



REVIEW: Moral Courage of Nurses and its Affecting Factors: A Systematic Review

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ABSTRACT

Introduction: Moral courage is one of the core values in the nursing profession and is defined as standing up for what is right. Considering the importance of the issue of moral courage in nurses and its effects on the quality of nursing care, this review study was conducted to investigate the moral courage of nurses and related factors.

Material and Methods: A narrative review study was conducted in 2021. English and Persian databases (PubMed, SCOPUS, Web of Science, Google Scholar, Iran Medex, SID, Magiran) were searched with the keywords such as Moral courage OR Moral OR Courage AND Nurses OR Nurse moral courage. Inclusion criteria allowed for cross-sectional studies conducted from 2000 to 2021 (published in English or Persian language journals), studies that had key words in their keywords or their titles and standard instruments for measuring Moral courage in nurses.

Results: Of the 175 publications found, 16 were selected after reviewing the title, abstract and full article. Findings of the study showed that the moral courage of nurses was moderate. Four factors related to moral courage include factors related to the individual, factors related to ethics, factors related to the negligence of medical staff, factors related to the organization.

Conclusion: Considering that the moral courage of nurses has been at a moderate level, so it is suggested that managers in medical centers be diligent in ways to increase the moral courage of nurses. Also, retraining courses should be provided to increase the moral courage of nurses.

Introduction

Courage is one of the most valuable human personality traits And it has a pivotal place in moral life (1). Since nurses are the largest group of health workers (2) and since nursing is a moral profession And nurses are responsible for the ethics of decisions and actions, moral courage is one of the topics of important in this profession (3).

Moral courage is one of the essential values in the nursing profession. This value, with two other values, love and respect, was introduced by the International Nurses Association in 1992. Since then, love and respect for the patient have been considered as ethical principles in the nursing profession and a requirement for quality care But moral

courage was not addressed as much as the two (4). Moral courage is defined as standing up for what is right and requires a firm commitment to moral principles in spite of potential dangers (5). Sometimes personal or organizational barriers prevent nurses from acting ethically towards patients, and this practice causes moral distress in nurses (6). Nurses often face challenging ethical issues in clinical environment, making it difficult for them to make decisions (7). When a person is unable to perform a morally correct action, moral courage helps him to strive to achieve the ultimate goal regardless of the consequences And by considering moral principles, take the right action that is not easy to do (8). Low moral courage in nurses leads to disregard for patients feelings and emotions, disregard for their privacy, disregard for self-esteem and clinical errors in health care providers (9). The results of a study examining caring conditions that required moral courage showed that nurses should have moral courage when communicating with colleagues, physicians, patients, and their relatives, their nurse colleague the organization, and the manager (10). Different studies have reported different levels of moral courage, so that in some studies the average moral courage in nurses has been high (8, 11, 12) . While in some other studies the average moral courage of nurses has been moderate (13-15). In the study of Khajvandi et al., 69.5% of nurses had high moral courage and 30.5% had moderate moral courage. Regarding the subscale of moral courage, the results of the study showed that in the subscale of risk-taking 91.4, self-actualization 66.8, self-defense ability of 61% of nurses scored high (12). Regarding the correlation of factors related to moral courage, different results have been mentioned. The result of Mohammadi et al.'s study showed that moral courage and moral distress are inversely related (13). Moral distress means the impossibility of doing the right thing despite being aware of its correctness (16). In the study, Aminizadeh et al. Also stated that there is an inverse relationship between moral courage and

moral tension (14). Moral stress is an unpleasant experience that nurses face when practitioners are unable to live up to their moral obligations (17). On the other hand, in the study of Mahdavi Seresht et al., They pointed to the positive relationship between moral courage and moral sensitivity (8). The study of Hakimi et al. And the study of Taraz et al. Showed that there was a positive relationship between moral courage and moral climate (18, 19). Ethical climate is an important aspect of organizational climate and a positive ethical environment is needed to support the professional actions of nurses (20).

Given the importance of the issue of moral courage in nurses and possible effects on the quality of nursing care of patients, this review study was conducted to investigate the moral courage of nurses and related factors. It is hoped that the results of this study will help nursing managers in developing strategies and nurses in increasing their moral courage.

