

Evaluation of Moral Courage in Nurses According to Individual Characteristics

Hemşirelerde Ahlaki Cesaretin Bireysel Özelliklerine Göre Değerlendirilmesi

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ABSTRACT

Objective: The study aimed to evaluate the moral courage of the nurses according to their socio-demographic characteristics.

Materials and Methods: This study was cross-sectional and descriptive. A total of 214 volunteer nurses working in a private hospital were included in this study. 'Individual Characteristics Form' and 'Nurses' Moral Courage Scale' are the data collection tools of this study.

Results: The median value of the participants' "Moral Courage Scale in Nurses" was 86.0.

In the study, statistical significance was found between the mean ranks of moral courage and nurses' level of education, years of experience in the profession, whether they worked as a clinical or manager nurse, the department they worked in, and whether they received ethics training ($p<0.05$).

Conclusions: In this study, it was determined that nurses were moderately morally courageous. The fact that moral courage was found to be at a higher level among nurses who had been working for less than a year showed that nurses who were new to the profession possessed a heightened awareness of moral courage. It is thought that it would be useful to evaluate moral courage in nurses and student nurses through prospective and qualitative studies in future studies.

Keywords: Ethics, moral courage, nurses

ÖZ

Amaç: Araştırmanın amacı hemşirelerin sosyodemografik özelliklerine göre ahlaki cesaretini değerlendirmektir.

Materyal ve Metot: Bu çalışma kesitsel ve tanımlayıcı niteliktedir. Çalışmaya özel bir hastanede görev yapan toplam 214 gönüllü hemşire dahil edilmiştir. 'Bireysel Özellikler Formu' ve 'Hemşirelerde Ahlaki Cesaret Ölçeği' bu çalışmanın veri toplama araçlarıdır.

Bulgular: Araştırmada "Hemşirelerde Ahlaki Cesaret Ölçeği" median değerinin 86.0 olduğu belirlendi. Hemşirelerin eğitim düzeyi, meslekte çalışma yılı, servis ya da yönetici hemşire olarak çalışma durumu, çalıştıkları klinik türü ve etik-ahlak konularında eğitim alma durumu ile ahlaki cesaret sıra ortalamaları arasında istatistiksel açıdan anlamlı farklılık olduğu belirlendi ($p<0,05$).

Sonuç: Bu çalışmadan elde edilen veriler doğrultusunda hemşirelerin orta düzeyde ahlaki açıdan cesaretli olduğu belirlendi. Özellikle bir yıl altında çalışan hemşirelerde ahlaki cesaretin daha yüksek düzeyde saptanmış olması mesleğe yeni başlayan hemşirelerin bu kavramın farkında olduklarını ortaya koydu. Bu sonuç hasta bakım kalitesi, hasta savunuculuğu ve hemşirelik mesleği açısından sevindiricidir. Gelecek çalışmalarda hemşirelerde ve öğrenci hemşirelerde ahlaki cesaretin prospektif ve kalitatif çalışmalar ile değerlendirilmesinin yararlı olacağı düşünülmektedir.

Anahtar Kelimeler: Etik, ahlaki cesaret, hemşireler

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INTRODUCTION

Morality, which is an indispensable part of human life, constitutes the whole of certain attitudes and behaviours shown under certain conditions. As complex beings influenced by biology, psychology, society, and culture, humans gain certain values and attitudes about what is right and wrong by continuing their moral development within their conditions.¹ In professions that deal with human beings, it is important for individuals to have knowledge about ethics and morality and to adopt their fundamental principles in their professional practices.^{2,3}

Nurses provide continuous care to healthy and ill individuals and frequently face situations requiring moral judgment in their professional practice. In overcoming this process, nurses are guided by legal and ethical regulations such as ethical theories, professional ethical codes and patient rights guides.^{2,4} Currently, it is very important for nurses to show moral courage when faced with moral dilemmas so that they can actively participate in the decision-making process.⁵

