



Perspectives of nurses working at COVID-19 wards on professional moral courage: A descriptive study

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Abstract

Background: Nurses may be threatened with professional moral courage while providing care to patients with Covid-19. The present study aimed to evaluate the professional moral courage of nurses caring for patients with Covid-19.

Methods: This study was a cross-sectional study. In this study, 200 nurses working in COVID wards participated by convenience sampling method. Data collection tools were personal profile forms and valid and reliable tool of professional moral courage. Data were analyzed using descriptive statistics and inferential statistics (ANOVA And T-TEST) under SPSS software version 16.

Results: The overall score of nurses' professional moral courage was 56.25 ± 7.02 . Other findings of the study indicated that among the personal characteristics of nurses, professional moral courage and organizational position ($P = 0.005$) and nursing work experience in the COVID ward ($P = 0.003$) had a statistically significant relationship.

Conclusion: Considering the average state of moral courage and the fact that the average score of supervisors is lower than that of nurses, it is obligatory for nursing managers to plan for the promotion of professional moral courage of nurses to face future crises. The most important of these actions can be holding educational workshops with ethical themes for nurses and students so that they can obtain professional moral courage in their profession in more desirable way.

Highlights

What is current knowledge?

Nurses experience moral distress while taking care of patients with COVID-19, to overcome which they need moral courage.

What is new here?

Recognizing nurses' professional moral courage, in general, and its various dimensions, in particular, is an important step towards its promotion, which broadens nurses' insight into this concept. By having professional moral courage, nurses could provide more comprehensive clinical care to patients.

Introduction

COVID-19 pandemic is considered the most important public health event (1) and a serious challenge in health systems worldwide (2). Among health care providers, nurses are key stakeholders in developing and implementing policies related to patient care standards during the COVID-19 pandemic (3). COVID-19 patients should receive the care provided by these staff to prevent the subsequent complications (1). Nurses are on the front line of providing care during the COVID-19 which is a highly infectious and deadly disease (4) and play a major role in the initial assessment, triage and patient care (5). Moreover, nurses providing care to COVID-19 patients are influenced in various ways (6). In addition to psychological growth and responsibility, they experience challenges that include negative emotions, discomfort, fatigue and helplessness (7). COVID-19 involves nurses in a complex situation where they face many problems related to patient care (8).

Nurses experience ethical challenges while providing care to COVID-19 patients. They see the safety of themselves, colleagues, patients and their families at risk (9) and face complex ethical problems at the bedside. They experience moral distress, moral conflicts, patients' daily death and long working hours while caring for COVID-19 patients. Nurses experience moral distress while taking care of patients with COVID-19, to overcome which they need moral courage (10). Having moral courage is among the strategies to deal with moral problems in nursing (11). Moral courage focuses on good patient care along with safety (12). Nurses are considered the social capital in the health system, and medical centers could perform specialized activities through their support (13).

Correct response to situations and overcoming fear require moral courage (14). A person with moral courage could make an informed decision, deliver bad news to companions and patients, and warn colleagues to comply with moral and health conditions in the hospital (15). Nurses with moral courage prevents them from moral distress and provides moral comfort to them when faced with moral conflicts. Despite the existing objective and organizational obstacles, having moral courage in implementing ethics reduces the negative effects of ethical conflicts among nurses and help them achieve ethical goals (16). Positive personal experiences, commitment to ethical principles, teamwork and supportive work environment play a role in the formation of moral courage among nurses (17). Factors such as fear of negative reactions among colleagues or losing job could prevent one from taking the right action and threaten professional moral courage (18). Similarly, nurses' professional moral courage may be threatened while providing care to patients with COVID-19. Given that no information was available about nurses' professional moral courage caring for patients with COVID-19 and considering the importance of the issue and the fact that having moral courage could reduce moral challenges in the workplace (18), the present study was conducted to determine the professional moral courage of nurses working at COVID-19 wards.

Methods

This cross-sectional and was conducted in the first half of 2023. The research population included all nurses working in teaching hospitals affiliated to Abadan University of Medical Sciences. In total, 200 nurses had Bachelor's and Master's degrees and at least one month of work experience at COVID-19 wards and were working full-time in the respective hospitals. Nurses who were on unpaid leave, maternity leave or an academic mission at the time of the research were excluded. The sample size was determined to be 200 individuals considering the confidence level of 95% and test power of 80%. Nurses were selected using convenience sampling method. According to the results of Hassanzadeh Nayeni et al.'s study, the number of samples was determined to be 192 people at a significance level of 0.05 and an effect size of 1 ($d=1$) (19). To collect the data, a personal profile form was used to assess age, gender, marital status, educational level, nurses' work experience at COVID-19 ward, employment status, shift work, organizational position and professional moral courage.

