

# Ethical Dialogues in Primary Care: The Nursing Perspective on Workplace Relationships

Diálogos Éticos na Atenção Primária: A Perspectiva da Enfermagem Sobre as Relações no Trabalho  
Diálogos Éticos en la Atención Primaria: La Perspectiva de la Enfermería Sobre las Relaciones en el Trabajo

## RESUMO

**Objetivo:** Analisar as percepções dos profissionais de enfermagem sobre os desafios éticos e as relações interpessoais no contexto da atenção primária a saúde. **Método:** Trata-se de uma pesquisa qualitativa, de natureza exploratório-descritiva, realizada com profissionais de enfermagem da atenção primária a saúde. A coleta de dados foi feita por meio de entrevistas semiestruturadas, gravadas e transcritas, com posterior análise pelo método da Análise Textual Discursiva. A amostragem ocorreu via técnica de bola de neve, respeitando critérios éticos estabelecidos pela Resolução nº 466/12. **Resultados:** Os achados evidenciaram um cenário marcado pela desvalorização profissional, fragilidade das relações interpessoais, ausência de lideranças participativas, sobrecarga de trabalho e inércia institucional frente aos dilemas éticos. **Conclusão:** Constatou-se que a valorização profissional, o fortalecimento das lideranças éticas e a promoção de espaços de diálogo são fundamentais para o desenvolvimento de relações saudáveis e éticas no ambiente de trabalho.

**DESCRIPTORES:** Ética; Enfermagem; Atenção Primária; Relacionamento Interpessoal.

## ABSTRACT

**Objective:** To analyze nursing professionals' perceptions of ethical challenges and interpersonal relationships in the context of primary health care. **Method:** This is a qualitative, exploratory-descriptive study conducted with primary health care nursing professionals. Data were collected through semi-structured interviews, which were recorded and transcribed, and subsequently analyzed using the Discursive Textual Analysis method. Sampling was performed using the snowball technique, in accordance with the ethical criteria established by Resolution No. 466/12. **Results:** The findings revealed a scenario marked by professional devaluation, fragile interpersonal relationships, a lack of participatory leadership, work overload, and institutional inertia in the face of ethical dilemmas. **Conclusion:** It was found that professional appreciation, the strengthening of ethical leadership, and the promotion of spaces for dialogue are fundamental for the development of healthy and ethical relationships in the workplace.

**DESCRIPTORS:** Ethics; Nursing; Primary Care; Interpersonal Relationships.

## RESUMEN

**Objetivo:** Analizar las percepciones de los profesionales de enfermería sobre los retos éticos y las relaciones interpersonales en el contexto de la atención primaria de salud. **Método:** Se trata de una investigación cualitativa, de naturaleza exploratoria-descriptiva, realizada con profesionales de enfermería de la atención primaria de salud. La recopilación de datos se realizó mediante entrevistas semiestructuradas, grabadas y transcritas, con posterior análisis mediante el método de Análisis Textual Discursivo. El muestreo se realizó mediante la técnica de bola de nieve, respetando los criterios éticos establecidos por la Resolución n.º 466/12. **Resultados:** Los hallazgos pusieron de manifiesto un escenario marcado por la desvalorización profesional, la fragilidad de las relaciones interpersonales, la ausencia de liderazgo participativo, la sobrecarga de trabajo y la inercia institucional ante los dilemas éticos. **Conclusión:** Se constató que la valoración profesional, el fortalecimiento del liderazgo ético y la promoción de espacios de diálogo son fundamentales para el desarrollo de relaciones saludables y éticas en el entorno laboral.

**DESCRIPTORES:** Ética; Enfermería; Atención primaria; Relaciones interpersonales.

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## INTRODUCTION

Interpersonal relationships in the workplace are an essential factor in building cohesive and effective teams, especially in the health sector. In the context of nursing, such relationships directly impact communication, cooperation, and the quality of care provided. Interaction between professionals contributes to the improvement of mana-

gerial skills and relational competence, being an important indicator of organizational maturity <sup>[1]</sup>.