Methods

This study was conducted as a narrative review in 2021. We undertook a systematic review of PubMed, SCOPUS, Web of science, Google Scholar, SID, The Grey Literature Report, Civilica (for grey literature of abstract of congresses and conferences) and Magiran databases of studies published between January 1, 2000 to December 30, 2021, with the search Mesh terms “Moral Courage”, “Moral”, “Courage”, “Nurses”, “Nurse moral courage” [with the use of operators OR and AND].

Selection of studies

Studies were reviewed for eligibility by two independent reviewers; disagreements were resolved through discussion or by consulting a third reviewer. When multiple articles were published on the same study, relevant outcomes were extracted from the articles as necessary.

Selection criteria

Criteria for inclusion of the study are Persian

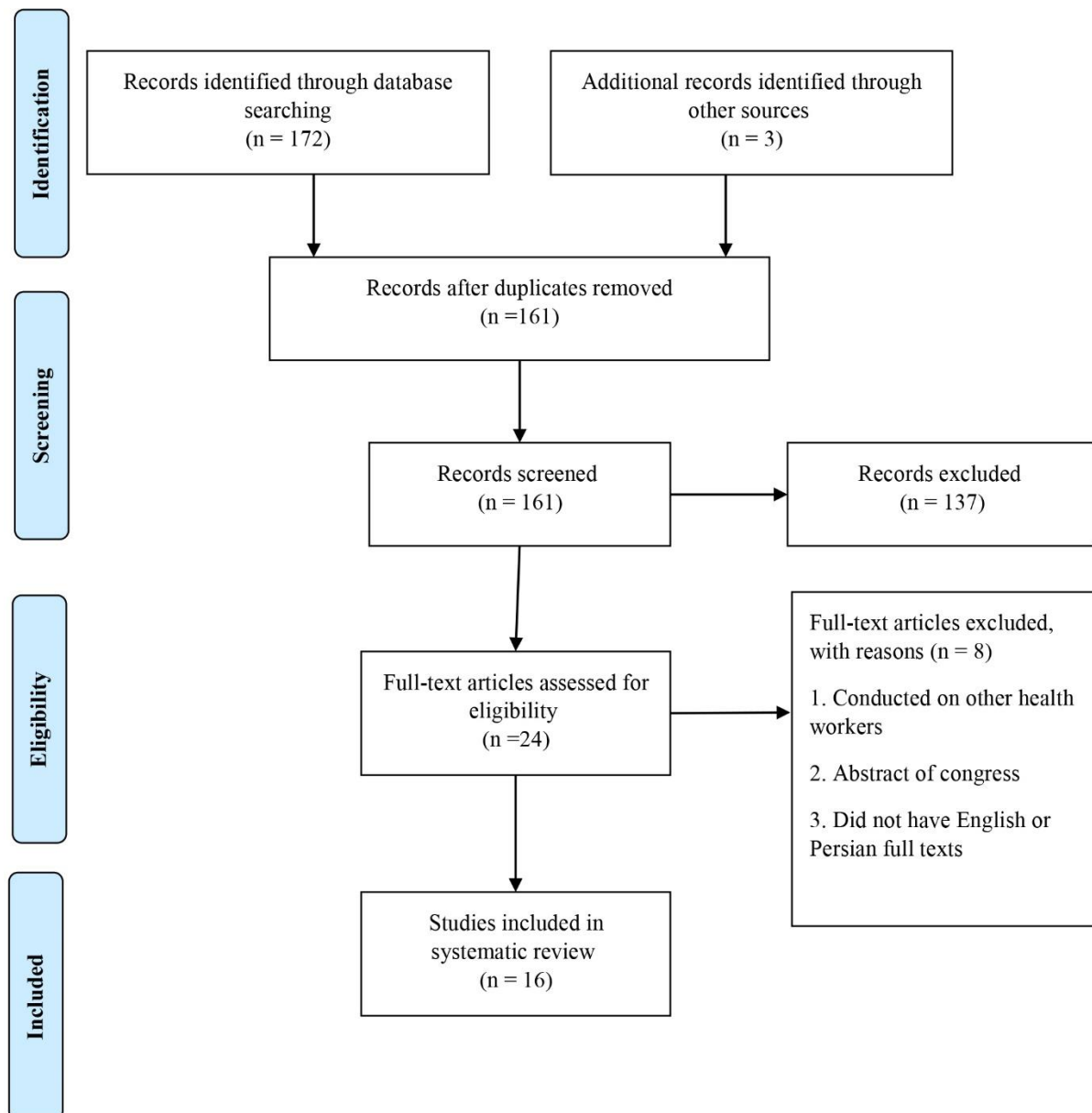


Figure 1. Inclusion Stages of Studies

and English language articles, Studies that have examined the ethics of nurses, used original assessment tool for moral courage and keywords should be mentioned in the title or the abstract section. We excluded reports that did not have English or Persian full texts. **Figure 1** shows the stages of selecting the articles based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (21).

