



## REFLECTION ABOUT THE MORAL SUFFERING OF THE TEACHER NURSE AT WORK

### REFLEXÃO SOBRE O SOFRIMENTO MORAL NO TRABALHO DO ENFERMEIRO DOCENTE REFLEXIÓN SOBRE EL SUFRIMIENTO MORAL EN EL TRABAJO DEL ENFERMERO DOCENTE

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#### ABSTRACT

**Objective:** reflecting about the moral suffering during nurse teacher. **Method:** theoretical reflection, which was defined into two categories: ethical issues in nursing work, nurse teacher and moral distress. **Results:** among the factors that cause ethical problems in nursing work has been disrespect for the rights of the patient, lack of human and material resources, difficulties in interpersonal relations and working conditions. Consequently emphasize the decline in quality of work and attitudes to ethical implications for themselves, for patients and for the whole team. With regard to nurse teachers, there is academic dishonesty, coercive hierarchy and disability in didactic and pedagogical training as causes of moral distress. **Conclusion:** it is essential to recognize and help those who suffer. For this, it takes courage and proves, explicitly, against unethical behavior, even when others are silent or differ in opinion. **Descriptors:** Ethics; Nursing; Nursing Teachers.

#### RESUMO

**Objetivo:** refletir sobre o sofrimento moral no trabalho do enfermeiro docente. **Método:** reflexão teórica, no qual se definiu duas categorias: os problemas éticos no trabalho do enfermeiro; o enfermeiro docente e o sofrimento moral. **Resultados:** entre os fatores que causam problemas éticos no trabalho do enfermeiro tem-se desrespeito aos direitos do paciente, insuficiência de recursos humanos e materiais, dificuldades nas relações interpessoais e condições de trabalho. Como consequência ressalta-se a queda na qualidade do trabalho e atitudes com implicações éticas para si, para os pacientes e para toda a equipe. No que concerne ao enfermeiro docente, destaca-se a desonestidade acadêmica, a hierarquia coercitiva e a deficiência na formação didático-pedagógica como causadores do sofrimento moral. **Conclusão:** é imprescindível reconhecer e ajudar a quem sofre. Para isso, é preciso ter coragem e revelar-se, explicitamente, contra o comportamento antiético, mesmo quando os outros se calam ou divergem de opinião. **Descritores:** Ética; Enfermagem; Docentes de Enfermagem.

#### RESUMEN

**Objetivo:** reflexionar sobre el sufrimiento moral durante la enseñanza de enfermería. **Método:** la reflexión teórica, que define dos categorías: cuestiones éticas en el trabajo de enfermería, la enseñanza y la angustia moral del enfermero. **Resultados:** entre los factores que causan los problemas éticos en el trabajo de enfermería ha sido una falta de respeto por los derechos del paciente, la falta de recursos humanos y materiales, dificultades en las relaciones interpersonales y las condiciones de trabajo. En consecuencia destaca se la disminución de la calidad del trabajo y las actitudes a las implicaciones éticas para sí mismos, para los pacientes y para todo el equipo. Con respecto a la enseñanza de los enfermeros, hay deshonestidad académica, la jerarquía coercitiva y la discapacidad en la formación didáctica y pedagógica como causas de la angustia moral. **Conclusión:** es esencial reconocer y ayudar a los que sufren. Para ello, se necesita valor y demostrar explícitamente contra el comportamiento poco ético, aun cuando otros no dicen nada o difieren en la opinión. **Descritores:** Ética; Enfermería; Maestros de Enfermería.

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## INTRODUCTION

Help sufferers. When nurses read sentences like this, they remember immediately on their patients. This was taught by their teachers, who often suffer in silence. Every day in their work environment, nurse teachers experience numerous relationships with students, colleagues, managers and the community. If on one hand there are relations of affection, solidarity, hope and autonomy, on the other, there is oppression, competitiveness, super productivity, individualism and omissions that undermine the character and weaken people and their relationships with each other. In this context, have become increasingly nurses teachers those, for fear of unemployment, isolation, persecution and hostilities, are silent and live a veiled suffering. Tolerate such a situation in the educational system is to ratify the crisis of values in modern society.<sup>1</sup>

Productive Restructuring is a term used to describe the process of large changes in business and especially in industrial work, from the end of 1960, which sets out technological, organizational and managerial innovations, in order to obtain a higher productivity growth and accumulation. This process includes the production flexibility and contractual relations with repercussions on employment, the qualification profile of workers and union representation.<sup>2,3</sup>

In health, the restructuring of production, but also led to the reduction of the workforce and wages, the intensive use of technological equipment, outsourcing and casualization of labor relations that impacted the way to watch and care for people.<sup>3</sup> In education, new needs posed by the restructuring process are manifested mainly in a general education requirement, with versatile character with a view to obtaining professional able to quickly learn skills of a particular occupation and reduce financial costs. These requirements serve as guidelines for a new pedagogical practice.<sup>4</sup>

Highlighting the work of the nurse teacher as one who cares for and teaches caring, we observed that their mission goes beyond the classroom, expanding their dedication to the most diverse contexts involving school, family and society.<sup>5</sup> Conditions work of teachers require physical effort as well as the cognitive and affective sphere to achieve the goals of school production, which can generate a hyper-solicitation of physical and psychophysiological functions.<sup>5</sup>

In this light, during his professional activity the teacher nurse may encounter a variety of

problems that produce ethical conflicts and problems/moral dilemmas. When faced with a mismatch between what is believed to be correct and the institutional decision below, we have the moral suffering.<sup>6</sup> Thus, as concerned with the health of university teaching nurse - teachers and nurses from the readings and discussions in the discipline process work in health and nursing, doctorate Inter UFSC/UFRN, this study aims to reflect on the moral distress on the job the nurse teacher.

