

NURSE MANAGERS' MORAL SUFFERING IN A UNIVERSITY HOSPITAL

Sofrimento moral de enfermeiros gerentes em um hospital universitário

Sufrimiento moral en enfermeros gerentes de un hospital universitario

Laila Crespo Drago¹, Flávia Regina Souza Ramos², Laura Cavalcanti de Farias Brehmer³, Luciana Ramos Silveira⁴, Maria José Menezes Brito⁵

How to cite this article:

Drago LC, Ramos FRS, Brehmer LCF, Silveira LR, Brito MJM. Nurse managers' moral suffering in a university hospital. 2020 jan/dez; 12:1074-1080. DOI: <http://dx.doi.org/0.9789/2175-5361.rpcfo.v12.7776>.

ABSTRACT

Objective: Describe generating situations and elements involved in moral distress process in nurse managers experience of a public hospital in southern Brazil. **Method:** Descriptive and exploratory study, nature of qualitative approach, conducted from march 2014 to september 2014 and whose information was collected through semi-structured interview. There was a participation of 17 nurses managers. Data were organized in the software Atlas.Ti[®] and analyzed according to the technique of discursive and textual analysis. **Results:** Three categories emerged: Organization and working conditions, People management, and Being the Manager. **Conclusions:** It was found that the managers experience moral distress arise from conflicting situations related to working conditions, insubordinate professionals, lacking of autonomy, psychological harassment and the multiple faces of the managerial function. Accordingly, it was sought to contribute to the health area, in the aspects of morally sensing the professionals for the activities they perform and regarding moral distress.

Descriptors: Stress psychological; Ethics nursing; Chief executive officers, Hospital.

RESUMO

Objetivo: Descrever situações geradoras e elementos envolvidos no processo de sofrimento moral na experiência de enfermeiros gerentes de um hospital público do sul do Brasil. **Método:** Estudo descritivo e exploratório de abordagem qualitativa, realizado durante o período de março a setembro de 2014 cujas informações foram coletadas mediante entrevista semiestruturada. Participaram da pesquisa 17 enfermeiros gerentes. Os dados foram organizados no *software* Atlas.Ti[®] e analisados segundo a técnica de análise textual discursiva. **Resultados:** Emergiram três categorias: Organização e Condições de trabalho, Gestão de Pessoas e O Ser Gerente. **Conclusão:** Constatou-se que os gerentes vivenciam o sofrimento moral decorrente de situações conflituosas relacionadas às condições de trabalho, profissionais insubordinados, falta de autonomia, assédio moral e as múltiplas faces da função gerencial. Assim, buscou-se contribuir para área da

1 Nursing Graduate, MSc in Nursing.

2 Nursing Graduate, PhD in Health and Nursing Philosophy, Professor of the Nursing Postgraduate Program at *Universidade Federal de Santa Catarina (UFSC)*.

3 Nursing Graduate, PhD in Nursing, Professor of the Nursing Department at *UFSC*.

4 Nursing Graduate, PhD in Nursing, Professor at *Instituto Federal de Santa Catarina (IFSC)*.

5 Nursing Graduate, PhD in Administration, Professor of the Nursing Postgraduate Program at *Universidade Federal de Minas Gerais (UFMG)*.

saúde, nos aspectos de sensibilizar moralmente os profissionais para as atividades que desempenham e no tocante ao sofrimento moral.

Descritores: Estresse psicológico; Ética em enfermagem; Gerentes hospitalares.

RESUMÉN

Objetivo: Describir la generación de situaciones y elementos relacionados con el proceso de sufrimiento moral en enfermeros gerentes de un hospital público en el sur de Brasil. **Método:** Estudio descriptivo y exploratorio de enfoque cualitativo, realizado durante el período de marzo a septiembre de 2014 y cuyas informaciones fueron obtenidas por medio de entrevista semiestructurada. Participaron de la investigación 17 enfermeros gerentes. Los datos fueron organizados en el software Atlas.Ti® y analizados de acuerdo con el método de análisis textual discursiva. **Resultados:** Se desarrollarán tres categorías: Organización y Condiciones de trabajo, Gestión de personas, y el Ser Gerente. **Conclusión:** Se concluyó que los gerentes experimentan el sufrimiento moral resultante de situaciones conflictivas relacionadas con las condiciones de trabajo, profesionales insubordinados, falta de autonomía, acoso moral y las múltiples facetas de la función gerencial. Así, se buscó contribuir al área de la salud, en los aspectos de sensibilizar moralmente a los profesionales para las actividades que desempeñan y en lo tocante al sufrimiento moral.

