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Factors Related to Moral Courage of Nursing Students in Zanjan

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Abstract

Background: Moral courage is an important criterion in nursing for moral care. Enormous moral challenges facing students of nursing in their clinical environment require being morally courageous.

Objectives: The aim of this study is to explore factors concerning nursing students' moral courage.

Methods: This cross-sectional study was conducted in Zanjan 2018, focusing on 208 nursing students who were selected based on convenience sampling method and time series Poisson distribution. The criteria for the sampling was the students undergoing practical training for at least three semesters and were willing to take part in this study. To collect the data, the Professional Moral Courage Scale by Sekerka et al. (2009) was used. The questionnaire evaluates moral courage on five dimensions, including moral agency, multiple values, endurance of threats, going beyond compliance, and moral goals. The range of scores was 15-105. The data were analyzed using Kruskal-Wallis and Mann-Whitney tests.

Results: Nursing students' mean score of moral courage was 85 ± 12.66 , which showed a favorable level. The highest mean score was related to 'Moral agency' (85 ± 12.66) followed by 'Going beyond compliance' (17.48 ± 3.05) and the least mean score was related to 'Moral goals' (16.09 ± 3.39). The findings of this study showed that 'Moral courage' was significantly higher among those with high average and among the natives (p=0.05).

Conclusion: Since the mean score of moral courage increased in proportion to average and nativity, the educational officials and advisors are recommended to pay attention to keeping moral courage in a favorable level and try to raise students' educational ability, trying to admit nursing students in their own cities.

Keywords: moral courage, nursing students, Zanjan

Introduction

Moral courage is the requisite for observation of moral behavior when dealing with moral challenges posed in a clinical environment [1]. Moral courage is an act based on personal will: A person acts irrespective of dangers and just based on values and what is good in the eyes of others [2]. Behaving courageously is possible when a person takes such risks as shame, embarrassment, social despotism and loss of job and even hurting the self and others [3-5].

Alike other students, nursing students face many moral challenges in a clinical environment a day, tackling of which will depend on showing moral courage with an aim to defend the right of the patient [5-7]. The students experience many immoral behaviors in the environment they attend to pass the practical course and sometimes the staff around ask them to overlook the caretaking measures taken for the patients [7,8]. The nursing students hesitate showing moral courage because they are regarded as a newcomer in the health caring team and from the point of view of the members of the health care team, they are regarded as incompetent individuals lacking enough experience that cannot comment on the immoral behaviors of the staff [6]. Certain other studies conclude that most of the students, who witness improper measures in the clinical environment, have been passive viewer and lacked any moral courage for keeping silent against the improper behavior around [9,10]. The practice sometimes arises negative feeling of students towards the nursing profession [11-13]. This is while, certain students do not keep silent against the immoral behavior and accept the consequences of their courageous behavior [8,14]. Therefore, laying off the moral challenges of nursing student training is necessary because would promote moral courage and lead to higher safety in taking care of the patient [4]. Many studies have revealed that nursing students are usually weak in showing moral courage [6,15-17] so that they are less inclined to object to and withstand against the risks threatening patients [4,18] On the other hand, a number of studies have found that nursing students possess a suitable extent of moral courage students [6,19,20] and fulfill their clinical responsibilities appropriately and in standard way without having any fearing from others' maltreatment [13,21,22] and are willing to report the immoral behaviors of the staff [8].

Despite ample studies on moral courage of nursing students, contradictory results are seen. Professional Moral Course is included in the curriculum of the BSc students for less than six years and presently a one and half point course on professional ethics is taught to the nursing students now. Moreover, professional ethics workshop is envisioned to raise their moral sensitivity. Therefore, investigating students' moral courage and the influential factors while providing theoretical knowledge in the curriculum in Zanjan seems necessary. Given the importance of moral courage and the impacts that it will leave on patient safety as a result of related shortage, this study aims to investigate factors relevant to moral courage on the nursing students of Zanjan in 2018.

