Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

ETHICAL CONFLICTS THAT HAVE AN INFLUENCE IN NURSING WORK IN OBSTETRICS UNITS

CONFLITOS ÉTICOS QUE REPERCUTEM NO TRABALHO DA ENFERMAGEM EM UNIDADES OBSTÉTRICAS

LOS CONFLICTOS ÉTICOS QUE AFECTAN EL TRABAJO DE ENFERMERÍA EN UNIDADES OBSTÉTRICAS

Carla Rosana da Costa Cardozo[1], Edison Luiz Devos Barlem[2], Valéria Lerch Lunardi[3], Jamila Geri Tomaschewski Barlem[4], Danielle Adriane Silveira Vidal[5], Luciana Rodrigues Botelho[6]

ABSTRACT

Objective: to know how ethical conflicts have an influence in the nursing work in obstetrics units. ***Method***: a qualitative research was carried out with ten nursing workers, four nurses and six nursing technicians, active in Obstetrics Units of a Teaching Hospital in Southern Brazil. The selection criteria for the subjects were: being nursing workers in the respective units, being available and willing to participate in the research and signing the consent term. We carried out recorded, semi-structured interviews, which focused on the dilemmas and ethical problems existing in the routine of nursing workers. Data collection occurred during the work shift in a place that would guarantee the anonymity of the subjects, between March and May 2011. Data analysis followed the criteria of Discourse Textual Analysis, by carrying out unitarization, categorization and communication. The study was approved by the Committee of Ethics in Health Research through the approval letter n. 80/2010. ***Results*:** three categories have been obtained: ethical dimension of the conflicts with the health team; (dis)organization of work as source of work overload; moral distress: *hidden traits of an ethical conflicts*. ***Conclusion*:** the need of strengthening the ethical dimension of nursing professionals has been recognized, prioritizing activities of discussion and questioning of the conflicting situations which occur in the professional routine, and thus strengthening the subjective aspects of professional autonomy through the acknowledgement of the real needs and problems to be faced. ***Descriptors*:** nursing; nursing ethics; professional burnout.

RESUMO

***Objetivo*:** conhecer como os conflitos éticos repercutem no trabalho da enfermagem em unidades obstétricas. ***Método*:** pesquisa qualitativa, realizada com dez trabalhadores de enfermagem, quatro enfermeiros e seis técnicos de enfermagem, atuantes em unidades obstétricas de um hospital universitário do Sul do Brasil. Os critérios de seleção restringiram-se a ser trabalhador de enfermagem das respectivas unidades, ter disponibilidade e interesse em participar da pesquisa e assinar o termo de consentimento. Foram realizadas entrevistas semiestruturadas gravadas, enfocando possíveis dilemas e problemas éticos existentes no cotidiano dos trabalhadores de enfermagem. A coleta dos dados ocorreu durante o turno de trabalho, em local que garantisse o anonimato dos sujeitos, nos meses de março a maio de 2011. A análise dos dados obedeceu aos critérios da Análise Textual Discursiva, realizando-se a unitarização, categorização e comunicação. O estudo foi aprovado pelo Comitê de Ética em Pesquisa da Área da Saúde, sob parecer nº 80/2010. ***Resultados*:** obtiveram-se três categorias: *dimensão ética dos conflitos com a equipe de saúde; a (des)organização do trabalho como fonte de sobrecarga laboral; sofrimento moral: traços ocultos dos conflitos éticos*. ***Conclusão*:** foi reconhecida a necessidade de fortalecimento da dimensão ética dos profissionais de enfermagem, priorizando atividades de discussão e problematização das situações conflitantes que ocorrem no cotidiano profissional, fortalecendo assim os aspectos subjetivos de autonomia da profissão através do reconhecimento das reais necessidades e problemas a serem enfrentados. ***Descritores*:** enfermagem; ética de enfermagem; esgotamento profissional.