As shown in **Figure 1**, 175 articles were collected by searching the mentioned databases after excluding. After that, selected articles were carefully assessed and 17 articles remained.

Results

The results of the study showed that out of 16 studies, the most studies (12 studies) were related to the study of moral courage in general sections (**Table 1**). And most of the study was done in Iran. After reviewing the articles (**Table 2**), the findings of the study showed four factors are most associated with moral courage, including factors related to the individual, factors related to ethics, factors related to the negligence of medical staff, factors related to the organization (**Table 3**). Among the factors related to the individual, some factors had both a relationship and a

Table 1. Studies conducted by department

Nurses sections	Number of articles
Intensive care unit	2
Operation room	1
All departments except emergency and ICU	1
General sections	12

lack of relationship with moral courage, such as: age, gender, education, marital status, employment status, work experience, shift, executive position, history of attending an ethics seminar, Workplace department. Some factors associated with moral courage are inversely related to moral tension and moral

Table 2. Characteristics of the Included Studies (N=16)

Author and print year	Title	Sample size, sampling method	study Method	Countr y	Data collection tool	Findings
Hosseini et al(2019)	The effect of ethical motivational program on nurses 'moral courage in Mashhad's military hospitals	randomly selected- intervention and control group included 20 nurses	semi- experimental study	Iran	Demographic form and Sekerka's Moral Courage Questionnaire	Prior to the intervention, both groups had moderate levels of moral courage. The results of this study showed that ethics education increases the level of moral courage of nurses. Among the dimensions of moral courage, the highest score in the experimental group was related to the moral factor and in the control group was related to the moral goal dimension and the lowest score in both groups was related to the threat tolerance dimension(22).
Namadi et al (2019)	Moral courage of nurses in educational and therapeutic centers of urmia university of medical science	Simple random method- 305 nurses	cross- sectional descriptive study	Iran	Sekerka's Moral Courage Questionnaire	A positive and significant relationship was found between age and work experience and marital status with moral courage. The relationship between gender, level of education, workplace ward, workplace hospital, duration of attendance in the ward was not significant. The average moral courage of nurses was at the desired level. Among the dimensions of moral courage is the moral factor the highest and multiple values have the lowest score(23).
Moosavi et al(2017)	Moral courage of nurses in educational and therapeutic centers of urmia university of medical science	Simple random method- 305 nurses	cross- sectional descriptive study	Iran	Sekerka's Moral Courage Questionnaire	The moral courage of the nurses was satisfactory. There was no significant relationship between moral courage and age, marriage, education, history of attending the ethics seminar. There was a significant relationship between workplace and moral courage. The highest moral courage was related to the moral factor dimension and the lowest to the threat tolerance dimension(5).

Table 2. Continued

Ebadi et al(2020)	Moral Courage of Nurses and Related Factors	selected by quotas and convenience sampling- 360 nurses	descriptive analytical	Iran	moral courage questionnaire of nurses	The mean score of total moral courage of 76% of nurses was high. Dimensions of moral courage had a statistically significant relationship with the variables of executive position, participation in professional ethics courses, age, work experience, employment status, and shift work of nurses. Among the dimensions of moral courage, moral self-actualization had the highest score and the ability to defend oneself had the lowest score(11).
Aminizadeh et al(2017)	Relationship Moral Courage to Moral Distress in Nurses the Intensive Care Unit	by census method- 310 nurses	The descriptive-analytic study of correlation type	Iran	Sekerka's moral courage and Corley's moral distress	The average score of moral courage was almost average. The highest moral courage was in the dimension of moral factor and the lowest was in the dimension of threat tolerance, and the highest moral tension was in the dimension of mistakes. There was a significant and negative relationship between moral courage and moral tension(14).
Khajevandi et al(2020)	Investigation of Moral Courage and Its Predictive Factors in Nurses of Baqiyatallah Hospital in 2019	available sampling- 220 nurses	descriptive cross-sectional study	Iran	Sadooghiasl moral courage questionnaire	69.5% of nurses had high moral courage. There was no significant relationship between gender, marriage, workplace ward and history of attending ethics classes with moral courage. There was a statistically significant relationship between employment status and nurses' moral courage. They have the highest score in the risk-taking subscale and the lowest score in the ability to defend themselves(12).
Taghadosi et al(2020)	Investigate the relationship between attitude and practical commitment to prayer with moral courage in nurses working in Kashan University of Medical Sciences2019	Multi-stage random sampling- 400 nurses	cross-sectional	Iran	Sadoughi Asl moral courage questionnaire attitude and practical commitment to prayers Anessa's questionnaire	The relationship between attitude score and practical commitment to nurses' prayers and nurses' moral courage was statistically significant. No significant relationship was observed between gender, marital status, type of employment, participation in ethics courses, and moral courage(24).