Methods

This cross-sectional study was conducted in Zanjan in 2018. The population consisted of nursing students who studied in the Nursing Faculty of Zanjan University of Medical Sciences and the Nursing Faculty of Islamic Azad University. The criteria for the selection of the samples was passing at least two semesters of practical courses, passing the course on

professional ethics and interest in participation in the study.

The size of samples, drawn from a population of 467 students studying in two nursing faculties in Zanjan, was estimated to be 215 as d was 0.1 and the standard deviation was 1. Regarding a morality rate of 10 percent, 236 questionnaires were distributed. Dividing number of the students in each academic year to total number of the students of the faculty, number of the required samples studying each academic year was obtained. Eventually, the sampling was based on the availability sampling method, using time series Poisson distribution:

$$n = \frac{N \ \delta^2 \ z^2_{\frac{\infty}{2}}}{e^2(N-1) + \ \delta_x^2 \ z^2_{\frac{\infty}{2}}}$$

This study used two questionnaires of Demographic Questionnaire and the Professional Moral Courage Scale by Sekerka et al. (2009). The Sekerka et al. (2009) scale consisted of 15 questions on five dimensions of 'Moral agency', 'Multiple values,' 'Endurance of threats,' 'Going bevond compliance' and 'Moral goals' [23]. Detailed information on the dimensions is as follows: 1. 'Moral agency': Moral agency stands as intrinsic talent, readiness and willingness of an individual to show a moral behavior, encounter and solve ethical issues can continue their doing. 2. 'Multiple values': It's mixture of personal values and professional and organizational values. 3. `Endurance of threats': It's understanding and distinguishing threat, pressure and fear by an individual and the ability to tolerate and overcome the said pressures. 4. 'Going beyond compliance': A person is a pioneer in fulfillment of moral ideals in an organization and following a preventive approach towards immoral acts, trying to upgrade proper moral behaviors in his organization. 5. 'Moral goals': This category indicates regulation of personal goals based on respect, honesty and attention to others, preferring others' interests to the self and acting on moral virtues [23]. Each category has three questions. The questionnaire has been arranged on Likert scale: 'Is not right at all' (score 1) to 'Always is true' (Score 7). The score range is 15-105. The scores less than 53on moral courage is regarded as unfavorable and higher than 53 is taken as favorable level of moral courage [23].

Validity and reliability of this questionnaire has

been confirmed by two studies, conducted in Iran [24,25]. This qualitative content's validity was also checked. Therefore, the questionnaire was given to three of the experts in ethics and research and necessary amendments were made. The reliability was checked using Cronbach's alpha edging the point 0.85.

This study was conducted in line with the ethics code (IR.ZUMS.REC.1397.45), received from Zanian University of Medical Sciences. The researcher referred to the research location on a permission received from the Research Department of Zanjan University of Medical Sciences and the Education Department of Zanjan Before Azad University. distributing the questionnaires, each of the participants were briefed on the goal of conducting this research. The students were asked to offer their informed written consent prior to participation in this study.

To raise the degree of precision and make it easy for the participants to fill up the questionnaire, enough time was given to them.

The data were analyzed using SPSS 16. To check the normality of the data, the Kolmogorov Smirnov test was used. The results showed that the data are not normally distributed. Therefore, Kurskal-Walis and Mann-Whitney tests were used.

Results

A total of 208 out of 236 distributed questionnaires were filled up and returned back by the respondents, then were analyzed. Some 57.7% of the students fell within the age range of 19-22. Furthermore, 61.5% of the participants were women. Majority (43.3%) of the students had average score of 16.1 to 18 (Table 1).

	Variable	Frequency	Percentage
	19-22	120	57.7
Age	23-25	68	32.7
	26-34	16	7.7
Average	10-14	22	10.6
	14.1-16	50	24
	16.1-18	90	43.3
	18.1-20	31	14.9
Marital	Single	178	85.7
Status	Married	30	14.4
Gender	Male	80	38.5
	Female	128	61.5
Residence	Local	72	34.6
	Non-Local	136	65.4
Location of Study	University of Medical Sciences	101	48.6
	Azad University	107	51.4

The results showed that the mean score of students' moral courage was at satisfactory level (85 ± 12.66) . Moreover, in analysis of the dimensions of moral courage, the highest average

belonged to `Moral Agency' (17.48 ± 2.83) and `Going beyond compliance' (17.48 ± 3.05) and the least mean belonged to `Multiple values' (16.09 ± 3.39) (Table 2).

