



## The moral deliberation process of college nursing professors in view of moral distress

Alessandra Mendes de Barros<sup>a</sup>, Flávia Regina Souza Ramos<sup>a,\*</sup>, Priscila Orlandi Barth<sup>a</sup>,  
Maria José Menezes Brito<sup>b</sup>, Heloiza Maria Siqueira Rennó<sup>c</sup>, Jéssica Mendes Rocha<sup>a</sup>

<sup>a</sup> Health Science Center, – Federal University of Santa Catarina, Florianópolis, SC, Brazil

<sup>b</sup> Nursing School, – Federal University of Minas Gerais, Belo Horizonte, MG, Brazil

<sup>c</sup> Federal University of São João Del Rei, São João Del Rei, MG, Brazil

### ABSTRACT

**Study aim:** To discover college nursing professors' deliberation and coping strategies in view of moral distress.

**Design:** Qualitative study with a descriptive and exploratory design.

**Setting and participants:** The participants were 12 college nursing professors who taught at three public universities in Brazil.

**Methods:** The adapted Delphi method was applied. The data were collected in three phases with concomitant data collection and analysis.

**Findings:** Moral distress in teaching can lead to the development of strategies that promote moral deliberation through individual and collective actions, including the defense of principles and dialogue. At the same time, it can produce compensatory mechanisms of preservation and no personal involvement, as well as perceptions of impotence and discouragement, which do not lead to the construction of alternatives of resistance and deliberation. There is no polarization between professor who deliberate or not, as these can be mobile positions taken at certain times and in certain situations, influenced by bonds and support conquered in the group, and not just by leadership and personal characteristics.

**Conclusion:** Dialogue is a fundamental tool for the practice of moral deliberation in the conflicts and challenges of teaching work.

**Descriptors:** Faculty, Nursing; Moral Development; Choice Behavior; Interpersonal Relations.

### 1. Introduction

In view of the restructuring of production modes, increased market competition and constant technological advances, significant changes have been taking place in the world of work (Moraes and Nogueira, 2014). The multiple work environments in the educational area and the various types of university activities include those developed by nursing workers.

With regard to the work process of college professors in nursing, demands and overloads permeate this universe, such as: academic production; pedagogical innovations; involvement in research; university extension; administrative activities (Cupertino et al., 2014; Martins et al., 2013). Lack of time, lack of organizational support, conflicts with other professionals, bullying, academic admission standards, moral harassment, coercive hierarchy, unequal division of tasks, lack of autonomy, lack of interest among students, institutional policies and different ethical and legal limits associated with the decision-making process can make teachers experience what is called moral anguish/distress (Barlem et al., 2013; Emamzadeh Ghasemi et al., 2014; Ganske, 2010; Salminen et al., 2015; Simbula, 2010; Wu et al.,

2013).

Moral distress was introduced in nursing discussions in the 80's through the philosopher Jameton, who called this phenomenon a psychological and physical imbalance that occurs when the nurse experiences a situation of moral inquiry, and cannot or is unable to develop the action in a morally correct manner due to the barriers imposed, such as institutional, organizational and relational barriers (Jameton, 2013).

With the advancement of discussions about moral distress and studies developed both internationally and in Brazil (McCarthy and Gastmans, 2015), this study encompasses the concept of moral distress as a procedural phenomenon, consisting of ethical-moral elements that interfere in the experience of each individual, these being the moral problem, moral uncertainty, moral sensitivity, moral deliberation and ethical-moral skills. Thus, moral distress is experienced when there is an interruption or failure of the moral deliberation process, generating negative consequences for the professional. At the same time, such interruptions or failures can also generate reflections on the deliberation process when the professionals use their ethical-moral competences (Barlem et al., 2014; Borhani et al., 2015; Corley et al., 2005; Dalmolin

\* Corresponding author at: Federal University of Santa Catarina, Campus Reitor João David Ferreira Lima, s/n - Trindade, Florianópolis, - SC 88040-900, Brazil.  
E-mail address: [flavia.ramos@ufsc.br](mailto:flavia.ramos@ufsc.br) (F.R.S. Ramos).

et al., 2014; McCarthy and Gastmans, 2015; O'Connell, 2015; Barlem and Ramos, 2015; Ramos et al., 2016a, 2016b; Ramos et al., 2017).