Descriptor: Estrés psicológico; Ética en enfermería; Directores de hospitales.

INTRODUCTION

The contemporary world has been undergoing several transformations driven by new forms of economic organization that, together with technological development, has had an impact on several sectors, including the health one.

Despite the advances, it appears that nurse managers have a daily routine marked by ethical problems that impact the search to adapt the workforce to the new requirements of the production system.^{1,2}

Managerial work is of paramount importance and involves the challenges of daily practice in hospital services because of ethical, technical, organizational problems, among others.

This study sought to address the problems of managers that impact on experiences of Moral Distress (MD). Since, the emergence of suffering is revealed when nurses are confronted with problems that violate their moral values, generating obstacles to perform the action defined as ethically appropriate, which may cause painful feelings and/or psychological imbalances.³ In critical cases, it can lead them to abandon the profession.⁴

The phenomenon has been identified as one of the main problems in the nursing profession. Among the three different categories, it was identified that nurses had the highest perception of MD, followed by nursing assistants and nurse technicians.⁴

Studies point out that nurses can experience discomfort, pain, and anguish in their work practices and are not aware of these feelings or their triggering factors. In general, when symptoms are not carefully analyzed and nothing is done to understand and resolve them, they can lead to MD.^{5,4}

The MD has already been studied in the international literature, instruments have been developed that seek to quantify the suffering of nurses, the Corley Moral Distress Scale was a pioneer and resulted in adaptations for different contexts. In Brazilian literature, Corley's instrument was validated and, subsequently, adapted in 2012 and 2014⁶, however, the theme has been strongly addressed in the nursing care sphere⁷, there is little scientific dissemination on the nursing management theme.

The specificities of the manager's work involve administrative activities, materials, and human resources management, conflict management, being a fertile field for the development of investigative actions, among them the MD theme.⁸

Bearing the aforementioned in mind, this study meant to describe both generating situations and elements involved in the moral distress process according to nurse managers of a public hospital from the Southern region of Brazil.

METHODS

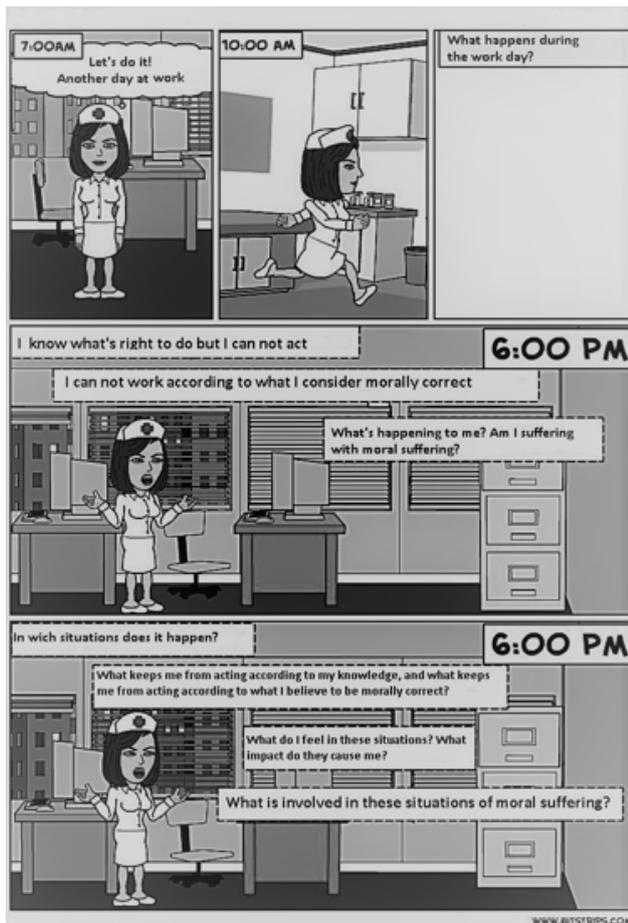
It is a descriptive-exploratory study with a qualitative approach. The research scenario was a University Hospital from the Southern region of Brazil.