Table 2. Continued

Mahdavi resht et al(2015)	Correlation between moral sensitivity and moral courage in nurses of selected hospitals affiliated to Tabriz University of Medical Sciences in 2014	randomized sampling- 260 nurses	Descriptive correlation	Iran	the Moral Sensitivity Questionnaire by Han and the Professional Moral Courage Scale by Sekerka	The average moral courage of nurses has been high. The most moral courage was in the dimension of moral factor and the least moral courage was in the dimension of multiple values. Moral courage was statistically positively correlated with moral sensitivity. Moral courage varied according to age, nurses' work experience, type of employment, but nurses' moral courage did not differ according to their gender, marital status, level of education and shift work(8).
Ebrahim Abadi et al(2020)	The relationship between moral courage and quality of work life among nursing staff in Bam hospitals	Census sampling- 205 nurses	Descriptive Analytical	Iran	Sekerka's moral courage and Quality of nursing work life survey by Brooks and Anderson	The results of the study showed that there is no relationship between education level and moral courage and quality of work life. The relationship between quality of work life and workplace was significant(25).
Taraz et al(2019)	The relationship between ethical climate of hospital and moral courage of nursing staff	available method- 156 nurses	descriptive- correlational	Iran	Olson's ethical climate and Sekerka's et al moral courage questionnaire	The nurses' understanding of the hospital's ethics was moderate and their courage was moderate. There was a positive and significant relationship between nurses' moral climate and their moral courage. Among the dimensions of moral courage, the moral factor dimension has the highest score and the multiple values dimension has the lowest score(18).
Mohamma di et al(2014)	Relationship between moral distress and moral courage in nurses	available method- 313 nurses	descriptive- correlation	Iran	Sekerka's moral courage and Corley's Moral Distress questionnaire	Moral courage was moderate. There was a significant negative relationship between the severity of moral distress and moral courage. The relationship between work experience, type of employment, age and moral courage has been significant. The relationship between type of ward and gender was not significant(13).

Table 2. Continued

Hakimi et al(2020)	The relationship between moral courage and the perception of ethical climate in nurses	Simple random sampling-267 nurse	Predictive study	Iran	Sekerka's job satisfaction standardized questionnaire, and Elson's ethical climate standardized questionnaire	Moral courage has been at a high level. There was Significant relationship between Age, gender, marital status and overtime per month, satisfaction with managers , moral climate And moral courage(19)
Khoshmehr et al(2020)	Moral courage and psychological empowerment among nurses	Random sampling-180 nurses	descriptive cross-sectional study	Iran	Sekerka's Moral Courage Scale, and Spreitzer's psychological empowerment Scale	Nurses' moral courage has been high. There was a positive correlation between psychological empowerment and moral courage and its dimensions. There was a significant relationship between age and work experience and moral courage. There was no significant relationship between gender, marriage, level of education, type of employment and formal position with moral courage. Among the dimensions of moral courage, the highest score was related to the dimension beyond conformity and the lowest score was related to the dimension of multiple values(26).
Maha Abdeen et al(2020)	Ethical Work Climate, Moral Courage, Moral Distress and Organizational Citizen Ship Behavior among Nurses	stratified random sampling-384 nurses	Descriptive correlation	Egypt	Ethical climate questionnaire, professional moral courage scale, moral distress scale and organizational citizenship behaviour scale	Nurses' moral courage was moderate. The work ethic was positively and significantly correlated with moral courage and organizational citizenship behavior While it had a negative relationship with moral distress. Nurse's moral courage can be influenced by their relationship with the supervisor, training, and manager's fair treatment of nurses and the opportunity for advancement. among the dimensions of moral courage, the highest score was related to the dimension of moral factor and the lowest was related to the dimension of threat tolerance(15).