RESUMEN

Objetivo: conocer cómo los conflictos éticos repercuten en la labor de la enfermería en las unidades obstétricas. ***Método***: se realizó una pesquisa cualitativa con diez trabajadores de enfermería, cuatro enfermeras y seis técnicos de enfermería, que trabajan en una Unidad de Internación Obstétrica de un hospital universitario en sur de Brasil. Los criterios de selección se limitaron a: trabajadores de enfermería de las unidades, tener la disponibilidad y el interés en participar en el estudio y firmar el formulario de consentimiento. Se registraron entrevistas semi-estructuradas, y se centran en dilemas éticos y problemas existentes en el personal de enfermería todos los días. Los datos fueron recolectados durante la jornada de trabajo en un lugar que garantice el anonimato de los sujetos, en los meses de marzo a mayo de 2011. El análisis de datos seguido los criterios de análisis del discurso textual, y donde la unitarización, la categorización y la comunicación. El estudio fue aprobado por el Comité de Ética del Área de Salud, de conformidad con el dictamen n ° 80/2010. ***Resultados***: se obtuvieron las siguientes categorías: dimensiones éticas de los conflictos con la equipo de salud; la (des) organización del trabajo como fuente de la sobrecarga laboral; sufrimiento moral; rasgos ocultos de los conflictos eticos. ***Conclusión***: fue reconocida la necesidad de fortalecer la dimensión ética de los profesionales de enfermería, valorando actividades de discusión y problematización de las situaciones confrontantes que ocurren en el trabajo diario, fortaleciendo así los aspectos subjetivos de autonomía de la profesión a través del reconocimiento de las reales necesidades y problemas que afrontar. ***Descriptores***: enfermería; ética en enfermería; agotamiento profesional.

[1]Nurse. Member of Center for Studies and Researches in Nursing - Núcleo de Estudos e Pesquisas em Enfermagem e Saúde (NEPES). Rio Grande (RS), Brazil. E-mail: carlacostacardoso@gmail.com; [2]Nurse. Master in Nursing. PhD student from Post-Graduation Program in Nursing (PPGEnf) – Universidade Federal do Rio Grande, Federal University of Rio Grande (FURG). Professor of Nursing School - Escola de Enfermagem (EEnf) – FURG. Member of NEPES. Rio Grande (RS), Brazil. E-mail: ebarlem@gmail.com; [3]Nurse. PhD in Nursing. Professor from PPGEnf-FURG. Scholarship student of Productivity in Research/CNPq. Líder do NEPES. Rio Grande (RS), Brazil. E-mail: vlunardi@terra.com.br; [4]Nurse. Master from PPGEnf-FURG. Scholarship student of Master of CNPq. Member of NEPES. Rio Grande (RS), Brazil. E-mail: jamila_tomaschewski@hotmail.com; [5]Nurse. Bolsista de Apoio Técnico of CNPq. Member of NEPES. Rio Grande (RS), Brazil. E-mail: daniellesvidal@gmail.com; [6]Member of NEPES. Rio Grande (RS), Brazil. E-mail: lucianafurg@yahoo.com.br

INTRODUCTION

Over time, society has undergone important changes in many aspects, be they cultural, technological or even related to moral values, often resulting in changes performed in sudden ways and with little or no reflection on their findings in everyday life. [1]The need for evolution seems to be constant in the present, causing individuals to seek quickly and impulsively new knowledge, attitudes and postures. [2]

Reflections of such changes can also be perceived in the professional sphere, linked to growing demand in relation to productivity, culminating in the superficiality of relations, crisis of personal values and trivialization of ethical-aesthetic dimension of professional practice. Within this context, the nursing workers are gradually becoming protagonists of a new model of acting in health, distant from the subjects and closer to the technicality.[3-4]

In this context, the workers pass on, as well as patients, to experiment the damage that these new habits can cause them, experiencing ethical conflicts in their daily work, not always conscious of the distortion of their attitudes. Thus, they suffer feelings which may be negative in the workplace, often being reflected in a constant state of suffering, which can be recognized as moral suffering.[5]

Several demonstrations of suffering linked to the constant need for denial of personal values, beliefs and knowledge are perceived in the world of labor; situations also associated with attending by teams who act with disrespect and denial of patients' rights as citizens. Thus, nursing workers experience ethical conflicts and moral suffering in their daily work, without this theme be sufficiently explored because it is a little known phenomenon.[5]

Moral suffering can be defined as pain or distress that affects the mind, body, or interpersonal relationships in the workplace, in response to a situation in which one person recognizes its responsibility towards the ethical conflicts and makes a judgment about the right conduct, but see itself prevented from executing it in practice by constraints, recognizing like inappropriate his/her own moral conduct.[6] Thus, situations of conflict and all its implications constitute themselves as sources of moral suffering for nurses.[5]

It is noteworthy that the questioning of the ethical conflicts emerging in everyday nursing workers has been little explored in the different spaces where nursing acts, specifically in this present study, in Obstetric Units, which can often compromise the quality of cares, provided to patients, justifying this research. From this perspective, appear up some concerns: *how the different nursing workers perceive ethical conflicts in their daily lives? How the ethical conflicts affect in the work of nursing?*

Based on these concerns, it was objective of this study: *knowing how the ethical conflicts resonate in the work of nursing in obstetric units.*

This present study shows itself as significant, since the recognition of the ethical conflicts experienced by nursing workers in Obstetric Units and how they affect in the work are essential in order to be constructed coping strategies, promoting the quality of care provided.

