

Measurement of Moral Courage



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Purpose



- The purpose of this descriptive study was to understand how and which factors influence the perioperative nurses' moral courage in the operating room.

Aim of Study



- 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%

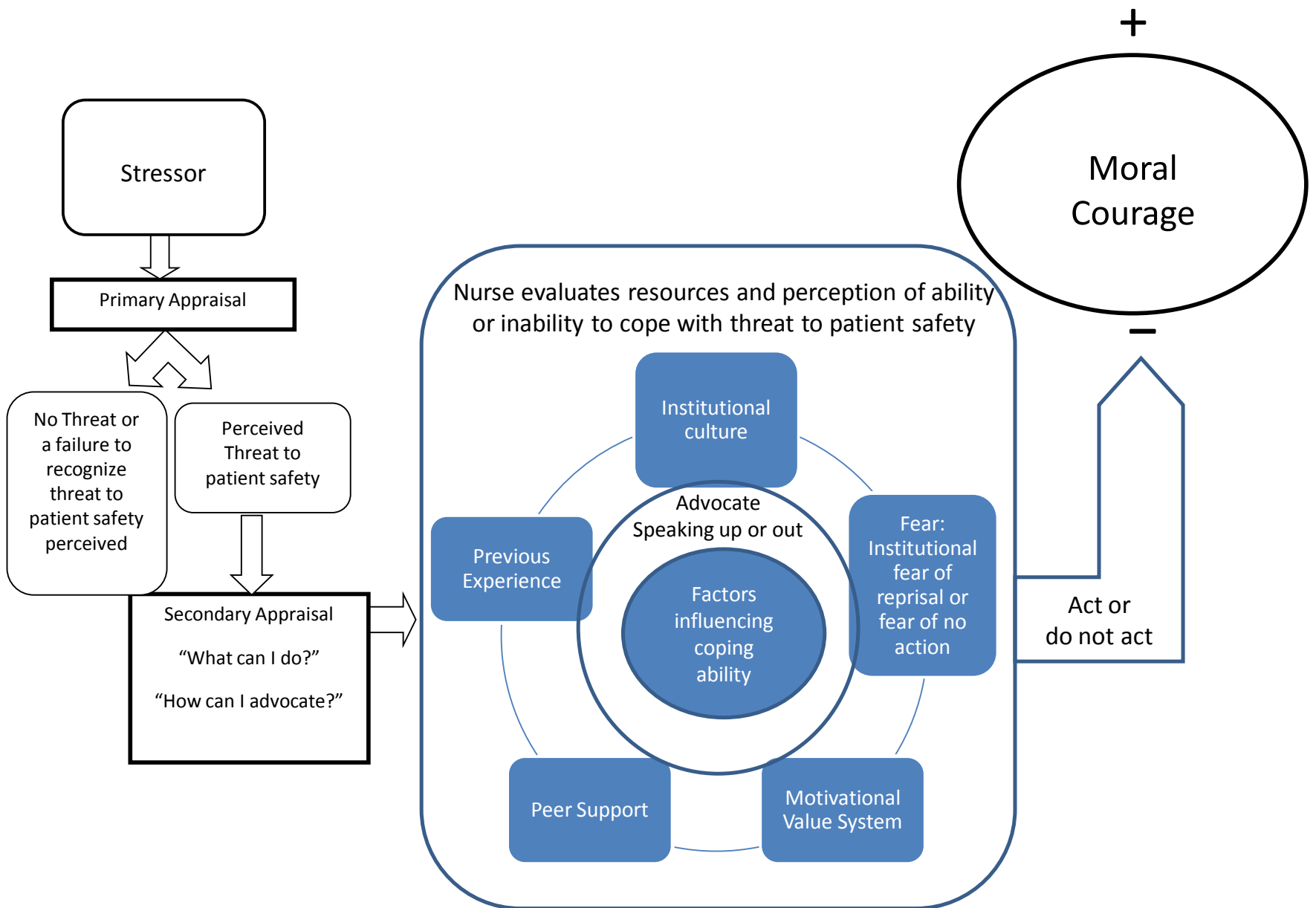


Figure 1. Stressor event and process of coping ability or inability to act with moral courage. Adapted from Lazarus and Folkman (1984) transactional model of stress and coping.

