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Got Moral Courage? Educating Morally Courageous Nurses

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Submitted in Partial Fulfillment
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St. Catherine University
St. Paul, Minnesota

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ST. CATHERINE UNIVERSITY
ST. PAUL, MINNESOTA

This is to certify that I have examined this
Doctor of Nursing Practice DNP project
written by

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and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
the final examining committee have been made.

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DEPARTMENT OF NURSING

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Abstract

Nurses have an obligation to maintain integrity with the practice of moral courage. Active learning strategies placed within the nursing curriculum can increase nurses' awareness and practice of this obligation. This article describes a pilot project of active learning exercises used to build moral resilience and enhance the practice of moral courage in baccalaureate nursing students. The active learning strategies align with *The Framework for Moral Courage in Nursing Practice* and stimulate critical reflection, engage moral sensitivity, and support the necessity of taking action while maintaining integrity. Baccalaureate nursing student participants identified that the educational strategies in this pilot project enhanced their ability to engage in moral courage through personal growth.

Key Words: moral courage, moral distress, moral resilience, framework for moral courage, moral nursing practice, moral courage curricular strategies, nursing.

Got Moral Courage? Educating Morally Courageous Nurses

Regardless of the learning environment, teaching strategies that engage the learner result in enhanced critical thinking and improved student outcomes (Tedesco-Schneck, 2013). Active learning activities stimulate reflection, kindle inquiry, encourage critical analysis and problem-solving, promote knowledge (Rosciano, 2015), and provide the opportunity to explore attitudes and values (Huber et al., 2016). Teaching methods that engage active learning and encompass ethical competence foster a transformative experience and prepare nurses to successfully manage ethical situations in practice (Trobec & Starcic, 2015). At times, ethical situations in nursing require the practice of moral courage (MC). MC is an individual's capacity to overcome fear and stand up for one's core personal and professional values with awareness despite the potential risk (Lachman, 2010).

This article describes a pilot project of active learning strategies that align with *The Framework for Moral Courage in Nursing Practice* ([*FMCNP*]; Figure 1) with the purpose of empowering registered nurses (RNs) in an online RN to Bachelor of Science Nursing (BSN) program to address integrity compromising situations with MC. Additionally, the article reviews the *FMCNP*, active learning strategies to promote moral courage, and summarizes students' reflections regarding their growth from the applied learning activities. Finally, the article provides nurse educators in any setting a framework and active learning strategies that build moral resilience and empower nurses in their practice of MC.

Background: The Need for Moral Courage in Nursing Practice

RNs face a variety of practice barriers that may compromise quality care, contribute to poor outcomes, lead to moral and ethical challenges and in turn require the need to speak-up to address them (McLeod-Sordjan, 2014). Nevertheless, nurses in some situations fail to speak-up and are unable to maintain integrity due to fear, resulting from hierarchical organization

relationships or uncertainty of the best action to take (Goethals, Gastman, & Dierckx de Casterle, 2010). Nurses have a professional obligation as emphasized in the American Nurses Association ([ANA], 2015) *Nursing Code of Ethics* to speak up, to maintain personal integrity, the integrity of the profession, and to advocate for social justice and human rights. There is an ethical mandate for nurses to be educated and prepared to address situations that compromise personal and professional integrity with courage (McLeod-Sordjan, 2014). The practice of MC bridges the gap between awareness of a moral issue and action to address the issue while acknowledging the danger of taking action promoting moral resilience. Moral resilience is an individual's ability to sustain integrity in response to moral complexity and set-backs (Rushton, 2017). The purpose of this pilot project was to develop an MC cognitive and behavioral framework and to create active learning strategies incorporating the framework to enhance nursing students' moral agency and to empower the practice of MC.

