



Strategies to develop moral sensitivity: a perspective of intensive care unit nurses

Estratégias para o desenvolvimento da sensibilidade moral: perspectiva dos enfermeiros de unidades de terapia intensiva

Estrategias para el desarrollo de la sensibilidad moral: perspectiva de las enfermeras en unidades de cuidados intensivos

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ABSTRACT

Objective: identify strategies, which from the perspective of intensive care unit nurses support the development of moral sensitivity. **Method:** this qualitative, descriptive and exploratory study addressed 19 nurses working in three intensive care units of a philanthropic hospital located in southern Brazil, using semi-structured interviews and discursive textual analysis. **Results:** two categories emerged: development of moral sensitivity during academic training and development of moral sensitivity during professional experience. Discussion and reflection upon ethical problems, extracurricular activities, effective communication, multidisciplinary work, meetings, and the search for knowledge along with continuous health education stood out among strategies. **Conclusions and implications for practice:** the development of moral sensitivity among nurses can support help them recognizing and dealing with ethically inappropriate situations, favoring nurses' autonomy and ability to deal with ethical conflicts emerging in the workplace. This study's results show that giving priority to collective reflection and discussion in both training and care settings strengthen ethical, coherent, autonomous and efficient decision-making.

Keywords: Moral development; nursing; ethics in nursing; critical care.

RESUMO

Objetivo: conhecer estratégias para o desenvolvimento da sensibilidade moral na perspectiva dos enfermeiros que atuam em unidades de terapia intensiva. **Método:** pesquisa qualitativa, do tipo exploratório descritiva, realizada com 19 enfermeiros atuantes em três unidades de terapia intensiva de um hospital filantrópico do Sul do Brasil através de entrevistas semiestruturadas, analisadas mediante análise textual discursiva. **Resultados:** emergiram duas categorias: desenvolvimento da sensibilidade moral a partir da formação acadêmica e desenvolvimento da sensibilidade moral a partir da experiência profissional. Entre as estratégias verificadas destacaram-se as discussões e reflexões acerca de problemas éticos, a vivência de atividades extracurriculares, a comunicação efetiva, o trabalho multidisciplinar, a realização de reuniões, a busca pelo conhecimento e a educação permanente em saúde. **Conclusões e implicações para a prática:** desenvolvimento da sensibilidade moral dos enfermeiros pode auxiliá-los no reconhecimento e enfrentamento de situações eticamente inadequadas, de modo a favorecer o exercício da autonomia e a capacidade de lidar com os conflitos éticos emergentes do contexto de trabalho. Neste estudo, foi possível conhecer ainda, que priorizar espaços para a reflexão e discussão coletiva nos ambientes de formação e atuação da enfermagem, oportuniza o fortalecimento de tomadas de decisões éticas, coerentes, autônomas e eficientes.

Palavras-chave: Desenvolvimento moral; enfermagem; ética em enfermagem; cuidados críticos.

RESUMEN

Objetivo: conocer estrategias para el desarrollo de la sensibilidad moral desde la perspectiva de las enfermeras que trabajan en unidades de cuidados intensivos. **Método:** investigación cualitativa, exploratoria, descriptiva, realizada con 19 enfermeras que trabajan en tres unidades de cuidados intensivos de un hospital filantrópico en el Sur de Brasil a través de entrevistas semiestructuradas, analizadas mediante análisis textual discursivo. **Resultados:** surgieron dos categorías: desarrollo de la sensibilidad moral de la formación académica y desarrollo de la sensibilidad moral de la experiencia profesional. Entre las estrategias verificadas, discusiones y reflexiones sobre problemas éticos, se destacó la experiencia de actividades extracurriculares, comunicación efectiva, trabajo multidisciplinario, reuniones, búsqueda de conocimiento y educación permanente en salud. **Conclusiones e implicaciones para la práctica:** el desarrollo de la sensibilidad moral de las enfermeras puede ayudarlas a reconocer y hacer frente a situaciones éticamente inapropiadas, a fin de favorecer el ejercicio de la autonomía y la capacidad de lidar con los conflictos éticos que surgen del contexto laboral. En este estudio, también fue posible saber que priorizar los espacios de reflexión y discusión colectiva en los entornos de educación y desempeño en enfermería, brinda oportunidades para fortalecer la toma de decisiones éticas, coherentes, autónomas y eficientes.