Moral distress is a severe problem and can entail consequences for the professional, such as experiencing feelings of dissatisfaction, frustration, fear, anguish, physical and emotional symptoms, affecting the relationship with students, colleagues and the institution itself, compromising the quality of teaching (Ganske, 2010; Ramos et al., 2016b; Ribeiro et al., 2014).

Given the seriousness of the problem exposed, there is a continuing need to strengthen the ability of professionals to deal positively with the ethical demands in their work environment. It is within this context that moral deliberation is the intellectual procedure *par excellence* intended to choose prudent alternatives. This choice relates to decisions about what to do or not to do (Ganske, 2010).

The deliberation stems from the recognition and acceptance of reality, which results in the need to enrich the understanding of things and facts based on the inclusion of different views and perspectives (Zoboli, 2013). The practice of moral deliberation in moral distress is applied at the moment of decision making, when the professional is prevented from making the morally correct decision. Even after having selected the undesired alternative, professionals can experience moral deliberation as a tool for reflection (Ramos et al., 2017).

Immersed in this universe, moral deliberation is intrinsic in the professionals' subjective perception, based on their ethical principles and moral values, beliefs, knowledge and experiences. It underlies inferences on the professionals' relationship with ethical practice (Schneider and Ramos, 2011).

In this context, it is important to identify how college professors in nursing are using the process of moral deliberation in response to experiences of moral distress, with a view to the proposal of future strategies to manage this phenomenon. Thus, the objective of this study is to know the strategies of deliberation and coping college teachers in nursing developed in view of moral distress.

## 2. Method

### 2.1. Study Design

An exploratory and descriptive study with a qualitative approach was carried out through the Delphi method, which serves to establish constructs and their respective elements related to the theme of the study.

The Delphi Technique was adopted, adapted to the study objectives, particularly to the participatory nature of the theorization or elaboration of the constructs about the object. Although there are references to both technique and method (Munaretto et al., 2013; Scarparo et al., 2012), we have adopted the term 'adapted method'.

Over time, the Delphi method started to be applied as a predictive procedure in the business, sociological and health areas and in the implementation of new technologies (Munaretto et al., 2013). It is considered a systematized method to judge information for the deduction and refinement of opinions of a group of people, through validations that are articulated in phases or cycles (Silva et al., 2009).

The method is based on the assumption that the collective judgment, when organized, is better than the opinion of a single individual, through the application of structured questionnaires that circulate among the participants. Statistical feedback is provided on each response until a consensus is reached (Munaretto et al., 2013). As the method was applied to the study with a qualitative approach, consensus was sought not in statistical terms, but in terms of theoretical consistency.

### 2.2. Procedure and Sample

The research was carried out at three Nursing Schools/Departments of Brazilian public universities. The sample consisted of 12 college

nursing professors selected by convenience, based on the following criteria: professors working in the undergraduate, graduate program or both, with a minimum of three years of teaching experience. Initially, prior contact was made by electronic mail with the possible study participants. The project was presented with its objectives, purposes and future contributions to nursing and the professors were invited to participate in the study.

The data collection process was adapted from the configurations of the Delphi method. This means that confirming the candidates' interest in participating in the research was extremely important to prevent their abstention. Thus, the initial group consisted of the contacts who confirmed their willingness to participate in the study (14 professors) but, in the second round, the number of participants decreased by two after reading the definition of moral distress described in the questionnaire, judging that they had never experienced this phenomenon. It was decided not to replace the teachers who had left the research.

The questionnaire applied in the first round consisted of questions related to the subjects' sociodemographic characteristics, such as age, sex, state of work, year of graduation, complementary training (specialization, Master's, doctorate, post-doctoral program), length of experience in the institution, theoretical and practical workload, work scenario (hospital/primary health care/others), research, community service and student advice activities.

After the initial characterization, the questionnaire contained the concept of moral distress adopted in the study and three open questions: Thinking about the above concept, could you describe an experience of moral distress in your daily life as a college professor in nursing? Thinking about your different roles as a professor, could you identify situations that you consider as potentially triggering or influencing the process of moral distress you or your colleagues face in your daily work? Please cite these situations or describe them synthetically. Considering your experience with moral distress in daily teaching, how have you been coping with this; or how do you perceive the most common form of coping in your workplace?