Moral Courage Frameworks and Models

The literature was reviewed to evaluate the existing MC frameworks, and served as the foundation for developing the *FMCNP* and the curricular strategies. MC is a complex phenomenon which is teased out in the literature with various models explaining the underlying concepts including a) an exploration of the influences of moral behavior (Ranier, 2016); b) viewing MC through a lens of stress and coping (Dinndorf-Hogenson, 2015); and c) using an acronym CODE to signify the necessity to respond to a moral situation with courage while managing danger (Lachman, 2010). The CODE MC model uses an acronym *code* to signify the necessity to respond to an integrity-compromising situation with C-courage, O-obligation to honor, D-danger management, and E-expression and action. Lachman's (2010) model illustrates the essential elements to being a moral agent. The current models, however, do not explain

behavioral movement from moral awareness of an issue requiring advocacy through action or inaction from a decision-making standpoint.

The Rest (1994) *Four-Component Model of Morality (FCMM)* is a model that explains the process and capacity of moral action which involves four distinct processes: a) moral sensitivity; b) moral judgment; c) moral motivation; and d) moral action. Moral sensitivity (also called moral awareness) is the capacity to recognize that a situation involves a moral issue (Rest, 1994). Moral motivation (also known as moral intention) is the desire to prioritize the moral action first, regardless of risk. Moral judgment (also recognized as moral reasoning) is the analysis of the issue, its contextual factors, and identification of the ethical choice among the alternatives (Rest, 1994). Moral action is engaging the ethical action despite risk (Rest, 1994). The FCMM provides a meaningful cognitive and behavioral framework for practice of MC.

The Framework for Moral Courage in Nursing Practice

A framework that facilitates conceptualization of ideas with application and integration to practice is invaluable when designing, developing, implementing, and evaluating curricular activities. Consequently, this author synthesized the findings in the literature focusing on Lachman's (2010) and Rest's (1994) models and developed the *Framework for Moral Courage in Nursing Practice* ([*FMCNP*] See Figure 1) to illustrate the cognitive and behavioral process of MC, promote moral resiliency, and address moral distress. The major steps for the *FMCNP* include a) moral sensitivity; b) moral judgment; and c) danger management and action.

Moral Sensitivity: Feel

The framework commences when a situation threatens nurse integrity either due to a patient concern and need for nurse advocacy or due to a professional issue. The nurse who maintains moral integrity senses incongruence between the situation and the nurse's personal and

professional values (Lachman, 2010). The nurse who is not morally aware will fail to identify the moral issue, possibly resulting in patient and nurse harm (Rainer, 2015).

Moral Judgment: Analysis and Moral Motivation: Choose

If the nurse recognizes the experience of moral awareness, she next examines the issue and moral factors applying moral judgment (Goethals, et al., 2010). Individual factors considered include the nurse's cultural values and beliefs, generational knowledge, and experience (Rainer, 2015). Analysis of professional obligations as defined by the profession's code of ethics (ANA, 2015) including consideration of ethical principles at stake allows for awareness of a steadfast perspective (Lachman, 2010). Acknowledgment of the risks associated with the circumstance, such as contextual pressures including the influencing motivator (perceived risk to not speaking up) and the influencing deterrent (perceived risk to speaking up), define the parameters of the morally challenging landscape (Rainer, 2015). After morally analyzing the factors, the nurse determines actions or inactions needed to maintain integrity (Lachman, 2010). Next, the nurse with moral character is motivated to prioritize the moral action choosing to maintain integrity (Rainer, 2015). If the nurse lacks moral character or if perceived risk of speaking up is too high, the nurse may neglect moral action, placing both the nurse and patient at risk (Rainer, 2015).

Danger Management and Action

Speaking-up may entail a perceived risk or danger. When controlling danger, the nurse may use a cognitive rehearsal approach to manage risk (Stagg, Sheridan, Jones, & Speroni, 2011). Cognitive rehearsal is an empowering intervention where specific phrases are learned and practiced to address conflict-laden situations (Griffin & Clark, 2014). After controlling the danger, the nurse then proceeds with direct or indirect action (Rainer, 2015; Hawkins & Morse, 2014). Nurse failure to take action to do the right thing results in rejection of nurse integrity

(Burston & Tuckett, 2013; Rainer, 2015). Although nurse action that demonstrates moral behavior and maintains nurse integrity may be required, contextual factors may override the nurse's action leading to an undesirable outcome, including patient harm and moral distress of the nurse (Laabs, 2015).