The study sampling was for convenience, seeking to reach all possible participants. A total of 23 nurses were invited who at that time held leadership positions in the hospital, of these, 17 remained as participants. The research inclusion criteria were as follows: being in the management position for at least three months; not being on vacation, sick leave, maternity leave, or away for any other reason, in addition to not having recently returned (less than a month) from any type of extended leave.

Data collection took place from March to September 2014. The process of data collection took place in four main stages: 1st stage: There was a first contact at the participants' workplace to present the project and invite them to participate in the study; 2nd stage: Data collection took place through semi-structured interviews, which were pre-scheduled according to availability of date and location. The instrument contained a definition of MD, to provide guidance about the research objective. The questions addressed the following issues: management; moral distress; ethical barriers: institutional, professional, and personal; decision-making process and moral deliberation; 3rd stage: The interviews were recorded in audio and manually transcribed to a Word document; 4th stage: Subsequently, the participants were contacted to validate the content of their interviews.

In the data collection process, the study also used the comic book technique. The technique is an innovative methodological possibility of collecting data in qualitative research in the health area, which consists of a playful strategy in which the subjects can freely express their representations on a given theme¹¹, shown in **Figure 1**.

Figure 1 - Comic book illustrating an episode of moral distress, Brazil, 2014.



To better structure the data, software (Atlas.Ti[®]) version 7.0 was used. Concerning the analysis approach adopted, the discursive textual was chosen, which involves three stages: The deconstruction of texts from the corpus; the creation of a link between the unitary elements; and the categorization of data, which resulted in three categories: Organization and Working Conditions; People Management, and Being a Manager.

The project was approved by the Research Ethics Committee of the *Universidade Federal de Santa Catarina (UFSC)*, under the Legal Opinion No. 550,577. Due to the confidentiality and secrecy of the information, anonymity and secrecy were guaranteed to the participants. For each of them, a code was adopted: E1 until E17.

RESULTS

Organization and Working Conditions

Here, the sources of MD are related to elements such as the nursing workload, forms of remuneration, duties of technicians and assistants and limitation of human and material resources.

Data showed that, over the years, the institution studied made an internal agreement in which the nursing team started

to work 30 hours a week instead of 40 hours. Nurses report suffering morally from working 30 hours and not following what was established in their employment contract, due to the lack of regulation at 30 hours and the damage to the nursing community.

[...] we work 30 hours and our contract is for 40 hours. [...] Of course we are looking for our right, but someone is being harmed by this. And it's the nursing community [...]. (E12)

[...] throughout the institution's history, we have been building agreements [...] that you think are fair, but that are not legal. [...] it's a daily conflict, because, we know that everyone had to be in here for forty hours, but that's not what happens [...]. This is distress. (E17)

The studied hospital has two different forms of remuneration for overtime of its employees. The first is the overtime itself, in which the server who covers an absent colleague, receives 100% overtime hour according to the law. The second is called on-call time, in which the server receives a fixed amount stipulated in 2009 by the Brazilian Ministry of Health, which, despite not having been readjusted, remains an attraction for the servers.

Nurses recognize the difference in value in remuneration for carrying out the same activity and workload as an element that is involved in the MD, due to the difficulty of finding people to work when the servers tend to refuse to cover with overtime remuneration, which produces anguish/suffering for managers who need to close the scale of employees to ensure quality care for patients.

[...] you need to cover work: look, can you help us tonight? Then the person asks: Is it on-call time? [...] - It's not overtime. - Ah, I don't want overtime. [...] the person has availability; they just do not want to come because they will earn less. [...] So, these are situations that make you very distressed. (E03)

The nurse technicians and nursing assistants of the institution ended up performing practically the same activities in their functions. The auxiliaries appealed to the justice system, which determined that each category should perform only what is within their respective competences, however, the attributions were established according to the University's regulations and not the Council or the University Hospital itself. The divergent positions on the skills of nurse technicians and assistants cause conflicts between staff and make it difficult to dimension them.