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

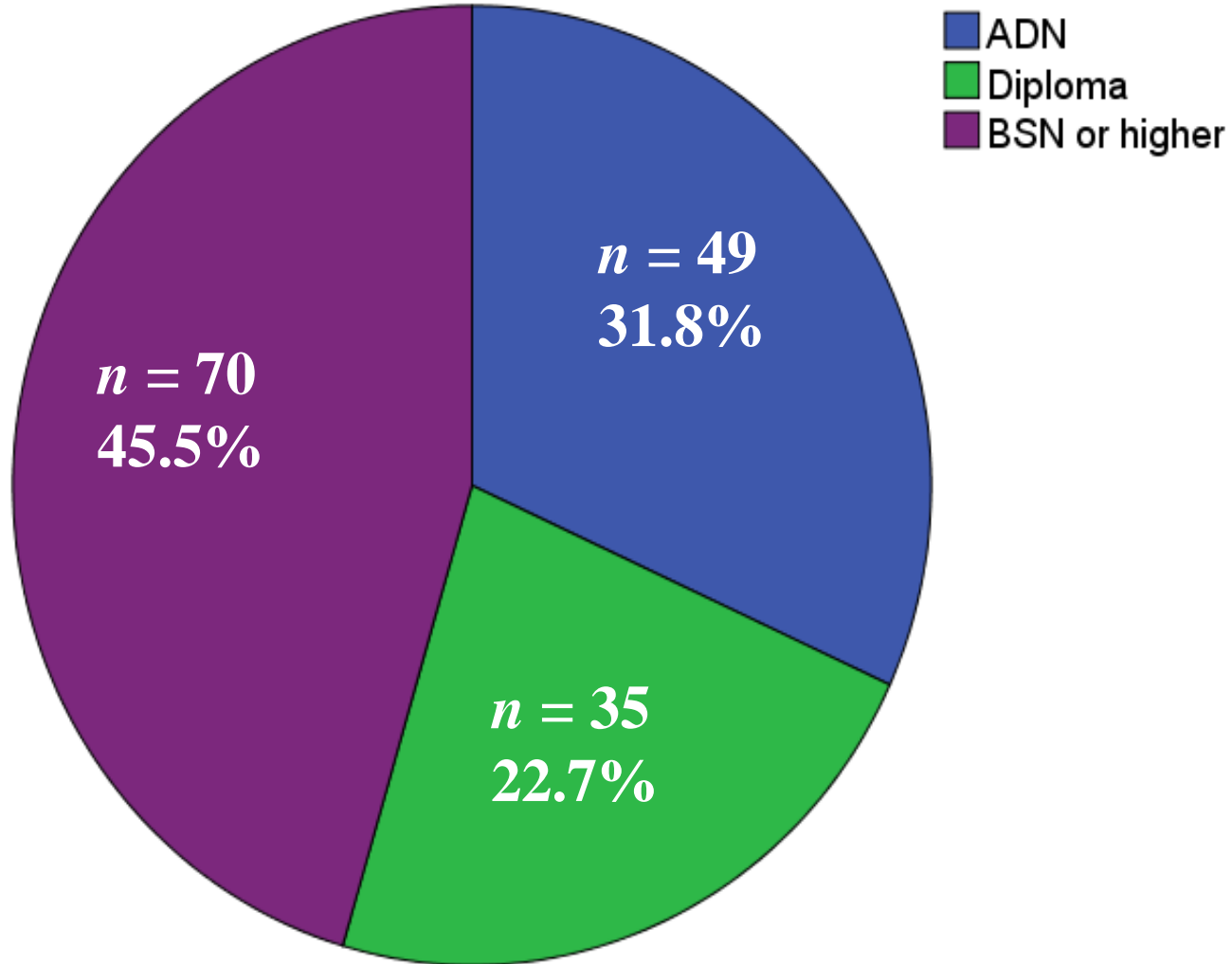
Review of Pilot data



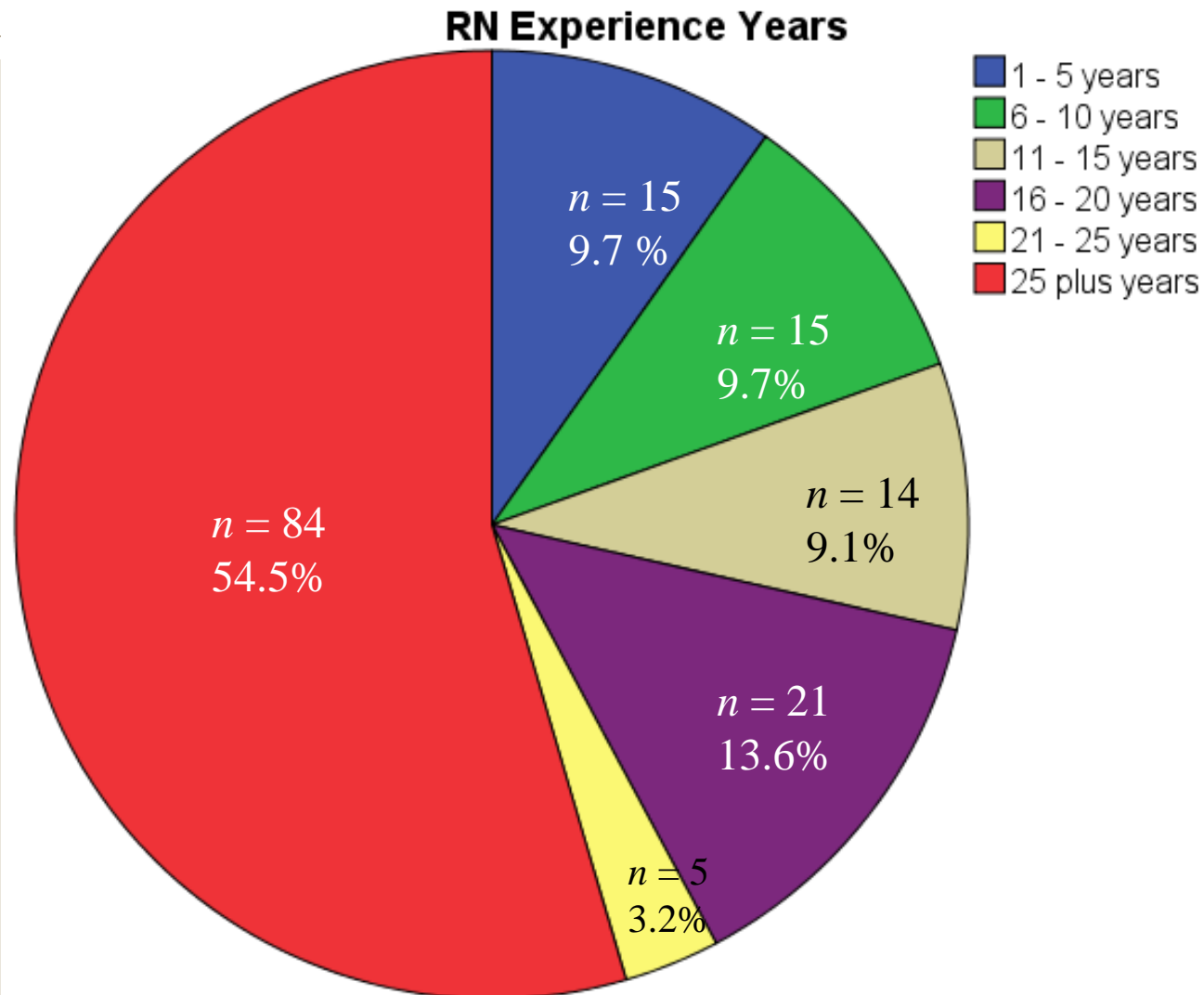
- Performance of questionnaire and necessary alterations
- Pilot data was used to estimate the needed sample size
- Projected $\alpha = 0.05$ and the Power of .80 was used
- Sample size in PASW: Effect size 0.1, 0.3, 0.5; Degrees of Freedom= 4
- For an 80% Power: 1200 respondents needed to detect small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

