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Moral Courage – What every nurse needs!

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Abstract

One of the most important encounters in the daily lives of nurses is practicing MORAL COURAGE. We all need moral courage as we face the multiple ethical challenges in our workplaces. Nurses need to identify the external and internal inhibitors for taking action on unethical issues. Developing strategies to strengthen moral courage is essential to address the ongoing ethical and moral dilemmas that nurses face every day in their profession. Florence Nightingale was a model for moral courage.

Introduction

One of the most important encounters in the daily lives of nurses is practicing MORAL COURAGE. We all need moral courage as we face the multiple ethical challenges in our workplaces.

Pendry in 2007 defined moral distress as those internal and external limitations that prevent us to "do the right thing, for the right reason, and at the right time [1]." Depending on your place of employment and work situation, ethical and non-ethical issues surface making our jobs even harder. Lachman in 2010 stated that the workplace environment and distresses centered on treatment to patients.

For some nurses, there are multiple times that once they leave that patients' rooms, there seems to be this wind tunnel that sucks the nurses in and diverts the nurses from fulfilling that plan of care for those specific patients. So, the nurses could tell the patients that if they do not return in 15 minutes, put the call light on for they have been swept away by other evil forces – the arrogant physician, the impatient administrator, or the uncivil colleague. Most patients would just laugh, at that comment, but the reality is that nine chances out of 10 that is the truth. There are people and situations in that hall that cause nurses to change their course of direction for the most part, and all nurses want to believe that it is unintentional. Over time, the constant shifts in direction and emotional turmoil throughout an 8-hour, 10-hour, or even a 12-hour period can be mentally and physically exhausting, unrewarding, and emotionally defeating. So the times comes that nurses either accept the situations as they are or they stand tall, carry that big stick, and implement some moral courage.

As nurses, our Code of Ethics dictates our responsibility to exhibit and carry out the core value of veracity. Lachman in 2010 defined our nursing profession as one with elevated criterions of moral behavior and ethical manner [2]. All of us can certainly attest to the truth of Lachman's words – nursing undeniably is a profession with the highest standards of moral performance and ethical tradition. Therefore, to fulfill those obligations related to the Code of Nursing Ethics, nurses need to understand, develop, and actively demonstrate moral courage within their scope of practice.

There are several researchers who have come up with some very outstanding definitions of moral courage. For instance, Walston in 2003 defined moral courage as the ability to take the risk [3]. He stated that a person with moral courage had a willingness to put themselves out in the "frontline" knowing in the end that the goal will be worth it. Lachman (2010) acknowledged that moral courage is that person who feels the fear but regardless, acts knowing that it is the right and just thing to do [2]. Other researchers such as LaSala and Bjarnason in 2011 declared that nurses practicing moral courage are those individuals who have the strong internal motivation and implanted ethical principles of beneficence, veracity, fidelity, and honor to uphold what is right and just, regardless of the personal consequences [4]. Another researcher was Murray, who in 2010, stated that an individual with an "esteemed trait" will act, despite the complexity and personal hazard, based on their embedded ethical values to assist others during an ethical dilemma [5].

So, moral courage is standing up for what nurses believe even though they may be standing alone. One needs to come to some conclusion as to how one would define their ethical standards and the price they are willing to pay to maintain their ethical principles. To maintain and sustain ethical principles, nurses need to maintain and sustain a fair degree of moral courage. Every day, nurses find in various degrees that their perception and practice of moral courage is challenged in the workplace, in the home, and in life. Nurses have an enormous amount of responsibility for their profession.

The nurses professional responsibility requires them to face constantly critical thinking issues that deal at times with ethical predicaments. For example, does nurses stop to talk with mothers

who are verbally abusing their two-year-old children in the department store, do nurses confront their colleagues on their rough behavior in handling elderly residents, and does nurses challenge their managers in regards to unethical practices of medical record falsification within the nursing unit? Unfortunately, there are external as well internal inhibitors that prevent nurses in taking action to solve these quandaries.

The researcher Murray in 2010 listed some of the internal and external inhibitors that affect our decision making in handling ethical difficulties [5]. The first of these external inhibitors include organizational structures that tend to suffocate conversation regarding unethical behaviors and tolerate unethical acts. There are nurses who can testify that they have worked for some healthcare institution that their mission was to "shove the unethical issues under the rug." These are institutions that rather keep the "can of worms" closed or their "skeletons in their closets" instead of instilling ethical traits within their leaders and supporting moral values from all employees.