### 2.3. Data Collection

The data were collected in three stages from March to August 2015. In the first stage, a semistructured questionnaire was sent to the participant via the web, containing the following guiding question: Considering your experience with moral distress in daily teaching, how have you been coping with this; or how do you perceive the most common form of coping in your workplace? In the second stage, after receiving the answers from the first stage, an analysis was undertaken with in-depth reading of the results, grouping similar experiences by formulating initial constructs and their respective elements. This was again forwarded through the web and the participants were asked to mark with an "X" if they considered the elements valid, partially valid or not valid. In addition, they could offer suggestions on the formulation of the construct. The items were reformulated in accordance with the method and again presented in the third stage, when their content and formulation were again judged and then approved. In Fig. 1, a synthesis of the Delphi study is presented in three stages.

### 2.4. Data analysis

The data analysis was done in combination with the data collection, in successive stages after each round of the method. After the first round of opinions, when the instruments had been returned, the data were organized, processed and subject to descriptive analysis, trying to associate the main arguments with the different response trends, considering the level of consensus and the theoretical framework used.

Similar situations were articulated in the form of integrative assertions that preserved the meaning the participants had attributed. When it came to situations only one participant had manifested, these were also incorporated for subsequent re-presentation to all professors,

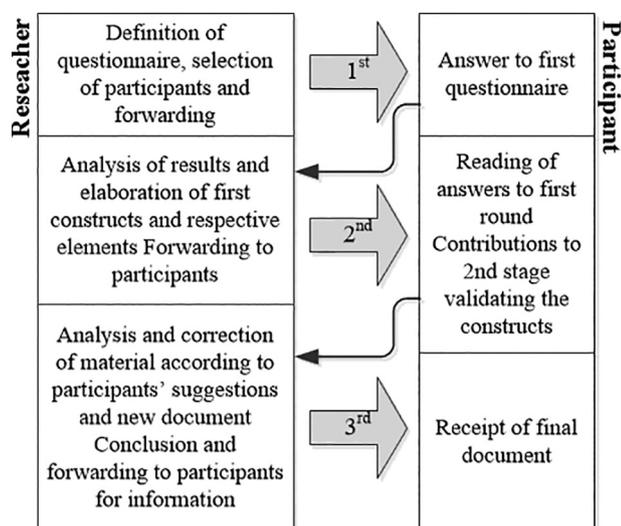


Fig. 1. Synthesis of the Delphi method stages. Created by the authors.

considering that, even if not initially indicated by the majority, they could be recognized and validated in the second round. Thus, the consensus was sought in the second round, when all the synthesized and articulated contents were submitted to the group. This consensus was considered when 10 of the 12 professors who took part in the second round did not object to the contents, expressing full agreement or suggesting only improvements in the clarity of the text. These were resumed in the final round.

### 2.5. Ethical Considerations

This research was based on the ethical-legal principles of Resolution 466/12 and Resolution 510/2016 of the Brazilian National Health Council (CNS). The study is part of the multicenter macro-project managed by three Brazilian federal universities, which received approval from the following Research Ethics Committees: Federal University of Santa Catarina (decision 602.598-0 of 02/10/2014), Federal University of Minas Gerais (602.603-0 of 01/31/2014) and Federal University of Rio Grande (511.634 of 01/17/2014).

Participants were informed about the study by means of the informed consent form (TCLE), containing the purpose and procedures of the research, as well as the possibility to refuse participating at any time. To guarantee the participants' anonymity, they were identified by means of the abbreviation NP (Nursing Professor), in the numerical order in which the interviews were read (NP1, NP2, NP3, NP4,...).

### 2.6. Rigor

In this study, rigor was considered in relation to the reliability, auditability and transferability (Lincoln and Guba, 2000). The primary researchers were involved in the data analysis to establish reliability. Preliminary results were returned to the participants for clarification and confirmation, contributing to the reliability and the rigor of the Delphi method adopted in the study to construct the categories.

## 3. Findings

Based on the data analysis, two constructs were constructed and validated by the participants, who reached a consensus after the final stage of the Delphi method. Overall, the participants described experiences and situations, which were used to combine elements that resulted in the elaboration of a construct. In Fig. 2, the construction model of the constructs contained in the results is displayed.

