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Rocking the boat — nursing students' stories of moral courage: A qualitative descriptive study☆

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ABSTRACT

Aim: This paper profiles a qualitative study that examined how undergraduate nursing students demonstrate moral courage when confronted with clinical situations that negatively impact the quality of patient care and/or patient experience and the factors that encouraged or inhibited their willingness to speak up when they identified poor practice.
Background: Clinical placements are an essential component of nursing programmes. However, placements are a reported source of stress for students, with many witnessing, or feeling compelled to participate in, poor practice. In these instances, nursing students require the moral courage to raise concerns in order to protect patient safety and dignity.
Methods: This was a qualitative descriptive study. Nine nursing students and one nursing graduate from one semi-metropolitan university in Australia were interviewed and the data were thematically analysed.
Findings: Four key themes emerged: (1) patient advocate identity, which had two sub-themes of knowing one's own moral code and previous life experiences; (2) consequences to the patient and to the participant; (3) the impact of key individuals; and (4) picking your battles.
Conclusion: This study demonstrates the importance of undergraduate nursing students identifying as patient advocates, the multitude of consequences students face when questioning the practice of a registered nurse, and the influence supervising nurses and clinical facilitators have on a student's decisions to intervene to protect patient safety. Further research is required to examine the factors, both intrinsic and extrinsic, that influence nursing students' moral courage and their decisions to intervene when poor practice is witnessed.

1. Introduction

Clinical placements are a vital component of nursing programmes providing students with the opportunity to integrate theoretical knowledge into practice (O'Mara et al., 2014). They are designed to assist in building students' confidence, knowledge and professional identity, as well as consolidating and/or developing clinical skills (Gunther, 2011). However, placements have been identified as an ongoing source of stress and anxiety for many students (Bradbury-Jones et al., 2007; Monrouxe et al., 2014), particularly if they are witness to, or feel compelled to participate in, poor practice (Bellefontaine, 2009). Rather than challenge unsafe or unethical practices, many students choose to be silent and to conform to the expectations of their nursing colleagues (Levett-Jones and Lathlean, 2009; O'Mara et al., 2014). Consequently, patient safety can be jeopardised and students can experience ongoing moral distress (Callister et al., 2009).

2. Background

Moral courage is the ability to rise above fear and take action based on one's ethical beliefs (Lachman, 2007). Moral courage bridges the gap between knowing one's personal values and professional obligations, and acting on them despite risks such as social ostracism, embarrassment or loss of employment (Aultman, 2008; Lachman, 2007). For morally courageous individuals, upholding their core values is judged worth exposing themselves to harm or vulnerability (Lachman, 2010).

Moral courage is a crucial virtue for nurses (Kidder, 2005; Purtilo, 2000) and considered fundamental to professional practice when confronted with ethical misconduct regardless of the practice setting (Murray, 2010). Nurses who demonstrate moral courage are unwavering in their commitment to honouring and respecting patients and self (Sekera and Bagozzi, 2007). When pressured to conform to unethical or outdated practices, nurses require the moral courage to overcome their fears, endure the consequences, and act in a manner consistent with their professional values (Miller, 2005).

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Poor practice within the clinical environment includes the physical or emotional abuse of patients, students or staff, breaches of patient safety, privacy and dignity, the provision of substandard or outdated care, clinical errors, and working outside of one's scope of practice (Elcock, 2013; Rees et al., 2014). Nursing students are more likely than any other health professional student to witness or be asked to participate in situations that jeopardise patient safety or dignity (Monrouxe et al., 2014). Students who witness poor practice during clinical placements report negative feelings about the nursing profession and themselves, including feeling incompetent and insignificant (Thomas and Burk, 2009), with some questioning whether they should continue with their studies (Bradbury-Jones et al., 2007).

The majority of students, who are faced with moral dilemmas, choose to remain silent for a myriad of reasons (Bradbury-Jones et al., 2007; Rees et al., 2014). Whilst some students may subsequently report the behaviour (Rees et al., 2014), at the time of the event, they often remain passive spectators and sometimes even active participants (Grealish and Trevitt, 2005; Levett-Jones and Lathlean, 2009). Despite feeling a moral compulsion to act, the literature suggests most nursing students lack the moral courage to intervene or speak up when it is required the most (Bellefontaine, 2009; Lindh et al., 2008).