The phenomenon of moral distress.

Moral distress is a phenomenon of spiritual, emotional, behavioral, and spiritual suffering (Burston & Tuckett, 2013). Moral distress may ensue when one knows the morally correct action to take but is unable to act due to internal constraints (such as lack of MC) or external constraints, including power differentials (Sauerland, Marotta, Peinemann, Berndt, & Robichaux, 2014). Responding to an integrity-compromising situation in a manner that is incongruent or undermines one's integrity may lead to the pain of moral distress. Also, when a nurse's moral action is ineffective in assuring the moral outcome (often due to constraints beyond the nurse's control), a diminished sense of moral agency may result (Rushton, Caldwell, & Kurtz, 2016). Moral agency is the ability to make moral decisions and take action despite internal or external constraints (Rushton, et al., 2016). Moral distress may then arise from the nurse's diminished moral agency (Rushton, et al., 2016).

Repercussions of moral distress impact not only the physical, spiritual, and emotional wellness of the nurse, but the broader healthcare context, including risk to healthcare quality and patient outcomes, job satisfaction and retention (Burston & Tuckett, 2013). Unaddressed moral distress can lead to nurse behaviors that exacerbate moral situations, including nurse apathy, indifference, avoidance, disengagement in patient care situations, feelings of powerlessness, and loss of moral sensitivity (McCarthy & Gastmans, 2015).

The 4A's to Rise above Moral Distress

Thoughtful and conscious action is required to address moral distress which may lead to greater self-awareness and moral resilience (McCarthy & Gastmans, 2015). The American Association of Critical Care Nurses ([AACN], 2004) developed the *4A's to Rise above Moral Distress: Ask, Act, Affirm, and Assess*. The *4A's* framework by AACN (2004) guides action for identification and prevention of moral distress (Sauerland et al., 2014).

Evidence-Based Curricular Strategies that Align with the *FMCNP*

Research suggests that various educational strategies are effective in enhancing MC and its associated concepts (Park, 2012). Figure 2 highlights evidence-based active learning curricular strategies aligned with the *FMCNP* that promote and strengthen each of the elements of MC as identified in the literature. For the purpose of the pilot project, the following curricular activities were applied in an online asynchronous learning environment with RN to BSN students at a non-profit, faith-based university in the Upper Midwest. Voice-over PowerPoint instructor presentations in addition to several readings which included the ANA (2015) *Code of Ethics for Nurses* provided students with a foundation for each learning activity. The next section describes the active learning strategies employed to promote MC with the RN to BSN students.

Curricular Strategy to Engage Moral Sensitivity: Feel

An ethical autobiography journal activity (adapted from Baykara, Demir, & Yaman, 2015) guided students to reflect and analyze their individual morality and its impact on their workplace and professional practice. This journal activity affirms the student's moral compass and brings to light any potential vulnerabilities that may challenge the nurse's moral compass as a caring nurse in a challenging healthcare context.

Curricular Strategies to Engage Moral Character

Scenario-based discussion board activities allowed students to role play their response to a morally conflicting scenario after analyzing the contextual factors at play. Role play, a form of simulation, enables an authentic learning experience where learners engage in the context of the situation and critically employ concepts and skills (Trobec, & Starcic, 2015). Potential integrity compromising scenarios were organized by week and included the following topics: (1) examining confidentiality of private health information and social networking situations; (2) analyzing morally challenging situations where the nurse's personal beliefs and values differ from those of the patient, family, or ordering provider; (3) addressing unsafe, illegal or unethical practice scenarios with application of the *CODE Moral Courage Model* (Lachman, 2010); and (4) examining of a real-life nursing negligence and malpractice scenario. Students also identified and analyzed how a well-known nurse was morally courageous, including the barriers and fears faced by the nurse and the outcome.

