

## Moral Distress of Nursing Professionals of a Psychosocial Care Center

Carolina Almeida de Oliveira (<https://orcid.org/0000-0003-4866-3826>)<sup>1</sup>

Diúlia Cristina Pantoja de Oliveira (<https://orcid.org/0000-0002-2561-6042>)<sup>1</sup>

Elessandra Miranda Cardoso (<https://orcid.org/0000-0002-4869-3462>)<sup>1</sup>

Evelyn de Souza Aragão (<https://orcid.org/0000-0003-0801-0935>)<sup>1</sup>

Marina Nolli Bittencourt (<https://orcid.org/0000-0002-1660-3418>)<sup>1</sup>

**Abstract** *Moral Distress (MD) is experienced by individuals from the contradiction existing between their actions and convictions. This study aimed to analyze the moral distress experienced by nursing professionals working at the CAPS and to describe and identify the feelings resulting from MD and coping mechanisms. This is a qualitative research that adopted the Bardin Content Analysis method. Seven Nursing professionals of both CAPS shifts participated in the research. Four categories emerged from the thematic analysis of the statements of these professionals, as follows: Environment as a source of moral distress; Shortage of funding and improvisations; Feelings that emerged from the experiences of Moral Distress and Coping Mechanisms of professionals. In this study, we observed that Macapá's Gentileza CAPS professionals experience MD in their daily life, associated with structural environment issues and insufficient (human and material) resources that resulted in feelings of helplessness, discouragement, demotivation, and struggle. This MD allowed these professionals to build coping mechanisms against moral distress, such as dialogue and sharing anguish with the team.*

**Key words** *Psychological stress, Nursing, Mental health services*

---

<sup>1</sup> Departamento de Ciências Biológicas e da Saúde, Universidade Federal do Amapá. Rod. Juscelino Kubitschek km 02, Jardim Marco Zero. 68903-419 Macapá AP Brasil. [carolinaalmeida527@gmail.com](mailto:carolinaalmeida527@gmail.com)

## Introduction

Moral distress (MD) was first described in 1984 and is the distress experienced by a subject resulting from the contradiction between actions and beliefs<sup>1</sup>. Thus, people know what is the right thing to do, but are unable to act, either by personal flaws, misjudgment, weak character, or even circumstances that are beyond their control<sup>2</sup>.

Nursing professionals routinely experience moral problems and conflicts that can result in moral distress<sup>3</sup>. This is observed from the reflection on professional practice, which is permeated by the action of ethical and moral values in daily decision-making, thus interfering with the dynamics between the team and the individuality of these workers<sup>4</sup>.

Studies show that the causes of MD vary and depend on the characteristics of the work environment. However, they result from actions perceived as incorrect, either by action or omission<sup>5</sup>. This results in the difficulty in carrying out an action considered morally appropriate due to restrictions or obstacles, especially institutional ones<sup>1</sup>.

Thus, one can relate MD factors among nursing professionals with the organizational environment, care of end-of-life patients, limited resources, work overload, reduced autonomy, and conflicts in interpersonal relationships between staff and health managers<sup>3,4</sup>.

In Brazil, studies on MD in the nursing staff are increasingly in evidence and address assessments of conditionants in hospital care, primary care, and the health surveillance sector<sup>3,5-9</sup>. However, studies evaluating this distress in services such as mental health are scarce.

Concerning mental health, this is an intricate work requiring more than a sequence of technical procedures, including conflicts in working conditions, inadequate physical spaces, and user dissatisfaction with the dynamics of the service<sup>10</sup>.

Given this scenario, this research aimed to analyze the Moral Distress experienced by nursing professionals working at the Gentileza Psychosocial Care Center (CAPS) in Macapá (AP), Brazil, as well as to describe and identify the feelings arising from MD and coping mechanisms.

Finally, this was the guiding question: What factors in the professional experience of the Gentileza CAPS Nursing team influence the development of Moral Distress?