Table 2. Continued

Kleemola et al(2020)	Care situations demanding moral courage: Content analysis of nurses' experiences	Available sampling- 286 nurses	Qualitative descriptive	Finland	Nurses moral courage scale	Nurses were often morally courageous, but sometimes they failed to do so. Although situations demanding moral courage varied, they could be categorized into seven main domains relating to colleagues, physicians, patients, relatives, nurses themselves, managers, and organizations. Nurses acted in the situations in different ways. The main acts in solving the situations were verbal communication or immediate action, such as interrupting of action(10).
Georgia et al(2015)	Moral Courage in Practice: Implications for Patient Safety	Randomly sampling- 330 Midwest perioperative registered nurses	descriptive correlational study	America	The Moral Courage Questionnaire for Nurses	moral courage in perioperative nurses is significantly influenced by education level, certification, peer support, institutional culture and Magnet Designation, fear of reprisal and retaliation, and previous operating room experience. Significant findings clustered influencing factors Of fear, previous experience, peer support, and institutional culture. Findings show that perioperative nurses have moral courage in a variety of areas, including reporting to management, obtaining consent, talking about risk assessment, challenging unsafe practices, practicing physicians against nurse colleagues, and overcoming silence showed about moral issues. The size of the workplace and its location (urban or rural) can be one of the factors influencing moral courage(27).

distress. Also, there is no relationship between some factors related to moral courage, such as quality of work life, workplace hospital, and length of stay in the sections. Nurses' courageous behavior sometimes in the form of verbal communication (Telling the manager, Justification for the statement and Persist, Discussion with the work community, Telling the physician, Telling the upper level of the organization, Talking with

the patient, Admitting the mistake, Speaking for the patient, Talking with the relatives and immediate action such as leaving work, Overriding physician, Require action, Defending the patient/relative in care situation, Refusal to act, Acting against bureaucratic practices, Points out action) and Written notification (Making a patient safety incident report, Reporting to occupational safety and health, Making a child welfare report) or reporting to management, getting

Table 3. Factors related to moral courage

Individual related factors	Previous experience, overtime per month, certificate, attitude and practical commitment to prayer, fear of punishment and retaliation, work experience, type of employment, age, gender, marriage, overtime per month, education, formal position, history of attending the seminar Ethics
Ethic related factors	Moral Sensitivity, Moral climate, Moral Distress, Moral Stress, Dealing with Patient Relatives, Immoral Co-Worker, Disagreement Between Nurse and Physician, Disagreement between Nurses, Doctor Immoral Practice, Reporting to Management, Patient Disrespect, Attitudes Immorality to the patient, violent treatment of patients, obtaining patient consent, inappropriate behavior of a colleague, lying to the patient, theft of drugs by a colleague
The negligence of health professionals related factors	Neglect of patient care, disregard for patient rights, challenging unsafe care practices, indifferent attitude of physicians, negligence of a colleague, negligence of a physician, lack of expertise of a physician
Organization related factors	Satisfaction of managers, psychological empowerment, organizational culture, organizational citizenship behavior, staff shortage, inappropriate working conditions and work environment, organizational culture, talking about risk assessment, insufficient resources, differences between nurse and management, lack of organizational support, nurse relationship with Supervisor, fair treatment of managers, ethics training

consent, talking about risk assessment, challenging unsafe practices, dealing with physicians in front of nurse colleagues and overcoming silence on ethical issues. The most moral courage in the dimension of moral factor (willingness to do moral behavior and having a strong will for it) and The least moral courage in the dimension of multiple values (the ability of an individual to integrate his values with professional, organizational values and to prioritize professional values) and tolerance of threats (a person who not only pays attention to their rules and purpose, it also goes beyond the scope of the information to the rules to do the right thing) was.

Discussion

This review study was conducted to investigate moral courage and its related factors. The findings of the study showed that four factors are associated with moral courage, including factors related to the individual, factors related to ethics, factors related to medical staff negligence, and factors related to Organization.