Table 2: Comparison of Means of Dimensions and Total Score of Moral Courage of the Participants

Variable	Score	Mean± Standard Deviation of Moral Courage
Moral Agency	(3-21)	17/48±2/83
Multiple Values	(3-21)	16/09±3/39
Endurance of Threats	(3-21)	16/82±3/17
Going Beyond Compliance	(3-21)	17/48±3/05
Moral Goals	(3-21)	17/42±2/82
Moral Courage	(15-105)	85±12/66

Result of the Kruskal–Wallis test for comparison of the mean of moral courage based on the variables of age and semester did not show any statistical significant difference; however,

significant difference among groups was observed based on the average to the extent that increase in the mean of the students' grade average gave rise in significant increase in their moral courage (p value=0.026) (Table 3). Mean moral courage of students in proportion to the type of university, marital status and sex did not show any significant difference with Mann–Whitney test; however, mean moral courage showed significant difference with the type of residence (pvalue=0.024) to the extent that native students had higher moral courage compared to the non-native students (Table 4).

Varia	ble	Mean± Standard Deviation of Moral Courage	Kruskal–Wallis Test
Age	19-22	84/71±13/44	Chi-Square=4.94
	23-25	83/76±12/05	Df=2
	26-34	90/81±8/25	P value=0.085
Average	10-14	78/68±11/66	Chi-Square=9.27 Df=3
	1-16.14	84/4±16/31	
	1-18.16	86/15±11/41	DI=5 P value=0.026
	-20.18	88/29±8/16	1 value=0.020
Semester	4	85/11±10/8	
	5	86/85±9/04	Chi-Square=2.09
	6	84/57±19/93	Df=4
	7	85/95±11/53	P value=0.72
	8	83/85±11/77	

Table 3: Comparison of Means of Moral Courage of Participants Based on					
Age, Average and Semester					

 Table 4: Comparison of Means of Moral Courage of Participants Differentiated by Type of Residence, University, Gender and Marital Status

Variable		Mean± Standard Deviation of Moral Courage	Mann–Whitney U Test	
	Local	86/76±14/53	Mann-Whitney U=3947.5	
Residence	Non-Local	84/06±11/48	Z=-2.224 P value=0/024	
University	Public	83/33±14/17	Mann-Whitney U=4743.5	
	Azad Univ.	86/2±10/74	Z=-1.416 P-value= 0/157	
Marital	Single	84/61±12/99	Mann-Whitney U=2414/5	
Status	Married	86/69±10/38	Z=-0/793 P-value=0/428	
Gender	Male	82/93±13/53	Mann-Whitney U=4222/5	
	Female	86/22±11/74	Z=-1/879 P-value=0/06	

Discussion

Results of this study showed that total score of moral courage and its dimensions among nursing students was at satisfactory level; their average was high and their feature of being native was aligned with increase in mean of moral courage.

Results of this study also aligned with a study by Hemati et al. and Moalei et al. in Iran. Both groups of scholars showed that nursing students were in adequate level of moral courage [19, 20]. Moreover, Escholar Chua et al. showed that the MSc students of nursing in the Philippine were in favorable level of moral courage [6]. Results of certain former studies were contrary to this study findings. Majority of students were in lower level of moral courage to confront improper measures adopted in the case of patients. They also kept silent towards immoral and unsafe measures in the case of the patients [8,10,14,21,26].