Concerning the elements described above in **construct 1**, to cope

with the situations that trigger the experience of moral distress in their daily work, the nursing professors resort to individual or collective strategies. Some values support the professors' position towards those situations, particularly related to the search for conciliation and coherence. In this sense, values are reconciled which are focused on collective goods (conciliation as the base of democracy, participation, respect for diversity, equality and civility) and internal goods (coherence with principals and individual forms of acting, with awareness of oneself and one's personal commitments).

In addition, according to the following reports, the dialogue with their peers mitigates the impact and strengthens them in situations of moral distress.

*"I try to appeal to colleagues, talk with them as a way to relieve suffering"* (NP 9).

*"The coping, in most cases, consists of an alliance with other colleagues who think in a similar way. The strength of the group can be stronger than management if we know how to articulate and show consistent arguments"* (NP 14).

*"I confront by discussing and problematizing with the stakeholders, sharing the decisions made and/or conflicting situations experienced"* (NP 12).

*"In the academy, it is difficult to interfere in situations of moral distress caused by colleagues, but I believe that taking on leadership positions permits interference and minimizes effects, also welcoming" the victims "and trying to make them feel better by showing their value and showing the misunderstanding"* (NP 8).

In the elements present in **construct 2**, the professors' discourse reveals individual strategies of distance and search to understand and accept limits, in view of situations that trigger the experience of moral distress. This strategy is related to self-preservation, which, while reducing involvement in problem solving and limiting contact with the stakeholders, is also taken as protective and necessary to maintain other activity fronts.

The boundaries between situations of apparent self-denial, defensive distancing or mechanisms of negotiation and compensation that involve many conflicting situations (losses and gains in relations and clashes) cannot be clearly discernible in the reports on the self and on what is verified in group relationships.

*"Particularly, I try to distance myself from situations and people who have behaviors that manipulate and depreciate and I end up engaging in other activities that generate greater competition. With my colleagues, the relationship is just work and, therefore, I have few friends to share and identify myself with"*(NP 2).

*"Generally, people are silent in view of certain situations. That is, it is preferable to keep silent, not to express opinions in order to safeguard oneself, which usually causes stress"* (NP11).

*"I realize that, when present in my experience as a nursing professor, it is confronted with great frustration at the impossibility of changing social situations that are impossible to change"* (NP4).

When deliberation occurs, we have to admit that there are more solutions than those found and, like in certain decisions and problems, some develop their potential for criticism and solution more effectively. This same leadership can be contradicted and obstructed in other situations.

## 4. Discussion

Normally, moral deliberation implies the relationship among different stakeholders who seek a shared solution, guided by the practice of dialogue, non-coercion, criticism and openness to change views and positions (Ramos et al., 2016a, 2016b).

The exchange of experiences with the other does not only favor the deliberation process towards prudent and responsible decision making, but also contributes to the promotion of ethical reflection. Ethical reflection, in turn, is of help in the action process of who experiences moral distress (Ribeiro et al., 2014).

| <b>CONSTRUCT 1</b>   |  |
|--|--|
| When confronted with moral distress, <b>the teacher develops different strategies</b> to cope with and deliberate on the situation individual or collectively.                 |  |
| <b>ELEMENT A</b>   | Share ideas and problems, seeking support from colleagues with bonds of trust and personal and professional affinity.                  |
| <b>ELEMENT B</b>   | Assume a posture of leadership, taking a stand and defending action coherent with one's principles, even when representing a minority. |
| <b>ELEMENT C</b>   | Dialogue with the stakeholders, problematizing the situation and seeking transparent and conciliatory alternatives.                    |
| <b>CONSTRUCT 2</b>   |  |
| When confronted with moral distress, <b>the teacher is unable to develop coping strategies</b> , choosing compensatory mechanisms, non-involvement or denial of the situation. |  |
| <b>ELEMENT A</b>   | Develop gratifying compensations beyond the academic space, in physical and leisure activities, family and friendship relationships.   |
| <b>ELEMENT B</b>   | Preserve oneself through isolation and non-involvement in certain situations and people.   |
| <b>ELEMENT C</b>   | Deny or ignore the situations that cause suffering, frustration and impotence. "Pretend that it does not exist".                       |
| <b>ELEMENT D</b>   | Feel powerless, discouraged and/or without any possibility or strategy to cope with some situations.                                   |

Fig. 2. Elaboration model of the constructs and validation of their respective elements.

