

Moral Courage: A Virtue in Need of Development?

Moral distress has been documented since 1984 by Andrew Jameton. He defined it as painful feelings and/or the psychological disequilibrium that occurs when nurses are conscious of the morally appropriate action a situation requires, but cannot carry out the action because of institutional obstacles (Corley, Minick, Elswick, & Jacobs, 2005). This definition focuses on organizational obstacles to action, but there are also personal obstacles that the nurse must conquer (for example, lack of knowledge of professional obligations, lack of conflict resolution skills, etc.).

This author's interest is not in discussing the existence of moral distress, but instead how to prevent and rectify the pain and suffering caused by moral distress. To this purpose, this article we will focus on necessary ingredients for moral courage. Interested readers can gain additional understanding of the problems created when organizational culture trumps courage by reading the story of Enron (McLean & Elkind, 2004). We will first define moral courage and then, using an acronym CODE, outline the work for nurses who are interested in demonstrating moral courage.

Moral Courage Defined

In 350 BC, Aristotle defined courage as the balance between cowardice and rashness. He believed that the virtue of courage must be understood as both an end in itself and a means to a more wide-ranging good. He saw courage as necessary for achievement of all other virtues. He stated, "Courage is the first of human qualities because it is the quality which guar-

antees the others." However, Aristotle's primary focus was on physical courage needed in warfare, not on moral courage.

Moral courage is the individual's capacity to overcome fear and stand up for his or her core values. It is the willingness to speak out and do that which is right in the face of forces that would lead a person to act in some other way. It puts principles into action. Physical harm could be a threat in cases of moral courage; however, the more likely risks are humiliation, rejection, ridicule, unemployment, and loss of social standing. However, this personal sacrifice often is accompanied by a sense of peace because the individual stood up for a non-negotiable principle. Moral courage enables individuals to admit to wrongdoing and ethical dilemmas steadfastly and self-confidently.

Moral courage in the face of wrongdoing ("right versus wrong") may appear initially easier than the ethical dilemmas of "right versus right." Wrongdoing is best understood as illegal behavior or professional and personal misconduct, such as lying, irresponsibility, or unfairness (Kidder, 2005). However, confronting a physician who has deceived a patient on prognosis or confronting a colleague who comes to work impaired by alcohol is far from easy. When these core ethical issues of honesty and responsibility are violated or disregarded, the situation is labeled "right versus wrong."

In "right versus right" situations, ethical issues emerge when core values conflict with each other. However, ethics is not a hard science such as geometry. The principles used may blur into one another along the boundaries of the dilemma, leaving people wavering when trying to assert a conclusion. This conundrum speaks to the importance of knowing professional ethical obligations and non-negotiable personal values.

For example, in the first instance above, the nurse has the obligation to support the physician-patient relationship and to support the patient's right to information for informed consent. The Code of Ethics for Nurses (American Nurses Association [ANA], 2001) addresses both of these obligations. In

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Editor's Note: Dr. Vicki D. Lachman is the new editor of the column, "Ethics, Law and Policy." She is the author of *Applied Ethics in Nursing* (2006). This is the first of two articles on moral courage. The second article in June will focus on the application of moral courage in four clinical cases familiar to medical-surgical nurses. Dr. Lachman is open to requests for topics at vdl22@drexel.edu.

the second example, the nurse has the obligation "...to protect the patient, the public and the profession from potential harm when a colleague's practice, in any setting, appears to be impaired" (ANA, 2001, p.15). The nurse may experience an ethical conflict because the organization does not address impaired practice in a compassionate way, as the Code directs (ANA, 2001). Instead, administrators fire the nurses. As can be seen by these two examples, a "right versus wrong" situation, upon further examination, may actually be a "right versus right" case.

Acronym for Moral Courage

An acronym often is helpful in remembering the components of a process. CODE will be used to suggest the foundation necessary for moral courage (see Figure 1). This acronym also serves as a reminder of the professional obligations of nurses, as outlined in the Code of Ethics for Nurses (ANA, 2001).

Obligations to Honor

Courage to be moral requires a definition of what it means to be moral. If "moral" implies that which is good, then moral courage also means the courage to be ethical. Lists of ethical duties and obligations as humans, nurses, parents, and community members abound. How can anyone know which ones are most important to honor?

The Code of Ethics for Nurses (ANA, 2001) conveys the values and obligations regulating the conduct of nurses in relation to their patients, colleagues, communities, and the nursing profession. Unfortunately, this code is grossly underutilized in everyday nursing practice. Why? Because few nurses recognize they are obligated to this non-negotiable, professional ethical standard, simply by calling themselves registered nurses. Once aware of these obligations, each nurse must find within his or her own conscience the moral courage to honor these obligations. What other guidance can be offered to nurses?

Institute for Global Ethics, through years of survey research, narrowed the list of moral values to the most important five: honesty, respect, responsibility, fairness, and compassion (Kidder, 2005). These five values help structure a definition of what is moral. Beauchamp and Childress (2002) formulated a set of principles for a common morality framework. This four-principle approach consists of autonomy, beneficence, nonmaleficence, and justice. These are all familiar to health care professionals because professional codes incorporate them into their rules of etiquette and responsibilities.

For example, both principlism and the Code of Ethics for Nurses (ANA, 2001) address autonomy, or the right to self-determination. The first provision of this code articulates the moral obligations of nurses in informed consent.

