Measurement of Moral Courage

COLLEGE OF ST. BENEDICT/ ST. JOHNS UNIVERSITY
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The purpose of this descriptive study was to understand how and which factors influence the perioperative nurses’ moral courage in the operating room.
The aim was to explore the associations of institutional culture, fear, previous experience, peer support, motivational value systems and the report of intensity and frequency of occurrence of moral courage among perioperative operating room registered nurses currently working in the Midwest of the United States of America.
Additional Aim

- An additional aim of this descriptive study was to explore the perioperative registered nurses’ likelihood to exhibit moral courage when faced with a stressor hypothetical preventable patient harm event.
Sample & Response

- Randomly selected from all registered nurses currently members of the national organization of the Association of periOperative Registered Nurses (AORN) living in the Midwest States of the United States of America.
- Pilot data: Response 66.6% 20 of 30.
- Study data: Total of 154 of 306 response rate 50%
Figure 1. Stressor event and process of coping ability or inability to act with moral courage. Adapted from Lazarus and Folkman (1984) transactional model of stress and coping.
Moral Courage Questionnaire for Nurses (MCQN)

- Constructed Using Tailored Design Method
- Section A: Stenvig (2001) NCIBQ scenario of likelihood questions
- Section B: Corley’s (2001) Moral Distress Scale intensity and frequency scale. Plus one open-ended question regarding fear at end of section B.
- Section C: Porter (1989) Strength Deployment Inventory
- Section D: Constructed for institutional culture
Review of Pilot data

- Performance of questionnaire and necessary alterations
- Pilot data was used to estimate the needed sample size
- Projected $\alpha = 0.05$ and the Power of 0.80 was used
- Sample size in PASW: Effect size 0.1, 0.3, 0.5; Degrees of Freedom= 4
- For an 80% Power: 1200 respondents needed to detect small effect; 133 needed to detect medium effects; 48 needed to detect large effects
Respondent’s Education Level

Nursing Education Level

- ADN: $n = 49$, 31.8%
- Diploma: $n = 35$, 22.7%
- BSN or higher: $n = 70$, 45.5%
Respondent’s Years of RN Experience

- 25 plus years: 84 respondents (54.5%)
- 16 - 20 years: 14 respondents (9.1%)
- 11 - 15 years: 15 respondents (9.7%)
- 6 - 10 years: 15 respondents (9.7%)
- 1 - 5 years: 5 respondents (3.2%)
Respondent’s Institutional Size Range

- 0-100 beds: 35.1%, n = 54
- 101-200 beds: 14.9%, n = 23
- 201-300 beds: 17.5%, n = 27
- 301-400 beds: 7.8%, n = 12
- > 401 beds: 24.7%, n = 38
Respondent’s Institution

Institution Location

- **Urban versus Rural**
  - Urban: 65.6% (n = 101)
  - Rural: 34.4% (n = 53)

ANCC Magnet® Designation

- **ANCC Magnet Status**
  - Magnet Status: 37.7% (n = 58)
  - No Magnet: 62.3% (n = 96)
Analysis

- ANOVA
- Bivariate: Pearson and Spearman
- Regression and path analysis
- Final Cronbach’s alpha of 0.81 was achieved without Strength Deployment Inventory included. With Strength Deployment Inventory included (0.80)
- SPSS software
Respondent’s Perception Findings

- 90% reported a level of *moderate to extensive* moral courage required when speaking up when risks to the patient are known.
- Perioperative nurses reported higher scale scores when addressing *substandard practice of a nurse* than the *substandard practice of a physician* or physician assistant.
Results

- > 75% nurses reported *moderate to extensive* moral courage needed when reporting an error a colleague has made and failed to report
- > 70% nurses reported *moderate to extensive* moral courage necessary to overcome being silent regarding an ethical issue
Magnet® Designation: (a) say nothing in room, but tell later in Case I ($F = 4.218, p = .042$) (b) stop procedure in Case I of ($F = 7.994, p = .005$)

- (a) Perioperative nurses from Magnet® institutions are significantly more likely to say something in the room in Case I
- (b) Perioperative nurses from Magnet® institutions are significantly more likely to stop the procedure in Surgeon Case I than non-Magnet® nurses.
Significant Correlations

- Institutional Culture: responsiveness to ethical concerns and likelihood to say something to the nurse Case II ($r = .212, p = .008$)
### Pearson Correlations Fear of Reprisal and Retaliation

**Level of Moral Courage**

<table>
<thead>
<tr>
<th></th>
<th>$r$</th>
<th>Sig.(2-tailed)</th>
<th>$n$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freq. addressed direction &amp; disagreed</td>
<td>-.269**</td>
<td>.001</td>
<td>154</td>
</tr>
<tr>
<td>Freq. speaking up when risks known</td>
<td>-.221**</td>
<td>.006</td>
<td>154</td>
</tr>
<tr>
<td>Reporting to administration</td>
<td>-.276**</td>
<td>.001</td>
<td>154</td>
</tr>
<tr>
<td>Overcoming being silent</td>
<td>-.186*</td>
<td>.021</td>
<td>154</td>
</tr>
<tr>
<td>Observed issues within 5 years</td>
<td>.675**</td>
<td>.000</td>
<td>154</td>
</tr>
<tr>
<td>Level of Moral Distress</td>
<td>.824**</td>
<td>.000</td>
<td>154</td>
</tr>
</tbody>
</table>