[...] until today, in practice, we were working with both of them on equal terms [...]. Except that their salary is not the same, the assistant earns less than the technician and the functions are also different. So, they found this loophole and went to court and are winning the case, [...]. So, the law doesn't allow it, and the practice? (E06)

The limitation of material resources leads to situations of MD, being pointed out as a limitation to the good work environment and to provide qualified care. The limitation of human resources appears with greater emphasis and severity, with no prospect of a solution, involving the quantitative and qualitative of workers.

They tell me: I cannot open a vacancy, because the people who are retiring are all nursing assistants and there is no more national contests for nursing assistants. [...] What I have here are those who are coming from medical expertise [...] Then I have to say that I want [...] but along with them come health problems. (E08)

The hospital started with a number of people in staff at a time when the maternity leave was 3 months, [...] women conquered [...] the issue of 6 months [...] you have to manage this without having the power to get a replacement while that worker leaves. (E17)

People Management

The results show a relationship between people management and the following elements, absenteeism and job stability, the ineffectiveness of service evaluation processes, and lack of autonomy.

The managers pointed out that the stability of the server in the public context is a strong element involved in the MD, as it prevents the employees layoffs and makes them more insubordinate, non-compliant with the institution's rules, and absent (without justification) who resort to doubtful leave, generating revolt in colleagues and feeling of powerlessness in the leadership.

For the stability you see some employees [...] not complying with what is right, the rules of the institution [...] and the manager is unable to act, but it is because the whole system cannot act on these situations. (E09)

The public service does not fire [...] some people have a medical certificate for months [...] compromises even the team's cohesion because that person is not coming and they look on Facebook, they are strolling there [...], and all this is moral distress for the manager [...]. (E03)

The data show that absenteeism is one of the major barriers faced by the participants when setting up the duty schedule. The institution has a very high number of medical certificates and/or health leave.

Many medical certificates appear, [...] you know that it is not a disease, and that you have to readjust the scale, and that you cannot question that medical certificate, do you understand? you keep putting out the fire on one side and the other [...]. (E04)

[...] I am there seeing an 'X' unit that has an 'X' number of dependent patients; I have several workers and I deal with many work leaves and I see that there are not enough people so that we could be attending. (E17)

The lack of autonomy is seen by the participants as one of the elements that trigger MD in practice.

I believe that the manager of a sector suffers morally all the time [...]. You are constantly involved in an atmosphere of anguish, and that disturbs you a lot, because you have a huge responsibility and a very small autonomy and that drives a person crazy [...]. (E01)

The biggest challenge today is dealing with people. [...] in the public service we have a limitation in terms of hiring staff; then we have a huge limitation in terms of decision making [...]; we cannot dismiss or punish the issues that are happening daily. (E17)

Another element strongly reported as triggering of MD in the management is the ineffectiveness of the evaluation processes carried out in the public service, which hardly affect the employee's relocation or dismissal.

We try to make an appropriate evaluation process. Only that at the end of the story, it never happens. [...] we have this dissatisfaction [...]. We never saw anyone leaving. (E07)

It is almost impossible for you to terminate an employment probationary period. So, I believe that this context of stability, and that many people seek, which ends up being a great vector of moral distress. (E16)

Being a Manager

Still, deriving from the results, one can perceive as a source of MD the technical competence of being a manager, feeling full-time manager, and feeling restrained in the performance of the managerial role.

The first element can be punctuated by the lack of professional experience.

For me it is something very new [...] to manage, [...]. At graduation, as much as we have the administration phase, but we do not assume the role [...]. So, this is more complicated. (E02)

[...] I have little experience as a manager [...] I think I am not prepared for this; I have no profile and it is an activity that I think I would no longer like to exercise. (E09)

Nurses report that the managerial exercise does not end with the end of the workday, feeling available 24 hours a

day, as they are constantly sought by telephone to resolve managerial demands.