## Methods

This is descriptive, qualitative research, which adopted the Content Analysis<sup>11</sup> method conducted with the Nursing team of the Gentileza CAPS, located in the city of Macapá (AP), Brazil. Data were collected between January and June 2017. Nursing professionals with a length of service of more than six months at the Gentileza CAPS were included in the study, and those who did not complete the interview were excluded.

The information collection instrument was a semi-structured questionnaire following a script prepared by the researcher. The interview included questions about the participants' sociodemographic data and seven open-ended questions regarding MD, namely: Talk about your work at CAPS; Comment on your relationship with the coordination/management of the service; Have you ever experienced situations in which you know the right way to act but cannot perform as per your knowledge? How do these experiences interfere with personal and professional life? List the barriers and their impact on your work at the CAPS; What were the coping mechanisms used in these situations? Describe the feelings this experience caused you.

The interviews were held as per schedule in a day and time convenient to the care routine. Study participants were duly informed of all procedures by signing the Informed Consent Form (ICF). The mention to participants in the body of work was chosen randomly, referred to by the letter "P" followed by the number of interviews as per the final sample, to preserve the identification of respondents. The interviews were recorded and conducted at the institution's premises in a private and quiet place to provide research participants with privacy and confidentiality. The collection was finalized through the saturation criteria, speech singularity, and information redundancy<sup>12</sup>.

Data analysis was performed based on the texts generated from the transcription of the interviews conducted with the nursing staff, based on Bardin's thematic content analysis principles<sup>11</sup>, seeking common or diverse elements in the information obtained.

This research project is part of a larger project entitled "Strategies that promote reception, bonding and autonomy in the context of the Amapá's Psychosocial Care Network", which was approved by the UNIFAP Research Ethics Committee (CEP) on April 26, 2016.

## Results

Seven professionals from the nursing team from both CAPS working shifts (morning and afternoon) participated in the research. Concerning socioeconomic characteristics, there was a predominance of females (six), married (four), with a mean age of 41.8 years, and four nursing technicians had higher education in health. Most professionals (five) had three years of experience in specialized services in the care of people with mental disorders, the same time as the implemented Gentileza CAPS. Six professionals reported having other professional relationships besides CAPS, and only one of them focusing on Mental Health.

Four categories emerged in the thematic analysis of the statement content of these professionals, as follows: Environment as a source of moral distress; Lack of funding and improvisation; Feelings that emerged from the experiences of Moral Distress and Coping Mechanisms of professionals.

### Environment as a source of moral distress

The workers considered that the MD in daily work is associated with insufficient and inadequate structural conditions because the facility provided for care was not prepared as per the characteristics of the service. Therefore, the bad distribution of spaces, constraints, and composition of hazardous materials in the structure was recurrent in the statements:

*This is a house that has been transformed into a center, and we don't have a legal structure to meet our demand. (P1)*

*Our space has much glass. We already had a problem with patients who freaked out and got hurt [...] I see this as a negative point in our space because of our demand. (P2)*

Also, the inadequate spaces limit the holding of workshops, negatively interfering with workers' experience, which is an obstacle towards developing their activities, as follows:

*Because of our structural difficulties, we sometimes cannot provide the work effectively, the way we should. (P6)*

### Lack of funding and improvisation

In this category, the experiences of suffering resulting from scarce resources, listed as the primary source of moral dilemmas among the team, are presented.

The lack of funding and interest of public managers reflects the lack of materials for workshops, food, transportation, causing suffering to professionals, who end up having to use their resources and improvising to avoid the evasion of the service user, as shown below:

*The government pays our salaries by installments, and we still have to pay for service activities to see if we can do anything because neither the health secretariat nor the government supply materials. (P2)*

*If there is a ride we charge, collect a snack, go in our car to take the user there to the square [...] that interferes with our personal life, but it is the least we do for our users. (P3)*

Also, scarcity leads to the reduced number of professionals in the nursing staff due to losses and lack of replacement of professionals, as follows:

*We had many losses without replacement [...]. We asked why and said they have no profile, but the team did not see this justification. We have no technical reserves when someone is on leave. (P4)*

A moral dilemma emerges due to the vast scarcity of material and professional resources, which demands the improvisation of care in some cases, which is reflected by the conflict between the understanding about the right thing to do and the team's criticism about this attitude or lack of resources to meet the need:

*Transcending yourself, waiting for your service to end to provide a patient with home care [...]. There are things you do, but others (professionals) criticize you that you are going beyond your capacity, you cannot let this happen. (P3)*

*In the crisis, talking about what is beyond the dialogue, we do not have an emergency protocol [...]. Sometimes we trigger a service that does not come [...] we see the patient leaving the service in crisis; you go home with a heavy conscience. (P3)*

Finally, the experience of suffering also happens when there is no dialogue between management and the team, as they point out the importance of professionals' participation in decisions that directly influence their work dynamics:

*A manager has to share a few things, especially when it will directly interfere with teamwork. [...] we come to know some things too late, and there's nothing we can do about them. (P5)*

Feelings that emerged from the experiences of Moral Distress

This category shows the feelings arising from the experiences of Moral Distress in CAPS,

among them: demotivation, burnout, discouragement, anguish, powerlessness, and struggle, as per the following statements:

*... We get demotivated, we fall into the pressure-to-perform routine, and there is no way back. (P6)*

*It's the weariness, discouragement; it's a constant pressure to perform... it is tiring, you know? (P6)*

*... I had a feeling of anguish, of helplessness, because I wanted to do something and I was unable to do so... (P7)*

*The feeling is always fighting, never giving up. (P5)*

#### Coping mechanisms of professionals in the face of moral distress

In this category, we show the coping strategies of the Nursing professionals CAPS team as a result of their moral distress experiences. The analysis of this category gave rise to two subcategories: 1) Dialogue/communication between professionals 2) Separating professional life from personal life.

#### Dialogue/communication between professionals

In this subcategory, professionals point to the communication in team meetings, and the informal dialogues between them, as essential mechanisms to cope with moral distress they experience, as per the following statements:

*... when we are a little overwhelmed, we get together. We have our weekly meeting where we share our problems, do our users' case studies and distribute them so we can balance things out here. (P2)*

*... the mechanism had very cool moments with the psychologist, we talked a lot about it because I explained to her right the situation and she contributed a lot for me to deal with these situations ... (P5)*

#### Separating work from personal life

This subcategory points out that CAPS nursing professionals use their ability to leave work-related issues to be resolved and discussed in the workplace so that they do not adversely affect their family environment as their strategy to cope with moral distress.

*... when I leave home, I leave my problems there, and when I leave here, I try to leave the problems here, because if we don't, we end up mixing things up. (P2)*

*... as a professional, I solve what I can solve within the workplace. (P7)*

*... we try to separate a little bit because if we take it home, bring it from home; it gets very complicated. But as I told you, early on, I had many problems absorbing other people's suffering. Nowadays, I can separate this, and it's no longer affecting me. (P5)*

## Discussion

The results showed that the insufficient structure and lack of funds of Gentileza CAPS of Macapá is an essential factor in generating the moral distress of the nursing team in this service, generating negative feelings such as demotivation. However, bonding with colleagues and dialogue was an essential mechanism for coping with this suffering.

The data pointed to the predominance of women among the respondents, with more than one employment relationship, which corroborates other studies that indicate the profile of nursing team professionals<sup>6</sup>. The fact that professionals have other employment relationships can weaken the effect of their activities, as it can generate overload of functions, and even influence the degree of moral distress of these professionals<sup>6</sup>.

Concerning the fragile nature of the service, it is noteworthy that the CAPS in question was installed in a house rented by the State, which causes a situational hazard because it is not designed as per the rules established in the Mental Health Care Policy. This structural problem is of concern since individual and collective care are directly harmed by the inadequate structure<sup>10</sup>, besides being a harmful environment for the user himself.

We can observe that the services underpinning the Psychosocial Care Network (RAPS) lack the ideal structure or funding due to several factors, among them the health and education policies adopted by the federal government in recent years<sup>13</sup>. The identification of this underfunding is of concern because the Psychiatric Reform requires constant reinforcement and support to become effective in its practice<sup>14</sup>.

