

# **Nurses' moral courage and related factors: a systematic review**

## **Abstract**

**Background:** Nurses face various ethical conflicts when taking care of patients, and such conflicts require moral courage. This systematic review was conducted with the aim of investigating moral courage and its related factors among nurses.

**Methods:** To find related studies, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed.. The PubMed, Web of Science, Google Scholar, Scopus, Embase and Science Direct databases were searched using keywords such as Courage, Moral Courage, and Nurses, and no lower time limit was imposed when conducting the searches. The identified studies were published between January 2000 and March 2023. Quality of articles was assessed using the STROBE checklist.

**Results:** The pooled sample size for the 19 included studies was 7863. All studies were observational and cross-sectional. The results showed that three categories of factors most related to moral courage are individual, moral, and factors related to the organization. Underlying factors of each category are also provided within this paper.

**Conclusion:** Moral courage is an integral part of nursing, which as a profession, is becoming even more challenging with the advancement of science and technology. Therefore, there is a need for nurses and especially nursing managers to be considerate of factors affecting moral courage of nurses, with a view to strengthening the positive factors and reducing the negative impacts.

**Keywords:** Moral Courage, Nurses, Systematic Review, Courage, Moral

## **Background**

Today, nurses are increasingly facing complex moral and spiritual challenges, that sometimes include aggressive treatment of dying patients, unnecessary tests, and fraudulent report of experiments, inadequate and incomplete treatment, unfair distribution of power among employees and lack of organizational support (1-3). On the other hand, ethics is an integral part of the nursing system, considering the nature of nursing which must embrace several ethical aspects when providing care, respecting the dignity and rights of human beings and observing morals (4).

One of the important and influential aspects in the discussion of professional ethics is moral courage (5). Moral courage is defined as the action of standing up for what is right and requires a steadfast commitment to moral principles despite potential risks (6). Moral courage is one of the basic principles in the nursing profession. This principle was defined by the International Honorary Society of Nurses in 1922 as the embracement of the two values of love and respect, (2). Due to the interdisciplinary nature of healthcare practice, being confronted with ethical conflicts in such a stressful environment is inevitable. Such conflicts are typically caused by varied views and opinions of the same situation. Moral courage is a means of overcoming fear when dealing with ethical dilemmas (7). It is thus one of the important factors in the profession of nursing, which helps a nurse to provide acceptable care to patients, their families, and the wider community; this is in addition to having the characteristics of a good person (8).

Considering the position of nurses and their role in caring for patients, it is necessary to support moral courage by increasing organizational commitment and responsibility, and providing relevant training opportunities about ethical principles (9, 10). If a nurse is unable to act morally, she may become indifferent towards ethical principles over time, and her desire to provide services to patients will decline (11). Moreover, in an environment where moral courage is weak, the rights and interests of patients are ignored. In contrast, in an organization where there is moral courage among both groups of nurses and managers, profitability and/or value addition increases. The latter results in maintaining and empowering the nursing force, improving communication, increasing the comfort of patients, and improving the performance of the organization (12).

There is a lack of a coherent study on the factors that can be effective on developing and promoting moral courage. Thus, this study aimed to systematically review existing literature and identify pertinent factors that can contribute to creating, maintaining, and promoting moral courage among nurses.

## **Methods**

The study selection and reporting of this systematic review have been conducted in accordance with PRISMA 2020 (13). The focus of the study was on moral courage and its affecting factors among nurses. The searches were conducted in March 2023, and identified articles have been published between January 2000 and March 2023.

## **Databases**

In order to find related studies, the PubMed, Web of Science, Science Direct, Scopus, Embase, and Google Scholar databases and repositories were systematically searched. Each search strategy was adapted to the needs of the respective database. Furthermore, in order to maximize the comprehensiveness of the search, articles listed within the reference sections of the identified articles were also examined to find possible grey literature.

## **Search Strategies**

The search strategy included the following terms and keywords:

Courage, “Moral Courage”, Nurses, nursing, nurse, “Nurse moral courage”

Keywords were stringed together using the Boolean operators of “AND” and “OR”. Each search strategy was adapted to the requirements of each database or repository, and no publication date restrictions were applied throughout search process. The identified studies were then transferred into the EndNote reference management software. The PICO i.e., P (population), I (intervention), C (comparison), O (outcome) process was also followed, and thus P: Nurses, I: No intervention, C: Non-nursing groups, O: Nurses' Moral Courage (Table 1).