*Note.*  
* $p < 0.05$ (2-tailed)  
** $p < 0.01$ (2-tailed)
### Spearman Correlation Level of Fear of Reprisal

<table>
<thead>
<tr>
<th>Level of Moral Courage</th>
<th>$r_s$</th>
<th>Sig.(2-tailed)</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addressing physician when disagreed</td>
<td>-.165*</td>
<td>.040</td>
<td>154</td>
</tr>
<tr>
<td>When not in best interest of patient</td>
<td>-.215**</td>
<td>.007</td>
<td>154</td>
</tr>
<tr>
<td>Speaking up when risks are known</td>
<td>-.175*</td>
<td>.030</td>
<td>154</td>
</tr>
<tr>
<td>Challenging unsafe practice</td>
<td>-.221**</td>
<td>.006</td>
<td>154</td>
</tr>
</tbody>
</table>

*Note.*  
* $p < 0.05$ (2-tailed)  
** $p < 0.01$ (2-tailed)
Correlations with Years of Operating Room Experience and the Level of Moral Courage

**Pearson Correlation Years of Operating Room Experience**

<table>
<thead>
<tr>
<th>Level of Moral Courage</th>
<th>$r$</th>
<th>Sig.(2-tailed)</th>
<th>$n$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questioning when not in the best interest</td>
<td>.158*</td>
<td>.050</td>
<td>154</td>
</tr>
<tr>
<td>Addressing substandard practice MD or PA</td>
<td>.231**</td>
<td>.004</td>
<td>154</td>
</tr>
<tr>
<td>Speaking up unreported colleague error</td>
<td>.183*</td>
<td>.023</td>
<td>154</td>
</tr>
<tr>
<td>Reporting ethical issues to administration</td>
<td>.179*</td>
<td>.026</td>
<td>154</td>
</tr>
<tr>
<td>Overcoming being silent</td>
<td>.162*</td>
<td>.045</td>
<td>154</td>
</tr>
</tbody>
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*Note.*  
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**Spearman Correlation Level of Fear of Reprisal and Retaliation**

<table>
<thead>
<tr>
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<th>$r_s$</th>
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<th>$n$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenging unsafe practice</td>
<td>-.189*</td>
<td>.019</td>
<td>154</td>
</tr>
<tr>
<td>Reporting ethical issues to administration</td>
<td>-.299**</td>
<td>.000</td>
<td>154</td>
</tr>
<tr>
<td>When observed ethical issue within past 5 yrs.</td>
<td>.770**</td>
<td>.000</td>
<td>154</td>
</tr>
<tr>
<td>Level of moral distress</td>
<td>.872**</td>
<td>.000</td>
<td>154</td>
</tr>
<tr>
<td>Overcoming being silent</td>
<td>-.227**</td>
<td>.005</td>
<td>154</td>
</tr>
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*Note.*  
* $p < 0.05$ (2-tailed)  
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### Spearman Correlations Challenging Unsafe Practice

<table>
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<th>Sig.(2-tailed)</th>
<th>$n$</th>
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</thead>
<tbody>
<tr>
<td>Addressing Substandard practice of MD</td>
<td>.557**</td>
<td>.000</td>
<td>154</td>
</tr>
<tr>
<td>Addressing Substandard practice of RN</td>
<td>.543**</td>
<td>.000</td>
<td>154</td>
</tr>
</tbody>
</table>

*Note.*  

* $p < 0.05$ (2-tailed)  

** $p < 0.01$ (2-tailed)
### Institutional Culture Responsiveness to Ethical Issues

<table>
<thead>
<tr>
<th>Level of</th>
<th>$r$</th>
<th>$\text{Sig. (2-tailed)}$</th>
<th>$n$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensity reporting to administration</td>
<td>-.188*</td>
<td>.020</td>
<td>154</td>
</tr>
<tr>
<td>Fear of reprisal with follow through</td>
<td>-.161*</td>
<td>.046</td>
<td>154</td>
</tr>
<tr>
<td>Speaking up when risks are known</td>
<td>-.269**</td>
<td>.001</td>
<td>154</td>
</tr>
<tr>
<td>Frequency of questioning when no consent</td>
<td>.184*</td>
<td>.022</td>
<td>154</td>
</tr>
<tr>
<td>Freq. Addressing substandard practices MD</td>
<td>.185*</td>
<td>.021</td>
<td>154</td>
</tr>
</tbody>
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*Note.* $^*p < 0.05$ (2-tailed)  
$**p < 0.01$ (2-tailed)
Limitations

- Nurses may misreport normative behaviors- self-report
- Only AORN members
- Only 14 male respondents
- Diversity is limited
References


References


References