In this study, the dialogue with peers was evidenced as a tool for deliberation in response to the experience of moral distress, considering that the deliberation process is individual and at the same time collective, as the search for prudent and fair solutions requires listening, weighting and opening to different views. Although dialogue is highlighted as an instrument for action, it could also be considered as a permanent mediator in the dispute among values (good for oneself and good for the group). Being coherent with oneself, even when defending positions, and being compromising and negotiating at the same time, involves dialogue – with oneself and one's own limits, with the others and their limits.

In addition, it is also appointed in the study that leadership is of help in the team deliberation process, strengthening the relationships among the teachers. Nurses have studied the role of leadership and of the organizational culture to achieve care and care management objectives, also incorporating the notion of "workplace culture" as the most immediate culture experienced by team, or as the culture that most directly impacts the individual experience, perceived as lying within the reach or under the influence of their workers, of their values, ways of doing and living together (Beardsmore and McSherry, 2017). In the case of the academic environment, this approach may be very useful, as it can privilege the microspaces in which teachers relate with one another, around subjects, specialties, research projects, commissions, among others; without neglecting broader institutional cultures and university policies. The study showed that the larger conflicts as well as the deliberation alternatives involve this surrounding work environment, of the circle of colleagues, with whom the daily situations are confronted and with whom they engage in conflicts – seeking support and strengthening and also standing up against, defending and opposing themselves.

The organizational context should be cautiously valued for the risk of approaching bad behaviors in an overly comprehensive way, reinforcing the image of defenseless victims and denying individual responsibility in view of external factors, even if unfavorable. It is then necessary to integrate the focuses in the individual and the context, emphasizing the moral agency of the professionals, promoting their equipping or training for action, for professionalism and moral resilience, even in the face of moral distress (Gallagher and Jago, 2018).

Moral agency can be enabled or limited in institutional and socio-cultural contexts, hostage to corporate logics, requiring the incorporation of moral distress into theoretical and policy frameworks that guide and provide regulatory support for practitioners to restore agency and moral integrity and well-being (McCarthy and Monteverde, 2018).

In the academic context, the relationships among professors strengthen ethical practice, creating a collective identity. When they experience situations of moral distress, they manage to deliberate and face them with the support of their colleagues (Marinho et al., 2016). The individual who experiences moral distress needs to act, breaking with different feelings that may emerge, such as indifference, fear, guilt, and it is from this perspective that the moral courage emerges, which is characterized by acting in harmony with ethical values, defending what one believes to be morally correct, even in the face of personal and professional risk and the condition of being alone (Zoboli, 2012).

Moral courage is the summit of ethical behavior, because it requires a firm commitment to fundamental ethical principles, despite the potential risks of shame, isolation from colleagues, threat to one's reputation, retaliation and job loss (Ganske, 2010). Considering that one who does not have moral courage is inert to the situation is a simplistic analysis that can lead to feelings of guilt on the part of those who experience the conflict. Acceptance and apparent immobility towards

what exists can be understood as a strategy to cope with moral distress. The professors seek silently and, in an apparent omission, perform what they believe to cause less suffering (Zoboli, 2013).

For the professionals who participated in this study, it seems less painful to remain silent, considering the forces at stake and the consequences for themselves and for the collective goals. This does not necessarily indicate lack of moral courage or alienation, but a momentary attitude, while other alternatives are elaborated. Based on this analysis, it is not possible to attribute ethical value or appreciation through simple reports of feelings and situations experienced, without considering the complexity of the problems and the dynamics of the relationships.

Agreeing with what is established and following what the organization determines can be either a momentary distancing or withdrawal from the solution conceived as more correct, but it can also be tactical, aiming for the construction of new opportunities to express transformative forms of ethical resistance, facing the same situation or another present or future situation that may be considered a priority.

In addition, the professors' ethical-moral competencies are essential for the moral deliberation process. They establish good communication among colleagues, students and managers and strengthen the professors' commitment to solving existing problems (Emamzadeh Ghasemi et al., 2014). The professors mention these competencies in the confrontation strategies, when they use leadership, communication, dialogue, taking a stand and defending action coherent with their principles. Through these results, the approach adopted in the study could be strengthened, articulating moral distress and moral deliberation, keeping in mind that seeing distress as an obstacle or impediment to the complete closing of the deliberation process is a positive way of situating it not merely as a problem, but as a problem that promotes new skills, clarifies subjective values and positions (where I am and who I am here and now). This approach has served as the framework for this and other studies by the authors (Ramos et al., 2016a, 2016b), also demonstrating its applicability in the case of the nursing teachers.