The 15-item professional moral courage (PMC) was designed by Sekerka et al. (2009) (18), in which the items are scored based on a 7-point Likert scale (1=

never, 2= almost never, 3= rarely, 4= sometimes, 5= often, 6= most of the time and 7= always). This scale evaluates moral courage in five dimensions of moral agents (items 1, 2, 3), multiple values (items 4-6), threat tolerance (items 7-9), breach of obedience (items 10-12) and ethical goals (items 13-15). To calculate the score of each dimension, the scores of all the 3 items are added and divided by 3. To calculate the total score, the scores of all items are added (15 items) and divided by 15. Thus, the minimum and maximum scores of each dimension are 3 and 21, respectively. The minimum and maximum total scores are 15 and 105, respectively. Higher scores suggest greater professional moral courage. Those who designed this tool reported the desired validity and reliability. This tool was also used by researchers in Iran and had favorable validity and reliability (16, 21). To measure content validity, Persian and English versions of this tool were provided to five members of nursing faculty of Abadan University of Medical Sciences and their corrective comments were applied. The tool reliability was measured using Cronbach's alpha coefficient, which was calculated as 0.84 for the whole scale. The research was approved by Research Ethics Committee of Abadan University of Medical Sciences (code of ethics: IR.ABADANUMS.REC.1399.166). Informed consent was obtained from the participants. The researcher collected the data during four months. The approximate response time to the tool for each person was considered 15 min. The data were analyzed using SPSS 16.0. For this purpose, descriptive (determining frequency, percentage, mean and standard deviation) and inferential (independent t-tests and analysis of variance) statistics was used. A P-value less than 0.05 was considered statistically significant.

Results

Table 1 presents frequency distribution of nurses' personal profile. The mean score of moral courage was obtained as 56.25 ± 7.02 . In professional moral courage dimensions, the highest mean score was related to the dimension of ethical goals (9.97 ± 1.47) and the lowest mean score was related to the dimension of breach of obedience (8.08 ± 1.68). Table 2 presents the mean score of other dimensions. Table 2 presents the correlation between nurses' professional moral courage and their personal profile. The results showed a statistically significant correlation between nurses' professional moral courage and organizational position ($P=0.005$) and nursing experience at COVID-19 ward ($P=0.003$). The professional moral courage of those with nursing experience at COVID-19 ward for 1-2 months was significantly better than others. Moreover, the independent t-test regarding organizational position revealed nurses' professional moral courage was significantly better than that of head-nurses. No statistically significant correlation was observed between nurses' professional moral courage and other personal characteristics ($P>0.05$).

Table 1. Frequency distribution of nurses' personal profile

Characteristics	Values	Frequency	percentage	Test results
Age (years)	Less than 39	114	57	Analysis of variance F = 2.745 P = 0.067
	31-40	65	32.5	
	41-50	21	10.5	
Gender	Female	162	81	Independent T-test T = 0.821 P = 0.413 df = 1
	Male	38	19	
Marital status	Single	60	30	Independent t-test t = -0.495 P = 0.62 df = 1
	Married	140	70	
Educational level	Bachelor's degree	189	94.5	Independent t-test t = 0.100 P = 0.920 df = 1
	Master's degree	11	5.5	
Nursing experience at COVID-19 ward (month)	1-2	100	50	Analysis of variance F = 4.684 * P = 0.003
	3-5	67	33.5	
	6-8	28	14	
	More than 9	5	2.5	
Employment status	Contractual	14	7	Analysis of variance F = 1.681 P = 0.173
	Casual	39	19.5	
	Semi-permanent	71	35.5	
	Permanent	76	38	
Shift work	Fixed	22	11	Independent t-test t = -0.839 P = 0.402 df = 1
	Rotating	178	89	
Organizational position	Nurse	192	96	t = 3.578 *P = 0.005 df = 1
	Head-nurse	8	4	

Table 2. Mean and standard deviation of scores of nurses' professional moral courage dimensions

Dimensions	Moral courage	
	Mean	SD
Moral agents	8.81	1.57
Multiple values	9.21	1.65
Threat tolerance	9.45	1.75
Breach of obedience	8.08	1.68
Ethical goals	9.97	1.47
Moral courage	56.25	7.02

Discussion

Among 200 nurses working at Abadan University of Medical Sciences as well as COVID-19 wards, there was a significant correlation between moral courage and organizational position and work experience. Nurses with 1-2 months of working experience at COVID-19 ward had significantly better moral courage score.

In this study, the mean score of professional moral courage of nurses working at COVID-19 ward was reported as 56.25 ± 7.02 , which was at the moderate level based on the score range of the relevant scale which is between 15 and 105. In line with the present work, Mohammadi et al. reported nurses' moral courage at the moderate level (13, 21). However, Hakimi et al. (22) and Mahdavi Seresht et al. (20) reported nurses' mean moral courage score at the high level. This inconsistency could be due to difference in nursing managers' organizational culture or policies, leading to nurses' varying moral courage scores. In this study, the participants obtained the highest mean score in the dimension of ethical goals. This dimension included the items of "It is important to me to make prudent judgments in my work-related decisions", "I think about my motives when working to make sure if they are ethical" and "I act morally because it is the right thing to do".

