]; 47(4):937-42. Available from: http://www.scielo.br/pdf/reeusp/v47n4/en_0080-6234-reeusp-47-4-0937.pdf
- Ramos FRS, Brehmer LCF, Vargas MAO, Schneider DG, Drago LC. Ethics constructed through the process of nurse training: conceptions, spaces and strategies. *Rev Latino-am Enfermagem* [Internet]. 2013 [cited 2015 Dez 15]; 21 (spe): 13-21. Available from: <http://www.scielo.br/pdf/rlae/v21nspe/15.pdf>
- Solum EM, Maluwa VM, Tveit B, Severinsson E. Enhancing students' moral competence in practice: Challenges experienced by Malawian nurse teachers. *Nurs Ethics*. 2015; 16(spe):1-13.
- Ministério da Saúde (BR). Política Nacional de Humanização - PNH. Brasília: Ministério da Saúde; 2013.
- Brasil. Lei nº 7.498, de 25 de junho de 1986: dispõe sobre a Regulamentação do Exercício Profissional da Enfermagem, 1986.
- Mongiovi VG, Anjos RCCBL, Soares SBH, Lago-Falcão TM. Reflexões conceituais sobre humanização da saúde: concepção de enfermeiros de Unidades de Terapia Intensiva. *Rev Bras Enferm*. 2014; 67(2):306-11.
- Cotta RMM, Reis RS, Campos AAO, Gomes AP, Antonio VE, Siqueira-Batista R. Debates atuais em humanização e saúde: quem somos nós? *Cienc Saúde Coletiva*. 2013; 18(1):171-9.
- Guimarães GL, Chianca TCM, Mendoza IYQ, Goveia VR, Matos SS, Viana LO. The core values of modern nursing in the light of Dilthey and Scheler. *Texto Contexto Enferm* [Internet]. 2015 [cited 2015 Dez 15]; 24(3): 898-905. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072015000300898&lng=en&nrm=iso&tlng=en
- Ministério da Saúde (BR). Política Nacional de Humanização da Atenção e da Gestão do SUS - material de apoio. Brasília (DF): Ministério da Saúde; 2006 [cited 2015 Jun 10]. Available from: <http://www.saude.sc.gov.br/hijg/gth/Cartilha%20da%20PNH.pdf>
- Freire P. Pedagogia da autonomia: saberes necessários à prática educativa. 43. ed., São Paulo (SP): Paz e Terra, 2011.
- Müller A, Alencar HM. Educação moral: o aprender e o ensinar sobre justiça na escola. *Educ Pesquisa*, 2012; 38(2):453-68.
- Miranda KCL, Barroso MGT. A contribuição de Paulo Freire à prática e à educação crítica em enfermagem. *Rev Latino-am Enfermagem*. 2004; 12(4):631-5.

26. Freire P. *Conscientização, teoria e prática da libertação: uma introdução ao pensamento de Paulo Freire*. São Paulo: Centauro, 2005.
27. Chagas NR, Ramos IC, Silva LF, Monteiro ARM, Fialho AVM. *Cuidado crítico y creativo: contribuciones de la educación de Paulo Freire para la enfermería*. *Cienc Enferma*. 2009, 2(1):35-40.
28. Rosenkoetter MM, Milstead JA. A code of ethics for nurse educators: revised. *Nursing Ethics* [Internet]. 2010 [cited 2015 Jun 17]; 17(1):137-9.. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20089635>
29. Kloh D, Lima MM, Reibnitz K.S. Ethical and social commitment in the teaching plan of nursing education. *Texto Contexto Enferm* [Internet]. 2014 [cited 2015 Dez 23]; 23(2):484-91. Available from: <http://www.scielo.br/pdf/tce/v23n2/0104-0707-tce-23-02-00484.pdf>

Correspondência: Liziani Iturrie Avila
Universidade Federal do Rio Grande
Rua General Osório - Campus Saúde
96201-900 - Rio Grande, RS, Brasil
E-mail:l.iturriet@yahoo.com.br

Received: September 08, 2015
Approved: May 24, 2016
This is an Open Access article distributed under the terms of
the Creative Commons (CC BY).