**(Table 1 Here)**

## **Study Inclusion and Exclusion Criteria**

Criteria used to include studies were as follows:

1. Observational studies (cross-sectional and cohort) that investigated moral courage among nurses,
2. Studies that their full text was available,
3. Studies that provided sufficient data (such as factors affecting moral courage, measurement of moral courage index, mention of the study type, report of mean and standard deviation)
4. Studies published in English.

The following criteria were considered for excluding studies:

1. Case series, review studies, and duplicate studies,
2. Studies without sufficient data, and
3. Studies that their full text was either unavailable or inaccessible.

### **Study Selection**

The study selection process was conducted in accordance with the PRISMA protocol and reporting guidelines (13). The EndNote reference management software was used to organize the studies. At first, studies that were duplicated in different databases were omitted, and only a copy of each of the repeated studies was retained. In the initial evaluation stage of PRISMA, the titles and abstracts of the articles were carefully examined and articles unrelated to the focus of the study were removed. In the second stage, i.e., screening stage, the full texts of the related articles were examined and the studies that met the inclusion criteria were retained. To increase credibility and prevent bias, the initial screening was conducted by two reviewers - SHR and RA. In cases where there was a disagreement between the two reviewers, with the participation of the third researcher, MGH, the consensus was reached.

### **Data Extraction**

Data extraction and quality evaluation activities were also completed by two researchers using a pre-prepared checklist. The fields of the checklist include author's name, study purpose, research location, sample size, study design, service area, female to male ratio, average age of participants, moral courage mean, and factors affecting moral courage (as outlined in Table 1 within the Findings section).

### **Quality Evaluation**

To evaluate the quality of articles, a different checklist suitable for observational studies was adopted. The Strengthening the Reporting of Observational Studies in Epidemiology checklist (STROBE) consists of six scales that include title, abstract, introduction, methods, results, and discussion. In total, this checklist consists of 32 subscales or items. These 32 items reflect different methodological aspects of a study, i.e., title, statement of the problem, study objectives, type of study, statistical population of the study, sampling method, determining the appropriate sample size, definition of variables and procedures, study data collection tools, statistical analysis methods, and findings. (14). Fulfilling each of the fields award a point for a study, and accordingly, the maximum score that could be obtained using STROBE was 32. Based on this, articles with a score of 16 or above were considered to be of medium or high

methodological quality, respectively. Articles with a score below 16 were deemed to be of low quality and were therefore excluded from the systematic review.

## **Results**

### **Study Selection**

As shown in Figure 1, 890 studies were identified after a systematic search of the above-mentioned databases, and also through the manual search of reference lists (850 studies in the review of sources and 40 studies through the review of the reference list of articles and gray literature). Subsequently, 470 duplicate articles were omitted. Moreover, 337 studies were removed due to not fulfilling the inclusion criteria. Then, a further 64 articles were excluded due to lack of access to their full text, or their low quality (inappropriate study design or outcomes (n = 35), lack of desired information (n=23), language barriers (n=5), repetition of data (n=1). Finally, 19 studies were included in this systematic review (3, 9-11, 15-29) (Figure 1).

**(Figure 1 Here)**

### **Study Characteristics**

As outlined in Table 2, the pooled sample size of all 19 include studies was 7863. Additionally, all included pieces of research were observational with a cross-sectional design (3, 9-11, 15-29). The average age of the nurses was found to be  $32.20 \pm 8.92$  years old. Among the participants, 19.2% were identified as male. The studies included in this systematic review had been conducted in Iran (n = 10) (3, 9-11, 19, 21, 23-25, 28), China (n = 3) (18, 27, 29), Egypt (n = 2) (15, 20), Turkey (n = 1) (16), Finland (n = 1) (17), Belgium (n = 1) (26), and combined European countries (n = 1) (22). In the included studies, two (19, 28) had used Professional Moral Courage Scale (PMC) questionnaire, nine studies (3, 9-11, 20, 21, 23-25) the Sekerka's Moral Courage Scale questionnaire, and eight studies (15 -18, 22, 26, 27, 29) had used the Nurses' Moral Courage Scale (NMCS) questionnaire to evaluate nurses' moral courage.