METHOD

It is a qualitative research, of an exploratory-descriptive sort, developed with ten nursing workers; four nurses and six nursing technicians, who work in obstetrical inpatient units and obstetric center of a University Hospital in Brazil South.

The subjects of this study were intentionally selected, for convenience. The selection criteria were restricted to be nursing worker of their respective units; to have availability and interest in participating of the research and sign the informed consent form. We did interviewe the following workers: nurses and nursing technicians, because they constitute the entire team, all experiencing ethical conflicts in their daily work and showing in their speech, distinct ways of coping.

The data collection occurred through the use of semistructured interviews recorded, focusing on guiding questions the possible dilemmas and ethical problems existing in everyday of nursing workers in obstetric units. These data were collected during the work shift in a place that would guarantee the anonymity of the subjects in the period covering the months of March to May 2011.

After transcribing the recorded interviews, we performed the Discourse Textual Analysis[7] of the data, form of analysis that moves between content analysis and discourse analysis. The process began with the unitarization of the data, performed from the deconstruction of the text through rigorous and in-depth reading, analyzing the text in its

details, breaking it and highlighting the units of meaning. The categorization was due to the building of relationships between units of meaning, comparing them, and making the grouping of elements close to significance. The last stage of analysis, communication, included the description and interpretation of the meanings constructed from the text.[7]

During the performance of this research, the ethical principles were followed in its entirety (Opinion nº. 80/2010 of the Ethics Committee in Health Research Area – *Comitê de Ética em Pesquisa da Área da Saúde* / CEPAS-FURG). We obtained the Free Informed Term of Consent (FITC) of the participants. The subjects of this researh were identified with the letter "S", of subject, followed by a sequential numbering from 1 to 10.

RESULTS

From the data analysis were built three categories listed below: *ethical dimension of the conflicts with the health team; the (dis) organization of work as a source of overhead labor, moral suffering: hidden tracks of ethical conflicts.*

♦ Ethical dimension of the conflicts with the health team

The lack of communication is indicated as a causal factor to the occurrence of conflicts between the health teams, particularly with nursing staff, because of their continued presence in the unit and the consequent need to deal with situations of difficult facing.

> *Drained secretion, it is a horror! Look at her (patient) draining the elevator shaft to the floor, smeared all over the floor, and then her mother appeared asking: whose was that fault? Why that thing happened. Then you stay on asking, what does happen? (S1)*

> *And how I care if I do not even know what is happening with the patient? If abortion is, I do not know if it is retained, I do not know if she expelled the fetus. If she did an ultrasound, I do not know the result. (S10).*

The desingagement to the professional duties assigned to nursing, mainly linked to the ethical care to patients and the quality of services provided, was appointed as a triggering factor of ethical conflicts. In the perception of interviewed, the values of professional practice in health seem to have been lost over time, especially the lack of professional commitment, and even human dedication. These situations seem to be associated with different levels of charge at the institution, overburdening some professional with complaints and claims; while others seem to be protected to the same, making distance themselves from direct and frequent contact with patients.

> *I do not feel comfortable when I see some colleagues suffer more demanding than others, when the rights and duties should be equal for everyone. I feel bad when I see colleagues of health psychologically abusing patients, because they simply do not value their achievements.* (S7)

Feelings of impotency, disappointment, frustration, anger, rage, anguish, professional disconfort and disgust are marked by health workers, faced with ethical conflicts, stemming from experiences that seem to weaken the worker of nursing who fails to satisfactorily address situations that are imposed, or often can not identify the ethical component of each problem.

> *I often feel uncomfortable by the patients receiving promises that are not made by me and then they want to blame me for things that they could not perform. I feel powerless because I can not say anything to defend myself from a fault that is not mine. It makes me very unworthy even.* (S9)

♦ The (dis)organization of work as a source of overhead labor

Several elements are identified as determinant sources of ethical conflicts, such as lack of material resources and workers, making working days seem extremely stressful and uninteresting to the professionals. Between those elements, bureaucratic and technicality work organization deserves an observation, basing itself on elements of repetition and quantification of care at the expense of quality as the primary focus.

