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Research Progress on Moral Courage in Nursing

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Abstract

This review examines the influencing factors of nursing moral courage, assessment instruments, strategies and recommendations for its enhancement, as well as current research gaps and future prospects, aiming to provide insights and references for research and practice in this field in China.

Full Text

Research Progress on Nursing Moral Courage

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Abstract

This review synthesizes the influencing factors, assessment instruments, and enhancement strategies related to nursing moral courage, along with current research limitations and future directions. The aim is to provide insights and reference points for research and practice in this field within China.

Keywords: Nursing Moral Courage; Moral Courage for Nurses; Ethics; Nursing

Ethical issues in clinical nursing decision-making are becoming increasingly complex [1]. Nursing moral courage refers to the capacity of nursing professionals to understand and uphold professional ethical values and principles, and to take action to defend these values despite risks such as social rejection, embarrassment, unemployment, and moral conflicts [2-4]. Moral courage positively correlates with job well-being and work engagement [5, 6], improved quality of care, patient safety, and professional identity [7, 8]. Conversely, it negatively correlates with moral distress, burnout, job dissatisfaction-turnover, and career change [9].

Enhancing nurses' moral courage helps them remain calm when facing disasters and emergencies while avoiding moral dilemmas [7]. Nurses with high moral courage tend to adopt positive coping strategies [10] and assume life-saving responsibilities under conditions of high stress, limited resources, and increased workload [7], whereas those with low moral courage are more likely to develop negative emotional responses [10]. Empirical research on moral courage in nursing has been on the rise [11]. Therefore, this review examines research progress on nursing moral courage to provide insights and lessons for China's research and practice in this domain.

1.1.1 Socio-Demographic Factors

Age and experience represent significant factors in moral courage development. Younger nurses typically possess less experience in handling ethical dilemmas and difficult situations, resulting in lower moral courage [7]. As individuals age, they develop stronger situational awareness and enhanced ability to identify ethical behaviors, along with greater familiarity with the work environment, thereby strengthening moral courage [12]. Alternatively, aging may increase awareness of organizational conditions, acquisition of professional and practical competencies, and opportunities to learn courageous behaviors from colleagues [8]. However, the relationship between age and moral courage is not linear across all stages. Nurses aged 35 and above score higher in moral courage than their younger counterparts, and those with ten or more years of experience demonstrate higher moral courage than those with less than ten years [13]. Self-perceived moral cultivation increases with work experience, with nurses having over 16 years of experience showing significantly higher moral courage than less-experienced colleagues [19]. These experienced nurses possess richer clinical experience, stronger professional values, and serve as role models in leadership, management, and clinical practice [7]. More experienced charge nurses similarly show elevated moral courage levels [16], and nursing students with longer healthcare work experience also demonstrate higher moral courage [17]. Veteran nurses can better handle workplace violence incidents and integrate into team life, receiving more support that helps inhibit moral distress [18].

Educational attainment and knowledge play crucial roles in fostering moral courage. Nurses with master's degrees show higher moral courage [12], likely because advanced education provides enhanced training in ethics and decision-making that bolsters confidence in difficult situations [7]. Regarding moral knowledge, nurses who have received additional ethics education demonstrate greater moral responsibility and commitment to quality care [2], with the strongest association found between high moral courage and both formal and informal ethics education [2]. Additional socio-demographic factors positively associated with moral courage include having career plans in nursing, excellent academic performance, dissatisfaction with the nursing profession (potentially driving improvement), high confidence in nursing ethical principles, high professional status of nursing in one's country, and high-level professional

competence [17].