Another area of external inhibition of moral courage is the bystander who witnesses the unethical act taking place but due to their lack of development in acquiring moral courage become apathetic to the unethical event. These individuals tend to group together and support a united decision to turn the other way when unethical behaviors occur on the units. For example, nurses probably have witnessed the badgering of a physician on one or more particular nurses who stands solo with no support from colleagues or have been the victims of such cruel and unethical practices.

In reviewing internal inhibitors, individuals are unwilling to compromise personal and professional standards so as not ostracized from peers. As novice nurses, the acceptance of their colleagues in the working environment is extremely important for their self-esteem and not wanting to be labeled as "making waves." Also, "making waves" could label nurses as trouble makers within the organizations. Depending on the ethical instability of the organizations, such individuals may have minimal opportunities for advancement or professional growth.

Nurses may just not have the willingness to face the tough challenges in addressing unethical behaviors. It may not be part of their character, culture, or upbringing to question authority. Our nursing culture has become so diverse that nurses need to educate themselves on the various ethnic cultures before nurses take inventory of other nurses' behaviors. There are so many factors that influence nurses' ratings of ethical standards such as upbringing, previous experiences, and personal attitudes.

The final internal inhibitor that Murray (2011) identifies is nurses who redefine the unethical behaviors as being acceptable. For example, nurses overhear physicians verbally ridiculing inebriated patients in the ERs involved in MVAs. The nurses may justify the physicians' behaviors as acceptable due to their positive working relationships. Being aware of the various types of inhibitors can assist nurses in promoting moral courage.

Nurses need to understand that they have the capability for moral reasoning. According to Aristotle, moral reasoning is the use of one's conscious – "virtuous actions express correct reason." Aristotle also believed the potential for moral reasoning comes from education through one's upbringing [6]. Knowing that one acquires moral reasoning through development, one can assume moral courage assimilated through the same channels. To attain moral courage, nurses need to promote moral courage within themselves and their working environments.

In our pre-nursing career (student mode), nurses were introduced to "The Code of Ethics" developed by the American Nurses Association (2015) [7]. This document clearly advocates for patient's wishes and rights. It guides nurses to conduct themselves in an ethical and responsible manner. The Code of Ethics makes nurses aware of the quantity of trust that is instilled by society.

LaSala and Bjarnason (2011) identified several areas that promote moral courage [4]. One of these areas is nursing competence. They feel that being competent nurses are a prerequisite for providing morally responsible care because these individuals are aware of similarities and differences in cultural values, beliefs, and norms.

Another area is institutional support structures for moral courage. For example, the "Magnet" status hospitals have established systems within their organization that support moral courage. There may be sacred spaces within those organizations that provide nurses an opportunity to "pause" as they consider the most appropriate responses to situations that are causing their moral distresses. Within the missions, visions and values of the healthcare institutions, there should be a clear understanding of the nursing philosophy components. These nursing philosophies should describe the professional behaviors that nurses need to uphold in being responsible and accountable for exercising their moral courage so they can achieve the mission and vision of the healthcare organization.

LaSala and Bjarnason (2011) recognized that the establishment of "Models of Care" was essential in promoting moral courage [4]. Organizations should contemplate using clinical ladders, rewards, and recognition systems that acknowledge performance improvement. The establishment of models for moral courage should support engagement and empowerment within the organization. Through LaSala and Bjarnason's research (2011), they recognized that structural empowerment models encouraged nurses to take control of their practices and participate in decision-making activities related to patient care [4]. Some of these activities may be in policy development, community education, or patient care education. By strengthening the professional practice of nurses, the organizations strengthen the promotion of patient care outcomes.

Another avenue to promote moral courage is through a concept called Shared Governance. Shared Governance is a system embedded within healthcare organizations to activate frontline nurses to act with moral courage. For example, nurses working in hospice units who advocate for patient' wishes despite families' wishes for extended treatments. It requires the nurses to come forward and have dialogues with other healthcare providers, possibly the ethic committees, and the utilization of suitable resources that engages the family members and patients into having meaningful and productive conversations that result in positive and mutual goals of care. Effective communication is a powerful promoter of moral courage. Nurses need to follow and implement the chain of command to share and discuss ethical

issues that have escalated beyond the point of problem-solving ability. These conversations need to continue and move forward as needed.