In this study, gender, age and marital status had no relation with the mean moral courage but average and residence were related with students' moral courage score so much so that students' moral courage rose in tandem with increase in their average. Moreover, the students who were native, were found to be in higher level of moral courage. In the same vein, other studies also failed to explore any significant relationship between moral courage and sex and marital status [20,27]. Certain other researchers held an opposition view and believed that sex had a role in level of awareness of individuals towards ethics and current norms played important role in appearance of courageous behaviors among men. Women are expected to act more humbly and more conservatively [28,29]. In this study the female students outnumbering male students might have affected the results. Contrary to this study results, Moosavi et al. showed that moral courage increased in proportion to increase in age [27]. Since the participants' age range was not high in this study and all were born in the same decade, so, age was not accounted for factor influential in moral courage. This study showed that native students were more in moral courage than the non-native ones. The feeling of being supported by the family might have increased student courage. Therefore, it is suggested that nursing students are admitted to the city of birth and residence in order that their problems are getting less and less and help them concentrate on their educational and professional issues. This study, had another variable in connection with students' moral courage: Educational status. The reason was that students' favorable education status should be subordinate to the student's interest in the nursing profession and as a result, the student will have moral courage enough and would make right decision and guarantee the patient's safety in due environment [20].

This study showed that mean of moral courage of senior students was not significantly different. In the same vein, Hemmati et al. showed that there was no significant relationship between moral courage and the semester during which the participants were studying [19]. Reid *et al.* and Levett-Jones et al. also showed that students studying in various semesters avoided negotiating with the nursing staff on immoral cares; fearing that the gesture might result in refusal to cooperate served as the prime factor of deterrence in connection with non-practice of moral courage [10,22]. While being in contradiction with results

of this study and the said studies, a study showed that support for the patient usually appears among senior college students [30]. Another study result showed that students' support for the patients is observed within the period of education [12,22]. It seems that students' resistance against what jeopardizes patient safety depends on the kind of training provided by the powerful and courageous trainers and competent and moral trainers are expected to promote moral courage among students.

This study showed that students' moral courage had favorable average. The students with good educational status and the native students were in higher level of the moral courage. Based on this study results, the university instructors are recommended to keep students' moral courage at favorable level, while attending constantly to upgrading theoretical and practical knowledge of the students because students need moral and kind caretaking as future nurses and need to maintain and promote their moral courage [4]. Among uncontrollable limitations of this research, reference should be made to the study results' reliance on honesty and care of the participants in filling up the questionnaire. To raise precision of the participants' answer to the questionnaire items, enough time was given for the task. Moreover, generalization of the research findings to other texts and cultures will be restricted with respect to the cultural conditions and context specific to Zanjan.

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Conflict of interest

Hereby, the authors of this study explicitly declare that there is no conflict of interest in this study.

References

 Duska R. Integrity and Moral Courage. J Financial Service Professionals. 2013; 67(1): 20.
 Sekerka LE, Bagozzi RP. Moral courage in the workplace: Moving to and from the desire and decision to act. Bus Ethics Eur Rev. 2007; 16(2): 132-49.

3. Aultman J. Moral courage through a collective voice. Am J Bioeth. 2008; 8(4): 67-69.

4. Lachman V. Strategies Necessary for Moral Courage. Online J Issues Nurs (OJIN). 2010; 15(3).

5. Murray JS. Moral courage in healthcare: Acting ethically even in the presence of risk. Online J Issues Nurs (OJIN). 2010; 15(3).

6. Escolar-Chua RL. Moral sensitivity, moral distress, and moral courage among baccalaureate Filipino nursing students. Nurs Ethics. 2018; 25(4): 458-69.

7. Monrouxe LV, Rees CE, Endacott R, Ternan E. 'Even now it makes me angry': health care students' professionalism dilemma narratives. Med Educ. 2014; 48(5): 502-17.

8. Rees CE, Monrouxe LV, McDonald LA. 'My mentor kicked a dying woman's bed...'Analysing UK nursing students' most memorable'professionalism dilemmas. J Adv Nurs. 2015; 71(1): 169-80.

9. Gunther M. Empathic anger in junior nursing students. J Nurs Educ. 2011; 50(5):242-47.

10. Levett-Jones T, Lathlean J. 'Don't rock the boat': Nursing students' experiences of conformity and compliance. Nurs Educ Today. 2009; 29(3): 342-49.