Respondent's Education Level

Nursing Education Level



Respondent's Years of RN Experience

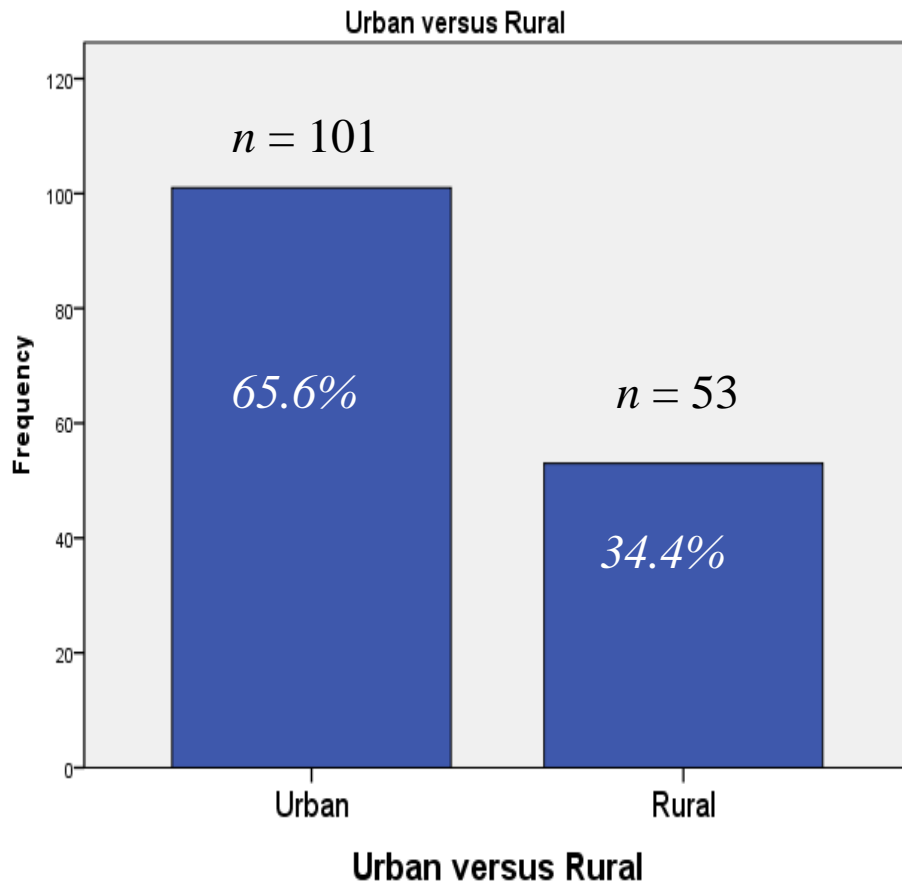


Respondent's Institutional Size Range

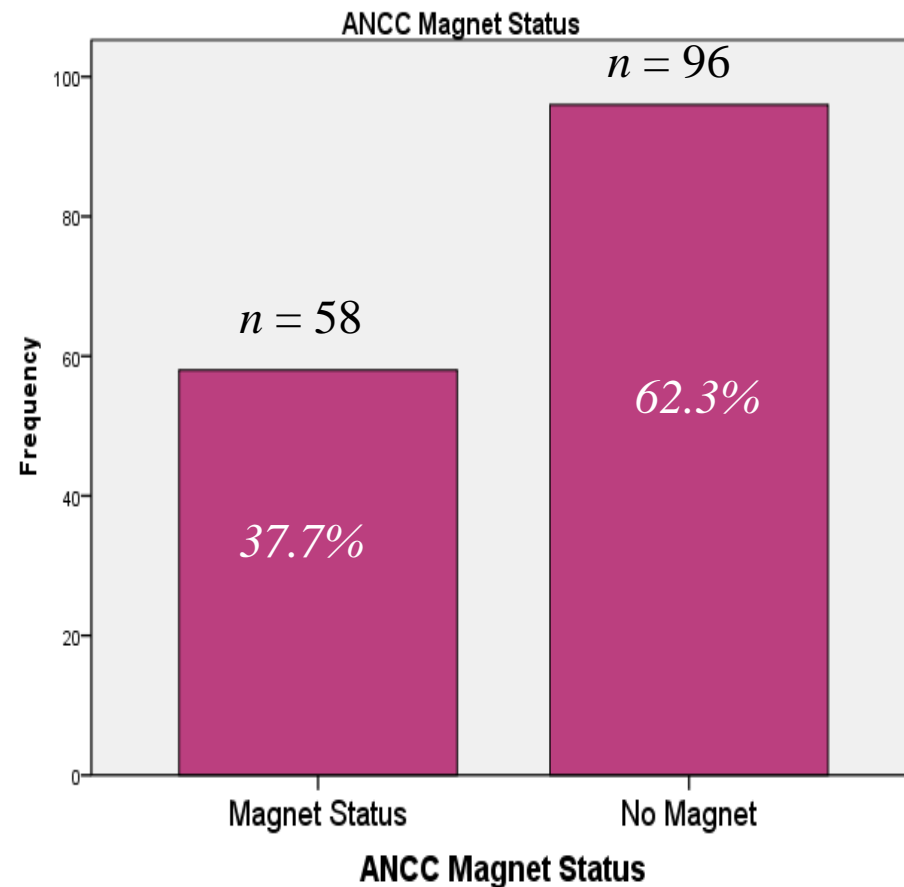


Respondent's Institution

Institution Location



ANCC Magnet® Designation



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

ANOVA Results Research Question 3



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



Pearson Correlations Fear of Reprisal and Retaliation

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

Note. * $p < 0.05$ (2-tailed)

** $p < 0.01$ (2-tailed)

Negative Correlations with Level of Fear of Reprisal when followed through reporting



Spearman Correlation Level of Fear of Reprisal

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

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

<u>Level of Moral Courage</u>	<i>r</i>	Sig.(2-tailed)	<i>n</i>
Questioning when not in the best interest	.158*	.050	154
Addressing substandard practice MD or PA	.231**	.004	154
Speaking up unreported colleague error	.183*	.023	154
Reporting ethical issues to administration	.179*	.026	154
<u>Overcoming being silent</u>	.162*	.045	154

Note. * $p < 0.05$ (2-tailed)

** $p < 0.01$ (2-tailed)

Correlations with Level of Fear of Reprisal and Retaliation