Highlights the relevance of this research to the extent that, although the nursing literature documents the moral distress in the clinical area, and there is evidence that this also occurs in the academy, studies those deal with moral distress in teaching are scarce.<sup>7</sup> In addition, show the suffering in a society that has important means of mass communication, which usually hide it, can establish a political and intellectual action.<sup>8</sup>

Whereas teaching nurses can exercise their practical teaching activities in the service and experience so typical ethical problems of healthcare practice, in addition to those related to administrative issues, we define two categories for consideration: Ethical problems in nursing work; Nurses teaching and moral suffering.

## RESULTS

### ◆ Ethical problems in nursing work

The work occurs through the transformation of nature to satisfy human needs. The working process has as constituents the work itself, ie, proper activity to an end, the work object, the subject to which it applies the work, and the instrumental work, ie, the means of labor.<sup>9</sup>

In this framework, the work of nurses is characterized by personal and professional investment in providing care to humans<sup>10</sup> taking individual and collectivity as object, knowledge and behaviors as instruments of labor and product as the care provided, which is produced and consumed simultaneously.<sup>11</sup> In this context, the nurse can experience a paradox: attempts to alleviate the suffering of someone while they experience suffering in itself is no wonder, often, the cause of this situation.<sup>12</sup> Thus, at the time their values and principles are confronted, it has ethical problems, including moral distress.

To be able to understand how this occurs, it is necessary to resume the concepts of morals and ethics. Ethics is defined as "theory of moral philosophy and morals, ie, as the rational study of the moral experience of

human beings".<sup>13:80</sup> this context, the moral is that worry us to act well or badly in private life and in public life, while ethics is the discipline that fact, or is looking to establish what needs to be understood for good and evil, and what the reasons for this affirmation.<sup>13</sup>

Regarding ethical issues in nursing, we have: the moral uncertainty, moral dilemma and moral distress. The moral uncertainty occurs in situations recognized by the individual as inadequate or inaccurate, leading him to wonder and experience feelings of tension, frustration and annoyance, but not realizing these situations as part of an ethical problem. The ethical dilemma is represented by conflict between important and different values, there is no way to make a choice that preserves both and neither will more correct than the other. Its main feature is indecision in the conflict. On the other hand, when the individual knows the right thing to do, but institutional constraints make it nearly impossible for him to do what he considers to be correct, we have the moral distress.<sup>14</sup>

When faced with dilemmas, nurses, exercising care, teaching, management and/or research, it turns out, often vulnerable to crises of values, with a decline in the quality of their work and attitudes with implications ethics for themselves, for patients and for the whole team.<sup>6</sup>

Studies on the moral distress of Professional Nursing, showed that between its main causes, there is the lack of material and human resources, difficulties in interpersonal relationships at work, disrespect for the rights of the patient's death<sup>6</sup>, the low compensation and comprehensive journey work. Therefore, one cannot help but point out here the importance of the struggle for regulation of working conditions and the establishment of a minimum wage, a workday not to exceed 30 hours per week, and the latter is present almost 60 years ago the struggles of class and still no result. Moreover, also stands out, institutional constraints and factors related to medical hegemony in the healthcare team<sup>15</sup>, the futile treatment, the inappropriate use of health care resources, the unpreparedness of other professionals, insufficient pain relief and false hope given to patients and families.<sup>16</sup>

A study on the role of nurses in conflicting labor relations, pointed out that these are tense and hostile, and result in dissatisfaction and suffering.<sup>17</sup> The abuser is often a wicked perversion and fascinates, seduces and scares<sup>18</sup>, causing the silence for fear or for

personal and / or institutional interests occurs, culminating in moral distress.

The moral distress can lead to feelings of discouragement, accommodation, anxiety, isolation, anger, sadness, depression and loneliness professional.<sup>12,19</sup> Whereas the work of nurses is not accomplished by merely technical, but a human being who looks after another in its holistic dimension, as this can make professional care when it is fragile, physically and emotionally? And the teaching work as falls within that context? As these conflicts experienced the caregiver while forming a new generation of nurses?

#### ◆ The nurse teacher and the moral distress

The changes that have happened within the reproduction of capital and science, originated the idea of the knowledge society, in which the most important aspect is the use of competitive information. Based on this, the economic power now owns and blocks the democratic power of the right to information, its acquisition, production and dissemination in society.<sup>20</sup>

With regard to the labor process of teaching, that competition in the contemporary world gives you numerous requirements such as: academic production; field of pedagogical innovations, new technologies of information and communication and content knowledge; involvement in research activities and administrative, ability to work in teams; besides the ongoing responsibility with its own qualification.