Lastly, Murray (2010) suggested that having an open dialogue about ethical principles and systems is effective means promoting moral courage within the healthcare organizations [5]. Nursing leadership should foster this open dialogue among all healthcare personnel about ethical issues and concerns.

Lachman in 2010 developed the concept of CODE [2]. It is a systematic way of analyzing the situation and determining the course of action. The first letter C indicates having the courage to be moral. As noted, moral courage is a virtue that puts into action the reasoning that nurses have and combines their wisdom gathered through education and experience for nurses to do the right thing.

The O stands for ethical obligations. With this, we need to review our Code of Ethics developed by the American Nurses Association and our Nursing Scope of Practice constructed by the legislative branch of our government. Healthcare institutions that take their ethical responsibility seriously have published guidelines and active ethical systems in place that deal with ethical violations.

Danger management is the next step in Lachman's (2010) strategy of moral courage [2]. Nurses may need to take the risk that leaves them vulnerable to harm and possibly a loss. As nurses, they need to develop cognitive strategies. Patterson, Grenny, McMillian and Switzler (2002) published a book called, "Crucial Conversations" that nurses encounter with physicians, patients, family members, and administrators [8]. Some of these conversations include end-of-life situations, abusive verbal and physical behaviors of physicians, and family dynamics.

Nurses need to control their emotions and perceptions by developing insight into the story that they created in their mind. For instance, when encountering verbally hostile family members, nurses unconsciously create stories in their brains that describe the situations as the persons' faults, their self-being powerless or other persons' faults. The researchers suggest nurses need to control their emotions, in particular, situations and manage the stories within them. An important concept is nurses need to be aware of their behaviors and determine whether their behaviors are going to give them the desired outcomes. So, nurses can utilize tools to control the situations. They are called cognitive reframing and self-soothing techniques.

Cognitive Reframing involves the halting of negative thoughts and substitute with positive thoughts. For example, nurses are working on your floor, and each one is caring for five patients; a situation occurs that another nurse gets ill, and that nurse needs to leave the unit. The nurse's patients are divided among the remaining staff because there is no extra nurse to send to the unit. Nurses now have six patients to care for on a very busy nursing unit. Well, one can get angry over the situation, or one can cognitively reframe the situation by using effective prioritizing skills and expertise in being able to adapt to this situation. As Lachman (2010) acknowledged, this allows you to manage your emotions and decrease the dangers of an emotional reaction [2]. In utilizing self-soothing techniques, nurses take some deep breaths, count to 10, vent to a friend, take a walk, if possible, journal about the situation or use one sense to relax like smelling flowers, hugging, or visualize something warm, soft, or humorous.

Sometimes, nurses speak out where others might see them inappropriately crossing the line. Lachman (2010) states that recognizing one's moral integrity can be very soothing [2]. Nurses cannot minimize professional obligations. If they do, the potential for losing their integrity can contribute to burnout. Nurses should not be afraid to take the risk because of the fear of appearing foolish or rebellious. Nurses need to remember that even though the outcome was not what they expected, one learned from it and had received some emotional rewards.

The last of Lachman's strategy for operationalizing moral courage is expression and action. Nurses need to take and utilize those strong communication skills such as assertiveness and negotiation in dealing with ethical concerns and problems.

With assertiveness, nurses need to focus on solving the problems that often requires other persons to change their behaviors. The situations require nurses to choose the right places and the right times in demonstrating assertive techniques. Nurses present their positions with respect for the persons and not for the persons' behaviors. Researchers noted that there are three challenging areas that prevent nurses from taking assertive action [9, 10]. The first being that nurses don't feel, they have a right to speak up. Depending on when nurses acquired nursing educations, and years of nursing experiences affect assertiveness. The second challenging area on assertiveness is that nurses are afraid or anxious when they do speak up. There are times nurses dread being the person up front and expressing words. It is during those times that nurses look at reframing and self-soothing strategies to help them get through particular situations. Nurses may opt to choose their battle times and battlefields!