Gender and marital status also influence moral courage, with males exhibiting higher moral courage scores than females [12], and married nurses scoring higher than their unmarried counterparts [12]. The latter may be because married nurses have greater social support that emboldens them to speak up and take action when facing challenges [7]. Professional position and rank similarly affect moral courage, with head nurses/supervisors and formally employed staff showing higher levels than general nurses [12, 13]. Nursing managers, who navigate between administrative tasks and clinical care, are compelled to deeply understand the ethical quality of nursing and assume broader responsibilities, making them more accustomed to intervening in others' behaviors and raising ethical issues in debates [2]. Nurses with senior professional titles (supervisor nurse and above) exhibit higher moral courage than those with junior titles, as they possess greater confidence and experience to confront adverse consequences and moral dilemmas [13]. Conversely, nurses with lower ranks or less experience may have fewer opportunities for career development or leadership training [7].

Department specialization matters as well, with critical care nurses demonstrating lower moral courage, likely because intensive care units, which treat critically ill patients, present more frequent ethical issues and moral dilemmas that can diminish moral courage [14]. Personality traits also contribute, with fear of unemployment, poor scientific/practical skills, lack of ethical knowledge, and fear of unpleasant experiences recurring identified as risk factors [15].

1.1.2 Error Aversion Culture

Error Aversion Culture refers to the degree to which employees perceive organizational aversion to work errors, manifested as fear of mistakes, active error avoidance, and feelings of frustration with efforts to conceal errors when they occur [20, 21]. When nurses perceive strong error aversion culture within an organization, they may worry about criticism, harm, or negative evaluation from colleagues or the organization when conflicts arise from upholding professional ethics. Conversely, weak perceived error aversion culture provides nurses with greater security when handling difficult situations, free from fear of inquiry or administrative punishment, thereby enabling them to actively confront and manage challenging circumstances and enhance their moral courage [22].

1.1.3 Job Satisfaction

Nurses' satisfaction with their current work status positively correlates with their moral courage level [22]. Satisfied nurses are more likely to feel passionate and engaged in their work, mobilize their resources and strengths more effectively, experience positive emotions, and willingly participate in ethical decision-making while upholding professional ethical principles and attending to patients' rights and well-being. When approaching ethical issues with positive attitudes, these nurses are more likely to take appropriate actions, collaborate with teams to seek

solutions, and minimize negative consequences rather than adopting avoidance or fear-based strategies [22, 23].

1.1.4 Feedback Seeking Behavior

Feedback Seeking Behavior describes individuals' proactive efforts to obtain valuable organizational information through observation and active inquiry with leaders and colleagues to meet organizational and personal development needs [24]. Nurses with better feedback seeking behaviors demonstrate higher moral courage [22]. Through feedback seeking, nurses can observe others' activities and environmental changes to acquire information resources, adjust and improve their practice methods, and interact more frequently with team members to build emotional connections and mutual support relationships. This strengthens teamwork and collaboration, fosters positive interpersonal relationships and work atmospheres, and provides a foundation for enhancing moral courage [24]. Positive organizational environments and social support can encourage individuals to express themselves and seek feedback within organizations, thereby strengthening these behaviors [25]. Nursing managers are advised to utilize multiple platforms for specialized training and lectures to develop nurses' emotional management capabilities and professional confidence, consequently enhancing their feedback seeking behavior [26].

1.1.5 Insider Identity Cognition

Insider identity cognition refers to employees' perception of the personal space and acceptance they receive as organizational members—their sense of belonging to the organization [27]. Higher insider identity cognition among nurses correlates with higher moral courage levels. Nurses with strong insider identity perception feel a robust sense of belonging and recognize themselves as integral parts of the organization. They typically possess clear understanding of their roles and responsibilities, recognize the importance of their work to teams and patients, and strongly identify as organizational members, thereby developing stronger responsibility and organizational commitment. This facilitates collaborative team atmospheres, making nurses more willing to support each other, actively integrate into teams, participate in collaboration, share knowledge, solve problems collectively, and contribute to organizational goals and missions—providing solid support for enhancing moral courage [22]. However, frequent workplace ostracism can reduce nurses' insider identity cognition [28].

