Reflections
ON HEALTHCARE MANAGEMENT
VOLUME 1 | ISSUE 1 | 2017

MORAL COURAGE

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ABSTRACT

"Moral Courage means doing the right thing in the face of your fears" (Manji, 2016). It is not often a regular topic when discussing the complicated relationships between doctors, patients, administrators, and nurses. However, it is a topic that has the ability to have a substantial impact on the patient experience, cost of healthcare, and morale. Through creating a culture that embraces and encourages moral courage, we can improve the patient experience and create a more positive, collaborative workplace.

KEYWORDS

Moral Courage, Nursing, Nursing Turnover, Healthcare Improvement, Reducing Medical Errors, Healthcare Culture

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doi:10.6083/M4NV9HBF

Introduction

Moral courage is a new term in my lexicon, but its definition is familiar. "Moral Courage means doing the right thing in the face of your fears" (Manji, 2016). Moral courage for nurses means something specific, it means they have the right and are required to speak up when something isn't right. It is difficult to speak up when something isn't right, particularly if you feel your job may be in jeopardy and it is even more difficult to speak up in a culture of silence.

Having a high sense of moral courage, as a nurse, is paramount to making a difference in preventing errors, adverse events, and helping to change the culture of safety in the healthcare settings. Moral courage affects all levels of healthcare and is particularly important to nurses and patients.

The Dilemma

Nurses face complex problems every day. These problems require them to face a moral or ethical dilemmas, which may create feelings of undue "emotional suffering." In *The Online Journal of Issues in Nursing*, this is described as "moral distress" (LaSala & Bjarnason, 2013), where, in these situations, nurses feel unable to speak up when something is not right because of an underlying fear. This could be the fear of losing their job, the fear of retaliation, or simply the fear of being wrong. This inability to speak up often times leads to frustration on the nurse's part, patient safety and quality issues in the form of increased preventable medical errors, lack of trust in the workplace, and creates an unhealthy or toxic work environment. All of these effects lead to high nursing turnover, which directly affects the financial bottom line of the organization.

Preventable medical errors reduce finite resources and increase the cost of the delivery of care. It costs the system more money to replace nurses than it does to invest in them, for example. According to a study published in the Online Journal of Issues in Nursing (Jones & Gates, 2007), it costs between $22,000 – $53,000 per nurse turnover, which includes the cost of recruitment, training, and other onboarding related costs of hiring a new nurse.

History

In the late 1800's Florence Nightingale helped set the standard for nurses and helped elevate their role in modern day healthcare. She is best known for her work in nurse education and speaking out against social injustice in healthcare delivery and standards (Selanders, 2016). During her time as a nurse, she helped change the healthcare landscape with her statistical analysis of mortality and helped set new standards of care that resulted in major health reform in England (Selanders, 2016). Florence and many others helped to give nurses a voice and moved nursing forward as a respectable profession for women.

Even with Nightengale's influential work, a nurse's voice was and still is not always heard and often continues to be silenced due to fear. We have seen vast improvements in education, training, and respect from their peers, but speaking up is often met with personal fear of retaliation and backlash from their peers, providers, and managers (Murray, 2010).

A Variety of Stakeholders

There are a variety of stakeholders involved. *Nurses* are trained to have moral courage during their formal nursing education and most hospitals continue to reinforce the importance of moral courage with their nursing staff through newsletters, seminars, and other events. Training nurses how to utilize and encourage the use of moral courage is prevalent throughout most academic institutions. However, it is apparent that nurses continue to feel there are many situations and environments where speaking up is not possible without fear of retaliation.

Providers are not specifically trained in moral courage as it relates to the nursing field or directly interacting with nurses. Their perspectives may be built on a foundation of academic hierarchy that is learned in medical school. This type of academia hierarchical mentality exists in the nurse/provider relationship. One survey found only three percent of nurses felt there was a "climate of mutual respect" between nurses and providers (Healthcare,

2014).

Patients are affected by the safety and relationship they have with their nurses. A study published in Personnel Psychology noted that patient perception about how safe the environment had a direct correlation to patient satisfaction (Hofmann & Mark, 2006). This means if nurses are able to help prevent errors, preventing them will decrease adverse events and may greatly increase the overall patient experience leading to higher patient satisfaction rates.

Hospital administrators are also interested stakeholders and have a vested interest in the moral courage of the nursing staff. Less errors, or more prevention of errors, leads to decreased usage of resources and can result in cost savings. The administrators, however, are removed from the day-to-day culture of the front line staff and may have a skewed perception of what is happening at the patient care level. There are examples of good practices by administrators that are starting to trend in healthcare. For example, more and more healthcare systems are placing nurses into administrative processes, previously dominated by non-clinical managers (LaSala & Bjarnason, 2013).