The last challenging area with assertiveness is that nurses may not know how to speak assertively. There are multiple assertive techniques. Three of the assertive techniques nurses can use are the CUS words – I am concerned, I am uncomfortable, and this is a safety issue. The other assertive technique nurses can use called DESC. The D stands for describing the situation to that individual, E refers to expressing your concern or concerns in a non-threatening way, S indicates that you suggest other alternatives to the situation with that person, and finally the C denotes to state the positive consequences that will meet the goals of that situation.Still another effective assertive technique when in contact with inappropriate behaviors from individuals is the "I" assertive technique – "When you do X, I feel Y, Because of Z…, therefore, I would like instead for you to do…" For example, if nurses had concerns about specific patients caring for in the hospice unit, the conversations with physicians would go something like this: "When you decline to speak to the family about the patient's prognosis, I feel distressed, because they now believe he will be going home. I would like you to devote some time with them and help them understand that this will not happen."

Keep in mind that one always wants to PAUSE before reacting to a defensive response. Use those self-soothing techniques of counting to 10, taking deep breaths, or go for a walk. If, in that same situation, that individual walks away, let it occur. Sometimes all parties involved need to regroup and use those self-soothing

techniques. When the opportunity does occur again with those individuals, then everyone can continue the conversations in a non-threatening and dignified manner, where all individuals respected.

Negotiation is a process of looking for mutual and acceptable solutions. It can be done systematically by inquiring from all individuals involved as to what are all the alternatives that would favor a successful solution. It then requires these individuals to identify the alternatives that are the best in solving the problem. From the selected alternatives, all individuals concerned should decide which match mostly with the situation in addressing an effective solution. The final step is to decide jointly on one or two alternatives and act on them to determine the outcome of the situation. Negotiation, if done with equality and mutual respect, is an effective moral courage strategy in problem-solving ethical issues.

Harris (2015) indicated that nurses helping nurses to develop moral courage are an effective strategy to operationalize moral courage on any nursing unit [11]. One of these ways is by having nurses reaffirm their colleagues' strengths. That pat on the back is a tremendous self-esteem builder.

Another strategy to keep moral courage in operation is to take the risk in helping others to confront obstacles. Nurses may need to utilize their expertise and leadership abilities to direct others that don't have the required skills in carrying out moral courage. Share knowledge and expertise will help other nurses.

Harris (2015) also noted nurses need to remain focused and stand firm on unethical issues or problems [11]. Some nurses may be within the minority group on a given ethical issue, for they have chosen to go up against the majority due to their virtuous and principle-based moral courage.

Other strategies for putting moral courage into operation are those described by Murray (2010) [5]. Through his research efforts, he identified several other strategies such as providing role playing to build moral courage. Here nurses rehearse situations and learn to build their skills related to moral decision-making. Other strategies are regular opportunities to develop and strengthen moral courage by offering educational opportunities and providing valuable resources that address moral courage. Nurses need to develop constantly moral courage by practicing and reviewing so that it becomes an integral component of our character.

Lewis (2011) defined "Whistle blowing" as an extreme, last-ditch strategy to protect the welfare of another human being [12]. He acknowledges that before nurses take the plunge, they need to take a breath, step back and review the situation before leaping ahead or leaping into the fire.

Over the past several years, there had been numerous incidents of nurses reporting physicians, nurses, and other healthcare workers for unethical acts. One of the most recent and well-known legal battles involved two nurses from Texas in 2011 that suffered retaliation from their peers and the healthcare institution after they reported a physician to the medical board for unsafe practices. What was initially reported anonymously soon became public knowledge due to a breach of confidentiality. These nurses lost their jobs! After many months of dealing with negative consequences, the nurses prevailed because they stood strong and received emotional and legal support from outside resources such as the American Nurses Association. They were able to return to work and received monetary compensation for their suffering and wage loss. Only one of the nurses returned to the "origin of despair" work environment.

Lewis' (2011) research on whistle blowing gives us clear guidance as to deciding if whistle blowing is the final strategy to moral courage [12]. There are many steps to consider, and one of the most important steps is seeking legal guidance to protect oneself. During this process, identify your support systems such as family members, counselors, spiritual leaders, neighbors, friends, elected officials, nonprofit organizations, and professional groups.

Florence Nightingale was a role model for moral courage as she advocated for her patients on the battlefield during the Crimean War, at the bedside for sanitary conditions, and to English legislators in developing educational programs for nurses. Theodore Roosevelt stated, "In any moment of decision, the best thing you can do is the right thing." When nurses see acts of moral courage, thank those individuals for stepping up to the plate and swinging. Nurses are admirable and outstanding role models. Nurses' courageousness is what makes the nursing profession great.

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