**(Table 2 Here)**

### **Factors Related to Moral Courage in Nursing**

As shown in Table 3, three categories of factors are most related to moral courage, which include individual, moral, and organizational factors. Individual category of factors related to moral courage are age (n = 5) (3, 9, 21, 23, 26, 28), resilience (n = 1) (3), education (n = 3) (10, 16, 26), service history (n = 5) (9, 16, 18, 23, 26), personal interest (n = 2) (16, 26), conscientiousness (n = 1) (24), gender (n = 2) (17, 28), employment type (n = 2) (10, 21), safe care (n = 1) (23), professional qualification level (n = 2) (22, 26), marital status (n = 2) (19, 28), work shift (n = 2) (19, 28), university of study (n = 1) (19), and income and organizational position (n = 1) (18). Some of the factors under the organization category of factors are structural empowerment (n = 1) (27), psychological empowerment (n = 2) (9, 27), social capital (n = 1) (10), hospital of service (n = 1) (3) crisis leadership (n = 1) (15), and satisfaction with managers (n = 1) (28). Moreover, some of the factors related to the moral category are ethical climate (n = 4) (11, 15, 20, 28), moral sensitivity (n = 1) (23), moral distress (n = 2) (25, 29), ethical leadership (n = 2) (15, 24), ethical reasoning (n = 1) (19), ethics education and self-study (n = 2) (17, 18) and frequency of needing moral courage (n = 2) (17, 18). The full list of factors are provided in Table 3.

(Table 3 Here)

## **Discussion**

This study was conducted with the aim of investigating moral courage and its related factors, as one of the necessities within the nursing profession to provide nursing care in challenging clinical conditions. According to the systematic review, the factors that can affect the moral courage of nurses are divided into the following three categories:

### **Individual Factors**

According to the studies of Abdollahi and Goktas, there is a direct relationship between age and years of nursing experience, with moral courage of nurses (3, 16). Accordingly, it can be pointed out that with the rise in the age of nurses, their ability and nursing experiences of being in similar situations enhance, and as a result, they can potentially perform more ethically in challenging situations. Moreover, in the studies of Hauhio et al. and Pirdelkhosh et al., there was a direct relationship between the level of education and moral courage (10, 30). It can be argued that nurses who have a higher level of education have greater empirical and moral knowledge, and as a result, their problem-solving and decision-making abilities increase in conflicting circumstances. On the other hand, according to Huang et al., Pirdelkhosh et al., and Rahimi et al., there is a direct relationship between the type of employment and income, with moral courage (10, 18, 21). Accordingly, nurses who have more stability and job security feel a sense of confidence and peace and this makes them act more logically and supports them in making correct decisions in challenging situations. Furthermore, in these studies, there was a direct relationship between income and moral courage, and in justification of this, it can be stated that financial support reduces nurses' concerns, and as a result, their ability to focus and make correct decisions increases.

Among other factors in the individual category that are affecting moral courage, the level of competence and professional performance can be mentioned. This factor has been identified within the studies of Koskinen et al. and Konings et al. (22, 26). Competence level and professional abilities enable nurses to respond to challenging patient care situations. Moreover, according to a study conducted by Hauhio, there is a direct relationship between organizational position and moral courage (30). It can be argued that nurses who have a higher organizational position (nursing managers and supervisors) receive more support from the organization and their decisions, and hence they demonstrate more courage in their behavior. Additionally, in a study by Pakizekho et al., there is a direct relationship between conscientiousness and moral courage (24), and in justification of this, it can be stated that a responsible person has more moral courage, since the basic characteristic of moral courage is to continue doing the right thing. Furthermore, conscientious nurses feel more responsible for undertaking their job at the highest level. Accordingly, such nurses do not hesitate to do everything for the benefit of their clients and act as patients' advocates when patient care is negatively affected.