When nurses are faced with ethical and moral problems, their ability to decide and implement what is professionally right depends on their moral courage.^{3,7,8} Nurses who adopt morally courageous behaviours may occasionally experience harsh reactions from colleagues or managers, be exposed to psychological and/or physical violence, and face the risk of losing their jobs.⁴ Studies have shown that many nurses encounter threats to their own and their patients' well-being in terms of moral courage but are reluctant to talk about these risks and fail to take action.^{3-5,9}

For nurses, having moral courage is essential to delivering quality care and effectively fulfilling their roles as patient advocates.¹⁰ The failure of a nurse to demonstrate moral courage leads to indifference to ethical principles, reluctance to provide care, and failure to defend the rights of patients over time. On the contrary, it has been reported that moral courage positively affects moral sensitivity, improves communication within the medical team, and increases the quality of life, quality of care of patients and patient safety.¹¹⁻¹⁸ When we analyse the literature, it is seen that the concept of moral courage, which is closely related to moral sensitivity and moral distress, has not been a common topic of research in Türkiye.^{19,20}

Therefore, the study aimed to evaluate the moral courage of nurses according to their sociodemographic characteristics.

MATERIALS AND METHODS

Ethics Committee Approval: The study was approved by the Non-Interventional Clinical Research

Ethics Committee from Istanbul Medipol University. (Date: 26/07/2022, decision no: 648). The necessary permissions for the measurement instruments to be used in the study were obtained from the authors by email. The study was conducted in accordance with the Declaration of Helsinki.

Sample and Study Design: This study was cross-sectional and descriptive. The population of the study consisted of 450 nurses working in a private hospital in Istanbul. The sample of the study was determined as 208 with a 95% confidence interval and 5% margin of error, calculated by the sampling method with a known population. All 208 nurses were the minimum sample number to be included in the study. The data collection process was completed between August 1 and October 10, 2022, with 214 nurses who volunteered to participate in the study.

Data Collection Tools: 'Individual Characteristics Form' and 'Nurses' Moral Courage Scale' were used to collect data.

Individual Characteristics Form: The form was developed as a result of the literature review of the researchers.^{7,11,14} The form includes questions affecting moral courage as well as the sociodemographic characteristics of nurses. There are a total of eight questions in this form.

Nurses' Moral Courage Scale (NMCS): The scale was developed by Numminen et al. to determine the level of moral courage of nurses; it was adapted into Turkish by Ayaz and Akkuş, and its validity and reliability were established.^{21,22} It has 21 items and 4 sub-dimensions. These dimensions are compassion and true presence, moral responsibility, moral integrity, and commitment to good care. The scale has five options. Scores between 21 and 105 points are obtained from the scale. As the scale score increases, the nurses' moral courage increases positively. The Cronbach's alpha was reported to be 0.93. In our study, Cronbach's alpha value was 0.91.

Data Collection: The data were collected by sending the online forms prepared by the researchers to the nurses via social media tools between August and October 2022. On the first page of the online form, the purpose of the study for informed consent, the method and how the confidentiality of the data will be ensured are stated. In this form, nurses were asked whether they were willing to participate in the study. Those who gave consent to participate in this study proceeded to the stage with the research questions, while the study was terminated for those who did not give consent.

Statistical Analysis: The IBM SPSS 25 program was used for data analysis. The data were analysed by Kolmogorov-Smirnov test to determine whether the data were normally distributed. Since the data did

not show normal distribution, nonparametric tests were used. Mann-Whitney U test was used in cases with two variables, and Kruskal-Wallis H test analysis was used in cases with more than two variables. The statistical significance level of 0.05 was accepted.

RESULTS

The sociodemographic data of the nurses participating in the study are given in Table 1. It was determined that 52.8% of the nurses participating in the study were in the 21-27 age group, 74.8% were female, 63.1% were single, and 80.8% had a bachelor's degree. It was found that 54.2% of the nurses had worked as nurses for 1-5 years, the majority (91.6%) worked as clinical nurses, 56.5% worked in internal clinics, and 89.3% had previously received training on ethics and morality (Table 1).

When the median values of the NMCS and all sub-dimensions of the nurses were examined, NMCS was 86.0, compassion and true presence was 20.0, moral integrity was 30.0, moral responsibility was 16.0 and commitment to good care was observed to be 21.0. (Table 2).

