Title:
Nursing Leadership: Influence in Moral Courage

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Session Title:
Research Poster Session 2

Slot (superslotted):
RSC PST 2: Saturday, 29 July 2017: 12:00 PM-1:30 PM

Slot (superslotted):
RSC PST 2: Saturday, 29 July 2017: 2:45 PM-3:30 PM

Keywords:
leadership, moral courage and patient safety

References:

References


**Abstract Summary:**

This study examined perioperative nurses’ perceptions of moral courage and the potential obstacles associated with the perioperative nurse behaving with moral courage in the operating room. Support from nursing leadership and administration was noted as one of the most essential criteria for exhibiting moral courage in ethical situations.

**Learning Activity:**

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<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tbody>
<tr>
<td>The learner will be able to list 3 potential obstacles associated with the perioperative nurse behaving with moral courage.</td>
<td>Obstacles to behaving with moral courage in a situation include: fear of reprisal or retaliation, fear of job loss, institutional culture, intimidation, negative result of previous speaking up, and oppression.</td>
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<td>The learner will be able to describe nursing leadership styles that assist with increasing moral courage behaviors.</td>
<td>Supportive leadership styles: role model moral courage behaviors in nurse leaders, supportive of error reporters, zero tolerance of unsafe practices, and previous positive responses to ethical issues.</td>
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**Abstract Text:**

**Purpose:** The purpose of this descriptive study is to understand how and which factors influence the perioperative nurses’ moral courage in the operating room.

**Methods:** A mail questionnaire was randomly distributed to western United States perioperative registered nurses yielding a 30 % response rate (N = 146).
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 ($p = .015$), (d) level of moral courage exhibited when not in the best interest of the patient ($p = .037$), and (e) level of moral courage in speaking up when risks are known ($p = .038$). 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 MCQN Likert-type scale showed contrast of scale scores to reflect variance; Cronbach’s alpha measured 0.86.

Conclusion: Findings indicate the moral courage model performance was robust. Perioperative nurses reported high moral courage in situational threats to patient safety. Significant findings clustered influencing factors of fear, previous experience, peer support, and institutional culture. Supportive nursing management and administration promote perioperative nurses’ exhibition of moral courage. Themes emerged in qualitative data: (a) nurse leaders who exhibited moral courage and supportive of moral courage increased staff nurses’ speaking up with moral courage; (b) Nurses reported non-supportive nurse leaders created moral distress, job dissatisfaction, nurses leaving the job or profession, and fear of reprisal and retaliation. Future research is indicated for supportive nursing management and policy creation promoting moral courage. Nurse educators should support moral courage throughout the curriculum building a sturdy foundation for the novice nurse.