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Review Article

Situations that generate moral distress in mental health nurses

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Objective: to identify the situations that generate moral distress in mental health nurses in the national and international scientific literature. **Methodology:** an integrative literature review conducted in August 2020, with no time frame, in the LILACS, MEDLINE and Scopus databases. As a search strategy, the following descriptors were used: "Moral Distress", "Mental Health", "Nursing" and "Ethics in Nursing" with different combinations, using the Boolean operators "and" and "or". After applying the inclusion and exclusion criteria following the PRISMA recommendation, 15 articles were selected for analysis. **Results:** it was identified that the ethical/moral problems and institutional problems/impediments encompass the greatest situations that generate moral distress in mental health nurses worldwide, and the coping strategy most pointed out by the articles is moral deliberation. **Conclusion:** studies on moral distress in mental health nurses are still incipient, considering the relevance of the theme and its implications on the care practice and personal life of these professionals. In this sense, it is considered necessary to carry out more original studies in this area, also exploring the method of moral deliberation.

Descriptors: Psychological Stress; Mental Health; Psychiatry; Nursing; Nursing Ethics.

Situações geradoras de distresse moral em enfermeiros de saúde mental

Objetivo: identificar as situações geradoras de distresse moral em enfermeiros de saúde mental na literatura científica nacional e internacional. **Metodologia:** revisão integrativa de literatura realizada em agosto de 2020, sem recorte temporal, nas bases de dados LILACS, MEDLINE e Scopus. Como estratégia de busca, foram utilizados os seguintes descritores "Sofrimento Moral", "Saúde Mental", "Enfermagem" e "Ética em Enfermagem" em diferentes combinações, com uso dos operadores booleanos "*and*" e "*or*". Após aplicação dos critérios de inclusão e exclusão seguindo a recomendação PRISMA, foram selecionados 15 artigos para análise. **Resultados:** identificou-se que os problemas ético/morais e problemas/impedimentos institucionais englobam as maiores situações geradoras de distresse moral em enfermeiros de saúde mental no cenário mundial, sendo que a estratégia de enfrentamento mais apontada pelos artigos é a deliberação moral. **Conclusão:** estudos sobre distresse moral em enfermeiros de saúde mental ainda são incipientes, considerando-se a relevância da temática e suas implicações sobre a prática assistencial e vida pessoal destes profissionais. Neste sentido, considera-se necessária a realização de mais estudos originais nesta área, explorando também o método de deliberação moral.

Descritores: Estresse Psicológico; Saúde Mental; Psiquiatria; Enfermagem; Ética em Enfermagem.

Situaciones que generan distrés moral en enfermeros de salud mental

Objetivo: identificar las situaciones que generan distrés moral en enfermeros de salud mental en la literatura científica nacional e internacional. **Metodología:** revisión integradora de la literatura realizada en agosto de 2020, sin marco temporal, en las bases de datos LILACS, MEDLINE y Scopus. Como estrategia de búsqueda, se utilizaron los siguientes descriptores "Sufrimiento moral", "Salud mental", "Enfermería" y "Ética en enfermería"" en diferentes combinaciones, utilizando los operadores booleanos "*and*" y "*or*". Tras aplicar los criterios de inclusión y exclusión siguiendo la recomendación de PRISMA, se seleccionaron 15 artículos para análisis. **Resultados:** se identificó que los problemas éticos /morales y los problemas/impedimentos institucionales engloban las mayores situaciones que generan distrés moral en los enfermeros de salud mental a nivel mundial, y la estrategia de afrontamiento más señalada por los artículos es la deliberación moral. **Conclusión:** los estudios sobre el distrés moral en enfermeros de salud mental son aún incipientes, considerando la relevancia del tema y sus implicaciones en la práctica asistencial y en la vida privada de estos profesionales. En este sentido, se considera necesario realizar estudios inéditos en esta área, explorando también el método de deliberación moral.

Descriptores: Estrés Psicológico; Salud Mental; Psiquiatría; Enfermería; Ética en Enfermería.

Introduction

The assistance archetype related to the mental health field has undergone mandatory modifications throughout history[1]. And this fact occurs gradually, to resignify and meet the transformations and demands of society, and to address different forms and manifestations of human distress.