Palabras clave: Desarrollo moral; enfermería; la ética en enfermería; cuidados críticos.

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Submitted on 11/10/2019.

Accepted on 02/27/2020.

DOI: 10.1590/2177-9465-EAN-2019-0311

INTRODUCTION

Moral sensitivity is described as 'being attentive' to moral values involved in a situation of conflict, being aware of one's own role and also of the responsibility of all those involved in a given situation.¹⁻³ Therefore, moral sensitivity is considered as a personal skill necessary in the process of moral deliberation, which is characterized by a search for wise and always concrete decisions in the face of ethical problems, weighting the consequences of such decisions.¹⁻³

Moral sensitivity, however, is not just a matter of being sensitive (that is, relying on emotions to identify moral conflicts), rather it is based on experiences and personal actions on which one grounds his/her being and doing in order to "feel" the moral meaning of a given situation.^{2,4} It requires nurses to be able to use their moral sensitivity and put themselves on someone's else place, ensuring effective care is provided to the triad family, patient and worker.⁴⁻⁶

Therefore, discerning between ethical problems in nursing practice from daily problems does not only depends on having theoretical knowledge, but also ability to distinguish feelings, facts and values.^{2,4}

For this reason, moral sensitivity should be reinforced among nurses, especially those in intensive care units (ICU) because these are settings where ethical problems concerning end-of-life situations emerge with greater intensity and frequency. Hence, an ICU is a critical setting where patients depend on continuous and vigilant monitoring performed by qualified workers, among whom, nurses.⁴⁻⁶

An ICU can also be described as a scenario of innovation and specialized and highly complex care, demanding the presence of ethical workers capable to reason critically and clinically, harmonizing the service provided between technology and care.⁷

Note that ethical problems emerging in an ICU accrue from disagreement between therapeutic procedures and the use of technological resources to prolong the life of patients without the possibility of cure, which may lead nurses to experience moral distress considering these procedures may oppose their beliefs and values.⁸

Therefore, moral sensitivity among nurses might be an important resource to favor the recognition of ethical problems within an ICU and enable nurses to make decisions intending to provide clarification to patients in regard to their goals and values, defending their rights and minimizing moral distress.⁹

Hence, strategies are needed to develop moral sensitivity among nurses, especially within the context of ICU, enabling nurses to recognize ethical problems and make effective decisions that will influence the care provided to patients.⁹

In regard to such strategies, the international literature includes some studies intended to provide students with ethical knowledge and sensitize them to work their moral sensitivity in the different contexts in which they will work as future professionals, preparing them to face ethical situations in different settings.¹⁰⁻¹³

Research addressing moral sensitivity in the Brazilian context is incipient considering many studies address ethics in the context of nursing^{4,8} but few emphasize moral sensitivity,

let alone strategies to develop moral sensitivity among nurses, which justifies this study.

The following question emerged from the preceding discussion: what strategies are necessary to promote moral sensitiveness from the perspective of nurses working in intensive care units? This study's objective was to identify strategies used to develop moral sensitiveness from the perspective of intensive care unit nurses.

METHOD

This qualitative, exploratory and descriptive study was conducted in three intensive care units of a philanthropic facility located in the south of Brazil, a hospital complex composed of three hospitals with 541 beds.

"ICU 1" is a general ICU with 11 beds, four of which are in the intermediate ICU intended for the care of patients from the Unified Health System (SUS), and when necessary for the care of insured patients. The focus of the care provided in this unit is mainly on diagnosing multiple trauma, and stroke, hypertension, diabetes, post-surgery and cancer patients, among others.