Teamwork is one of the pillars for ensuring safe and effective care. When strengthened by efficient communication, mutual respect, and appreciation of individual contributions, it enables an environment conducive to sharing knowledge, experiences, and skills <sup>[2]</sup>. In this sense, an institutional culture that favors healthy interpersonal relationships can promote better care outcomes, especially in Primary Health Care (PHC), where interdisciplinary work is constant.

Understanding the institutional objectives and mission, combined with good coexistence and cooperation among professionals, are elements identified as facilitators for strengthening teamwork <sup>[3]</sup>. However, challenges related to interpersonal communication are still recurrent. The absence of communication or its ineffectiveness can generate negative impacts, such as conflicts, verbal hostility, use of offensive language, and aggressive behaviors, as identified in studies <sup>[4-5]</sup>.

Assertive communication therefore emerges as a strategic tool in conflict management and failure prevention, as it allows for the clear and respectful expression of ideas and feelings <sup>[6]</sup>. Effective leadership also plays a key role in this process by encouraging positive communication practices among team members <sup>[1]</sup>.

Alongside communication challenges, ethical dilemmas faced in nursing practice require sensitivity, reflection, and institutional support. Situations that violate ethical principles, compromise professional conduct, or cause harm to healthcare system users represent obstacles to quality care <sup>[7-8]</sup>. Although many of these situations are not easy to resolve, building a positive ethical environment can strengthen the team in the face of these dilem-

mas.

The ethical sensitivity of the team, combined with open communication and institutional support, can motivate the development of strategies to face or mitigate everyday challenges <sup>[7-9]</sup>. Thus, fostering an environment based on respect, ethics, and good interpersonal relationships is essential to strengthen teamwork dynamics in PHC and, consequently, improve clinical and organizational outcomes.

Given this, the research question is: What are the nursing team's perceptions of interpersonal relationships and ethical challenges in the PHC workplace? The objective was to analyze the nursing team's perceptions of interpersonal relationships and ethical challenges in the PHC workplace

## METHOD

This is a qualitative study that aims to explore the object of study through the content of data collected from participants, describing facts associated with the theme <sup>[10]</sup>, following the guidelines of the Consolidated criteria for reporting qualitative research (COREQ).

The field of study was Primary Health Care (PHC) located in the Midwest region of Brazil.

A total of 211 nursing professionals working in Primary Health Care (PHC) participated in the study, including 83 nurses and 128 nursing technicians. Of these, 11 responded to the qualitative questionnaire, comprising the in-depth analysis group.

Nurses and nursing technicians with at least one month of experience in health services were included. Professionals who withdrew from participation during the research data collection were excluded.

Data collection began after approval by the Research Ethics Committee (REC). The qualitative stage was conducted using a snowball sampling

method, in which the first participant was randomly selected and then nominated the next participant, and so on. The interviews were completed upon data saturation and were conducted in person, individually, in a private room.

Nursing professionals were invited to participate in face-to-face interviews that were scheduled in advance according to the professionals' availability. A Free and Informed Consent Form (FICF) was signed, containing the objectives, risks, and benefits of the study. The semi-structured interviews were recorded and then transcribed in a text editor, Word. To preserve the identities of the participants, the nurses were given the pseudonyms Nurse 1, Nurse 2, Nurse 3, and the nursing technicians TE 1, TE 2, and so on, according to the chronological order of the interviews.

A guide covering questions about the context and professional routine was used to conduct the semi-structured interview. The semi-structured interview follows a predefined script containing open and closed questions, facilitating the approach to the participant <sup>[11]</sup>.

The rules and guidelines that regulate research with human beings established by Resolution No. 466/12 <sup>[12]</sup> were followed, approved by the Research Ethics Committee (CEP) under opinion No. 6,573,385 of the University of Rio Verde. A Data Confidentiality Agreement and an Informed Consent Form (ICF) were signed, containing the objectives, risks, and benefits of the study. The ICF was signed by the principal investigator. This ensured the right to privacy and the right to withdraw from the study at any time, with no public exposure of any person or their information at any time during the study. The data was kept confidential and was archived and stored by the researcher on an external hard drive, deleted from the

cloud, and will be stored for a period of 5 years in accordance with the confidentiality agreement.