Besides the underfunding of psychosocial care services is the publication of resolutions<sup>15</sup>, such as 32/2017, which propose guidelines for RAPS, but guidelines that clash with the Psychiatric Reform and Law 10.216/2001 by reinforcing the maintenance and expansion of psychiatric beds<sup>16</sup>. These readjustments maintain the hospital-centered

model guided by medicalization, sensitive only to the lenses of those who work daily in a mental health service that does not receive the necessary funds for activities in pursuit of the autonomy of people with mental disorders<sup>14</sup>. This fact further reinforces the need for more significant intersectoral partnerships focused on multi-professional support practices, to strengthen health teams and dilute less severe demands to other services of the health network, introducing the community in this care<sup>17,18</sup>. However, even reinforcing partnerships, deficient services make improvisation part of the practice of nursing professionals in these places, requiring more dedication and effort from the team to ensure effective care<sup>3</sup>.

The characteristic of this experience is the concept of moral dilemma, which is a situation in which the worker is forced to choose a path between two or more courses without, however, one of them showing a characteristic of being more proper<sup>4</sup>. These situations can have adverse consequences for maintaining the moral integrity of subjects exposed to these conditions, as moral values are inseparable from professional and personal integrity<sup>3-5</sup>. This reaction shown as a manifestation of protection and preservation of professional values, or even of their professional identity, can generate conflicts and destabilize the team, breaking into the adoption of different care lines, following the criteria of moral judgments<sup>3</sup>, as identified in the statements. Emotional manifestations were also observed, represented by feelings of demotivation, discouragement and emotional tiredness as a response to the initial moral distress, understood as a consequence of the psychological imbalance experienced by professionals in the face of barriers to performing actions and behaviors that they consider to be correct, and are prevented from performing them<sup>7</sup>.

They believe that these feelings are linked not only to the lack of resources but also to the lack of public management in maintaining the service. The deficient model of organizational management generates insecurity, dissatisfaction, and frustration in the professionals, which ends up causing professionals to not feel well in the workplace, and constant tension<sup>19</sup>. Thus, it is observed that moral distress is also a consequence of local organizational and structural mismanagement, in this case, poor management of mental health in the state of Amapá.

As we can see, the nursing professionals at Gentileza CAPS, despite facing moral distress, can seek mechanisms to resist the conflicts of their daily work, either through dialogues through

meetings or informal conversations between professionals from another area. Communication strategies such as team meetings are used as attempts to improve the work environment<sup>20</sup>. A study pointed out that productive dialogue is a very positive strategy between managers and teams, highlighting the relevance of meetings between the nursing team since meetings allow observing a higher perception of moral distress in the team<sup>21</sup>.

Still, in this context, and affirming the importance of team partnership, a study pointed out that nurses have greater freedom to talk about moral distress with colleagues than with their boss<sup>6</sup>. They consider that this result reflects the institution's lack of attention to the thorny daily ethical issues, and that it is necessary to have a receptive perspective so that professionals feel welcomed and express their difficulties and fears without being retaliated<sup>6</sup>.

Thus, communication is an essential tool in coping with moral distress by the CAPS nursing professionals studied. Coping mechanisms such as this assist in the prevention of moral distress, and also strengthen interpersonal relationships in the service, which are an essential instrument for nursing actions, as it contributes to professionals developing social skills<sup>22</sup>.

The results also point out that CAPS professionals realize that, in general, separating professional life from personal life is a way of preventing the work-imposed distress, whether dealing with patients with severe and persistent mental disorders or when facing the insufficient labor resources. This requires the professional to be equipped with rationality, resilience, and self-control so as not to be emotionally involved with users' conflicts<sup>23</sup>.

Thus, we can observe that nursing professionals require emotional intelligence, which generates positive consequences not only for the care provided to users but also for the nurses themselves, as it enables the professional to recognize, understand and regulate their emotions and feelings, those of others, distinguishing them and using this information to guide their conduct and thoughts<sup>24</sup>.