1.2 Work Environment Factors

Nurses' moral courage significantly correlates with the frequency of situations requiring moral courage at work; nurses regularly facing challenging situations demonstrate greater moral responsibility than those who encounter them occasionally or rarely [28]. The number and frequency of moral distress episodes strengthen the connection between stress resistance and moral courage [29]. Encountering morally challenging situations enables nurses to identify and reflect

on their values, thereby enhancing their moral courage [2]. However, Kong et al. [18] found that clinical nurses who have experienced workplace violence worry more about recurrence, feel anxious, fear blame and condemnation from patients and their families, and encounter misunderstanding, lack of support, and isolation from colleagues. In contrast, nurses who have not experienced violence can typically communicate effectively with patients, actively listen to their needs and concerns, provide clear information and guidance, and promote trust and understanding in nurse-patient relationships. This group is more likely to uphold their moral values, courageously face moral dilemmas, take correct actions to protect patients' rights and well-being, and adhere to professional ethical standards. Thus, establishing an ethical work environment is crucial for improving nurses' moral courage [30], and hospital policymakers should develop effective policies for stress management, establish social support systems, and create positive ethical environments [29].

1.3 Work Atmosphere

Nurses' perception of a better hospital ethical climate correlates with higher moral courage levels [23]. When encountering ethical problems, nurses in environments with good ethical climates can better handle moral issues through communication and experience sharing, thereby enhancing moral courage [14]. Healthcare institutions are advised to develop strategies to cultivate ethical climates and crisis leadership capabilities to improve nurses' moral courage, such as holding meetings, seminars, and face-to-face conversations with nurses [31].

2. Assessment Tools for Nursing Moral Courage

2.1 Nurses' Moral Courage Scale (NMCS)

Developed by Finnish scholars Häggman-Laitila et al. in 2018 [32], the NMCS assesses nurses' self-evaluated moral courage levels. The scale comprises four dimensions: compassionate and authentic presence, moral responsibility, moral integrity, and commitment to good nursing care, totaling 21 items (5 items for compassionate and authentic presence, 4 for moral responsibility, 7 for moral integrity, and 4 for commitment to good nursing care). Using a 5-point Likert scoring system, total scores range from 21 to 105, with higher scores indicating greater moral courage. The NMCS has undergone reliability and validity testing in professional nursing units at a large Finnish university hospital, demonstrating excellent internal consistency with an overall Cronbach's α coefficient of 0.93 and subscale coefficients of 0.81 (compassionate and authentic presence), 0.81 (moral responsibility), 0.82 (moral integrity), and 0.73 (commitment to good nursing care) [33]. The NMCS has been translated into multiple languages and validated in countries including the Netherlands and India [3]. In 2019, Chinese scholar Wang Siyao et al. [34] translated and validated the NMCS among 504 clinical nurses, yielding an overall Cronbach's α coefficient of 0.905, subscale coefficients of 0.778–0.902, split-half reliability of 0.884, subscale split-half reliability of 0.769–0.868, and test-retest reliability of 0.935 (subscales: 0.722–0.837),

demonstrating that the Chinese version possesses good reliability and validity for assessing moral courage among clinical nurses in China.

2.2 Nurses' Moral Courage Questionnaire (NMCQ)

In 2015, Sadoughi et al. designed and validated the NMCQ, which comprises three dimensions: moral self-actualization (9 items), risk-taking (8 items), and ability to defend rights (3 items), totaling 20 items. The scale uses a 5-point Likert response format ranging from "always" to "never" scored 1-5, with item scores calculated by multiplying Likert scores by item values, yielding total scores ranging from 102 to 510. Higher scores indicate greater moral courage, with 102-238 representing low, 239-374 moderate, and 375-510 high moral courage [8]. The NMCQ demonstrates a content validity index (CVI) of 0.87, overall Cronbach's α coefficient of 0.88, and test-retest reliability of 0.87, indicating good internal consistency [8, 35].