Another role play learning experience entailed students exploring the contextual factors of the Hurricane Katrina health care disaster and applying an ethical decision-making model to the dilemma of prioritizing the order of patient transfers. An additional curricular activity included, students' reflecting upon and exploring the contextual factors of a morally distressing situation they experienced or witnessed in practice, including the actual or potential impact of using MC. With this reflective activity, students also identified methods for personal and professional assistance to prevent moral distress and to address any remaining suffering from moral distress or residue using AACN's (2004) *4A's to Rise above Moral Distress*.

Curricular Strategies to Practice Strategizing Managing Danger and Fear

Students practiced managing fear and danger in scenario-based discussion boards. Course materials included a tool-kit with various evidence-based methods to strategize managing fear

including cognitive rehearsal strategies (Sayre, McNeese-Smith, Leach, & Phillips, 2012); use of a situation, background, assessment, recommendation (SBAR) briefing model; the I am concerned, uncomfortable, this is a safety issue (CUS) method from TeamSTEPPS® (Agency for Healthcare Research and Quality, 2014); and the expression management strategy (Lachman, 2010). Students found the danger management strategies particularly helpful with addressing the fear of repercussions when speaking-up.

Student Feedback in Response to the Active Learning Strategies

At the end of the course, students affirmed their learning by reflecting and writing an end-of-course reflection which entailed some general prompts including 1) discussion of ethical concepts and issues the student is more aware of; 2) changes made to practice resulting from improved awareness; and 3) sticking points from the course that will remain with the student. The end-of-course reflection prompts did not require discussion of MC; however, the elements of MC were a consistent theme shared by students in their reflection paper.

For example, the value of the MC content and relevant concepts prompted changes to one student's practice: "This course made me realize it is not just enough to know what is right, but I must also speak up and do something about it. I tend to shy away from conflict, and now I realize moral courage is truly a form of self-care as it may be necessary to maintain integrity". Another student shared an appreciation for the danger management strategies: "I like having the strategies for overcoming risk aversion as that to me is the hardest part of being courageous. I now know how to overcome the fear and have built some self-confidence. I am more comfortable being courageous at work and in everyday life". Some students also shared diffusion of their learnings with colleagues spreading the impact. For example, "I had my preceptee use the danger management strategies before she called a challenging provider and it worked"! The student

reflections are compelling evidence as to the necessity of including active learning strategies that support the elements and practice of MC in nursing education.

Limitations of the Active Learning Strategies and the *FMCNP*

The possibility exists that the MC active learning strategies will impact current practice; however, the role of an organization's ethical climate is a factor in the effectiveness of nurses engaging with the practice of MC. An organization's ethical climate encompasses the shared views of organizational practices that surround ethical decision-making and includes issues of power, trust, and human collaboration (Humphries & Woods, 2016). A positive ethical climate is necessary for moral nursing practice (Rushton, 2017), whereas a negative ethical climate constrains moral behavior and may precipitate moral distress (Humphries & Woods, 2016). Nurses practicing in environments lacking a positive ethical climate may become disheartened when the use of MC does not result in moral action. Further studies are needed to explore the impact of moral courage curricular interventions on nursing practice.

Conclusion and Implications for Practice

This article described a successful pilot project using evidence-based, innovative, and active learning strategies applied to a newly developed *Framework for Moral Courage in Nursing Practice* to promote MC in RN to BSN students. Student reflections of the learning experience are compelling evidence as to the necessity of including active learning strategies that support the elements of MC in nursing education. The article provides nurse educators a framework and examples of active learning strategies that can empower nurses in their practice of MC. The author plans on developing and publishing a MC active learning toolkit modifiable for any educational setting designed to ease the implementation of MC educational content with the goal of enhancing nurses' practice of moral courage.