> *Our daily live is characterized by several problems. It is lack of material, difficulty in the relationship of the multidisciplinary team, the overload of tasks between nurses and assistants. (S2)*

> *Hence, the service is mechanical, cold. Only to the basic things, just.* (S8)

The permanent need of nursing care is a situation of constant difficulty for the staff that working with a small number of workers. This difficulty is increased exponentially when the nursing workers take on assignments that are not their professional competence, as the search for prescriptions for nonexistent materials in them unit, or give clarifications related to the performance of other professionals.

> *We always have to solve all problems, but the problems around us are never resolved. Many times, someone is delegating to us things that are not our responsibility* (S10)

♦ Moral suffering: hidden tracks of ethical conflitcs

In silent form, but extremely pernicious, the moral suffering appears in the speeches, often related to situations that usually lead to impotence and professional fatigue. Gradually, the defense of rights of patients and coolness before to situations of neglect seem to alternate themselves, confusing the workers in an attempt to defend their way of acting, can realize that their values are being corrupted.

> *Sometimes I got so sick to get out of the hospital even had tachycardia. I suffer, because I do not want to be complicit in many wrong situations. But what if you do not see, listen and shut up?* (S8)

Finally, the moral suffering can further increase the difficulties of daily work; since the understanding of the task is not performed in the conditions believed as correct may cause great embarrassment to the workers. The lack of professional training to deal with the ethical dimension of the situations faced can be seen in the statements. This fact can demonstrates that the experience from the moral suffering of a constant and repetitive way can lead to experience a greater number of events like this.

> *I'm embarrassed in front of the patient, because I know I'm not doing as it should do and it seems that the patient perceives it. I feel bad, because I need to do when I can, in the way that is possible*. (S6)

DISCUSSION

In a similar way to the findings of this research, other studies that focused on everyday ethical questions of nursing workers[1,8-9], also verified that these professionals daily face a lot of ethical conflicts that directly affect their work. These conflicts, most of them, are related both to the development of scientific knowledge and, consequently, of technologies for care, as generated by the way, apparently unattached, which patients are treated by health workers.[8,10]

It was possible to verify in the researched context, that ethical conflicts seem to fall largely in the professional relationships developed at the institution, between different professional categories, as noted in a study that examined the practices developed in an obstetric center[8], demonstrating that in the health area, every action has an ethical dimension, involving values, commitment and responsibility. [4]

In special way, the work developed in obstetric units should be destinated for the integral care of pregnant women, parturient and newborn, as well as for their families. However, it was perceived several challenges to the achievement of integral care, especially given the difficulties imposed on nursing workers, such as the unstable of material resources and the scarcity of nursing workers, as also observed in a study that described the triggering factors of stress among nurses of the obstetric units.[9]

It was possible to find out that the establishment of an adequate care depends on the organizational structure of the institution and, mainly, the involvement of acting working in the obstetric units, a fact already noted in other Brazilian studies.[9,11] Institutional factors imply difficulties for organization in the health services and, especially, the lack of sensibilization from the health workers in carrying out welfare activities, are important triggers of conflict in these units. [9, 11]

Other factors that seem to undermine the work of nursing in obstetric units, generating ethical conflicts were also highlighted by other studies[8-9,11], such as: workers without proper training, lack of records of developed activities, neglect to the patients, lack of support by the institution and missing of communication between the teams, and also excessive workload.

Some problems requires difficult facing and resolution involving complex relationships of power and authority adds[12] a subjective dimension to the work of nursing, particularly in obstetric units, due to the specificity of patients that receive care in these units. Through all moral problems solved or not in a ethically and competently way, it was possible perceive that the conflicting situations are pratically inseparable from the professional life of the nursing worker, always making it necessary to seek new strategies that will minimize the effects caused by these situations.[13]

It should be noted that nursing is a moral practice in all its actions and relations with other health staff and patients, because it works daily with questions that concern the moral agency of the life of others people who receive their care, which requires the ability to reflect, make decisions, act and be responsible for conduct not always easy to be adopted.