You get out of here; and you don't turn off. I stay for 24 hours on duty. Because the nightshift people sometimes want to call me or want to say something, someone I didn't find [...] and it wears you out. (E02)

In administration [...] you make your schedule [...]. You get home, people call you, people send you an email. There are people all the time wanting some resolution of something in the sector. (E13)

The fear of being prosecuted for moral harassment was one of the elements strongly highlighted by managers. Nurses feel powerless to draw the attention of employees to errors or misconduct.

[...] as a manager I have 50 feet behind to not be prosecuted for moral harassment. As much as you are fully aware that that human being [...] is harming a patient's life, you have to step on eggs [...]. (E16)

In situations where I called employees into my office and said things, they threatened me for psychological harassment. (E05)

DISCUSSION

It was found that the MD has been gaining space as a result of situations that are quite unfavorable to the nurse managers' work activities. The results of the study reveal a conflicting work organization, services with poor working conditions, ethical problems related to people management activities, and the multiple branches of the managerial dimension. Conclusively, such problems ceaselessly test the nurses' moral virtues.⁹

Such results corroborate a research that analyzed the panorama of nursing working conditions, revealing similar findings such as the shortage of nursing workers, low pay, working hours over 30 hours, dissatisfaction associated with overtime, and exposure to (biological, chemical, physical, among others) workloads. It was also noted that professionals often find themselves without support to overcome such situations, generating burnout and as a consequence compromising health.¹⁰

Likewise, a study that deepened analyzes on the determinant factors for the MD of 771 nurses who worked in health services of different levels of complexity in the Brazilian scenario identified that these situations are among the main causes of MD of nurses.¹¹

Herein, it was found that managers are more susceptible to issues related to regular working hours, the legal situations that involve the activities of nurse technicians and nursing assistants, the resistance of professionals to cover other

professionals associated with forms of remuneration and the limits of material and financial resources.

It should be emphasized that the problems are not easy to solve, the hospital service is a complex network with precarious hierarchical relationships, both in the vertical and horizontal dimensions. Sufficient basis to originate conflicts related to technical and administrative procedures, divergence of interests, and inequality of social treatment.¹² Therefore, moral distress takes over the professional, blocking creative desires and processes, the environments of organizations can become stressful and consequently the professional will end up getting sick.¹³

Among the situations recognized as sources of MD by the participants, there was also a lack of autonomy for managers, conflicts with the team associated with insubordination and absenteeism.

Considering the indicated difficulties, autonomy represents a great challenge for nurses, since it is a fundamental component for managerial practice. For this, the professional must overcome the internal and external power mechanisms, usually originated in the mechanistic and biomedical model that is a strong influencer of health practices.¹⁴ However, the conduct used by the nurses can both immobilize them and leading them to suffer, as to mobilize them to seek solutions to solve problem.

Another important point that stood out was the conflicts with the team. A survey conducted in three hospitals in the city of Santa Catarina showed that problems in interpersonal relationships are characterized as one of the situations that most hinder the performance of nurses' leadership in the hospital environment. As a result of this conflict, ethical problems arise that end up interfering in the progress of the work and, as a consequence, can cause damage to user assistance.¹⁵

Finally, it is worth mentioning absenteeism. An important point to be considered in personnel management. Because the fact causes disturbances and overload to the team workers.¹⁶ The consequences of the problem cause the nurse manager's tension, allowing negative consequences for the professional's physical and mental health.¹⁷

In general, it is believed that the conflicts existing in health organizations are inherent to leadership and manager's position, which require the development of negotiation, mediation, conflict resolution, and communication skills to achieve an effective and meaningful career in nursing leadership.¹⁸

The data from this study and the literature show us that it is possible to perceive that the nurse manager is in a delicate position between senior management and frontline professionals, in addition to the challenge of needing to articulate different functions and services that are interconnected, to maintain the functioning of their sector.

In this perspective, problems related to the multiple faces of the managerial dimension are also highlighted, such as the lack of professional experience, managerial demands beyond working hours, and the fear of being prosecuted for moral harassment.