### Final considerations

In this study, we observed that Macapá Gentileza CAPS professionals experience MD in their daily lives, associated with structural environment issues and insufficient (human and material) re-

sources that resulted in feelings of helplessness, discouragement, demotivation, and struggle. However, this MS allowed these professionals to build coping mechanisms against MD, among them dialogue and sharing anguish with the team.

It is noteworthy that the CAPS and the multi-professional team in this health facility emerge as essential instruments in ensuring the implementation of the psychosocial care model, changing the medicalization-centered paradigm, through proposals that include integrative practices and new arrangements in the work process and the interaction between users and professionals.

Thus, it is expected that public management has a greater knowledge of the strategic role that CAPS plays in the Psychosocial Care Network, which involves the promotion of mental health, treatment and rehabilitation of subjects with se-

vere and persistent psychological distress, thus requiring adequate and healthy means for the implementation of the work, thus reducing the likelihood of aggravating moral and psychological distress of professionals present there.

The study is limited by the non-adherence of all professionals and their difficulty in expressing themselves about moral suffering, as it is a new and sophisticated theme. Therefore, we believe that this result may be related to the fear of revealing their impressions, the institutional political issues, or even to the disbelief that the study will bring changes to the service. Further studies with Mental Health professionals are required to stir more discussion around the subject, since professionals in this area have the intrinsic characteristics of dealing in their routine with mentally distressed patients, and must balance their moral conflicts with the patient's suffering.

## Collaborations

CA Oliveira participated in the analysis and interpretation of data, as well as drafting the paper and critical review. DCP Oliveira, EM Cardoso and ES Aragão participated in the conception, design, analysis, drafting of the paper, and critical review. M Nollí participated in the conception, design, analysis, and critical review, and approval of the version to be published.

## References

1. Jameton A. *Nursing practice: the ethical issues*. Englewood Cliffs: Prentice-Hall; 1984.
2. Shoji S, Souza NVDO, Farias SNP, Vieira MLC, Progi-anti JM. Proposals for improving working conditions at an outpatient clinic: the nursing standpoint. *Esc Anna Nery-Rev Enferm* [periódico na Internet]. 2016 Jan-Jul [acessado 2018 Ago 20]; 20(2): [cerca de 6 p]. Disponível em: [http://www.scielo.br/scielo.php?pid=S1414-81452016000200303&script=sci\\_arttext&tlng=en](http://www.scielo.br/scielo.php?pid=S1414-81452016000200303&script=sci_arttext&tlng=en)
3. Barlem ELD, Lunardi VL, Lunardi GL, Tomaschewski-Barlem JG, Silveira RS, Dalmolin GL. Sofrimento moral em trabalhadores de enfermagem. *Rev Lat Am Enfermagem* [periódico na Internet]. 2013 Jan-Fev [acessado 2018 Set 02]; 21(spe): [cerca de 8 p]. Disponível em: [http://www.scielo.br/pdf/rlae/v21nspe/pt\\_11.pdf](http://www.scielo.br/pdf/rlae/v21nspe/pt_11.pdf)
4. Schaefer R, Vieira M. Ethical competence as a coping resource for moral distress in nursing. *Texto Contexto Enferm* [periódico na Internet]. 2015 Abr-Jun [acessado 2016 Jul 27]; 24(2): [cerca de 10 p]. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0104-07072015000200563](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072015000200563)
5. Silvino MCS, Wakiuchi J, Costa JR, Ribeiro AL, Sales CA. Vivências do sofrimento moral na equipe de enfermagem. *Rev de Enf UFPE* [periódico na Internet]. 2016 Mar [acessado 2018 Ago 23]; 10(3): [cerca de 8 p]. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/11058/12477>
6. Schaefer R, Zoboli ELCP, Vieira M. Sofrimento moral em enfermeiros: descrição do risco para profissionais. *Texto Contexto Enferm* [periódico na Internet]. 2018 [acessado 2018 Dez 17]; 27(4): [cerca de 10 p]. Disponível em: <http://www.scielo.br/pdf/tce/v27n4/0104-0707-tce-27-04-e4020017.pdf>
7. Cardoso CML, Pereira MO, Moreira DA, Tibães HBB, Ramos FRS, Brito MJM. Sofrimento Moral na Estratégia de Saúde da Família: vivências desveladas no cotidiano. *Rev Esc Enferm USP* [periódico na Internet]. 2016 [acessado 2018 Ago 23]; 50(esp): [cerca de 7 p]. Disponível em: [http://www.scielo.br/pdf/reeusp/v50nspe/pt\\_0080-6234-reeusp-50-esp-0089.pdf](http://www.scielo.br/pdf/reeusp/v50nspe/pt_0080-6234-reeusp-50-esp-0089.pdf)
8. Briesse G, Lunardi VL, Azambuja EP, Kerber NPC. O Sofrimento Moral dos Agentes Comunitários de Saúde. *Cienc Cuid Saúde* [periódico na Internet]. 2015 Abr-Jun [acessado 2018 Set 23]; 14(2): [cerca de 8 p]. Disponível em: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/17696/14746>
9. Silveira LR, Ramos FRS, Schneider DG, Vargas MAO, Barlem ELD. Sofrimento moral em enfermeiros dos departamentos de fiscalização do Brasil. *Acta Paul Enferm* [periódico na Internet]. 2016 [acessado 2018 Dez 18]; 29(4): [cerca de 9 p]. Disponível em: <http://www.scielo.br/pdf/ape/v29n4/1982-0194-ape-29-04-0454.pdf>
10. Bittencourt MN, Oliveira DCP, Souza RPO, Pena JLC, Pantoja PVN, Pereira MO. A experiência da ouvidoria em um Centro de Atenção Psicossocial álcool/drogas. *Rev Bras Enferm* [periódico na Internet]. 2018 [acessado 2019 Abr 24]; 71(Supl. 5): [cerca de 8 p]. Disponível em: [http://www.scielo.br/pdf/reben/v71s5/pt\\_0034-7167-reben-71-s5-2287.pdf](http://www.scielo.br/pdf/reben/v71s5/pt_0034-7167-reben-71-s5-2287.pdf)