2.3 Professional Moral Courage (PMC) Scale

Developed by Sekerka et al. in 2009 [36], the PMC scale was originally constructed as a management competency tool to assess moral courage. It comprises five dimensions: moral agency, multiple values, threat tolerance, going beyond compliance, and moral goals, with 15 items rated on a 7-point Likert scale from "never true" to "always true" (1-7), yielding score ranges of 15-105, where higher scores indicate greater moral courage. The scale's validity and reliability were evaluated in a sample of 199 U.S. Naval Supply Corps officers, demonstrating good correlation and fit. Mohammadi et al. [12] reported a reliability coefficient of 0.85 in a study of 30 Iranian nurses. In 2017, Connor et al. [16] used the PMC to assess and quantify moral courage among nurse managers, conducting psychometric testing with 477 nursing managers and obtaining an overall Cronbach's α coefficient of 0.853, indicating good internal consistency and establishing it as a suitable standard for measuring professional moral courage in nurse managers. However, the scale's applicability remains relatively limited, and no applications in China have been reported to date.

2.4 Moral Courage Scale for Professionals (MCSP)

Developed and validated by Martinez in 2016, the MCSP assesses physicians' moral courage in patient care [37]. The scale contains 9 items rated on a 7-point Likert scale from "strongly disagree" to "strongly agree" (1-7). All item-total correlations were significant, ranging from 0.57 to 0.76. The MCSP demonstrated an overall Cronbach's α coefficient of 0.9 in psychometric testing with 352 physicians, indicating good internal consistency [37]. Developers recommend that the MCSP can be adapted for use with other healthcare professionals, such as assessing nurses' moral courage [38]. In 2020, Erin et al. [39] used the MCSP to evaluate moral courage levels in 45 undergraduate nursing students, reporting an overall Cronbach's α coefficient of 0.8, indicating good internal consistency and suitability for assessing nursing students' moral courage.

2.5 Visual Analogue Scale (VAS)

The VAS uses a 0-100 scale where 0 represents no moral courage and 100 represents maximum moral courage, with intermediate values indicating varying degrees. Nurses mark a point on the VAS line to indicate their perceived level of moral courage. Sanna et al. [17] used the VAS to assess moral courage in 538 graduating nursing students across six European countries, revealing a mean self-assessed moral courage score of 77.8, indicating a relatively high level. The limitation of this scale is its simplicity and inability to comprehensively address issues related to moral courage.

3. Strategies to Enhance Nursing Moral Courage

3.1.1 Multi-Level Approaches to Education and Training

Education can help nursing personnel understand the lack of moral courage in complex care environments and encourage courageous action during ethical decision-making instruction [5]. Education also assists managers in identifying situations requiring moral courage and supports nursing staff in addressing care-related distress to ensure safe and effective patient care [5]. However, nurses' moral courage exhibits heterogeneity, guiding us to develop customized management plans based on different types of moral courage and corresponding coping styles [10]. Therefore, various groups at different levels should implement targeted measures suited to their capabilities.

We must recognize that nursing moral courage curricula offer limited opportunities specifically designed to cultivate and practice moral courage for students [40]. Educational policymakers should expand ethics curriculum content based on existing gaps to enable nursing students to graduate with higher ethical knowledge [15]. Schools and educational institutions can strengthen instruction in moral principles and values, prompting students to contemplate and discuss ethical issues while developing their moral concepts and courage. Introducing moral role models and mentorship can help students shape correct moral concepts and courage early in their careers—these mentors may be teachers, parents, community leaders, or others with strong moral character whose demonstration, guidance, acknowledgment of errors, and commitment to learning can inspire students' moral courage.

Hospital managers can strengthen nurses' moral courage by establishing support committees, designing effective reward and promotion systems, fostering ethical climates, and conducting moral refresher training [15], such as providing support and encouragement that helps nursing staff recognize the importance and positive impact of moral behavior, with timely praise and recognition of their courage and correct decisions to build confidence and perseverance. During clinical internships, nursing students should respect student-mentor relationships, actively participate in moral discussions, and be willing to act as patient advocates [17]. They can enhance their understanding of moral courage through

extensive reading, classroom debates, peer support, group discussions, and individual presentations [41].