Regarding the risks of the research, there was a possibility that participants would feel some discomfort in recalling difficult dilemmas experienced in their work environment. In such cases, the completion of the instrument could be interrupted and resumed at another time, when the professional felt more comfortable with the situation, or terminated definitively.

As for the benefits of the research, it contributed to the construction of knowledge in nursing, in addition to providing reflections to workers about conflictive situations, problematizing how these phenomena can influence their health and job satisfaction.

Discursive Textual Analysis (DTA) made it possible to understand the feasibility and discourses of the participants, mediating the production of meanings. The analysis shifted from the empirical to theoretical abstraction, which could only be achieved when the researcher undertook an intense process of interpretation and argumentation. This entire process produced analytical meta-texts, which comprised the interpretive texts<sup>[10]</sup>.

## RESULTS

Eleven nursing professionals participated in the study, of whom 36% (n=4) were nurses and 64% (n=7) were nursing technicians, of whom 82% (n=9) were female and 18% (n=2) were male.

The results showed that professional devaluation is a recurring complaint among nursing workers, reflected in feelings of invisibility, frustration, and demotivation.

Many reported not feeling recognized by institutional management or society, which compromises their emotional well-being and motivation to remain in the profession. The

lack of appreciation for the practical knowledge of nursing technicians reinforces this perception of exclusion and hierarchy, as illustrated in the report:

*"Nursing technicians are the ones on the front line, who see everything, but no one listens to us." (E7)*

Another aspect identified refers to the fragility of interpersonal relationships, characterized by communication failures, internal conflicts, individualism, and lack of cooperation among colleagues. This scenario, coupled with the scarcity of active leadership, compromises the organizational climate and the quality of care. In addition, the lack of empathy and tolerance among professionals accentuates isolation and weakens mutual support:

*"You can't make mistakes, but you also can't say you're tired." (E2)*

Work overload and organizational factors also emerged as critical elements. High demand, a shortage of professionals, and the unequal division of tasks generate stress, injustice, and physical and emotional exhaustion, as expressed in the following statement:

*"The technician is overloaded because there is a shortage of nurses, a shortage of doctors..." (E3)*

The lack of adequate human resources exacerbates tensions and limits the creation of a collaborative environment. In the ethical field, participants reported situations in which it was necessary to intervene in the face of inappropriate conduct to ensure patient safety. However, the inertia of management in the face of these situations was highlighted, marked by a lack of channels for listening and

responding to the team's demands, which reinforces feelings of devaluation and powerlessness.

*"I have witnessed situations in which I had to intervene due to the wrongful actions of colleagues, thinking about patient safety. But management does not take action, it seems that everything remains the same." (E5)*

Finally, there was a perception of a hostile organizational climate, permeated by favoritism, persecution, and unequal treatment. The lack of participation by nursing technicians in decision-making processes accentuates the feeling of exclusion and demotivation, creating barriers to teamwork and directly impacting the quality of care.

This scenario has led some professionals to rethink their permanence in the field, showing signs of exhaustion and a desire to abandon the profession:

*"There are days when we think about throwing it all away." (E11)*

To summarize the findings of this research, a conceptual model was developed that illustrates the main analytical categories identified (Figure 1). The diagram positions Professional Devaluation as the central phenomenon, directly influenced by four interrelated dimensions: the Fragility of Interpersonal Relationships; Overload and Resource Deficit; Institutional Inertia and Ethical Dilemmas; and a Hostile Organizational Climate. These four pillars represent the main factors that, according to the data analyzed, constitute and reinforce the perception of devaluation in the workplace studied.

Figure 1. Emerging analytical categories on the experience of nursing professionals in Primary Health Care.



Source: Brazil, 2025.

## DISCUSSION

The professional devaluation expressed by the participants is not only a recurring complaint, but also

a structural phenomenon that weakens the identity and self-esteem of the nursing team. The lack of social and institutional recognition and the lack of healthy interpersonal relationships compromise engagement and

motivation, which are fundamental aspects for the quality of care and permanence in the profession. These findings corroborate studies that point out that the absence of appreciation increases emotional vulnerability and

the risk of burnout and career abandonment<sup>[13-14]</sup>.