In a study by Abdollahi et al., a direct relationship between the moral courage and resilience of nurses was reported; this denotes the high mental and psychological ability and resilience of nurses when facing pertinent challenges (3). Khatiban et al. found a relationship between nurses' moral courage and the university in which the nurses studied (19). Hence, it seems that some universities provide more related training on ethics and moral issues than others.

### **Organizational Factors**

Khoshmehr and Hu reported a direct relationship between structural empowerment and psychological empowerment of nurses with moral courage (9, 27). It can be argued that empowerment can improve the attitude of employees and support the progress towards organizational goals. This also results in the improvement of nurses' attitude about their power in solving ethical problems and also empowers them in providing solutions (31). Additionally, Huang et al and Abdollahi et al reported a direct relationship between the hospital where nurses served and their moral courage (3, 18); The reason for this can be attributed to factors such as the level of organizational support of the respective hospital managers for the nurses, as well as the supportive and facilitating relationships of the personnel towards each other, which increases self-confidence and, as a result, greater ability to face ethical issues. According to a study by Ali Awad et al, there is a direct relationship between nursing managers' leadership during crisis, and moral courage of nurses (15). In explaining this relationship, it can be stated that the moral role of the leader affects moral courage by strengthening the moral spirit of the employees and the sense of commitment towards the organization. Studies have shown that clear instructions, continuous support, and strong leadership during the COVID-19 pandemic had a positive effect on the moral courage of nurses (32).

### **Moral Factors**

According to the studies of Taraz et al., Abdeen. et al., and Ali Awad et al., there is a direct relationship between moral courage and ethical climate (11, 20, 33). It can be argued that the atmosphere around ethics can provide a suitable framework and a guide for the moral performance of nurses. A factor related to moral courage is moral sensitivity, which is reported in Mohammadi et al. (23); With the increase of moral sensitivity, the level of adherence to moral principles and sensitivity in undertaking tasks correctly increases. Therefore, a nurse with a high moral sensitivity can make the most appropriate decision in stressful and challenging situations.

Pakizekho et al. reported a direct relationship between moral courage and moral leadership (24). Since courageous behavior can be challenging for nurses, they tend to have the support of superior leaders and managers. This supportive behavior nurtures moral courage and helps nurses to perform their designated tasks more effectively (34). In the study of Khatiban et al, a direct relationship between moral courage and moral reasoning was found (19). Moral reasoning is the ability to recognize the right decision in the nursing practice. Courageous nurses do not act impulsively yet use effective reasoning skills and look for a morally correct solution appropriate to the situation at hand (7). Huang et al. reported a direct relationship between moral courage and the acquisition of moral knowledge (18). In explaining this, it can be argued that by increasing nurses' knowledge and awareness of ethical and professional issues and understanding of their limits and authority, the ability to make correct and timely decisions in challenging situations increases. According to the studies of Huang et al. and Hauhio et al., there is a direct relationship between moral courage and the frequency of morally challenging situations (18, 30). Experience enhances nurses' knowledge and insight and helps them make better decisions based on their learning from previous experiences.

### **Recommendations**

It is recommended that further research is undertaken in various geographical areas to investigate the factors influencing the moral courage of nurses. This will assist in gaining deeper insights in to the role of, for instance, culture and its impacts on the moral courage of

nurses. The concept of moral courage can also be further investigated through empirical and qualitative research. Furthermore, study of threats that nurses may face and associated risks when acting with moral courage is another future study direction. Moreover, it is recommended to conduct research on the skills that increase moral courage among nurses.

### **Limitations**

A key limitation in this study is related to the differences in moral courage assessment tools within the identified and reviewed articles. Moreover, the full text of a few articles was inaccessible and therefore had to be excluded from the Systematic Review. Additionally, there were some inconsistent perspectives in relation to the factors that are impacting moral courage. Nevertheless, many of these limitations are inherent challenges of evidence extraction and categorizations such as the one undertaken within this paper.