Nurse educators should align with educational reform trends, embrace the contemporary responsibility of moral education, enhance their core competencies in knowledge and skills, increase the duration and depth of training participation, develop expertise in teaching moral cultivation concepts and best practices for moral integrity, and improve classroom experiences using problem-based learning, experiential learning, game-based learning, flipped classroom methods, and technology integration (such as virtual and augmented reality) to accelerate moral education development. For example, case studies and discussions can help students understand real-life moral conflicts and dilemmas, guiding them to carefully observe, analyze, and resolve these issues while developing moral decision-making capacity and courage. Role-playing [1] and simulation exercises allow students to personally experience moral decision-making processes, confronting different situations and pressures to learn how to uphold moral principles and act courageously.

National authorities can provide institutional guarantees for nursing moral education by formulating comprehensive laws and regulations. Research indicates that beyond normative ethics such as legislation and regulations, virtue ethics instruction should also be emphasized [17]. Relevant departments should advance medical education reform and development, apply innovative concepts to improve medical education philosophy, support nursing educator training, and accelerate the establishment of standardized, institutionalized, and systematic approaches that emphasize diverse and innovative education and training formats combining theory and practice. Additionally, long-term tracking mechanisms should be established to continuously construct and optimize training program effectiveness, revising and adjusting China's nursing moral education curriculum system and laws. Future nursing moral courage education should also consider technological needs and limitations of participants, educators, and environments, evaluating the feasibility and potential of web-based nursing moral education approaches to better enhance students' comprehension, interactivity, and engagement.

3.1.2 Avoiding Indoctrination-Style Teaching

Educational research informs us that attempts to instill moral courage by exposing students to avoidable fears or challenges (e.g., fear of reputational damage, challenges of insufficient knowledge) are both impractical and unacceptable [40]. Instead, students should be adequately and realistically prepared to provide care services, with fears and challenges associated with nursing minimized as much as possible [40]. Research also indicates that systematic consideration of the most valuable knowledge systems essential for students is lacking, with indoctrination-style teaching predominating—a model that may impart scientific knowledge but not the ability to care for patients [42]. Therefore, China's education field should implement and popularize precision teaching evaluation and

learning behavior prediction methods to avoid indoctrination-style teaching.

3.2 Enhancing Moral Sensitivity

Moral courage is closely correlated with moral sensitivity [8], which is a prerequisite for identifying moral situations and taking courageous action [17]. Both ethical sensitivity and moral courage are built upon correct moral perspectives, and nurses' moral courage levels positively correlate with ethical sensitivity levels, possibly because ethical sensitivity focuses on the ability to detect and judge the trajectory of ethical events, while moral courage involves persisting in doing what is right based on such detection or correct judgment [43]. Conversely, empowered nursing interns who identify ethical issues in complex care environments and analyze existing ethical situations can further enhance their moral sensitivity, facilitating better rational moral decision-making and action [1]. Therefore, we recommend activating nursing personnel' s cognitive structures, cultivating keen observational skills and awareness, and paying attention to surrounding moral issues and conflicts. Vigilance and attention to one' s own and others' behaviors can help identify unethical conduct and recognize its impact on moral sensitivity.

3.3 Enhancing Sense of Security

Security is a fundamental need for individual development and potential realization. Clinical nurses' sense of security influences their moral courage to some extent, as feeling secure makes it easier for them to establish trusting relationships with others and realize their potential and value [18]. Nurses who receive organizational support and enhanced security exhibit braver behaviors, whereas job insecurity can constitute a barrier to courageous performance [8]. We recommend that hospitals comprehensively establish and improve supportive safety systems to enhance the overall safety climate.

3.4 Enhancing Psychological Empowerment

Structural and psychological empowerment are key factors influencing moral courage promotion [41]. Increased psychological empowerment reduces psychological and work environment stress while enhancing nurses' decision-making capacity and moral behavior execution, thereby fostering moral courage [12]. This suggests that hospital and organizational managers should recognize the role of structural and psychological empowerment in enhancing moral courage within nursing workplaces [41] and improve nurses' psychological empowerment by recognizing their professional competence, changing management models, and respecting and supporting their active participation in medical rounds, case discussions, and treatment decision-making [45].