Challenges

There are many challenges related to moral courage as a nurse, speaking up and having the courage to say something when they know an error has or is about to occur. Some of the challenges include not having a culture where it is safe to have a voice, the hierarchical nature of the profession, stewardship of resources, low nurse satisfaction and engagement, and group think.

Culture

Creating a culture where nurses feel safe to speak up is difficult. One way to describe this kind of culture is the need to create "moral space" where it is safe to "find your voice," (Potter, 2010). More specifically, where it is safe for nurses to speak up and not feel afraid of the consequences. In a setting with a traditional, hierarchical structure, this is often lacking. Even though safety checks and other systematic error checking is in place, it is often not possible to override the word of the provider in charge.

In a study called "The Silent Treatment," it was found that approximately 60% of nurses knew of a problem prior to treatment and were "unable to speak up" (Maxfield, Grenny, Lavandero, & Groah, 2011). The study called these situations or problems "undiscussables." Maxfield, et al. (2011) identified the top three identified sources of undiscussable problems nurses face as follows:

1. It was noted in the study that 84% of nurses felt they worked with others who did not follow all the steps and/or protocol, or who took shortcuts leading to dangerous situations.
2. 82% of nurses considered someone they worked with as "incompetent," due to lack of current knowledge of care, not being skilled, or being unaware of protocol.
3. 85% of nurses identified working with others who did not respect them, this included behaviors like yelling and swearing.

In each case it was noted that, on average, 50% of these situations led to the nurse bringing the dangerous behavior to their supervisors, leaving a high percentage of the dangerous activity that resulted in lower quality of care or went undiscussed (Maxfield, Grenny, Lavandero, & Groah, 2011).

Stewardship of Resources

Nurses have high levels of empathy and compassion for their patients, and at times being a good steward of resources feels to be in direct opposition (Winkler, Gruen, & Sussman, 2005). For example, there may be a time when one patient isn't able to receive a transplant for a specific reason or due to resource allocation. The nurse or staff member may feel this person deserves a transplant and the chance to save their life, but resources need to be allocated equitably and where they will do the most good. Nurses may not feel they should speak up if doing so might influence the chance of transplant. While the right thing to do is often clear, empathy

and compassion play a large role when nurses invoke morale courage (Winkler, Gruen, & Sussman, 2005).

Moral courage plays many parts in relation to stewardship and resource allocation. For example, when nurses speak up, less resources are used overall. Daniels and Sabin (2002) refer to this is as the "condition of accountability for reasonableness," where fair minded individuals help manage the constraints related to resource allocation. The less constraints on the quality of care, the less resources are needed in response to errors and preventable mistakes.

The United States expects to face a shortage of 260,000 registered nurses by 2025. (HRSA, 2014). Organizations with high levels of "sustained moral distress," can lead to "absenteeism, morale issues, and poor productivity for the organization along with emotional exhaustion for direct-care nurses and nurse leaders" (Edmonson, 2010). With the nursing profession facing this kind of pressure, a decrease in nurse satisfaction may add to the shortage.

Hierarchy

"The Silent Treatment" study found nurses are reluctant to face the person responsible for the problem or error (Maxfield, Grenny, Lavandero, & Groah, 2011). Instead of direct confrontation, hierarchal reporting structures are followed, and nurses go to their nurse manager or lead nurse. Nurse managers self-identified that they are not a "reliable path for resolving concerns about dangerous shortcuts, incompetence, or disrespect" (Maxfield, Grenny, Lavandero, & Groah, 2011). Of the concerns brought to their attention, only 41% escalated them through the appropriate channels (Maxfield, Grenny, Lavandero, & Groah, 2011).

Group Think

When the group adopts specific behaviors, this can then lead to a culture where habits are passed on to new nurses as they are trained or on-boarded. These types of behaviors then continue and often not recognized by those within the culture. When group think results in behaviors such as not reporting errors, it may result in a barrier to moral courage among nurses (Murray, 2010) and continue to damage trust.

Current Policies on Ethical Decision Making

While there are many articles on this topic, there are not many policies publicly referencing "moral courage." There are, however, some examples of tools and decision making workflows that address some of the issues around moral courage.

The "**Chain of Resolution**" policy at OHSU talks about the method to be used when escalating patient safety issues (OHSU, 2014), which clearly defines the mechanism using the acronym ARCC:

- A: Ask a Question
- R: Make a Request
- C: Express Concern
- C: Chain of Resolution

If the healthcare team member doesn't get the desired result from this tool, they are instructed to follow the chain of resolution, a process focused on answering the employee's questions. The chain of resolution has set questions incorporated into an agenda and behaviors associated with the role each team member should follow in escalating the issue. For example, the chain for providers follows this path: Intern → Resident → Senior Resident → Fellow → Attending → Medical Director of Service → Chief Medical Officer.