However, for the development of ethical, safe and qualified assistance to occur, it is in fact necessary to conduct studies in this field, providing tools for the professionals to design well-structured and articulated public health policies, so as to promote the mental health of population and treat their disorders[2].

In this context, it is pointed out that deliberation of policies[3] is a path to the strengthening and coordination of the services provided to people with mental disorders and needs arising from the use of psychoactive substances[4]; it is also observed that part of this population has its rights curtailed being victims of discrimination and violence[5]. In addition to this, aspects such as precarious environments, lack of qualified professionals and disarticulation of the health services[6], favor the emergence of ethical/moral, institutional and relational problems which, in addition to weaken the service provided to the users, expose the professionals to conflicting and distress-generating situations[7-8].

The aforementioned assistance context, related to the field of mental health, is presented as a potential distress generator among the nurses, favoring the manifestation of moral distress, a pioneering concept presented in the 1980s by Andrew Jameton in the United States. It is an expression of anguish and distress experienced by the nurses, who are sensitive enough to recognize the morally correct action in a situation that requires their positioning, but ethical/moral issues, institutional impediments and structural and relational barriers preclude it from becoming effective[7].

An extension of this concept signals moral distress as a procedural phenomenon consisting in the subject's ethical experiences/moral, involving elements such as the ethical/moral problem, moral sensitivity and moral deliberation[8].

In this dimension, it is worth mentioning that actions in non-compliance to their ethical/moral judgment provides the experience of moral distress suffered by the nurses. They are not able to deal with their feelings, resulting in harms to their personal and professional life. Some of these consequences include feelings of anger, frustration, self-deprecation and distancing from the work environment[8].

By associating moral distress with the care practice of mental health nurses, it is imperative to consider that different emerging situations of their professional experience can cause feelings of distress[8]. In this sense,

given the perceived need to recognize the assistance problems that cause distress in mental health nurses, the objective was to conduct an integrative literature review to identify situations that generate moral distress in these professionals, considering the existing knowledge gap in this performance field.

Methodology

This is an integrative literature review conducted in accordance with the steps indicated by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISM)[9]. The following stages were conducted: identification of the theme and elaboration of the research question; definition of inclusion and exclusion criteria of the studies; definition of the information to be extracted from the selected studies; assessment of the studies included; interpretation of the results; and presentation of the review/knowledge synthesis. This research method allows for the synthesis of multiple studies published in different journals, enabling relevant conclusions about a given area[10]. It was sought to answer the following research question: Which are the situations that generate moral distress in mental health nurses?

The rationale for the choice of databases was due to the researchers purpose, considering the relationship of the theme with the content indexed in national and international studies. Data collection was carried out by a researcher in August 2020, with no time restriction, in the Latin American and Caribbean Literature in Health Sciences (*Literatura Latino-Americana do Caribe em Ciências da Saúde*, LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) and Scopus databases. As search strategy, descriptors indexed in DeCS and MeSH Terms were used, namely: (*"moral distress"*) AND (*"mental health"* OR *"psychiatry"*) AND (*"nursing"* OR *"nursing ethics"*).

After the search strategy was defined, the selection of the studies for setting up the inclusion and exclusion criteria was performed. The inclusion criteria were as follows: complete original articles and available online in full, written in English, Spanish or Portuguese, presenting any of the descriptors in their titles or abstracts, and being related to the theme. The following were excluded from the study: theses, dissertations, books and chapter books, as well as papers published in languages other than English, Spanish and Portuguese and those that did not have the full article available.

Initially, the studies were selected by reading the titles and abstracts based on the inclusion and exclusion criteria. From this selection, the remaining ones were read in full, so as to include only the publications that were relevant to the study problem.

The analysis corpus consists of 15 studies, which were subjected to a new reading, seeking to extract

relevant information, considering the study guiding question. To organize the data collected, the researchers constructed an instrument with the following information: code of the article, title, year, locus, journal and database in which the article was identified.

For this review, the level of evidence of the studies was rated as follows: Level I (systematic review or meta-analysis of all randomized controlled trials or deriving from clinical guidelines based on systematic reviews of randomized controlled clinical trials); Level II (at least one randomized controlled clinical trial clearly delineated); Level III (well-designed clinical trials without randomization); Level IV (well-designed cohort studies and case-control); Level V (systematic review of descriptive and qualitative research studies); Level VI (a single descriptive or qualitative research study); and Level VII (opinion from authorities and/or expert committees report)[11].