The hierarchy between nurses and technicians, evident in the reports, reflects a segmentation that hinders integration and restricts the sharing of knowledge, devaluing the empirical knowledge and daily experiences of professionals. Such a hierarchical structure reinforces vertical practices and reduces the potential for cooperation among team members. According to Galon (2022)<sup>[15]</sup>, it is necessary to rethink organizational cultures in healthcare, encouraging horizontal management models that promote collective appreciation, shared responsibility, and effective communication.

The scarcity of active and empathetic leaders aggravates the situation. The literature shows that transformational leadership, based on listening, dialogue, and empathy, is fundamental to creating a healthy and collaborative organizational climate<sup>[16]</sup>. In the absence of such leadership, authoritarian and uninclusive relationships predominate, reducing the sense of belonging and hindering the construction of ethical practices sustained by trust and mutual respect.

Another relevant finding refers to low tolerance for error and the expression of fatigue, aspects that reinforce patterns of excessive demands and compromise the mental health of professionals. This context not only favors psychological distress, but also undermines ethical practice, since the fear of making mistakes inhibits transparent communication and collective learning<sup>[17]</sup>. Work overload and organizational factors emerge as elements that, in addition to physically and emotionally wearing down the team, compromise patient safety.

The perception of injustice in the division of tasks and the shortage of human resources constitute ethical barriers to nursing practice, contrary

to the principles of equity and distributive justice. These findings corroborate evidence that poor working conditions are directly associated with occupational stress and compromised quality of care<sup>[18-19]</sup>.

From an ethical perspective, management inertia in the face of inappropriate conduct and the absence of effective channels for listening and feedback reveal flaws in ethical governance and institutional culture of responsibility. This scenario exacerbates moral dilemmas and contributes to the weakening of collective trust, compromising both patient safety and the moral integrity of the team<sup>[20]</sup>.

The ethics of care presupposes relationships of reciprocity, empathy, and shared responsibility as values that become unfeasible in contexts marked by institutional omission and the absence of dialogue<sup>[21]</sup>.

The hostile organizational climate identified in PHC, permeated by interpersonal conflicts, favoritism, and exclusion, creates a toxic environment that compromises the motivation, performance, and well-being of workers. These factors reduce team cohesion and limit the participation of nursing technicians in decision-making processes, reflecting a deficit of organizational democracy<sup>[22-23]</sup>. The desire to leave the profession, present in some reports, reveals not only exhaustion and emotional overload, but also the lack of prospects for recognition and growth within the public health service.

Given this, it is essential that health institutions invest in strategies that promote justice, equity, and democratic participation. Policies aimed at professional development, strengthening transformational leadership, and creating spaces for listening and ethical acceptance can contribute significantly to building healthier and more sustainable work environments. Such measures are essential to

strengthen the professional identity of nursing and ensure ethical, humanized, and quality practice in PHC<sup>[21]</sup>

## CONCLUSION

The study allowed us to analyze the nursing team's perceptions of interpersonal relationships and ethical challenges experienced in the Primary Health Care (PHC) work environment. The findings revealed a scenario marked by professional devaluation, internal hierarchy, communication failures, and a lack of participatory leadership, factors that compromise engagement, motivation, and the quality of care provided.

Given this context, there is a clear need to strengthen institutional policies aimed at valuing the nursing team, developing transformational leadership, and promoting spaces for dialogue, listening, and shared responsibility. Such actions are essential to consolidate an organizational culture based on the ethics of care, mutual respect, and justice.

It can be concluded that investing in healthy and participatory work environments not only enhances professional satisfaction and performance but also has a positive impact on the quality of care provided to the population, reinforcing the strategic role of nursing in PHC. It is suggested that future research expand this analysis, incorporating different regional realities and methodological approaches, in order to deepen the understanding of the relationships between ethics, working conditions, and nursing care practices.

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