Although significant progress has been made in the study of moral distress, increasing investigation on the theme remains necessary in diverse areas of practice, moving beyond victimization and letting go of the narrative of powerlessness and despair.

In view of the results found, it is important to be aware that the deliberation aims to find the ideal, correct and prudent decision, but it is impossible to polarize between professors who deliberate, engage and build collective strategies on the one hand and, on the other hand, teachers who represent the opposition to that, or simply annul and omit themselves. The most important is to question the reasons why these professionals allow themselves to accept certain contexts as immutable or natural, giving up the possibility of ethically resisting situations that cause moral distress (Barlem et al., 2014).

While certain individual “profiles” are recognized, the two constructs are not waterproof and do not identify fixed roles and personalities, but mobile positions in which everyone seems to move, at different times, although the way they “bother”, reflect ethically and mobilize for the sake of just deliberation may be quite different.

## 5. Conclusions

In view of the problems of daily work the research participants faced, resulting in situations of moral distress, it is noticed that some teachers use strategies of ethical coping, in order to ensure and preserve professional values. Nevertheless, often, the option of some nursing professionals may fall into immobility and the absence of building ethical resistance strategies.

Regardless of the position these professionals take in specific situations, this study confirms the conceptual framework used in the macro-research, emphasizing a double face of moral distress, especially its productive expression linked to the construction of ethical competences, which extrapolate the “situation” to a connotation of “process”.

In this view, moral distress promotes reflection and sensitivity and mobilizes moral deliberation. Even if it is impaired or interrupted, it promotes new future conditions for ethical positioning alternatives and, above all, grants visibility to moral problems that could remain hidden or strange to personal experience.

It should be emphasized that the responsibility is not only of the person who is experiencing the moral distress. The responsibility is collective, involving colleagues, managers and class entities. Therefore, it is necessary to help those who suffer, acting in the face of this situation, not accepting it and having the courage to confront it, revealing oneself explicitly against this unethical behavior, even when others omit themselves or have a diverging opinion.

The study results make it possible to enhance the development of other studies related to the subject, as the scientific production on moral distress in college nursing professors is scarce. The originality of the study is highlighted, being the first research on the theme among Brazilian teachers and articulating the experience of moral distress with the elaboration of deliberation and coping strategies. Thus, moving beyond the mere description of the moral distress problem, it was situated in a broader and more productive process of subjective construction, which involves ethical competencies and professional identity. Nevertheless, its limitations need to be taken into account when exploring an object that is still new and in a limited context - federal public universities - which circumscribes certain working conditions and possible teaching careers, as well as situations of moral distress and individual and collective coping.

## Conflict of Interest Statement

No conflict of interest.

## Funding Statement

National Council for Scientific and Technological Development – CNPq Brazil (Conselho Nacional de Desenvolvimento Científico e Tecnológico); Coordination for the Improvement of Higher Education Personnel – CAPES Brazil (Coordenação de Aperfeiçoamento de Pessoal de Nível Superior).