There is a significant perception of the lack of professional experience. Considering the managerial competencies, studies indicate that the academic formation process must be reviewed, not only in terms of content but also in terms of the forms of strategies that influence knowledge. The idea is that teaching is closer to practice, creating situations in which the development of the skills required to exercise this function actually occurs. To minimize the experiences of fragile management practices and carried out in an incipient and unsystematic manner.¹⁹

It is worth mentioning that the participants have been working longer than their working hours, remaining available for 24 hours. In this regard, at the international level, a study reveals that overwork decreases free time with the family and leisure, resulting in MD and feelings such as anger and frustration.²⁰

As for situations related to moral harassment, it is considered that ethical problems can be seen through different lenses, causing in several versions about the fact. If you consider humiliation and threats in the workplace, it is important to reason that managers are also vulnerable to moral harassment. In short, it is a situation to be rethought, since conditions imposed by intensified and precarious work can lead to moral harassment. It should be noted that the prevalence of harassment in nursing has increased significantly, causing serious emotional and psychological consequences for professionals.²¹

In view of the results achieved, it appears that the exercise of management is permeated by several difficulties, one can attribute this look to the challenge of working with the collective whose success is directly related to cooperation and articulation between all actors in the work process, including general management, nursing assistants, nurse technicians and nursing assistants, outsourced services, among others.²²

It is recognized that the specificities of being a manager contribute as a source of MD since it requires a level of greater demand in its decisions and in the conduct of the work process. In short, it is believed that the phenomenon is rarely discussed, as they are often not even acknowledged.²³ Experiencing MD in a solitary way only intensifies painful feelings, contributes to psychological imbalance, or can evolve to a more serious condition.¹² The literature points out that depending on the severity of work fatigue, the consequences can be serious, recording cases of Burnout syndrome, cancer, or even the worker's death.²⁴ Although this study addresses a specific situation, in general, it is recognized that there is some negligence with the health professionals' illness process. This requires greater investment inside and outside the workplace.²⁵

CONCLUSIONS

Considering the investigated context, although the manifestations were individual, the perception of MD was relatively unified as something present in the managers' daily work.

It was found that the specificities of managerial work are elements capable of having a negative impact on health and satisfaction of professionals. The study showed that managers experience MD due to conflicting situations related to working conditions, insubordinate professionals, lack of autonomy, moral harassment and the multiple faces of the managerial function.

There was a clear recognition of major challenges that, by leading to the feeling of powerlessness to conduct appropriate, correct, and fair solutions, and because they are related to the impossibility of realizing professional values, are related to the experience of MD. The challenge of people management was highlighted, as an important category of the suffering process, due to its different elements that make this category so complex and difficult to solve, not only, but especially in the public context.

Hence, we sought to contribute to the health area, in the aspects of sensitizing morally professionals to the activities they perform and with regard to MD.

The study had limitations, as it was carried out with a sample of 17 nurses and only one hospital in the public sphere, although representative, a greater range of professionals and institutions, could influence standards closer to reality.

Bearing the aforesaid in mind, further studies are needed to advance the theoretical deepening of the MD and the concrete experiences that involve the daily work of nurse managers. For this purpose, spaces must be created that help to manage the vulnerabilities of management environments and develop strategies for coping with MD.