The nursing staff is composed of an administrative nurse with a workload of 40 hours/week, a clinical nurse working 36 hours/week in the morning and evening shifts, and four clinical nurses working six hours/day distributed in the morning, evening and night I and night II shifts, a nurse on duty during days off and vacations, and seven nursing aids working in each of the four shifts.

"ICU 2" is a general ICU with seven beds intended for insured patients affected by diverse pathologies. The nursing staff is composed of an administrative nurse with 40 hours/week, four clinical nurses with 36 hours/week distributed in the morning, evening, night I and night II shifts, and one nurse on duty to cover holidays. Sixteen nursing aids work in this unit distributed in the morning, evening and nights I and II shifts.

Finally, "ICU 3" is a Postoperative Intensive Care Unit with nine beds intended for both SUS and insured patients, with an emphasis on cardiovascular diagnoses. The nursing staff is composed of an administrative nurse with 40 hours/week, four clinical nurses with 36 hours/week distributed in the morning, evening, night I and II shifts, and one nurse on duty to cover vacations, in addition to 24 nursing aids distributed in the morning, evening, night I and II shifts.

A total of 19 nurses, working in one of the three ICUs and who were present at the study site and available at the time of data collection, took part in this study.

Inclusion criteria were being a nurse working in one of the aforementioned ICUs for at least six months and having availability to complete the form. Exclusion criteria were being on vacation or on leave.

Data were collected from August to September 2016 during the participants' working hours on a private room in the participants' workplace premises. Semi-structured interviews were recorded and lasted 30 minutes on average. The form contained closed-ended questions to characterize the participants and open-ended questions addressing the nurses' actions and decisions when in the face of ethical problems based on moral sensitivity.

Data were treated using discursive textual analysis, which is a methodology used to analyze qualitative data intending to produce new understanding on discourses and phenomena, using a self-organized process comprising three stages: unitization; categorization and communication.¹⁴

Relationships between units of meanings were identified in the categorization stage, were compared and grouped in intermediate categories, that is, with elements of similar meaning, from which two final categories emerged: developing moral sensitivity during academic training and developing moral sensitivity during professional experience.

The last stage of the analysis, which refers to apprehension of the emerging new, comprised the description and interpretation of meanings constructed based on the text, which enabled producing new understanding based on strategies used by nurses to develop moral sensitivity.

Ethical aspects were complied with in accordance to recommendations of Resolution 466/12, National Council of Health. This paper is part of a larger project titled “*Sensibilidade moral na enfermagem: relações entre advocacia do paciente e sofrimento moral*” [Moral sensitivity in nursing: relationships between patient advocacy and moral suffering] (process PQ 306119/2015-3), which was submitted to and approved by the local Institutional Review Board (Opinion report No. 67/2016). The participants are identified by letter N followed by a number (N1 to N19) that refer to the order in which interviews were held.

RESULTS

The characteristics of the 19 participants were: women aged between 25 and 49 years old. Time since graduation ranged from nine months to 22 years and professional experience ranged from six months to 20 years. In regard to the highest academic degree, ten out of the 19 nurses had a bachelor's degree, eight had a specialization and one had residence.

Eight, out of the 19 nurses worked in ICU 1, six worked in ICU2, and eight nurses worked in ICU 3. Most worked 36 hours/week while two nurses worked 40 hours/week. When asked about meetings held in the unit, 17 nurses reported that meetings were held only to promote training or solve problems.

Two categories emerged from data collected through open-ended questions: Developing moral sensitivity during academic training and developing moral sensitivity during professional experience.

Developing moral sensitivity during academic training

Strategies in this category intended to develop moral sensitivity among nurses refer to academic training, mainly discussions and reflections upon ethical problems promoted during classes or practical and supervised training, in addition to extracurricular activities. The nurses identified these strategies as essential for recognizing ethical problems and make decisions during the routine of workers within an ICU context.

The nurses report that discussing and reflecting upon the ethical problems that permeate nursing and health practice during the undergraduate program in nursing is an important resource to support the development of moral sensitivity. Thus, discussions and reflections based on real situations or simulations help strengthening the nurses' personal and professional values, essential for making decisions in the face of ethical problems.