11. Bradbury-Jones C, Sambrook S, Irvine F. Empowerment and being valued: a phenomenological study of nursing students' experiences of clinical practice. Nurse Educ Today. 2011; 31(4): 368-72.

12. Thomas SP, Burk R. Junior nursing students' experiences of vertical violence during clinical rotations. Nurs outlook. 2009; 57(4): 226-31.

13. Yeh MY, Wu SM, Che HL. Cultural and hierarchical influences: ethical issues faced by Taiwanese nursing students. Med Educ. 2010; 44(5): 475-84.

14. Bickhoff L, Sinclair PM, Levett-Jones T. Moral courage in undergraduate nursing students: A literature review. Collegian. 2017; 24(1): 71-83.

15. Pauly BM, Varcoe C, Storch J. Framing the issues: moral distress in health care. Hec Forum. 2012; 24(1): 1-11.

16. Pijl-Zieber E, Hagen B, Armstrong-Esther C, Hall B, Akins L, Stingl M. Moral distress: an emerging problem for nurses in long-term care? Quality in Ageing and Older Adults. 2008; 9(2): 39-48.

17. Zuzelo PR. Exploring the moral distress of registered nurses. Nurs Ethics. 2007; 14(3): 344-59.

18. Dinndorf-Hogenson GA. Moral courage in practice: implications for patient safety. J Nurs Regul. 2015; 6(2): 10-16.

19. Hemmati N, Ersali H, Hezarian M. The Relationship between Ethical Sensitivity, Ethical Distress and Ethical Courage in Nursing Students of Shooshtar University of Medical Sciences in 2018. 19th Annual Research Congress of Medical Students of Iran 2018. Hamadan, Student Research Committee of Hamadan University of Medical Sciences; 2018. [In Persian]

20. Mollaei F, Abbaszadeh A, Loghmani L, Khabazkhob M, Borhani F. Moral courage of nursing students: A descriptive study in Iran 2017. Astra Salvensis. 2018; 6: 39-44.

21. Bellefontaine N. Exploring whether student nurses report poor practice they have witnessed on placements. Nurs Times. 2009; 105(35): 28-31.

22. Reid-Searl K, Moxham L, Walker S, Happell B. Internal conflict: Undergraduate nursing students' response to inadequate supervision during the administration of medication. Collegian. 2009; 16(2): 71-77.

23. Sekerka LE, Bagozzi RP, Charnigo R. Facing ethical challenges in the workplace: Conceptualizing and measuring professional moral courage. J Bus Ethics. 2009;89(4): 565-79.

24. Mohammadi S, Borhani F, Roshanzadeh M. Relationship between moral distress and moral courage in nurses. Iran J Med Ethic. 2014; 7(3): 69-77.

25. MS K. Psychometric Properties of Professional Moral Courage Scale and It's Measuring On The Basis Of Demographic Characteristics. Quarterly Journal Of Career & Rganizational Counseling. 2014;6(20):44-58.

26. O'Mara L, McDonald J, Gillespie M, Brown H, Miles L. Challenging clinical learning environments: Experiences of undergraduate nursing students. Nurs Educ Pract. 2014; 14(2): 208-13.

27. Moosavi S, Izadi A. Comparison of moral courage of the nurses and nursing managers working in hospitals affiliated to Shahid Beheshti

University of Medical Sciences. Med Ethic J. 2017; 11(41): 17-24. [In Persian]

28. Mahdaviseresht R, Atashzadeh Shorideh F, Borhani F, Baghestani AR. Correlation between moral sensitivity and moral courage in nurses of selected hospitals affiliated to Tabriz University of Medical Sciences in 2014. Iran J Med Ethics Hist. 2015; 8(3): 27-39. [In Persian]

29. Atashzadeh Shorideh F, Ashktorab T, Yaghmaei F. Iranian intensive care unit nurses' moral distress: a content analysis. Nurs Ethics. 2012; 19(4): 464-78.

30. Lindh IB, Severinsson E, Berg A. Exploring student nurses' reflections on moral responsibility in practice. Reflective practice. 2008; 9(4): 437-48.