3.5 Improving Work Environments

Moral courage negatively correlates with moral distress [13], and possessing sufficient moral courage is significant for escaping moral dilemmas [46]. Nursing managers can regularly assess nurses' moral courage and implement interventions such as meetings and seminars, actively listen, encourage respect, reduce moral distress, and cultivate moral courage behaviors to enhance work self-esteem, alleviate moral distress levels, and improve nurses' moral courage [7, 13].

4. Current Research Limitations and Future Directions

First, influencing factors of nursing moral courage exhibit certain limitations and variations due to differences in research methods, timing, populations, geography, culture, and healthcare systems. Second, current research on influencing factors has primarily focused on individual and environmental factors, with limited inclusion of technological cognition, socioeconomic factors (low education levels, low disposable income, lack of medical insurance), and psychosocial factors' effects on moral courage. Future research should expand sample sizes, incorporate longitudinal studies, and utilize model prediction advantages to provide more comprehensive and accurate explanations of influencing factors.

Regarding intervention measures, domestic and international intervention studies on nurses' moral courage remain relatively scarce, with no reference methods available, yet appropriate interventions are crucial for improving nursing personnel' s moral courage. Future research designs should consider differences in nursing personnel' s individual characteristics, work experience, and China' s healthcare system to explore intelligent, personalized, and diversified interventions that improve efficiency, reduce costs, and are suitable for widespread promotion, while progressively improving design and tracking long-term effects until interventions are widely accepted by nursing personnel.

In terms of scale research breadth and depth, gaps exist between China and other countries. China lags considerably in introducing and developing moral courage scales, with no independently developed practical guidelines or assessment tools for nursing moral courage currently available, relying instead on translated foreign scales. Although foreign scales have been developed and validated over time, they have limitations and may not suit China' s national conditions and culture. Moreover, traditional methods for measuring nursing moral courage in current clinical research and practice are costly and time-consuming to administer, making frequent assessment difficult. Therefore, promoting automated and intelligent evaluation of nursing moral courage is urgently needed to reduce healthcare workers' workload. Simultaneously, international collaborative innovation should be strengthened to intensify development of Chinese nursing moral courage scales, combining national conditions to create simple, precise, reliable, and useful assessment tools and construct a comprehensive evaluation system suitable for China' s context, thereby enhancing international competitiveness and influence of higher education while meeting nursing personnel' s

needs.

Regarding research domains, foreign studies have expanded to qualitative research and correlation studies, whereas Chinese research has primarily focused on status surveys and influencing factor analysis [18, 22], scale translation [34], and mediating effects [47]. Concerning research populations, foreign studies have extended to nursing managers, nurses, nursing students, and intern nurses, while domestic studies have concentrated on clinical nurses in geriatric hospitals [18], psychiatric hospitals [22], and intensive care units [13], with smaller sample sizes and less representativeness than international studies. Future research on nursing moral courage should comprehensively consider influencing factors, professional role and responsibility differences in clinical practice, national and socio-cultural differences, nurse-to-physician ratios, healthcare system differences, workload variations, nursing education curriculum differences, information search capabilities, and survey participation differences, while striving for large-scale, multi-center validation to ensure scientific rigor.

Moral courage is a fundamental value of the nursing profession and a powerful approach for addressing ethical issues [48]. It is necessary for improving patient outcomes and safety [39], and the complexity of modern healthcare requires nurses to employ moral courage to make reasonable and better ethical decisions [1]. Consequently, the demand for nursing moral courage will continue to expand. Future efforts should perfect nursing moral courage education mechanisms and explore diverse pathways in educational practice to enhance nursing personnel's moral courage, thereby improving nursing work standards, creating a more just, equitable, diverse, and inclusive nursing environment, and strengthening the protection of patients' access to quality care.

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Note: Figure translations are in progress. See original paper for figures.

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