During the undergraduate program, we'd talk and reflect on how to face ethical problems in the workplace. Even though I didn't realize it at the time, now I see that those reflections helped me structuring my thinking about being responsible, having a team, dealing with patients, dealing with these conflicts (N18).

Working in an ICU incites you to acquire knowledge, learn, read, understand, seek deeper knowledge about pathologies, because there is always something new, and to develop moral sensitivity one has to study his/her context and the main emerging problems (N7).

Additionally, the nurses reported that experience with extracurricular activities contribute to recognizing and coping with ethical problems in the routine of their practice, considering these experiences enable them to visualize and have a notion of the actual professional context, which is full of conflicts. Professors seldom address these conflicts in practical or theoretical classes, which may compromise the ethical training of future nurses.

Some undergraduate professors encourage recognizing and dealing with ethical problems but what really helped me was the fact that extension projects were developed with clinical nurses. It helped me a lot because the time spent after the curricular activities in an ICU made all the difference in my training, especially because it enabled me see the work dynamics (N15).

Even though the nurses acknowledge that academic training addresses important strategies to promote the development of moral sensitivity, they also report that the real dimension of ethical problems and their implications for patients are only perceived with professional practice. Academic training, however, favor the development of knowledge and skills to recognize ethical problems, which are essential for professional practice.

During the undergraduate training we don't know the magnitude of situations or what it is really means to be on duty. Responsibility during practice or even interpersonal relationships do not compare with our experience during formal education (N16).

We'd discuss during undergraduate training, would observe, and as students we'd point out problems we've noticed. Now I realize that situations I often pointed out during discussions are now actual problems I have to deal

with, and sometimes I don't have the answers. Now, with experience I realize how difficult these problems are (N5).

We'd talk a lot about ethical problems at college, but we learn how to deal with them during practice. We've always talked about: "treating patients as we'd like to be treated", but actually experiencing it, felling in your soul, that's only when we are actually facing the problem (N14).

Development of moral sensitivity during professional experience

This category includes the main strategies related to professional practice in an ICU setting listed by nurses as essential for developing moral sensitivity. These strategies include: effective communication, multidisciplinary work, meetings, seeking for knowledge and continuous education in health.

In regard to effective communication and multidisciplinary work, dialogue, exchange of ideas and experience favor the development of moral sensitivity, promoting care that is focused on ICU inpatients' real needs. Hence, enabling nurses to establish a dialogue with the other members of the health team and join efforts to acquire tools, is fundamental for the development of moral sensitivity and consequently to provide ethical nursing care.

In relation to the team, I talk to them, and in regard to the physicians, there are physicians who are more accessible and understand what you want, your proposals but there are physicians who do not accept talking. But, thank God, most are cool, you can tell your opinions and sometimes they'll listen, sometimes they won't, but at least I can speak up. So I may ask, and I do ask a lot of times, because I'm aware they can always say no, but I try and see. With families is the same thing, I try to be available whenever they need, though sometimes it is not enough (N9).

Efficient communication with the remaining members of the team to clarify problems, to solve the situation in the most appropriate manner as possible. Sharing information and ideas to promote knowledge that is appropriate to the needs of patients (N3).

Another strategy nurses report are meetings intended to discuss the routines and procedures adopted in the day-to-day of an ICU, enabling all workers to take part in decision-making, benefiting patients and the health team itself. Thus, meetings are also an important instrument to promote the search for knowledge, resulting on exchange of knowledge and multiprofessional practices able to promote individualized and more effective care to patients.

In addition to demonstrating knowledge and how patients can benefit, one of the strategies possible is to set an example, as nurses need to be capable and

have knowledge. Another strategy that works is having meetings and talks with the team to improve relationship within the team, which in turn improves the relationship established with patients (N18).

Often, not only me, but also our physical therapist colleagues seek papers addressing patient care, not necessarily this subject only, but we're always seeking knowledge and discussing issues in our meetings. We always raise issues worth discussing (N14).