Results

A total of 282 studies were found from the search in the databases. Of these, following the PRISMA model, 15 were selected to compose the database of this integrative review.

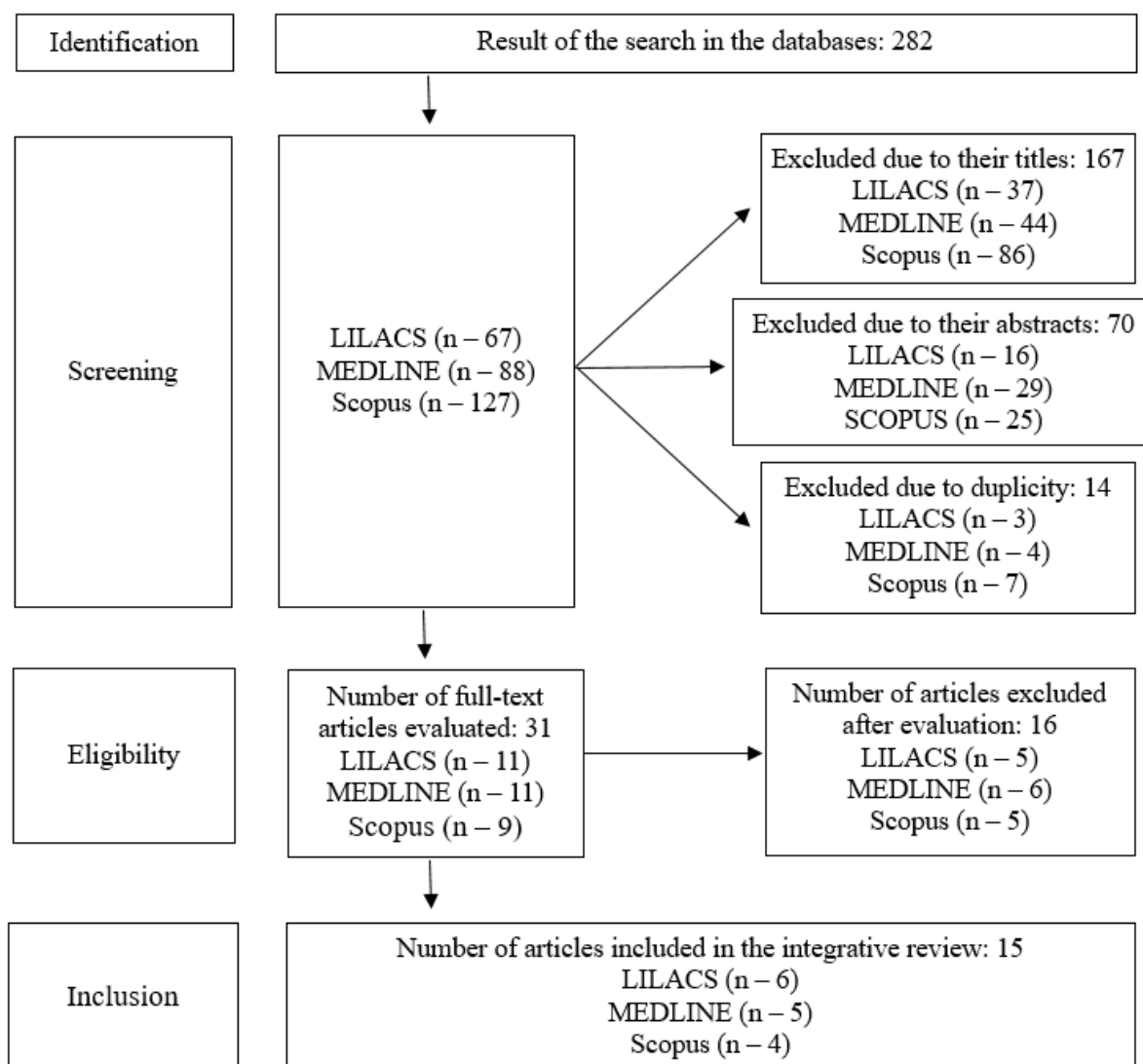The study selection process is shown in Figure 1.