The nursing workers, constantly, faced with

situations which it is necessary to decide between the difficult courses on the life of other human beings. [14] Thus, the ethics becomes the decisive foundation for making all professional action, because the daily choices, in general, stay on beyond the technical aspects, involving value judgments, decisions and actions that give rise to personal choices and constant reflections.[15]

These choices, in this special context in which workers provide care for pregnant women, may be hampered further by conflicts of values are not always explicit, facts which, although not verbalized by professionals of nursing, can even weaken them, affecting their own principles, with loss of autonomy and difficulties of exercising power.[14]

When nurses and other professionals of the nursing staff face limitations in their capacity for independent practice, feel themselves forced to compromise their personal values and norms, they may experience moral suffering as a result of situations imposed on their personal consciences.[16]

Faced with the passivity observed in a situation of moral suffering, or the alternative to resist and fight against its effects, adopted by a few number of people, it is possible to realize that often the choice of nursing workers in obstetric units can fall in immobility and absence of resistance, as evidenced by other studies that investigated the moral suffering in the Brazilian context.[1,5]

Only a few number of workers seem to use strategies of resistance against the moral suffering, in opposition to a larger number of workers, without being heard, but by their own colleagues, which may represent a little exercise of autonomy of nursing and a moral resistance practically nil.[17]

FINAL CONSIDERATIONS

This study made possible to know the ethical conflicts existing in the daily life of nursing workers that act in obstetric units, and how these obstacles can affect in the care provided. The findings of this study showed that the conflicts caused by the disorganization of work, lack of communication and interaction between health teams and commitment of some workers can affect the quality of care provided in obstetrical inpatient units, often resulting in moral suffering for these kind of workers.

Although the organizational dimension is pointed out by great part of workers as a cause for ethical conflicts, feelings of impotence and disengagement to the care provided, it is believed that the way of coping situations is what will really determine the final result of the care process.

Recognize the ethical dimension of conflicts arising from everyday situations and the implications for all involved reinforces the need to create possibilities to assume an autonomous practice in nursing and find ways to encourage the professional commitment, relations with the work team and those who are cared for. The strengthening of professional autonomy in nursing by the own nursing workers seems to be the necessary track to be followed.

We conclude that our findings may help to highlight the need to prioritize spaces, especially in obstetric units, for collective reflection and discussion with emphasis on everyday situations that go unnoticed by the nursing workers and that can leverage the experience of ethical conflicts.

The limitation of this study is: it was performed in an only one public hospital in Brazil South, developed through qualitative research, and it is not intended the generalization. Still, the emergence of conflicts caused by the organization of labor or of the proper manner in which the workers conduct their practice, often, do not permit the recognition of the problems linked to the specific of patient from obstetric units. Thus, it is necessary the breaking of the problems relating to the internality of nursing work. So that we can move forward and recognize the needs of others.

REFERENCES

1. Dalmolin GL, Lunardi VL, Lunardi Filho WD. O sofrimento moral dos profissionais de enfermagem no exercício da profissão. Rev Enferm UERJ [Internet]. 2009 [cited 2012 Apr 18];17(1):35-40. Available from: http://www.facenf.uerj.br/v17n1/v17n1a07.pdf

2. Schwonke CRGB, Lunardi Filho WD, Lunardi VL, Santos SSC, Barlem ELD. Perspectivas filosóficas do uso da tecnologia no cuidado de enfermagem em terapia intensiva. Rev Bras Enferm [Internet]. 2011 [cited 2012 Feb 08];64(1):189-92. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672011000100028&lng=en

3. Cecere DBB, Silveira RS, Duarte SR, Fernandes GF. Compromisso ético no trabalho da enfermagem no cenário da internação hospitalar. Rev Enferm foco [Internet]. 2011 [cited 2012 Apr 18];1(2):46-50. Avaliable from:

http://revista.portalcofen.gov.br/index.php/enfermagem/article/view/13

4. Bordignon SS, Lunardi VL, Dalmolin GL, Tomaschewski JG, Lunardi Filho WD, Barlem ELD et al. Questões éticas do cotidiano profissional e a formação do enfermeiro. Rev Enferm UERJ [Internet]. 2011 [cited 2012 Feb 08];19(1):94-9. Avaliable from: http://www.facenf.uerj.br/v19n1/v19n1a16.pdf

5. Lunardi VL, Barlem ELD, Bulhosa MS, Santos SSC, Lunardi Filho WD, Silveira RS, et al . Sofrimento moral e a dimensão ética no trabalho da enfermagem. Rev Bras Enferm [Internet]. 2009 [cited 2012 Feb 08];62(4):599-603. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672009000400018&lng=en