Patients have the moral and legal right to determine what will be done with their own persons; to be given accurate, complete, and understandable information in a manner that facilitates an informed judgment; to be assisted with weighing benefits, burdens, and available options in their

Figure 1.
Code

C O D E	<p>Courage to be moral requires:</p> <p>Obligations to honor (What is the right thing to do?)</p> <p>Danger to manage (What do I need to handle my fear?)</p> <p>Expression and action (What action do I need to take to maintain my integrity?)</p>
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treatment, including the choice of no treatment; to accept, refuse, or terminate treatment without deceit, undue influence, duress, coercion, or penalty; and to be given necessary support throughout the decision-making and treatment process (p. 8).

The code continues to spell out the ethical obligation of the nurse in supporting autonomy with a reminder of the importance of capacity, culture, and the role of surrogates. However, good moral choices depend on more than these values or ethical principles; these choices require the courage to act. This is a point Confucius made in saying, "To see what is right, and not do it, is a want of courage or of principle." Courage requires the management of fear.

Danger to Manage

Where danger is present, there is need for courage. In moral courage, danger is accepted for the sake of a commitment to conscience, ethics, or core values. This author has observed that two important skills are necessary to tolerate the fear generated by the perceived danger. The first is self-soothing, which involves a combination of relaxation and cognitive reframing strategies. The second skill is the ability to assess the risk involved in standing up for moral convictions.

First, the nurse must find ways to calm the inner fear, so it does not paralyze frontal cerebral function. Fear activates the "fight or flight response" and this could trigger timidity or rashness. This author has observed that a few stand-by strategies work to calm the physiological response, such as deep breathing, counting backwards from 10 slowly, and visualization and calming inner words (for example, "I am fine. I can manage this situation").

The cognitive reframing strategies involve first an awareness of the individual's thoughts and then a change to thoughts that would better serve that person in solving the problem. It is important to remember that the emotion an individual experiences depends on his or her self-talk about the situation or about the other people involved. For example, the individual's use of *catastrophizing* suggests an expected disaster, such as being fired. In reality, what are the odds a physician could have a nurse fired for questioning the overestimation of a prognosis from a certain treatment? Because it is crucial to manage emotions triggered by the danger, the author suggests several practical books that could prove helpful in managing emotions (Fisher & Sharp, 2004; Meyer, 2004; Schinnerer, 2006; Thomas, 2003; Thomas & Petracek, 2004).

Second, the nurse must assess the risk in standing up in a situation involving the need for moral courage. Risk taking is doing something because the individual believes that what is gained is better than what he or she has (Tulloch & Lupton, 2003). Though the person is entering uncharted territory — the unknown, the uncertain — he or she believes the outcome will be worth the effort. In taking a risk, the individual learns and gains confidence by facing a challenge that will demand personal courage or faith in self or others. One of the paradoxes of life is that genuine security requires risk taking.

An individual may experience obligations as a certainty, but uncertainty in outcome. Therefore, the nurse also must assess the risk in the consequences flowing from the possible alternatives. Though all risks involve some ambiguity and potential for loss, taking action based on both rational thought and intuition decreases the peril. Ambiguity can be reduced by obtaining more information and consulting with people who are less emotionally attached to the outcome. Choosing options others can support and forming alliances with other colleagues can reduce exposure to loss. Finally, risks should not be considered without constructing the worst case scenario and having a contingency plan to cope with the outcome. Resolving wrenching moral choices requires the willingness to persevere in ethical choice, even though the journey is unknown.

Expression and Action

Moral courage is a means to triumph over fear through practical action. *Knowing* professional obligations and personal values is not the same as *communicating* and *acting* on those obligations and values. The space between knowing and acting is bridged by moral courage. To quote Martin Luther King, Jr., “Our lives begin to end the day we become silent about the things that matter.”

What skills are needed to express and act on obligations, as well as manage the fear? This author has observed that many times the expression and/or action will run counter to the established norms of the group or organization, therefore, the individual will need both assertiveness and negotiation skills. These skills are necessary for managing the conflict that often ensues when a person dares to say or do something counter to the traditions and customs of the majority. Resources to develop these skills are provided (Kritek, 2002; Mayer, 2006; Patterson, Grenny, McMillan, & Switzler, 2002; Ursiny, 2003).

However, because conflict resolution is a skill, the more the nurse practices, the better he or she gets at resolving disagreements. Not only will these actions provide experience, but they will build character; both will help the individual persevere in conflict. Aristotle said, “Man acquires a particular quality by constantly acting a particular way...we become just by performing just actions, we become temperate by performing temperate actions, brave by performing brave actions.”

Besides using practice to attain moral courage, the nurse can turn to mentors to model and coach in achieving the skills. The individual can engage in dialogue with seasoned nurses who have faced a multitude of “right versus wrong” and “right versus right” experiences. Reading biographies of individuals who have demonstrated moral courage also may be helpful. Learning to express and act with moral courage can be learned from a variety of sources.

Conclusion

The individual with moral courage knows the rewards are unlike those that come from blind resolve or from safe harbors. He or she abides by principles in the face of danger, taking the time to determine the right thing to do. This nurse knows his or her professional obligations and stands firm in core values that honor patients, profession, and self. The nurse has not acted impulsively, but has assessed the risk of action, used effective conflict resolution skills, and sought moral resolution. The nurse with moral courage is willing to endure the fear and act, even at personal cost. They agree with Amelia Earhart’s comment that “courage is the price that Life extracts for granting peace.” ■

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