## References

- Barlem, E.L.D., Ramos, F.R.S., 2015. Constructing a theoretical model of moral distress. *Nurs. Ethics* 22 (5), 608–615. Retrieved from: <https://doi.org/10.1177/0969733014551595>.
- Barlem, E.L.D., Lunardi, V.L., Lunardi, G.L., Tomaszewski-Barlem, J.G., Silveira, R.S., 2013. Moral distress in everyday nursing: hidden traces of power and resistance. *Rev. Latino-Am. Enfermagem*. 21 (1). <https://doi.org/10.1590/S0104-11692013000100002>. Retrieved from:
- Barlem, E.L.D., Lunardi, V.L., Lunardi, G.L., Tomaszewski-Barlem, J.G., Almeida, A.S., 2014. Psychometric characteristics of the moral distress scale in Brazilian nursing professionals. *Texto Contexto Enferm* 23 (3). <https://doi.org/10.1590/0104-07072014000060013>. Retrieved from:
- Beardmore, E., McSherry, R., 2017. Healthcare workers' perceptions of organisational culture and the impact on the delivery of compassionate quality care. *J. Res. Nurs.* 22 (1–2), 57–59. Retrieved from: <https://doi.org/10.1177/1744987116685959>.
- Borhani, F., Mohammadi, S., Roshanzadeh, M., 2015. Moral distress and perception of futile care in intensive care nurses. *J. Med. Ethics. Hist. Med.* 8 (2) Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4733540/?report=reader>.
- Corley, M.C., Minick, P., Elswick, R.K., Jacobs, M., 2005. Nurse moral distress and ethical work environment. *Nurs. Ethics* 12 (4), 381–390. Retrieved from: <https://doi.org/10.1191/0969733005ne809oa>.
- Cupertino, V., Garcia, F.C., Honório, L.C., 2014. Pleasure and suffering in the teaching practice at a college institution: case study at a Federal College Institution located in Minas Gerais state. *Trabalho & Educação*. 23 (3), 101–116. Retrieved from: <https://seer.ufmg.br/index.php/trabedu/article/view/7645/5912>.
- Dalmolin, G.L., Lunardi, V.L., Lunardi, G.L., Barlem, E.L.D., Silveira, R.S., 2014. Moral distress and Burnout syndrome: are there relationships between these phenomena in nursing workers? *Rev. Lat. Am. Enfermagem* 22 (1). <https://doi.org/10.1590/0104-1169.3102.2393>. Retrieved from:
- Emamzadeh Ghasemi, H.S., Rafil, F., Farahani, M.A., Mohammadi, N., 2014. Being at peace as an important factor in acquiring teaching competency by Iranian nurse teachers: a qualitative study. *Global J. Health Sci.* 6 (3). <https://doi.org/10.5539/gjhs.v6n3p109>. Retrieved from:

- Gallagher, A., Jago, R., 2018. Understanding professional misconduct: snowflakes, stoics or organisational culture? *Nurs. Ethics* 25 (4), 415–417. Retrieved from: <https://doi.org/10.1177/0969733018779151>.
- Ganske, K.M., 2010. Moral distress in academia. *Online J. Issues Nurs.* 15 (3). <https://doi.org/10.3912/OJIN.Vol15No03Man06>. Retrieved from.
- Jameton, A.A., 2013. A reflection on moral distress in nursing together with a current application of the concept. *J. Bioethic. Inq.* 10 (3), 29–308. Retrieved from: <https://doi.org/10.1007/s11673-013-9466-3>.
- Lincoln, Y.S., Guba, G., 2000. *Naturalistic Inquiry*. Sage Publications, London, England.
- Marinho, F.P., Araújo, L.M.N., Santos, N.P., Medeiros, I.D.S., Rodrigues, C.C.F.M., Santos, V.E.P., 2016. Interpersonal relationship of nursing professors: conflicts and challenges. *J. Res. Fund. Care Online* 8 (3), 4609–4615. Retrieved from: <https://doi.org/10.9789/21755361>.
- Martins, J.C., Pereira, M.G., Pinheiro, A.G., 2013. The contemporary acceleration as demarcation of styles and quality of working life among healthcare professionals. *Revista Lusófona de Estudos Culturais*. 1 (2), 286–302. Retrieved from: <http://estudosculturais.com/revistalusofona/index.php/rlec/article/view/46/91>.
- McCarthy, J., Gastmans, C., 2015. Moral distress: a review of the argument-based nursing ethics literature. *Nurs. Ethics* 22 (1), 131–152. Retrieved from: <https://doi.org/10.1177/0969733014557139>.
- McCarthy, J., Monteverde, S., 2018. The standard account of moral distress and why we should keep it. *HEC Forum*. <https://doi.org/10.1007/s10730-018-9349-4>. Online first article. Retrieved from:.
- Moraes, A.F.M., Nogueira, R.J.C.C., 2014. Between theory and practice: the quality of work life of teachers. *Revista de Administração do Sul do Pará (REASP)* 1 (3). Retrieved from: <http://fesar.com.br/reasp/index.php/REASP/article/view/29/22>.
- Munaretto, L.F., Corrêa, H.L., Cunha, J.A.C., 2013. A study on the characteristics of the Delphi method and focus group as techniques to obtain data in exploratory research. *Ver. Adm. UFSM* 6 (1), 09–24. Retrieved from: <https://doi.org/10.5902/198346596243>.
- O'Connell, C.B., 2015. Gender and the experience of moral distress in critical care nurses. *Nurs. Ethics* 22 (1), 32–42. Retrieved from: <https://doi.org/10.1177/0969733013513216>.
- Ramos, F.R.S., Barlem, E.L.D., Brito, M.J.M., Vargas, M.A., Schneider, D.G., Brehmer, L.C.F., 2016a. Conceptual framework for the study of moral distress in nurses. *Texto Contexto Enferm.* 25 (2). <https://doi.org/10.1590/0104-07072016004460015>. Retrieved from:.
- Ramos, F.R.S., Barth, P.O., Schneider, A.M.M., Cabral, A.S., Reinaldo, J.S., 2016b. Effects of moral distress on nurses: Integrative literature review. *Cogitare Enferm.* 21 (2), 01–13. Retrieved from: <https://doi.org/10.5380/ce.v21i2.45247>.
- Ramos, F.R.S., Barlem, E.L.D., Brito, M.J.M., Vargas, M.A., Scheneider, D.G., Brehmer, L.F.C., 2017. Construction of the Brazilian scale of moral distress in nurses - a methodological study. *Texto Contexto Enferm.* 26 (4). <https://doi.org/10.1590/0104-07072017000990017>. Retrieved from:.
- Ribeiro, K.R.B., Barros, W.C.T.S., Oliveira, L.P.B.A., 2014. Reflection about the moral suffering of the teacher nurse at work. *Rev enferm UFPE* on line 8 (3), 765–770.
- Salminen, L., Stolt, M., Metsämäki, R., Rinne, J., Kasen, A., Leino-Kilpi, H., 2015. Ethical principles in the work of nurse educator - a cross-sectional study. *Nurse Educ. Today* 36, 18–22. Retrieved from: <https://doi.org/10.1016/j.nedt.2015.07.001>.
- Scarpato, A.F., Laus, A.M., Azevedo, A.L.C.S., Freitas, M.R.I., Gabriel, C.S., Chaves, L.D.P., 2012. Reflections on the use of Delphi technique in research in nursing. *Rev. Rene* 13 (1), 242–251. Retrieved from: <http://www.revistarene.ufc.br/revista/index.php/revista/article/download/36/31>.
- Schneider, D.G., Ramos, F.R.S., 2011. Moral deliberation and nursing ethics cases: elements of a methodological proposal. *Nurs. Ethics* 00 (0), 1–13. Retrieved from: <https://doi.org/10.1177/0969733011420096>.
- Silva, A.M., Rodrigues, C.D.S., Silva, S.M.R., Witt, R.R., 2009. The use of the Delphi technique for competencies investigation: an experience report. *Rev. Gaucha Enferm.* 30 (2), 348–351. Retrieved from: <http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/7274/6695>.
- Simbula, S., 2010. Daily fluctuations in teachers' well-being: a diary study using the job demands–resources model. *Anxiety Stress Coping* 23 (5), 563–584. Retrieved from: <https://doi.org/10.1080/10615801003728273>.
- Wu, Y., Liu, H., He, H., 2013. Stressors of dual-qualification nursing teachers in the ChengDu–ChongQing economic zone of China - a qualitative study. *Nurse Educ. Today* 33 (12), 1496–1500. Retrieved from: <https://doi.org/10.1016/j.nedt.2013.05.003>.
- Zoboli, E., 2012. Clinical bioethics in diversity: the essential contribution of the deliberative proposal of Diego Gracia. *Revista - Centro Universitário São Camilo* 6 (1), 49–57. Retrieved from: [http://www.bioetica.org.br/library/modulos/varias\\_bioeticas/arquivos/Varias\\_Diversidade.pdf](http://www.bioetica.org.br/library/modulos/varias_bioeticas/arquivos/Varias_Diversidade.pdf).
- Zoboli, E., 2013. Decision making in clinical bioethics: casuistry and moral deliberation. *Rev. Bioét.* 21 (3), 389–396. Retrieved from: <http://www.scielo.br/pdf/bioet/v21n3/a02v21n3.pdf>.