Another policy, or decision model, used has the acronym **CODE** (Murray, 2010). CODE stands for Courage, Obligation, Danger, and Expression. This acronym is meant to remind nurses that having courage is their obligation to keep patients from danger by expressing their concern and bringing up

the problem to help protect the patients from harm (Murray, 2010).

There are also a variety of "near miss" **electronic systems** being piloted and disseminated to help increase the number of reported near misses among providers using a collaborative model designed to help prevent future errors (Crane, et al., 2015).

How to Encourage Moral Courage

Increasing moral courage in the field of nursing should focus on discretion, decrease blame, identify champions, reward risk taking, and increase the education and documentation around expected behavior for both providers and nurses. All of these recommendations are ways to increase trust among the providers and staff to allow nurses to feel empowered to use moral courage in the healthcare setting.

Discretion

Finding more ways to discreetly tell people about a concern helps create an environment where nurses are encouraged to use moral courage and increase trust. Electronic reporting systems are one option. These would be strengthened by real-time, anonymous reporting. This would reduce some fear and allow for the person submitting the problem to have a voice, without having to use it publicly. However, for everyone to gain knowledge from this strategy the information and error reporting should be used in a public way to help teach and educate nurses and providers to help learn from errors in the future.

Decreasing Blame

While it is difficult to approach the person who caused the error, blaming the person does not create a culture of safety. It is important to address near misses as well as adverse events to create a culture of safety (Boysen, 2013). All levels of staff learn and help create a safe space. Allowing staff, and nurses in particular, to speak up without the fear of someone being in trouble or fear of losing their own jobs allows for more voices to be heard. Understating how to frame confrontation may help increase the willingness for the provider to listen and give nurses more tools to help make using moral courage easier.

Nurse Champions

Finding nurse champions, especially those in leadership positions, to display good moral courage in day-to-day activities it is more likely to become part of the culture. Performance measurements, rewards, and clear expectations are ways to encourage the types of behaviors necessary to allow more nurses to feel comfortable finding their voice. It also allows providers and other staff to see this as normal, making it less likely there will be unnecessary retaliation. To be successful, the nurse leader or champion needs to be identified and allowed enough authority to ensure their peers see them in a position of strength. This also required provider buy in and agreement to actively listen.

Risk Taking

Delegating decision making downward helps to create environments where innovation and engagement are valued. Employees involved in decision making feel more empowered, valued, and engaged in their work, which leads to higher satisfaction in their jobs. Higher satisfaction in their jobs result in higher retention and higher retention results in cost savings.

Across the many references within this paper, one theme emerges: Respect and trust is not something nurses feel they have in the doctor/nurse relationship. One way to empower staff is to make them part of the process. Allow them to have input and say into the decisions, policies, and processes they are able. This will create a culture of fairness and empowerment.

It is important to "create a moral space in which thoughtful reflection about decisions is an expected standard" (Potter, 2010). Evoking the "concept of procedural justice" in an organization is one way to do this (Nelson, 2005). This means sharing what the process looks like at all the different levels of the organization, understanding different perspectives, feeling heard, and making people part of the decision making process. If the staff, nurses, and providers help create the process of how these

errors or issues are reported, they are more likely to adhere to them and feel they have "skin in the game." Using procedural justice is one way to ensure equity in the decision making process.

Education & Documentation

Documentation and official policy around moral courage is needed. Once a policy is written, it is important to create a mechanism in which to use the policy daily. Daily education, engagement, and support to act with moral courage may increase by using a daily huddle methodology within the unit. During huddles all the stakeholders or representatives of the different stakeholders present, including IT, housekeeping, and other healthcare professionals.

During these huddles the issues, methods, errors, and quality problems are identified. They aren't problem-solved and names aren't assigned to the problems. This takes away from feeling personally attached. People in the huddle then volunteer to look into the problems and they report back to the group at an agreed upon time. All issues are then reported up to senior level staff to allow for systemic change to occur.

Conclusion

Currently, moral courage may not be a regular topic when discussing the complicated relationships between doctors, patients, administrators, and nurses. However, it is a topic that has the ability to have a substantial impact on the patient experience, cost of healthcare, turnover, and morale. Through creating a culture that embraces and encourages moral courage, we can improve the patient experience, reduce costs, increase quality, and create a more positive, collaborative workplace.

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