Whist most undergraduate nursing students lack the moral courage to directly challenge other nurses, some resort to indirect challenges such as reporting the behaviour to a supervisor or physically removing themselves from the situation, thereby implying their disapproval (Rees et al., 2014). In situations where students are unwilling or unable to intervene and prevent breaches in patient safety or dignity, they can suffer from on-going moral distress, which can linger long after the event (O'Mara et al., 2014).

A literature review was conducted which explored factors which facilitate or inhibit undergraduate nursing students' decision to not intervene when confronted by poor patient care (Bickhoff et al., 2015). For this review, a search of the databases, CINAHL, Proquest and PsychInfo was conducted, with unpublished studies and grey literature searched using Google Scholar. The search was limited to peer-reviewed, English language articles, published from 2004 onwards.

The review identified a number of themes which influenced students' moral courage and their capacity to intervene on a patient's behalf (Bickhoff et al., 2015). These included just a student, don't rock the boat, fear of consequences, mentor-student relationship, and patient advocate identity. The majority of themes were related to power imbalances between students and RNs, demonstrating how the behaviour of students is heavily influenced by the RNs they encounter on placement (Bickhoff et al., 2015).

The literature review demonstrated there was a need for further research in order to provide positive examples which have the potential to effectively role model moral and professional nursing behaviours, thereby allowing students to benefit from others' experiences (Bickhoff et al., 2015; Hunter, 2008); yet there is a paucity of these types of exemplars in the literature. The use of examples within nursing education is an effective teaching strategy which can increase the understanding of theory and encourage its application in practical settings (Davidhizar and Lonser, 2003). Students gain strength and confidence in their own ability to respond in a similar manner when positive examples are shared (Davidhizar and Lonser, 2003). Consequently, there is a need to explore and provide positive examples of how nursing students demonstrate moral courage on clinical placements.

3. Aim

The aim of this study was to explore how nursing students demonstrate moral courage when confronted with clinical situations that negatively impact the quality of patient care; and the factors, both extrinsic and intrinsic, which allowed them to do so.

4. Research design

Due to the subjective nature of clinical placement experiences, a qualitative descriptive design was chosen to develop new understandings in this area. Sandelowski (2000) and later Neergaard et al. (2009) suggested that a qualitative descriptive design is an appropriate approach when an in-depth description of a phenomenon is desired. Qualitative description is a pragmatic form of naturalistic inquiry that serves to examine an experience through the eyes of participants (Sandelowski, 2000) and written in a language that is similar to that of the participants' own language (Neergaard et al., 2009).

4.1. Ethical considerations

Ethics approval was granted for this research by the university ethics committee (H-2014-0345). Data collection commenced in December 2014 and concluded in March 2015. All individuals who were invited to participate in the research project were informed that their participation was voluntary and entirely their choice. Full disclosure of the aims of the study was provided. Potential participants were advised they could withdraw from the study at any time without providing a reason. All participants were given a pseudonym and instructed at the beginning of the interview not to provide identifiable data and to use aliases where needed to protect their confidentiality.

4.2. Participants

The inclusion criteria limited participants to undergraduate students completing a Bachelor of Nursing degree who had undertaken clinical placement or any alumni of the researchers' university who had completed the Bachelor of Nursing degree within the last three years. Participants were recruited using a purposive sampling technique, with the project information statement (PIS) emailed to interesting participants specifically stating participants would be required to share a personal experience of when they demonstrated moral courage during one of their placements. A definition of moral courage was also provided within the PIS.

Nine students and one graduate were interviewed, nine female and one male, with ages ranging from 20 to 52. Participants were from across all years of the nursing programme, however half of the participants shared experiences which occurred in the first year of their degree. Five of the participants had previous experience within a healthcare setting. The demographics of the ten participants are outlined in Appendix A.

4.3. Data collection

Data was collected using semi-structured interviews. Boyd (2001) describes this approach as exploring subjectivity which enables the researcher to gather rich, in depth data, to make sense of, and explore the meaning attached to the experience of the participants. Participants were asked to attend one face-to-face interview with the researcher at a time and place of their choosing. A phone interview was arranged for those participants unable to attend a face-to-face interview. A single interviewer was used in order to maintain interview style and consistency over the duration of the interviews (Babbie, 2007). The questioning style consisted of a series of a series of broad, open ended, exploratory questions, as well as probing questions to further explore or clarify potential themes that emerged throughout the interview. All interviews were recorded and transcribed verbatim by the researcher. The credibility and dependability of the data were enhanced by the researcher auditing the transcripts against the recordings (Tuckett, 2005).