It could be stated that moral courage among nurses working at COVID-19 wards could improve the organization's ethical goals and prevent any harm to patients. Therefore, it is necessary for hospital managers to be a role model for nurses and support them morally and professionally, so that they could care for patients and make decisions with moral courage without fear and worry in the clinical environment based on moral values. In this case, nurses, patients and the clinical environment could benefit from that moral action.

Threat tolerance was the second prioritized dimension of professional moral courage from the viewpoint of the nurses participating in the study. This dimension included the items of "When faced with a moral problem, I try to solve it with a moral action, even if it causes others to have a negative view of me", "despite social pressures, I stand by my moral principles" and "I act ethically, even if it makes my supervisor uncomfortable". Despite the fact that nurses working at COVID-19 wards are faced with various professional threats that may be morally challenging for them, they try to be sufficiently patient in this regard.

The professional moral courage of nurses working at COVID-19 wards had the lowest mean score in the dimension of breach of obedience, suggesting that this dimension had the least priority among professional moral courage dimensions from the nurses' viewpoint. This dimension included the following items: "According to my colleagues, I am a person who follows the rules and adheres to moral principles in my profession", "When I am doing my daily work, in addition to making sure that I'm following the law, I also think about achieving my goals" and "It is important to me not to violate the law and perform my tasks based on moral principles".

Given that this dimension has important implications in nursing ethics, it is necessary to promote dimension of breach of obedience among nurses. A study conducted in Finland indicated moral courage is considered an important principle for implementing nursing ethical care. However, there is not sufficient number of studies in this field and knowing more about this concept could pave the way for nurses in order to improve it and provide a quality and ethical care (12). Results of a concept analysis study showed moral courage is a multi-dimensional and multi-level concept in nursing that plays a fundamental role as the main element of ethical nursing care. Nursing care as an ethical practice requires bold and brave nurses who think and act morally at the bedside, which subsequently leads to personal and professional growth as well as a sense of empowerment among nurses (23). In this study, nurses with work experience had better professional moral courage than others. This finding could be justified by the fact that nurses with less work experience provide care to patients suffering from COVID-19 more patiently compared to other nurses because they are at the beginning of their professional path and achieve more professional moral courage in providing care to these patients. However, this unexpected finding calls for more studies in this field. In studies by Mohammadi et al. in South Khorasan Province (21) and Mahdavi Seresht et al. in Tabriz, a significant correlation was reported between work experience and moral courage, so that the level of moral courage increased among nurses with increasing work experience (20). The obtained results regarding the organizational position showed nurses' professional moral courage was significantly more than that of head nurses who are considered as nursing managers. However, in the study by Ebadi et al., it was found that the mean score of head nurses' moral courage was higher than that of nurses (24). There is a possibility that since the nurses participating in the present study, unlike head nurses, spend more time with patients in their evening and night shifts and holidays, they could provide more care to patients and achieve more professional moral courage over time. In this study, no statistically significant correlation was found between other personal characteristics of nurses, including age, and their professional moral courage. However, in studies by Mohammadi et al. in South Khorasan Province (21) and Mahdavi Seresht et al. in Tabriz, a significant correlation was found between age and moral courage, so that moral courage increased among nurses with increasing age (20).

Considering these contradictions as well as importance of variables related to demographic characteristics of nurses, further studies should be conducted in this field. The highest and lowest mean scores of moral courage were respectively related to dimensions of ethical goals and breach of obedience. Nurses with less work experience at COVID-19 ward were in a better condition in terms of moral courage. In response to the main question of the study, the final state of moral courage of nurses working at Abadan University of Medical Sciences was reported at the moderate level.

Conclusion

Moral courage among nurses working at COVID-19 ward was evaluated at the moderate level. The main variable of the study was in a better condition among nurses than head nurses. This issue could be a warning for similar crises in the future from a managerial viewpoint, because if head nurses could not keep their workforce dynamic and active from different managerial aspects and could not plan more accurately for the hospital or care wards, nurses' motivation and power will certainly decrease.

Recognizing nurses' professional moral courage, in general, and its various dimensions, in particular, is an important step towards its promotion, which broadens nurses' insight into this concept. By having professional moral courage, nurses could provide more comprehensive clinical care to patients. Therefore, nursing managers should take action to improve nurses' professional moral courage. The results revealed if nurses provide care services with a moderate level of moral courage in the future, it is certainly not considered a favorable situation. Considering that COVID-19 pandemic may still endanger human lives, it is necessary to improve moral courage among this group. It is recommended to improve nurses' moral courage by holding training workshops with moral themes for nurses and nursing students, continuing and repeating various maneuvers for more acute conditions and employing head nurses with moral courage, art, and managerial creativity.

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Ethical statement

This protocol study has been approved by the Research Ethics Committee of Abadan University of Medical Sciences (Ethical code: IR.ABADANUMS.REC.1399.166)

Conflict of interest

The authors declare no conflict of interest

Author contributions

MM, SS, and A E contributed to the conception and design of the study. SS And MM collected the data. AS performed data analysis. AS, ZA, AE performed data interpretation. MM, SS, AE, evaluated and edited the manuscript.

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