11. Bardin L. *Análise de Conteúdo*. Lisboa: Edições 70; 1977.
12. Fontanella BJB, Ricas J, Turato ER. Amostragem por Saturação em Pesquisas qualitativas em saúde: contribuições teóricas. *Cad Saude Publica* [periódico na Internet]. 2008 Jan [acessado Set 17]; 4(1): [cerca de 11 p]. Disponível em: <http://www.scielo.br/pdf/csp/v24n1/02.pdf>
13. Paim J, Travassos C, Almeida C, Bahia L, Macinko J. O sistema de saúde brasileiro: história, avanços e desafios. *Veja* [periódico na Internet]. 2012 [acessado 2018 Dez 17]; 6736(11): [cerca de 21 p]. Disponível em: [http://actbr.org.br/uploads/arquivo/925\\_brazil1.pdf](http://actbr.org.br/uploads/arquivo/925_brazil1.pdf)
14. Amarante P, Torre EHG. Loucura e diversidade cultural: inovação e ruptura nas experiências de arte e cultura da Reforma Psiquiátrica e do campo da Saúde Mental no Brasil. *Interface (Botucatu)* [periódico na Internet]. 2017 [acessado 2018 Set 17]; 21(63): [cerca de 11 p]. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_abstract&pid=S1414-32832017000400763&lng=en&nrm=iso&tlng=pt](http://www.scielo.br/scielo.php?script=sci_abstract&pid=S1414-32832017000400763&lng=en&nrm=iso&tlng=pt)
15. Brasil. Ministério da Saúde (MS). Resolução n° 32, de 14 de dezembro de 2017. Estabelece as Diretrizes para o Fortalecimento da Rede de Atenção Psicossocial (RAPS). *Diário Oficial da União* 2017; 15 dez.
16. Amarante P, Nunes MO. A reforma psiquiátrica no SUS e a luta por uma sociedade sem manicômios. *Cien Saude Colet* [periódico na Internet]. 2018 [acessado 2018 Out 30]; 23(6): [cerca de 8 p]. Disponível em: [http://www.scielo.br/scielo.php?pid=S1413-81232018000602067&script=sci\\_abstract&tlng=pt](http://www.scielo.br/scielo.php?pid=S1413-81232018000602067&script=sci_abstract&tlng=pt)
17. Alves SR, Santos RP, Oliveira RG, Yamaguchi MU. Serviços de saúde mental: percepção da enfermagem em relação à sobrecarga e condições de trabalho. *Rev Pesquisa e Cuidado é Fundamental* [periódico na Internet]. 2018 Jan-Mar [acessado 2018 Out 30]; 10(1): [cerca de 5 p]. Disponível em: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/5929/pdf>
18. Leal BM, Antoni C. Os Centros de Atenção Psicossocial (CAPS): estruturação, interdisciplinaridade de intersetorialidade. *Aletheia* [periódico na Internet]. 2013 Jan-Abr [acessado 2018 Dez 18]; (40): [cerca de 15 p]. Disponível em: <http://pepsic.bvsalud.org/pdf/aletheia/n40/n40a08.pdf>