Within the scope of the study, the mean ranks of the NMCS and its sub-dimensions were compared ac-

cording to the sociodemographic characteristics of the nurses. Accordingly, it was discovered that the difference between the mean ranks of compassion and true presence, moral responsibility, commitment to good care and NMCS total score according to the educational level of the nurses was statistically significant; nurses with master's and doctoral degrees had higher levels of moral courage ($p<0.05$). The difference between the mean ranks of the total scores of the NMCS and all sub-dimensions according to years working in the profession was statistically significant; it was determined that nurses who worked for one year or less had higher levels of moral courage ($p<0.05$). It was found that the moral courage levels of nurses working as nurse managers were higher than other nurses; there was a statistically significant difference between the mean ranks of the total scores of NMCS, compassion and true presence and moral responsibility according to the nurses' job description ($p<0.05$). Among the nurses who participated in the study, nurses working in clinics in the departments of obstetrics and gynaecology were found to have significantly higher ranks in the total mean scores of NMCS and all sub-dimensions than nurses working in internal clinics. It was found that the mean ranks of NMCS, moral integrity, compas-

Table 1. Distribution of individual characteristics of nurses.

Variables		n (%)
Age Group	21-27 age	113 (52.8)
	28 age and above	101 (47.2)
Gender	Female	160 (74.8)
	Male	54 (25.2)
Marital Status	Married	79 (36.9)
	Single	135 (63.1)
Education Degree	Bachelor's Degree	173 (80.8)
	Master's and PhD	41 (19.2)
Duration of Employment	1 year or less	29 (13.6)
	Between 1-5 years	116 (54.2)
	Between 6-10 years	45 (21.0)
	10 years or more	24 (11.2)
Formal Position	Clinical Nurse	196 (91.6)
	Responsible Nurse	18 (8.4)
Department	Internal Clinics	121 (56.5)
	Surgery Clinics	53 (24.8)
	Department of Obstetrics and Gynaecology	31 (14.5)
	Mental and Public Health Clinics	9 (4.2)
Previous Training in Ethics and Morality	Yes	191 (89.3)
	No	23 (10.7)

Table 2. Distribution of nurses' scores from the NMCS and its sub-dimensions.

	NMCS	Compassion and true presence	Moral integrity	Moral responsibility	Commitment to good care
Median	86.0	20.0	30.0	16.0	21.0
Minimum	43.0	8.0	15.0	7.0	9.0
Maximum	105.0	25.0	35.0	20.0	25.0

NMCS: Nurses' Moral Courage Scale.

sion and true presence, and commitment to good care total scores of the nurses who had previously received training on ethics and morality were significantly higher than those who had not received such training ($p<0.05$) (Table 3).

DISCUSSION AND CONCLUSION

Moral courage is an important concept that requires nurses to possess ethical sensitivity and to put the welfare and dignity of their patients above all else in the face of opposition or a challenge. Within the

complex and dynamic structure of health services, events that challenge the moral integrity of nurses occur from time to time. In this case, nurses may exhibit morally courageous behaviour by risking dismissal, social exclusion or endangering their well-being.

In this study, in which the level of moral courage of nurses and the factors affecting it were determined, the median value of the moral courage scale of nurses was found to be 86.0. Considering that the lowest score that can be obtained from the moral courage

Table 3. Comparison of NMCS rank means according to socio-demographic data of nurses.