### **Implications**

Moral courage in nursing is a multi-dimensional and multi-level concept. Therefore, further development of this field requires the consideration of both theoretical and philosophical literature as well as critical evaluation by experts to better understand its depth and breadth. Nursing education can use the findings of this study to inform the content of nursing curricula with a view to developing moral courage among nurses. Teaching and learning of moral courage are an integral part of nurses' moral competence and can be viewed as a personal trait that can be learned and developed. Nursing as an ethical practice requires individuals who have the courage to think and act ethically in their professional practice. Clarifying the factors affecting moral courage helps to improve the daily performance of nurses.

### **Conclusion**

Moral courage is an integral part of caring for patients in the challenging profession of nursing. In this systematic review, factors affecting the moral courage of nurses were investigated and these factors were divided into three categories: individual, organizational, and moral. Nurses and especially nursing managers can play an instrumental role in identifying factors within their organisations that affect nurses' moral courage and contribute to the formation and promotion of moral courage among nurses. This in turn contributes to the increase in the quality of safe and principled care for patients.

### **Abbreviations**

WoS: Web of Science

PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analysis

STROBE: Strengthening the reporting of observational studies in epidemiology for cross-sectional study

### **Declaration**

### **Ethics approval and consent to participate**

Not applicable.



## **Consent for publication**

Not applicable.

## **Availability of data and materials**

Datasets are available through the corresponding author upon reasonable request.

## **Competing interests**

The authors declare that they have no conflict of interest

## **Funding**

Not applicable.

## **Authors' contributions**

RA and SHR contributed to the design, MM and NS and AH prepared the manuscript. MG and MM and SHR assisted in designing the study, and helped in the, interpretation of the study. All authors have read and approved the content of the manuscript

## **Acknowledgements**

We would like to the Student Research Committee of Kermanshah University of Medical Sciences.

## **References**

1. Stutzer K, Rodriguez AM. Moral resilience for critical care nurses. *Critical Care Nursing Clinics*. 2020;32(3):383-93.
2. Shorideh FA, Ashktorab T, Yaghmaei F. Iranian intensive care unit nurses' moral distress: a content analysis. *Nursing ethics*. 2012;19(4):464-78.
3. Abdollahi R, Iranpour S, Ajri-Khameslou M. Relationship between resilience and professional moral courage among nurses. *Journal of Medical Ethics and History of Medicine*. 2021; 14. doi: 10.18502/jmehm.v14i3.5436
4. Bostani S. Strategies to promote professional ethics in nursing education system. *Development Strategies in Medical Education*. 2015;2(2):13-22.
5. Sadooghiasl A, Parvizy S, Ebadi A. Concept analysis of moral courage in nursing: A hybrid model. *Nursing ethics*. 2018;25(1):6-19.
6. Hassanzadeh Naeini M, Nasiriani K, Fazljoo SE. Moral Courage of the Nursing Students of Yazd University of Medical Sciences, Iran. *Iranian Journal of Nursing*. 2020;33(127):35-44.
7. Lachman V. Strategies Necessary for Moral Courage. *OJIN: The Online Journal of Issues in Nursing*.15(3). <https://doi.org/10.3912/OJIN.Vol15No03Man03>