Figure 1 - Flowchart for the stages of identification, screening, eligibility and inclusion of articles, according to the PRISMA Flow Diagram. Florianópolis, SC, Brazil, 2020

Twelve studies were published as original articles and three as integrative literature reviews. As for the locus of the selected articles, it was verified that eight were from Brazil, one from Turkey, one from Japan/Finland, one from Japan, one from Ireland, one from South Korea, one from Thailand and one from Cyprus.

According to the systematization of levels of evidence[11], the 12 original articles selected are classified as Level VI. As for the design of the studies, eight have a quantitative design (seven cross-sectional and a survey), four are qualitative (descriptive/exploratory), and three are integrative literature reviews.

With regard to the participants approached in the articles selected, it was observed that six studies included psychiatric/mental health nurses, four studies included nurses in different settings (primary care and general hospital units), one was conducted with the Nursing team of a Psychosocial Care Center (*Centro de Atenção Psicossocial*, CAPS) without its modality being specified, and another with the Nursing team of a specialized psychiatric hospital.

The journal with the largest number of publications was *Revista Texto & Contexto Enfermagem* with three productions, followed by *Revista da Escola de Enfermagem da USP* and Nursing Ethics, with two productions each. The other journals contributed one publication each.

Figure 2 shows the studies included in the integrative literature review.

Code	Title	Year	Locus	Journal	Database
1	Moral distress experienced by psychiatric nurses in Japan.	2010	Japan	Nursing Ethics	MEDLINE
2	A Study of the Situations, Features, and Coping Mechanisms Experienced by Irish Psychiatric Nurses Experiencing Moral Distress.	2010	Ireland	Perspectives in Psychiatric Care	MEDLINE
3	Ethical Problems Experienced by Psychiatric Nurses in Korea.	2012	South Korea	Archives of Psychiatric Nursing	MEDLINE
4	*Implicações do sofrimento moral para os(as) Enfermeiros(as) e aproximações com o Burnout.*	2012	Brazil	*Texto & Contexto Enfermagem*	Scopus
5	Ethical problems and moral distress in psychiatric and mental health nursing: a literature review.	2015	Thailand	Journal of Health Research	Scopus
6	*Competência ética como recurso de enfrentamento do sofrimento moral em enfermagem.*	2015	Brazil	*Texto & Contexto Enfermagem*	Scopus
7	*Conflito ético como desencadeador de sofrimento moral: survey com enfermeiros brasileiros.*	2017	Brazil	*Revista Enfermagem UERJ*	LILACS
8	Ethical Problems Experienced By Nurses Who Work in Psychiatry Clinics in Turkey.	2017	Turkey	Journal of Psychiatric Nursing	MEDLINE
9	Exploration of the Association between Nurses' Moral Distress and Secondary Traumatic Stress Syndrome: Implications for Patient Safety in Mental Health Services	2017	Cyprus	BioMed Research International	Scopus
10	*Sofrimento moral em enfermeiros: descrição do risco para profissionais.*	2018	Brazil	*Texto & Contexto Enfermagem*	LILACS
11	Impact of moral sensitivity on moral distress among psychiatric nurses.	2018	Japan and Finland	Nursing Ethics	MEDLINE
12	*Sofrimento moral e satisfação profissional: qual a sua relação no trabalho do enfermeiro?*	2019	Brazil	*Revista da Escola de Enfermagem da USP*	LILACS
13	*Associação entre distresse moral e elementos apoiadores da deliberação moral em enfermeiros.*	2020	Brazil	*Revista Latino Americana de Enfermagem*	LILACS
14	*Distúrbios psíquicos menores em trabalhadores de Enfermagem de um hospital psiquiátrico.*	2020	Brazil	*Revista da Escola de Enfermagem da USP*	LILACS
15	*Sofrimento moral de profissionais de enfermagem em um Centro de Atenção Psicossocial*	2020	Brazil	*Ciência & Saúde Coletiva*	LILACS

Figure 2 - Distribution of the studies included in the integrative literature review, according to code, title, year, journal and database. Florianópolis, SC, Brazil, 2020

The situations generating moral distress in mental health nurses were explored from different aspects in the selected articles. However, it is worth mentioning that the only Brazilian study that addressed this theme exclusively in mental health Nursing professionals was the article coded as 4, a study with a descriptive qualitative approach. All the other studies that dealt with moral distress, specifically in mental health nurses, were not from Brazil.

Figure 3 shows the situations that generate moral distress in mental health nurses, identified by the selected studies.