Variables		Total Score	Compassion and true presence	NMCS		
		Mean Rank	Mean Rank	Moral integrity	Moral responsibility	Commitment to good care
				Mean Rank	Mean Rank	Mean Rank
Age	21-27 age	100.10	100.89	101.28	107.99	99.11
	28 age and above	115.78	114.90	114.46	106.96	116.89
	Test and p-value	Z: -1.851 p:0.06	Z: -1.660 p: 0.09	Z: -1.560 p: 0.11	Z: -0.123 p: 0.90	Z: -2.111 p: 0.03
Gender	Female	108.80	108.46	108.82	110.0	108.27
	Male	103.65	104.66	103.60	100.09	105.22
	Test and p-value	Z:-0.529 p:0.59	Z:-0.392 p:0.69	Z:-0.537 p:0.59	Z:-1.027 p:0.304	Z:-0.315 p:0.753
Marital Status	Married	113.37	112.80	108.04	111.55	115.44
	Singe	104.06	104.40	107.19	105.13	102.85
	Test and p-value	Z:-1.062 p:0.28	Z:-0.963 p:0.33	Z:-0.098 p:0.92	Z:-0.740 p:0.45	Z:-1.445 p:0.14
Education Degree	Bachelor's Degree	103.55	103.14	106.91	103.38	103.49
	Master's and PhD	124.16	125.89	109.98	124.87	124.41
	Test and p-value	Z:-1.917 p: 0.05	Z:-2.125 p:0.03	Z:-0.286 p:0.77	Z:-2.018 p: 0.04	Z:-1.958 p:0.05
Duration of Employment	1 year or less ¹	142.43	132.52	141.16	142.26	141.64
	Between 1-5 years ²	92.72	96.13	91.91	98.38	92.55
	Between 6-10 years ³	117.03	107.61	121.24	115.97	115.51
	10 years or more ⁴	118.83	132.02	116.44	93.71	123.50
	Test and p-value	KW:17.73 p:0.001 1>2	KW: 12.53 p:0.006 1>2	KW: 18.77 p:0.001 1>2	KW: 13.97 p:0.003 1>2	KW: 18.17 p:0.001 1>2
Formal position	Clinical nurse	104.32	104.44	105.40	104.10	105.23
	Nurse manager	142.17	140.86	130.33	144.47	132.22
	Test and p-value	Z:-2.48 p:0.013	Z:-2.40 p:0.016	Z:-1.641 p:0.101	Z:-2.675 p:0.007	Z:-1.78 p:0.075
Department	Internal Clinics ¹	92.28	92.92	95.39	95.43	93.92
	Surgery Clinics ²	121.19	119.19	117.69	117.49	119.34
	Mental and Public Health Clinics ³	126.11	134.72	116.61	114.67	126.78
	Department of Obstetrics and Gynaecology ⁴	138.10	136.52	134.69	135.44	134.66
	Test and p-value	KW:18.31 p: 0.001 4>1	KW: 17.30 p: 0.001 4>1	KW: 12.32 p: 0.001 4>1	KW: 12.66 p: 0.005 4>1	KW: 14.79 p: 0.002 4>1
Previous Training in Ethics and Morality	Yes	112.58	113.21	111.95	109.82	111.97
	No	65.30	60.11	70.54	88.22	70.41
	Test and p-value	Z:-3.46 p: 0.001	Z:-3.90 p: 0.001	Z:-3.04 p: 0.002	Z:-1.59 p: 0.11	Z:-3.06 p:0.002

P-values <0.05 are highlighted in bold; NMCS: Nurses' Moral Courage Scale; Z: Mann-Whitney U test; KW: Kruskal Wallis test; the numbers (^{1,2,3,4}) are used to indicate which groups the statistical difference comes from.

scale is 21 and the highest score is 105, it can be said that the moral courage of the nurses in this study is above average. This result is an indication that nurses are professionally committed to ethical principles. In addition, total scores on the moral courage scale sub-dimensions of compassion and true presence, moral integrity, moral responsibility and commitment to good care were revealed to be above average in our study.

It was determined that there is a limited number of studies in Türkiye in which the moral courage levels of nurses were examined.^{20,23,24} In these studies, similar to our study, it was found that the scores on the moral courage scale of the nurses were above the averages observed in the literature.^{20,23} It was seen that many studies have been carried out internationally with nurses and nursing students regarding behaviour related to moral courage.^{11,25-27} In a study conducted in China, it was found that the level of moral courage of nurses was moderate.²⁷ The results of the studies in the literature and our results were similar. These results indicate that nurses tend to prioritize the well-being of their patients, demonstrating a strong sense of responsibility and commitment to quality care.