8. Ebadi A, Sadooghiasl A, Parvizy S. Moral courage of nurses and related factors. *Iranian Journal of Nursing Research (IJNR) Original Article*. 2020;15(2):24-34.
9. Khoshmehr Z, Barkhordari-Sharifabad M, Nasiriani K, Fallahzadeh H. Moral courage and psychological empowerment among nurses. *BMC nursing*. 2020;19(1):1-7.
10. Pirdelkhosh M, Mohsenipouya H, Mousavinasab N, Sangani A, Mamun MA. Happiness and Moral Courage Among Iranian Nurses During the COVID-19 Pandemic: The Role of Workplace Social Capital. *Frontiers in Psychiatry*. 2022; 13: 844901..
11. Taraz Z, Loghmani L, Abbaszadeh A, Ahmadi F, Safavibiat Z, Borhani F. The relationship between ethical climate of hospital and moral courage of nursing staff. *Electronic Journal of General Medicine*. 2019;16(2): em109. <https://doi.org/10.29333/ejgm/93472>
12. Amos VK, Epstein E. Moral distress interventions: An integrative literature review. *Nursing ethics*. 2022;29(3):582-607.
13. Antoniou GA, Antoniou SA, Mani K. Enhancing the reporting of systematic reviews and meta-analyses in vascular surgery: PRISMA 2020. *European Journal of Vascular and Endovascular Surgery*. 2021;62(4):664-6.
14. Vandembroucke JP, Elm Ev, Altman DG, Gøtzsche PC, Mulrow CD, Pocock SJ, et al. Strengthening the Reporting of Observational Studies in Epidemiology (STROBE): explanation and elaboration. *Annals of internal medicine*. 2007;147(8): W-163-W-94.
15. Ali Awad NH, Al-Anwer Ashour HM. Crisis, ethical leadership and moral courage: Ethical climate during COVID-19. *Nursing Ethics*. 2022;29(6):1441-56.
16. Goktas S, Aktug C, Gezginci E. Evaluation of moral sensitivity and moral courage in intensive care nurses in Turkey during the COVID-19 pandemic. *Nurs Crit Care*. 2023;28(2):261-271.
17. Hauhio N, Leino-Kilpi H, Katajisto J, Numminen O. Nurses' self-assessed moral courage and related socio-demographic factors. *Nursing Ethics*. 2021;28(7-8):1402-15.
18. Huang M, Dong W, Zhao Q, Mo N. Factors associated with the moral courage of nurses in China: A cross-sectional study. *Nursing Open*. 2023.doi: 10.1002/nop2.1672.
19. Khatiban M, Falahan SN, Soltanian AR. Professional moral courage and moral reasoning among nurses in clinical environments: a multivariate model. *Journal of Medical Ethics and History of Medicine*. 2021; 14. <https://doi.org/10.18502/jmehm.v14i20.8180>
20. Abdeen MA, Atia NM. Ethical work climate, moral courage, moral distress and organizational citizenship behavior among nurses. *International Journal of Nursing Education*. 2020;12(2):79-85.
21. Mohadeseh R, Mohsenpour M, Azam M, Khosravani M. Correlation of moral courage and organizational commitment in operating room nurses. *Siriraj Medical Journal*. 2021;73(3):183-90.
22. Koskinen S, Pajakoski E, Fuster P, Ingadottir B, Löyttyniemi E, Numminen O, et al. Analysis of graduating nursing students' moral courage in six European countries. *Nursing ethics*. 2021;28(4):481-97.

23. Mohammadi F, Tehranineshat B, Ghasemi A, Bijani M. A Study of How Moral Courage and Moral Sensitivity Correlate with Safe Care in Special Care Nursing. *The Scientific World Journal*. 2022; 2022 13;2022: 9097995.
24. Pakizekho S, Barkhordari-Sharifabad M. The relationship between ethical leadership, conscientiousness, and moral courage from nurses' perspective. *BMC nursing*. 2022;21(1):164.
25. Safarpour H, Ghazanfarabadi M, Varasteh S, Bazzyar J, Fuladvandi M, Malekyan L. The association between moral distress and moral courage in nurses: A cross-sectional study in Iran. *Iranian Journal of Nursing and Midwifery Research*. 2020;25(6):533.
26. Konings KJ-P, Gastmans C, Numminen OH, Claerhout R, Aerts G, Leino-Kilpi H, et al. Measuring nurses' moral courage: an exploratory study. *Nursing ethics*. 2022;29(1):114-30.
27. Hu K, Liu J, Zhu L, Zhou Y. Clinical nurses' moral courage and related factors: an empowerment perspective. *BMC nursing*. 2022;21(1):1-7.
28. Hakimi H, Mousazadeh N, Nia HS, Nazari R, Dehghani M. The relationship between moral courage and the perception of ethical climate in nurses. 2020. DOI: 10.21203/rs.3.rs-41565/v1
29. Peng M, Saito S, Guan H, Ma X. Moral distress, moral courage, and career identity among nurses: A cross-sectional study. *Nurs Ethics*. 2023;30(3):358-369.

### **Figure Legend:**

**Figure 1:** PRISMA Flow Diagram for Study Selection.

### **Tables Legend:**

**Table 1:** Search strategy

**Table 2:** Characteristics of the Included Studies.

**Table 3:** Factors Related to Moral Courage.