	Situations that generate moral distress	Code
1	Ethical/Moral problems	15; 8; 11; 1; 2; 3; 5; 9
2	Shortage of Nursing staff	15, 11; 1; 3; 5; 9
3	Disrespect for the user autonomy	15, 8; 11; 1; 3; 5
4	Excessive workloads	15; 1; 5; 9
5	Professional negligence	15; 2; 9
6	Ineffective communication within the multidisciplinary team	15; 2; 9
7	Lack of evidence-based treatments	15; 2; 5
8	Low autonomy of the nurse	15; 2; 5
9	Breach of informed consent to the user about the treatment	8; 1
10	Legal decisions about user treatment	2; 1
11	Prejudice related to mental ailments	1
12	User safety problems	5
13	User's vulnerability situations	2
14	Inadequate work environments	15
15	Low adherence of user to the treatment	15
16	Low wage	15
17	Professional devaluation	2
18	Lack of training for nurses	5
19	Prolonged hospitalizations	1
20	Loss of personal ideals when trying to fit a professional role	11
21	Problems in the referral and counter-referral of the Psychosocial Care Network (*Rede de Atenção Psicossocial*, RAPS) points of care	15
22	Insufficient material resources	15
23	Distress in the family members	5

Figure 3 - Situations that generate moral distress in mental health nurses. Florianópolis, SC, Brazil, 2020

From the analysis of the articles selected for this review, it was identified that different situations of the practice can trigger moral distress in mental health nurses, bringing about implications that are manifested and directly impact on their personal and professional dimensions. Thus, two major categories that group and represent situations that generate moral distress in mental health nurses will be presented below: Ethical/Moral problems and Institutional problems/impediments.

Ethical/Moral problems

The ethical/moral problems were widely pointed out in the studies selected for this integrative review and emerge as situations that generate moral distress in mental health nurses worldwide[12-19].

The conflict situations and ethical/moral problems experienced by these professionals, more clearly pointed out by the studies, included aspects related to professional negligence, recklessness and malpractice, lack of informed consent to the users about their treatment, and lack of guidelines on psychopathologies[13-16,18].

Whenever there is an unethical conduct by a member of the multidisciplinary team (negligence, recklessness, prejudice, disrespect and devaluation of the user autonomy, violation of their rights, ill-treatment), nurses feel distressed, anxious, stressed and helpless faced with

such situations, causing some professionals to distance from their work[13-15,18-19].

Users' vulnerability situations, ill-treatment, mandatory treatments, involuntary hospitalization and legal decisions about the treatment were also related to professional frustration, as they leave the nurses powerless regarding the most appropriate assistance[14,16-17,19].

The distress suffered by the relatives of people with mental disorders, who feel helpless and fragile regarding the uses' treatments, was also mentioned as a condition that generates moral distress in mental health nurses[15-16].

Institutional problems/impediments

The institutional problems and impediments found in the studies, being understood as precursors to moral distress, make it impossible for the nurse to act properly, even knowing what the morally correct action to take is. Thus, this impacts directly on assistance, disarticulating decision-making, autonomy and satisfaction of nurses[16-17.20].

Problems such as the shortage of Nursing staff, excessive workloads, absence of institutional protocols and/or evidence-based treatments and ineffective communication among the multi-professional team members, can disarticulate the work process and promote the emergence of ethical/moral conflicts which, in turn, cause harms to users and professionals, affecting their safety[(12-14,16-19].

Naturally, irregular working environments, due to lack of interest in the managers, lack of material resources, excessive services, lack of privacy, prolonged hospitalizations and problems in the articulation of the RAPS also favor violations of the users' rights. In this context, the psychiatric condition of the person treated is often acutely intensified, further increasing the length of hospital stay, in addition to directly impacting on public spending[12,15,18].

Other aspects that relate to the institutional problems raised by the study are low wages, low autonomy, problems in decision-making by the nurses and their devaluation by managers and co-workers, facts these that directly impact on job satisfaction, also affecting their autonomy[17-20].

Based on the assertions herein described, it is worth noting that all the problems listed above are directly related and articulated to each other, evidencing and favoring harms to the safety of users, nurses and other team members, in addition to being causative elements for moral distress.