In the study, the educational level of nurses was determined as a factor that affects moral courage. Participants with master's and doctoral degrees had significantly higher moral courage scores. However, it was determined that there was no statistically significant difference between only the moral integrity-dimension scores of the participants and the level of education. When the results of the studies comparing the moral courage status of nurses with the level of education were analysed, it was seen that there were different results. The results of a few studies were similar to our study.^{11,25} However, in a study conducted by Elmaoğlu and Eriş with 227 nurses in Türkiye, it was observed that educational status did not affect moral courage scores.²⁰ In two different studies conducted in Iran and China, it was found that there was no difference between the moral courage scores of graduate and undergraduate nurses.^{18,27} The higher levels of moral courage among Masters and PhD nurses may be due to nurses' knowledge regarding moral courage. In addition, it can be said that nurses with higher education levels are more sensitive to the subject of moral courage.

In this study, it was found that the moral courage and sub-dimension scores of participants with one year or less of employment were significantly higher than those with one to five years of employment. It is noticeable that results differ in the studies in the literature.^{11,25,28,29} Hauhio et al. determined that there was no significant relationship between nurses' moral courage and working time.²⁸ On the contrary, some studies found a significant positive correlation

between nurses' working hours and moral courage.^{11,25,28,29}

Notably, the results of this study showed that nurses who had worked for one year or less had the highest moral courage. This result showed that nurses who were new to the profession were sensitive to ethical issues. The ethical knowledge of newly graduated nurses may be effective in their moral courage.

In the study, it was determined that the moral courage scores of nurse managers were significantly higher than those of clinical nurses. Similar to our study, Konings et al. found that nurses working as head nurses had higher levels of moral courage than other nurses.²⁵

However, according to another study, it was discovered that the moral courage scores of nurses did not vary according to their formal positions.¹¹ It is thought that the significant result of our study is related to the fact that nurse managers have characteristics that can positively affect moral courage, such as having had postgraduate education, having developed leadership skills, and being self-confident and decisive.

In this study, it was found that the level of moral courage of the nurses varied according to the department in which they were working. Post-hoc analyses showed that nurses working in obstetrics and gynaecology units had significantly higher moral courage scores and sub-dimension scores than nurses working in internal medicine clinics. The results of the limited study in which moral courage was compared with the departments in which nurses worked showed that moral courage did not change according to the departments in which the nurses worked.^{20,27}

This study suggests that nurses working in obstetrics and gynecology are more sensitive to moral issues and prioritise moral courage because they care for patients with more sensitive characteristics, such as women and children.

It was observed that the participants' education on ethics and morality was another factor affecting moral courage. The moral courage scores of the nurses who received training on ethics and morality were statistically significantly higher. In a study of 583 nurses, Huang et al. found that nurses who received ethics training were more likely to demonstrate moral courage.²⁷ The outcomes of this study were similar to the findings of the other study. It is thought that this situation may be due to the fact that the competence in the level of knowledge of nurses on ethics and morality may be reflected in their moral courage scores.

In conclusion, the study found that the level of moral courage among nurses was above average. In this study, it was seen that nurses' level of education, years working in the profession, formal position, the department in which they worked, and having re-

ceived training on ethics and morality were effective in determining their moral courage. The fact that moral courage was found to be at a higher level among nurses who had been working for less than a year showed that nurses who were new to the profession possessed a heightened awareness of moral courage. This result is encouraging in terms of the quality of patient care, patient advocacy and the nursing profession. However, it would be useful to determine via prospective and qualitative studies whether there is a decline in moral courage scores of nurses as a result of increasing working years. However, in order to develop and strengthen moral courage in nurses, it is important to provide information and training on moral sensitivity and moral distress. In order to foster moral courage among nurses in their professional lives, it may be useful to organize activities such as training and workshops focused on raising awareness and gaining skills at the individual level. Finally, there is a need for studies to evaluate the effectiveness of interventions to improve moral courage in nurses.

Ethics Committee Approval: The study was approved by the Istanbul Medipol University Non-Interventional Clinical Research Ethics Committee. (Date: 26/07/2022, decision no: 648). Permission for the measurement tools used in the study was obtained from the authors by e-mail. The study was conducted in accordance with the Declaration of Helsinki.

Conflict of Interest: No conflict of interest was declared by the authors.

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