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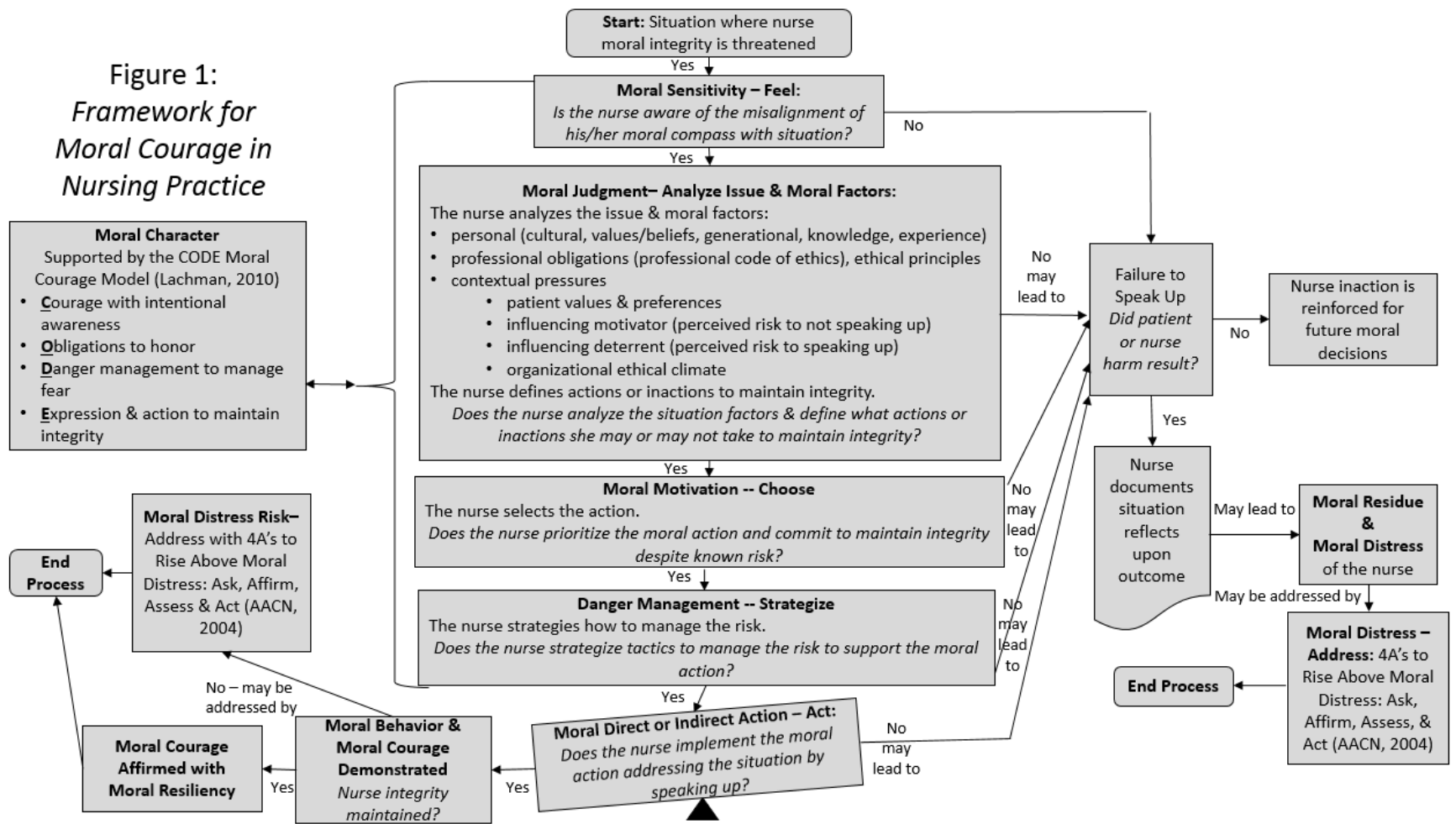


Figure 2: Evidence-based active learning strategies to engage the practice of moral courage in nursing

