Fear of reprisal and retaliation were positively correlated with moral distress (p = .000). Significant negative correlations occurred between fear of reprisal and retaliation and (a) peer support (p = .000), (b) the institutions response to ethical concerns (p = .003), (c) institution punishment of reporters (p = .015). The level of moral courage needed to overcome being silent showed positive correlations with (a) frequency of immediate reporting of ethical issues to administration (p = .000), (b) questioning a provider when not in the best interest of the patient (p = .000), and (c) frequency of speaking up regarding ethical issues (p = .000).

Sufficient performance of the Moral Courage Questionnaire for Nurses (MCQN) Likert-type scale showed contrast of scale scores to reflect variance; Cronbach's alpha measured 0.86.

The perioperative nurses' unique position as the patient advocate provides the opportunity to assure safe patient care during surgical procedures. Vigilance to detail, detection of errors, error recovery, and quality safe care are nursing surveillance elements considered routine for perioperative nurses (Dinndorf-Hogenson, 2013; Yang, Henry, Dellinger, Yonish, Emerson, & Seifert, 2012). Exploring the perioperative nurses’ ability to act with moral courage behavior and the influence of leadership adds to the science of nursing. Theoretical framework: Lazarus and Folkman, (1984) theory of stress and coping.

Methodology
Perioperative nurses of the western states of the United States of America were surveyed, N = 151.

Objective
The purpose of this descriptive study is to understand how and which factors influence the perioperative nurses’ perception of acting with moral courage in the operating room.

Barriers to acting with moral courage
• Fear of reprisal or retaliation
• Lack of peer support
• Unsupportive leadership/administration
• Institutional culture – unjust or unsupportive

Positive influences to acting with moral courage
• Peer support
• Magnet, Designated institution
• Professional institutional culture - supportive

Results
Fear of reprisal and retaliation were positively correlated with moral distress (p = .000). Significant negative correlations occurred between fear of reprisal and retaliation and (a) peer support (p = .000), (b) the institutions response to ethical concerns (p = .003), (c) institution punishment of reporters (p = .015). The level of moral courage needed to overcome being silent showed positive correlations with (a) frequency of immediate reporting of ethical issues to administration (p = .000), (b) questioning a provider when not in the best interest of the patient (p = .000), and (c) frequency of speaking up regarding ethical issues (p = .000). Sufficient performance of the Moral Courage Questionnaire for Nurses (MCQN) Likert-type scale showed contrast of scale scores to reflect variance; Cronbach’s alpha measured 0.86.

References

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