Importantly, the learning environment needs to be a place of enchantment and creativity, as it is believed that the construction of knowledge is an experience that needs to be practiced with pleasure.<sup>13</sup> Nevertheless, the teacher, is often faced with several conflicting situations that may lead you to suffering.<sup>21</sup>

In this context, we highlight the Plan Careers and Occupations Federal Magisterium<sup>22</sup>, which has, as one of the criteria for wage increase, a teaching qualification, which on one hand is a stimulus, and the other imposes requirements that collide in lack of structure units and incentive of managements, as well as in interpersonal relationships weakened by competition. These aspects hinder the involvement of teachers in activities beyond the academic environment, such as participation in representative bodies of the profession and community services.

The experience of suffering by nursing teachers affects their relationships with

students, colleagues and the institution itself, compromising the quality of teaching and developing personal wear professional practice.<sup>23</sup> Thus, many teachers deal with ethical issues in their practice. Critical incidents involving ethical conflicts that result in moral distress when the teacher is conditioned to an action that it deems to be correct and academic decisions are contrary occur.<sup>24</sup>

The moral distress is associated with attitudes of incivility and academic dishonesty, plagiarism, peer conflict, bullying, academic admission standards, standards of the profession, cultural concerns, moral harassment<sup>7</sup>, coercive hierarchy, unequal division of labor, lack of autonomy, driving inadequate students, colleagues irresponsible, disinterested students, prejudice with nursing professionals, inconsistency between the political-pedagogical proposal in theory and practice and deficiency in the didactic-pedagogic training.<sup>23</sup>

These conditions are found in public and private universities, but in the latter are still present, as the potential moral distress factors, the multiple meanings of trade relations, the casualization of labor and the fear of unemployment.

In this scenario, in nursing, as in other professions in the health, teaching prints two conditions to the teacher. The first relates to the accumulated technical and scientific knowledge, with knowledge and experience marked by daily practices, used in the formation of the student, the teacher and putting in native condition. The second refers to the knowledge of the educational process, in which this same teacher assumes the status of aliens.<sup>25</sup>

If there is no time to recover or work the factors that lead to moral distress during teaching nurse consequences as clinical symptoms, high rates of absenteeism and sick leave for mental disorders.<sup>5</sup> We must be attentive to the decrease will trigger self-esteem, isolation, inadequate responses, powerlessness, aggression and motivation to work and to life.

Whereas the faculty practice nurse has been permeated by moral suffering, which triggers the physical and mental illness, and to teach and learn it takes joy, autonomy, motivation, ethics, rejection of any form of discrimination, making conscious decisions, fight for the rights of educators with the belief that change is possible<sup>26</sup>, will be the teacher who lives the moral distress develops its practice to correspond not only to institutional requirements, but its values,

principles and beliefs? This situation affects the formation of new nurses? How to teach care of self and other in the midst of suffering? How to give visibility to these situations? Who cares about them? With whom to share these feelings when they occur between peers? How to act?

To act is necessary to break the indifference, fear, guilt, cross borders coated by courage, which for Aristotle is the greatest of all virtues. It is this dimension that emerges from the moral courage, characterized by action to act in accordance with ethical values, defending what is believed to be morally right, even in the face of personal risk and professional and the condition of being alone. Moral courage is the pinnacle of ethical behavior; it requires a firm commitment to fundamental ethical principles despite the potential risks to shame, isolation from peers, threat to reputation, retaliation and job loss.<sup>27</sup>

On the other hand, consider one that does not put the moral courage is inert situation is a simplistic analysis that can lead to blaming the victim and not the aggressor. In this sense, the teacher is a professional nurse who possesses representative institutions that should support it, however it is perceived by the absence of the councils and unions in the discussion of the topic and the development of strategies and actions those support facing this problem.

## CONCLUSION

As noted from the analysis performed here, the moral distress is present in the spaces and working relationships of teaching nurses, causing physical and emotional harm that prevent you from performing their work activities in an autonomous and happy way.

The teaching practice is not neutral and requires a definition of the teacher against disappointment and for the beauty of their practice, with a dogged fighter who fatigues, but not gives up.<sup>26</sup> This responsibility is not only one who is experiencing moral distress, but all around you, colleagues, managers and associations. Therefore, we must help those who suffer from such a situation before acting, not accepting and having the courage to face it, revealing itself explicitly against this unethical behavior, even when others are silent or differ in opinion.<sup>27</sup> In this sense, reflect on the moral distress of nurses working in teaching is an ethical and professional commitment, considering that the decreases in academic settings you will be contributing to freedom of thought and teacher autonomy, as well as strengthening ethics in teaching and

nursing practice.

Finally, it is recognized that the debate on the subject has not been exhausted and that reflection points to the need for new studies that can enrich it and thus help promoting policies to support the coping of moral distress in work of teaching nurses.

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Submission: 2013/08/14

Accepted: 2013/09/19

Publishing: 2014/03/01

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