REFERENCES

1. Martins MIC, Molinaro A. Reestruturação produtiva e seu impacto nas relações de trabalho nos serviços públicos de saúde no Brasil. *Ciênc saúde coletiva* [internet] 2013 [acesso em 19 dez 2018]; 18(6):1667-1676. Disponível em: <http://www.scielo.br/pdf/csc/v18n6/18.pdf>
2. Baptista PCR, Pustiglione M, Almeida MCS, Felli VEA, Garzin ACA, Melleiro MM. Saúde dos trabalhadores de enfermagem e a segurança do paciente: o olhar de gerentes de enfermagem. *RevEscEnferm USP* [internet] 2015 [acesso em 19 dez 2018]; 49(Esp2):122-128. Disponível em: <http://www.scielo.br/pdf/reesp/v49nspe2/1980-220X-reesp-49-spe2-0122.pdf>
3. Jameton A. Nursing practice: the ethical issues. *International Journal of Nursing Studies* [internet] 1985 [acesso em 19 dez 2018]; 22(4) Disponível em: [http://www.journalofnursingstudies.com/article/0020-7489\(85\)90057-4/abstract](http://www.journalofnursingstudies.com/article/0020-7489(85)90057-4/abstract)
4. Dalmolin GL, Lunardi VL, Lunardi GL, Barlem EL, Silveira RS. Nurses, nursing technicians and assistants: who experiences more moral distress? *RevEscEnferm USP* [internet] 2014 [acesso em 19 dez 2018]; 48(3):519-26. Disponível em: <http://www.scielo.br/pdf/reesp/v48n3/0080-6234-reesp-48-03-521.pdf>
5. Jameton A. A reflection on moral distress in nursing together with a current application of the concept. *J BioethInq* [internet] 2013 [acesso em 19 dez 2018]; 10(3):297-308. Disponível em: <https://www.ncbi.nlm.nih.gov/pubmed/24048753>
6. Barlem ELD, Lunardi VL, Lunardi GL, Tomaszewski-Barlem JG, Almeida AS, Hirsch CD. Psychometric characteristics of the moral distress scale in Brazilian nursing professionals. *Texto Contexto Enferm* [internet] 2014 [acesso em 19 dez 2018]; 23(3). Disponível em: http://www.scielo.br/scielo.php?pid=S0104-07072014000300563&script=sci_arttext
7. Ganske KM. Moral distress in academia. *Online J Issue Nurs* [internet] 2010 [acesso em 19 dez 2018]; 15(3): manuscript: 6. Disponível em: <http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol152010/No3-Sept-2010/Moral-Distress-in-Academia.html>