Individual related factors

The results of the study of Taghadosi et al showed that there is a significant relationship between attitudes and practical commitment to nurses' prayers and their moral courage (24). In the study Georgia et al Stated that fear of revenge and retaliation has a negative correlation with moral courage (27). Hakimi's study showed that overtime was one of the factors affecting nurses' moral courage(19). Regarding the demographic characteristics related to moral courage, a number of studies have pointed to a significant relationship between age and moral courage (8, 11, 13, 19, 23, 26). On the other hand, in some studies, the relationship between age and moral courage has not been significant (5, 24) In one study, the relationship between gender and moral courage was significant (19). While in other studies, this relationship was not significant (8, 12, 23, 26). In some studies, marital factor was significantly associated with moral courage (19, 23). And in some other studies, this relationship has not been significant (5, 8, 12, 26) A study showed that attending ethics classes had a significant relationship with moral courage (11). On the

other hand, in other studies, this relationship has not been significant (5, 12, 24). One study stated that the level of education affects the moral courage of nurses (27). If in other studies this relationship has not been significant (5, 8, 23, 26). One study stated that there is a significant relationship between executive position and moral courage (11) While in another study this relationship was not significant (26). In some studies, the type of employment was significantly associated with moral courage (8, 11, 13). And in other studies there was no significant relationship (24, 26). However, various studies have shown that there is a positive correlation between nurses' work experience and moral courage (5, 8, 11, 13, 23, 26). Due to the relationship between prayer and its behavioral consequences with moral courage, it is recommended to improve and promote the attitude and practical commitment to prayer in nurses. Given that there is a positive correlation between work experience and moral courage, it is necessary in different shifts. People with more work experience should be placed next to people with less experience.

Ethic related factors

Various studies have shown that there is a positive correlation between moral climate and moral courage (15, 18, 19). Another study also found that there is a positive relationship between moral sensitivity and moral courage (8). While various studies have shown that there is an inverse relationship between moral distress and moral courage (13, 15). Also, the results of the study of Aminizadeh et al. showed that there is an inverse relationship between moral stress and moral courage (14). The results of a study showed that nurses should have moral courage in seven areas of colleagues, doctors, patients, relatives, nurses themselves, managers and the organization, which are dealing with sick relatives, unethical action of a colleague, dispute between nurse and doctor, dispute Nurses 'opinions, doctors' immorality, reporting to management, disrespect to the patient, immoral attitudes

towards the patient, violent treatment of patients, obtaining patient consent, inappropriate behavior of a colleague, lying to the patient, theft of drugs by Colleague (10). Given the positive correlation between ethical climate and moral courage and its inverse relationship with moral distress, managers and nursing planners to improve the moral courage of nurses and control the level of moral distress, should pay attention to improving the moral condition of the hospital.

The negligence of health professionals related factors

Neglect of patient care, neglect of patient rights, challenging unsafe methods of care, indifferent attitude of physicians, negligence of a colleague, negligence of a physician, lack of physician specialization are some of the factors related to negligence of health professionals with moral courage (10). Educating nurses about care conditions that require moral courage, and encouraging them to be courageous, can provide good and safe care conditions for the patient.

Organization related factors

The results of a study showed that ethics education increases the moral courage of nurses (22) . And in a study it has been stated that there is a significant relationship between psychological empowerment and moral courage (26). A study also found that there is a positive correlation between organizational citizenship behavior and moral courage, and that moral courage is influenced by the relationship with the supervisor, the managers' fair treatment of nurses (15). According to the results of the Georgia study, there is a positive correlation between organizational culture and moral courage (27). Given that ethics training increases the moral courage of nurses, nursing ethics training sessions should be included in in-service training courses for nurses, and by strengthening psychological empowerment, increase the moral courage of nurses and patient satisfaction and quality care.

Conclusion

Considering that the moral courage of nurses has been at a moderate level, so it is suggested that the managers of medical centers be diligent in finding solutions to increase the moral courage of nurses. Also, retraining courses should be provided to increase the moral courage of nurses.

Recommendations

It is recommended that more studies (with deep detailed and comprehensive sample) be undertaken for a better understanding of the moral courage. Also, it is suggested that future systematic review studies be done with a tendency towards meta-analysis

Conflicts of interest

The authors declared no potential conflicts of interest.

Authors' contributions

All authors have intellectually committed to the study design and process. The final manuscript was revised and accepted by all authors.

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