In addition to the importance of holding meetings, seeking knowledge and developing nurses' moral sensitivity, continuous education in health was reported as an important instrument to discuss ethical conflicts that emerge in the routine of practice and transform already established practices. Hence, continuous education was highlighted as an instrument that can support the development of ethical values to guide the behavior of nurses, favoring personal and professional development and promoting their active participation in decision-making that concerns ethical problems experienced in an ICU context.

I'm trying to transform problems that bother me, I use my teaching skills to transform them creatively. I need to know the right time to sensitize employees. And I don't like that things become mechanical, the employees need to understand why things can no longer be done as they used to (N13).

DISCUSSION

The results show that strategies to promote moral sensitivity among nurses are associated with academic training and professional experience acquired in the workplace. Nurses identified these strategies as essential for recognizing and making decisions that concern ethical problems emerging in the daily routine of an ICU.

In this sense, different studies addressing moral sensitivity conducted with undergraduate nursing students or clinical nurses in countries such as Turkey, China and South Korea, have shown that the development of moral sensitivity demands investment in the field of education and professional training as well as continuous education for those already working in the field^{10,11,15}

Ethical problems emerging in an ICU mainly result from different perspectives concerning the objectives of treatments, especially when seeking balance between invasive treatments and the benefit of such treatments to patients. Often, patients believe that treatment is curative even when prognosis is contrary.⁶

Studies conducted in Brazil with nurses working in intensive care units report that the main ethical problems include: terminal patients; futile care; blood transfusion in case of religious restrictions; exaggerated use of technology; disagreement within the health staff in regarding to decision-making; families not accepting the death of patients; and divergent values among those involved in care delivery.^{7,8}

Therefore, immersing undergraduate students in an ICU environment, as pointed out by the nurses, enable students to recognize ethical problems during their academic training, strengthening their ethical dimension. Thus, the following experiences that take place during academic training stand out: moral sensitivity, discussions and reflections regarding ethical problems that take place during classes or practical and supervised training, and also extracurricular activities.

As verified in a study addressing nursing students, perception and moral sensitivity should be developed and improved during professional training based on ethical and moral values based on reflections upon ethical problems.¹⁰ Hence, in the same way students are trained during practical classes to develop logical reasoning, future nurses should be encouraged to develop moral sensitivity.¹⁶

One study developed with undergraduate students in the Philippines addressing moral sensitivity, moral anguish and moral courage, reports that each student perceives moral sensitivity differently and respond differently when facing ethical problems. However, undergraduate students need to have the tools to deal with different situations that exacerbate moral sensitivity and create strategies to develop it.¹⁷

The development of moral sensitivity and consequent dealing with ethical problems, however, may be weakened in the different care settings because the teaching of ethics is fragmented and out of context, while the working hours available to address this subject in most undergraduate nursing programs is insufficient.¹⁸

In this sense, a study intending to identify the perception of students in regard to their professional preparedness highlights the importance of students in showing interest to filling in gaps in their education, especially through extracurricular activities so they may more fully visualize that reality is full of conflicts that are seldom addressed in classes or even during practical activities.¹⁹

Additionally, there is a need to promote in future nursing workers their ability to deal with ethical conflicts in their inter-relationships with the team, between patients and nurses, so they can act in a morally mature manner, which is a process that leads to moral sensitivity.¹⁰ For that, educational interventions based on multiple teaching strategies are needed to awaken in students their moral sensitivity, which is a first step towards the development of ethical education so they become aware of their roles and responsibilities.¹¹

Therefore, even though ethical education obtained through academic training is considered essential for the development of moral sensitivity, the nurses also reported that ability to recognize and deal with ethical problems is more effectively developed during professional practice.³ In this sense, the following strategies associated with the working setting stand out: effective communication, multidisciplinary work, meetings, search for knowledge, and continuous education in health.³