8. Weber L, Grisci CLI. Trabalho, gestão e subjetividade: dilemas de chefias Intermediárias em contexto hospitalar. *Cad EBAPE* [internet] 2010 [acesso em 19 dez 2018]; 8(1):54-70. Disponível em: <http://www.scielo.br/pdf/cebape/v8n1/a04v8n1.pdf>
9. Lunardi VL, Barlem ELD, Bulhosa MS, Santos SSC, Lunardi Filho WD, Silveira RS, Bao ACP, Dalmolin GL. Moral distress and the ethical dimension in nursing work. *Rev Bras Enferm* [internet] 2009 [acesso em 19 dez 2018]; 62(4):599-603. Disponível em: <http://www.scielo.br/pdf/reben/v62n4/18.pdf>
10. Felli VEA. Condições de trabalho de enfermagem e adoecimento: motivos para a redução da jornada de trabalho para 30 horas. *Enfermagem em Foco* [internet] 2012 [acesso em 19 dez 2018]; 3(4). Disponível em: <http://biblioteca.cofen.gov.br/wp-content/uploads/2016/02/Condicoes-de-trabalho-de-enfermagem-e-adoecimento.pdf>
11. Ramos FRS, Caram CS, Montenegro LC, Caçador BS, Barlem ELD, Brito MJ. Experiences of Moral Distress in Nurses Daily Work. *International Archives of Medicine* [internet] 2016 [acesso em 19 dez 2018]; 9(83):1-12. Disponível em: <https://imed.pub/ojs/index.php/iam/article/view/1622>
12. Vendemiatti M, Siqueira ES, Filardi F, Binotto E, Simioni FJ. Conflito na gestão hospitalar: o papel da liderança. *Ciênc saúde coletiva* [internet] 2010 [acesso em 19 dez 2018]; 15(suppl.1):1301-1314. Disponível em: <http://www.scielo.br/pdf/csc/v15s1/039.pdf>
13. Dalri RCMB, Silva LA, Mendes AMOC, Robazzi MLCC. Carga horária de trabalho dos enfermeiros e sua relação com as reações fisiológicas do estresse. *Rev Latino-Am. Enfermagem* [internet] 2014 [acesso em 19 dez 2018]; 22(6):959-65. Disponível em: http://www.scielo.br/pdf/rlae/v22n6/pt_0104-1169-rlae-22-06-00959.pdf
14. Santos FOF, Montezeli JH, Peres AM. Autonomia profissional e sistematização da assistência de enfermagem: percepção de enfermeiros. *Rev Min Enferm* [internet] 2012 [acesso em 19 dez 2018]; 16(2). Disponível em: <http://www.reme.org.br/artigo/detalhes/526>
15. Amestoy SC, Backes VMS, Thofehrn MB, Martini JG, Meirelles BHS, Trindade LL. Gerenciamento de conflitos: desafios vivenciados pelos enfermeiros-líderes no ambiente hospitalar. *Rev Gaúcha Enferm* [internet] 2014 [acesso em 19 dez 2018]; 35(2):79-85. Disponível em: <http://www.scielo.br/pdf/rgenf/v35n2/1983-1447-rgenf-35-02-00079.pdf>
16. Campos EC, Juliani CMMC, Palhares VC. O absenteísmo da equipe de enfermagem em unidade de pronto socorro de um hospital universitário. *RevEletrEnf* [internet] 2009 [acesso em 19 dez 2018]; 11(2):295-302. Disponível em: https://www.fen.ufg.br/fen_revista/v11/n2/pdf/v11n2a09.pdf
17. Scholze AR, Martins J T, Robazzi MLCC, Haddad MCFL, Galdino MJQ, Ribeiro RP. Estresse ocupacional e fatores associados entre enfermeiros de hospitais públicos. *CogitareEnferm* [internet] 2017 [acesso em 19 dez 2018]; 22(3):e 50238. Disponível em: <http://revistas.ufpr.br/cogitare/article/view/50238>
18. Edmonson C. Moral Courage and the Nurse Leader. *OJIN: The Online Journal of Issues in Nursing* [internet] 2010 [acesso em 19 dez 2018]; 15(3): Manuscript5. Disponível em: <http://ojin.nursingworld.org/MainMenuCategories/EthicsStandards/Resources/Courage-and-Distress/Moral-Courage-for-Nurse-Leaders.html>
19. Gontijo TL, Cavalcante RB, Duarte AGS, Lima PKM. Funções administrativas na gestão local da atenção básica em saúde. *RevEnferm UFPE* [internet] 2017 [acesso em 19 dez 2018]; 11(12):4980-8. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/22327/25324>
20. Porter RB. Nurse managers' moral distress in the context of the hospital ethical climate. Iowa. Tese [Dissertation] - University of Iowa; 2010.
21. Santos SIL, Andrade CG, Costa ICP, Santos KFO, Costa SFG, Sá França JRF. Assédio moral no âmbito da enfermagem: Revisão integrativa da literatura. *Cogitare Enferm*. [Internet] 2014 [acesso em 11 dez 2017]; 19(1): 159-65. Disponível: <http://revistas.ufpr.br/cogitare/article/view/35975>
22. Santos JLG, Prochnow AG, Silva DC, Silva RM, Leite JL, Erdmann AL. Prazer e sofrimento no exercício gerencial do enfermeiro no contexto hospitalar. *Esc Anna Nery* [internet] 2013 [acesso em 19 dez 2018]; 17(1):97-103. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452013000100014
23. Dalmolin GL, Lunardi VL, Lunardi Filho WD. Sofrimento moral dos profissionais de enfermagem no exercício da profissão. *RevEnferm UERJ* [internet] 2009 [acesso em 19 dez 2018]; 17(1):35-0. Disponível em: <http://www.facenf.uerj.br/v17n1/v17n1a07.pdf>
24. Guimaraes ALO, Felli VEA. Notification of health problems among nursing workers in university hospitals. *RevBrasEnferm* [internet] 2016 [acesso em 19 dez 2018]; 69(3): 507-14. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672016000300507
25. Carreiro GSP, Filha MOF, Lazarte R, Silva AO, Dias MD. O processo de adoecimento mental do trabalhador da Estratégia Saúde da Família. *RevEletrEnf* [internet] 2013 [acesso em 19 dez 2018]; 15(1):146:55. Disponível em: <http://dx.doi.org/10.5216/ree.v15i1.14084>

Received in: 03/06/2018
Required revisions: 13/12/2018
Approved in: 15/02/2019
Published in: 17/08/2020

Corresponding author

Luciana Ramos Silveira

Address: Departamento Acadêmico de Saúde
e Serviço - Enfermagem
Avenida Mauro Ramos, 950, Centro
Florianópolis/SC, Brazil
Zip code: 88.020-300

Telephone number: +55 (48) 3211-6022

Email address: luramos76@gmail.com

Disclosure: The authors claim
to have no conflict of interest.