6. Nathaniel AK. Moral reckoning in nursing. West J Nurs Res [Internet]. 2006 [cited 2012 Feb 07];419–38. Avaliable from: http://wjn.sagepub.com/content/28/4/419

7. Moraes R, Galiazzi MC. Análise textual discursiva: processo Reconstrutivo de múltiplas faces. Ciênc educ [Internet]. 2006 [cited 2012 Apr 22];12(1):117-28. Avaliable from: http://www.scielo.br/pdf/ciedu/v12n1/08.pdf

8. Busanello J, Kerber NPC, Sassi RAM, Mano PS, Susin LRO, Goncalves BG. Atenção humanizada ao parto de adolescentes: análise das práticas desenvolvidas em um centro obstétrico. Rev Bras Enferf [Internet]. 2011 [cited 2012 Apr 15];64(5):824-32. Avaliable from: http://www.scielo.br/pdf/reben/v64n5/a04v64n5.pdf

9. Miranda DB, Matão MEL, Campos PHF, Soares JT, Moreira KMS, Campos LS. Factors leading to stress in the nursing obstetric area. Rev Enferm UFPE on line [Internet]. 2011 [cited 2012 Feb 07]. 5(4):901-9. Avaliable from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1365/pdf_511

10. Range LM, Rotherham AL. Moral distress among nursing and non-nursing students. Nurs ethics [Internet]. 2010 [cited 2012 Feb 08];17(2):225-32. Avaliable from: http://nej.sagepub.com/content/17/2/225.abstract

11. Nagahama EEI, Santiago SM. Práticas de atenção ao parto e os desafios para humanização do cuidado em dois hospitais vinculados ao Sistema Único de Saúde em município da Região Sul do Brasil. Cad Saúde Pública [Internet]. 2008 [cited 2012 Feb 08]; 24(8):1859-68. Avaliable from: http://www.scielo.br/pdf/csp/v24n8/14.pdf

12. Vaghetti HH, Padilha MICS, Lunardi Filho WD, Lunardi VL, Costa CFS. Significados das hierarquias no trabalho em hospitais públicos brasileiros a partir de estudos empíricos. Acta Paul Enferm [Internet]. 2011 [cited 2012 Feb 08];24(1):87-93. Avaliable from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002011000100013&lng=en

13. Austin W, Kelecevic J, Goble E, Mekechuk J. An overview of moral distress and the paediatric intensive care team. Nurs ethics [Internet]. 2009 [cited 2012 Feb 08]; 16(1):57-68. Avaliable from: http://nej.sagepub.com/content/16/1/57.abstract

14. Lützen K, Blom T, Ewalds-Kivist B, Winch S. Moral stress, moral climate and moral sensitivity among psychiatric professionals. Nurs ethics [Internet]. 2010 [cited 2012 Feb 08];17(2):213-24. Avaliable from: http://nej.sagepub.com/content/17/2/213.abstract

15. Vale EG, Pagliuca LMF, Quirino RHR. Saberes e práxis em enfermagem. Esc Anna Nery Rev Enferm [Internet]. 2009 [cited 2012 Apr 18];13(1):174-80. Avaliable from: http://www.scielo.br/pdf/ean/v13n1/v13n1a24.pdf

16. Pauly B, Varcoe C, Storch J, Newton L. Registered Nurses' perceptions of moral distress and ethical climate. Nurs ethics [Internet]. 2009 [cited 2012 Jan 15];16(5):561-73. Avaliable from: http://nej.sagepub.com/content/17/2/213.abstract

17. Kagan PN. Historical voices of resistance: crossing boundaries to praxis through documentary filmmaking to the public. Adv Nurs Scien [Internet]. 2009 [cited 2012 Feb 08];32(1):19-32. Avaliable from: http://journals.lww.com/advancesinnursingscience/Abstract/2009/01000/Historical_Voices_of_Resistance__Crossing.4.aspx

Sources of funding: No
Conflict of interest: No
Date of first submission: 2012/02/08
Last received: 2012/05/15
Accepted: 2012/05/16
Publishing: 2012/07/01

Corresponding Address

Valéria Lerch Lunardi
Universidade Federal do Rio Grande
Departamento de Enfermagem
Rua Paranaguá — Centro
CEP: 96200-190 — Rio Grande (RS), Brazil