As reported by a study addressing ethical problems, effective communication plays an important role preventing these problems when providing care to critical patients in intensive care.²⁰ The challenges for effective communication within the

multidisciplinary work, however, include the different educational backgrounds of workers; a tendency of workers from the same profession to communicate among themselves only; and a hierarchical effect with physicians usually occupying a central position, which may prevent other members in the multidisciplinary team from expressing their opinions and positions in regard to the care provided.²¹

Therefore, effective communication requires a participatory and dialogical process is established in multidisciplinary teams, because the multidisciplinary work demands more than merely grouping different professionals in the same work environment; collaboration and effective communication is needed, with exchange of different types of knowledge and complementary actions.²² Another strategy reported by nurses were meetings with the team in order to discuss actions and professional activities to promote participatory decisions, benefiting both patients and the health staff.

As this study's results show regarding communication within the nursing staff, meetings with the team enable transmitting messages, sharing information, reflecting and analyzing situations that may become naturalized, in order to discuss and elaborate on questions and behaviors,²³ as well as making the decisions necessary to care for patients. It is worth noting that meetings are important because a greater perception of moral distress has been verified in environments where meetings are held, suggesting that meetings help recognizing and coping with ethical problems.⁸

Search for knowledge was also reported as a strategy used to develop moral sensitivity since it is through knowledge that nurses perceive themselves apt to question circumstances and recognize morally inappropriate situations in the routine of their practice. In this sense, one study conducted with ICU nurses addressing ethical problems highlights that one needs to construct and deconstruct oneself constantly during professional practice, using the workplace to promote a search for knowledge, reinforcing one's commitment with life and professional training.²⁰

Note that knowledge can be obtained with continuous education in health, which was also identified as an important strategy to promote the development of moral sensitivity, based on the discussion of ethical conflicts that emerge in the routine of practice, transforming different types of knowledge and practices.²⁴

It is imperative to consider that the health sector undergoes constant changes, transformations and advancements in knowledge through research and the introduction of new technology, thus, it is essential that health workers update their knowledge and develop a continuous education plan, the objective of which is to provide quality care and evidence-based practice.^{24,25}

The *Política Nacional de Educação Permanente* [National Policy of Continuous Education] highlights that continuous education can be seen as learning at work because it takes place in the routine of organizations and is based on specificities and problems faced in the workers' context. Continuous education also takes into account the knowledge and experiences people already have and is intended to transform professional practice and the very work organization.²⁶

Therefore, continuous education aggregates knowledge acquired over one's professional experience and encourages a search for new knowledge that can support the transformations necessary in the workplace as well as to develop moral sensitivity.

FINAL CONSIDERATIONS AND IMPLICATIONS FOR PRACTICE

According to the nurses addressed in this study, the development of moral sensitivity includes strategies that pervade academic training and professional experience acquired in the work environment. Discussing and reflecting upon ethical issues that permeate the routine of nurses during the undergraduate program gives the opportunity to strengthen the autonomy of nurses to cope with ethical problems they might face in their workplaces.

Likewise, giving priority to collective reflection and discussions in the various settings where nursing professionals work, such as intensive care units, by emphasizing situations faced during professional practice is essential for nurses to make ethical, coherent, autonomous, efficacious and efficient decisions.

Identifying strategies to develop moral sensitivity among nurses means moving forward in the field of nursing, considering these strategies support the preparation of workers to recognize and face ethical problems emerging in intensive care units.

In this sense, it is relevant to ask: are this study's results similar to those found in other intensive care units? Therefore, further research is suggested to corroborate deepening of knowledge regarding strategies that promote moral sensitivity among nurses in the Brazilian context.

One limitation is the fact that this study was conducted in the intensive care units of a single philanthropic hospital located in the south of Brazil so that there is a need to investigate the phenomenon in other Brazilian and international contexts.

AUTHOR'S CONTRIBUTIONS

Study conception and design. Analysis and critical interpretation of results. Writing and critical review. Approval of the paper's final version. Responsibility for accuracy or integrity of content: Jamila Geri Tomaschewisk-Barlem. Edison Luiz Devos Barlem.

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