19. Augusto MM, Freitas LG, Mendes AM. Vivências de prazer e sofrimento no trabalho de profissionais de uma fundação pública de pesquisa. *Psicol em Rev* [periódico na Internet]. 2014 [acessado 2018 Out 17]; 20(1): [cerca de 22 p]. Disponível em: <http://pepsic.bvsalud.org/pdf/per/v20n1/v20n1a04.pdf>
20. Santos NAR, Gomes SV, Rodrigues CMA, Santos J, Passos JP. Estratégias de enfrentamento utilizadas pelos enfermeiros em cuidados paliativos oncológicos: revisão integrativa. *Cogitare Enferm* [periódico na Internet]. 2016 Jul-Set [acessado 2018 Jan 28]; 21(3): [cerca de 8 p]. Disponível em: <https://revistas.ufpr.br/cogitare/article/view/45063/pdf>
21. Barlem ELD, Lunardi VL, Lunardi GL, Barlem JGT, Silveira RS. Sofrimento moral no cotidiano da enfermagem: traços ocultos de poder e resistência. *Rev Lat Am Enfermagem* [periódico na Internet]. 2013 [acessado 2018 Jan 27]; 21(1): [cerca de 8 p]. Disponível em: [http://www.scielo.br/pdf/rlae/v21n1/pt\\_v21n1a02.pdf](http://www.scielo.br/pdf/rlae/v21n1/pt_v21n1a02.pdf)
22. Molloy J, Evans M, Coughlin k. Moral distress in the resuscitation of extremely premature infants. *Nurs Ethics* [periódico na Internet]. 2015 Abr [acessado 2018 Jan 28]; 22(1): [cerca de 11 p]. Disponível em: [http://journals.sagepub.com/doi/full/10.1177/0969733014523169?url\\_ver=Z39.88-2003&rfr\\_id=ori:rid:crossref.org&rfr\\_dat=cr\\_pub%3dpubmed](http://journals.sagepub.com/doi/full/10.1177/0969733014523169?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%3dpubmed)
23. Ferreira CRC, Leitão DS. A inteligência emocional da equipe de enfermagem de um Hospital em Salvador. *Rev Inic Ciên – RIC Cairu* [periódico na Internet]. 2017 Jan [acessado 2018 Jan 28]; 01(3): [cerca de 18 p]. Disponível em: [https://www.cairu.br/ricairu/pdf/artigos/3/08\\_INTELIGENCIA\\_EMOCIONAL.pdf](https://www.cairu.br/ricairu/pdf/artigos/3/08_INTELIGENCIA_EMOCIONAL.pdf)
24. Giménez-Espert MCG, Gascó VJP. Inteligência emocional em enfermeiros: a escala *Trait Meta-Mood Scale*. *Acta Paul Enferm* [periódico na Internet]. 2017 [acessado 2019 abr 22]; 30(2): [cerca de 6 p]. Disponível em: <http://www.scielo.br/pdf/ape/v30n2/1982-0194-ape-30-02-0204.pdf>

---

Article submitted 30/04/2019

Approved 20/08/2019

Final version submitted 04/10/2019