Spearman Correlation Level of Fear of Reprisal and Retaliation

<u>Level of Moral Courage</u>	r_s	Sig.(2-tailed)	<i>n</i>
Challenging unsafe practice	-.189*	.019	154
Reporting ethical issues to administration	-.299**	.000	154
When observed ethical issue within past 5 yrs.	.770**	.000	154
Level of moral distress	.872**	.000	154
Overcoming being silent	-.227**	.005	154

Note. * $p < 0.05$ (2-tailed)

** $p < 0.01$ (2-tailed)

Challenging Unsafe Practice



Spearman Correlations Challenging Unsafe Practice

<u>Level of Moral Courage</u>	<u>r_s</u>	<u>Sig.(2-tailed)</u>	<u>n</u>
Addressing Substandard practice of MD	.557**	.000	154
Addressing Substandard practice of RN	.543**	.000	154

Note. * $p < 0.05$ (2-tailed)

** $p < 0.01$ (2-tailed)

Institutional Responsiveness to Ethical Issues



Institutional Culture Responsiveness to Ethical Issues

<u>Level of</u>	<i>r</i>	Sig.(2-tailed)	<i>n</i>
Intensity reporting to administration	-.188*	.020	154
Fear of reprisal with follow through	-.161*	.046	154
Speaking up when risks are known	-.269**	.001	154
Frequency of questioning when no consent	.184*	.022	154
<u>Freq. Addressing substandard practices MD</u>	.185*	.021	154

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

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