Discussion

Moral distress is manifested from the interruption of the moral deliberation process where nurses acknowledge the morally proper conduct to be taken to solve a problem but do not execute it, thus generating feelings of anguish and impotence[18.21]. It can also be defined as a procedural phenomenon consisting of the subject's ethical/moral experiences, including elements such as the moral problem, moral uncertainty, moral sensitivity, moral deliberation and ethical, moral and professional competences. It is a manifestation that affects nurses from different work contexts who, when exposed to ethical/moral problems, feel unable to act according to their moral judgment, given the problem identified[8].

This manifestation affects the personal and professional lives of nurses, bringing about losses such as job dissatisfaction, abandonment of the profession, and even pathological conditions like the Burnout Syndrome[19,22].

The work process[19] of the mental health nurse is quite complex, considering that the ethical/moral problems and institutional impediments emerging from their practice require full exercise of their autonomy to make morally correct decisions.

The situations that generate moral distress in mental health nurses related to the institutional problems/impediments include staff shortage, insufficient and/or inadequate material resources, and problems related to the physical structure of the facilities, directly interfering in the safety of users, family members and team. The conditions listed above directly impact on nurses' care practice, contributing to a less healthy work environment, which in turn favors the emergence of problems and paves the way for fragmented, disarticulated and distress-generating care[21].

In addition to this, professional devaluation and physical, mental and emotional exhaustion of the nurses[22], associated with high workloads, staff shortage and high demand for care, are sources for moral distress among mental health nurses[23].

The medullary axis of mental health care in Brazil is supported on the RAPS, which was established by Decree No. 3,088 of December 23th, 2011, in order to build, expand and coordinate all its segments for the care of people with mental disorders and those with needs arising from the use of psychoactive substances[4].

Currently, the network consists of the following: primary care, street offices, Co-living Centers, Welcoming Units (Adult and Children/Youth), Therapeutic Residential Services (*Serviços Residenciais Terapêuticos*, SRT) I and II, Day Hospital, Specialized Reference Units in General Hospitals, CAPS in different modalities (CAPS I, II and III, CAPSi, CAPSad, CAPSad III and IV), Specialized Psychiatric Hospitals and Outpatient Clinics in Mental Health[4,24]. However, the disarticulation of the points of care contributes to miscommunication among the professionals, a significant aspect for the emergence of moral distress among nurses[12].

It is worth noting that a segment of the population served in the RAPS has an impaired socioeconomic profile, with low or no family income, living in poverty or on the streets[25], in areas dominated by the violence caused by drug trafficking, and without sanitation, electricity and/or adequate food. These conditions can lead to low compliance of the users to the network, which is often poorly located in the municipalities. Furthermore, some people cannot afford to pay for their transportation to the service and/or have no government grant to do so.

Another significant aspect, associated with low adherence to the treatment by the users, can be related to impairments in their understanding and failure in literacy. It is also worth mentioning that the worsening of the psychological functions caused by mental disorders and family abandonment cause self-care deficit, with subsequent low adherence to therapy[25].

The Brazilian historical context associated with social inequality is a quite complex paradox, worthy of deep reflections. The country has a Human Development Index (HDI) of 0.761, considered high by world standards, but is distributed inadequately, thus contributing to social inequality[26]. This fact directly reflects the core of the aforementioned idea and supports the low compliance of users to the health services, causing an increase in acute situations of mental disorders.

The ethical/moral problem is the central element of moral distress, not existing without positioning being required from the professional[8]. In search of studies for this review, no specific Brazilian studies on ethical/moral problems related to the practice of mental health nurses were found. Moreover, situations such as depreciation, discrimination and devaluation of nurses during their work, disregard and disrespect for the autonomy of patients and family members, authoritarianism and ill-treatment constitute elements that generate moral distress[27].

The professionals exposed to the aforementioned conditions also have to deal with institutional and social impediments that undermine their autonomy and preclude them from acting according to their moral principles, a fact that contributes to their illness[27].

Analyzing the frequency of minor psychiatric disorders among Nursing professionals of a Brazilian psychiatric hospital, it was pointed out that nervousness, tension, worry and distress are commonly reported by this population and deserve the managers' attention. Such symptoms can be associated with psychophysical wear out in those who assist people with mental disorders, especially in cases of crisis[28].

When performing a comparison between the situations that generate moral distress in mental health nurses in the Brazilian and international scene, it was observed that both the ethical/moral conflict and the institutional problems/impediments appear in both contexts. According to the data presented, of the 15 articles, 8 were conducted in Brazil and 7 in 7 other countries, indicating greater scientific production on moral distress in Brazilian studies.

In psychiatric nurses from Japan, low frequency of moral distress was verified, although with relative intensity, and more associated with the Nursing staff deficit. Factors such as negligence, professional unethical conduct and disrespect towards the user generate distress in the nurses from this country[18]. In this Japanese study, it is perceived that situations such as inadequate or insufficient physical structure, low remuneration of the nurses, family neglect, and poverty were not mentioned, making justice to the country's HDI of 0.915[26].

Moral distress in Cypriot, Irish, Finnish, Turkish and South Korean psychiatric nurses is more related to the ethical/moral problems emerging from the professional practice, such as professional conflicts, limited autonomy of nurses about the therapy employed and of the users in relation to their decisions about treatment. The distress of these nurses increases considerably in the face of factors such as disrespect to the user, prejudice and non-discussion of the ethical/moral problems[13-15,17,19].

In Brazil, moral distress in primary care nurses is associated with the fragility of the public health policies (access, welcoming, humanized care, safety of patients and professionals), inadequate working conditions (damaged physical structures and material resources, deficit in human resources, low wages, excessive workloads), impaired autonomy of nurses (limitation for decision-making, conflicts), professional ethical competence (omission, recklessness and professional unpreparedness) and disrespect for user autonomy (violation of rights and privacy)[29].

Moral deliberation, as a coping strategy for moral distress, was not pointed out by international studies in this review. However, it is emphasized that it is important to avoid moral distress in Nursing and that it is focused on considering the values and duties involved in a fact, in order to lead the conflicting situation through a reasonable and prudent path[30].

The purpose of moral deliberation is to choose the most appropriate action for a situation of ethical/moral conflict, in a reasonable and prudent manner, considering all the values present in the situation, since the ideal solution is indicated as morally acceptable[31].

For the recognition of ethical conflicts, it is important that nurses have moral sensitivity, which is a personal skill that encompasses contextual and intuitive aspects, representing a significant dimension in the moral deliberation process. In addition to this, sensitivity enables nurses to recognize ethical /moral conflicts and situations of vulnerability of people, making them aware of the consequences of their decision on the others[32].

Moral sensitivity makes more evident the perception of ethical/moral problems by the nurses, in an attempt to solve them, while the experience exerts an influence on moral deliberation, considering that more experienced nurses are more self-confident[33].

For the ethical/moral conflicts to be best solved in the care practice of nurses in general, minimizing the effects of moral distress, further discussion on ethical competences are needed[33]. Ethical education, problematized teaching, discussions and reflections on the care practice, production of studies and encouraging the participation of nurses in this context, can foster ethical responsibility in these professionals. In this sense, it is understood that ethically competent nurses are better able to deal with ethical/moral problems emerging from the practice, combining strategies to minimize distress and its consequences[34].

Conclusion

Given the different situations that generate moral distress in mental health nurses discussed in this review, mainly characterized by ethical/moral problems and institutional impediments/problems, it is pointed out that it is necessary to conduct original studies that also explore frequency and intensity of moral distress in this population, especially in the Brazilian scenario.

The situations that generated moral distress in the mental health nurses identified in this review, are closely associated with the distress of the professional. In this sense, it is emphasized that moral deliberation is a relevant coping strategy for moral distress and that it may help the nurses to minimize its effects.

However, it is noteworthy that studies on the moral deliberation process in mental health nurses are also poorly explored.

The construction of spaces for collaborative dialog and reflection by nurses on the emerging conflicts in their care practice are necessary and need to rely on the managers' initiative and support. Furthermore, by improving the structural and relational conditions of the nurses in their workplace, as well as recognizing and valuing their role as indispensable professionals in the health context, it is possible to reduce the situations that generate moral distress.

In this conception, it is worth mentioning that the discussions about moral distress, moral deliberation and ethical/moral competences of the nurses need to be developed since their academic training, as well as throughout their professional life.

Managers can also contribute to this training, promoting spaces for permanent education in health of the nurses about the coping strategies for moral distress, seeking to care for the mental health of this professional and, consequently, reducing their absences from work and/or profession abandonment.

The reduced number of research studies on moral distress in mental health among nurses is understood as a study limitation.

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