


# Moral courage in nursing – An integrative literature review

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## Abstract

Moral courage and understanding of its meaning are essential when nurses face ethical conflicts in their practice. This integrative review aimed to explore moral courage in nursing and possible associated individual and organizational factors. A database search in January 2020 identified 1308 scientific articles of which 25 were selected for the review. Inductive analysis with clear steps for defining and synthesizing themes in research reviews revealed three categories concerning moral courage in nursing: definition and descriptions of moral courage, characteristics of the morally courageous nurse, and skills and acts of the morally courageous nurse. Individual and organizational factors, such as positive personal experiences, commitment to ethical principles, supportive work environment and teamwork, were associated with moral courage in nursing, contributing to a more comprehensive description of nurses' moral courage. Findings indicate that in nursing practice, there is a need for promoting multi-professional collaboration and discussion of ethical dilemmas to provide opportunities to enhance moral courage. Developing care environments in which hierarchy does not inhibit nurses' moral courage seems justified. Further research on moral courage with varying methodologies and multi-disciplinary and international approaches is needed.

## KEYWORDS

ethical competence, moral courage, nurses, nursing, review, students, nursing

## 1 | INTRODUCTION

Moral courage means the courage or inner strength a person has when acting in ethical conflicts according to ethical principles and one's own values and beliefs, even at the risk of negative outcomes for the acting individual (Fahlberg, 2015; Numminen, Repo, & Leino-Kilpi, 2017; Simola, 2015). In nursing, morally courageous behavior has been globally claimed essential in promoting patient safety and ethical care (Fahlberg, 2015; World Health Organization [WHO], 2011). Nursing is a moral profession for the sake of its universal aim for the patients' good (International Council of Nurses [ICN], 2012; WHO, 2011),

manifesting in such principles as equality among patients and providing quality care (European Commission, 2013; WHO, 2015). Thus, nurses need both ethical and professional competence, according to the International Code of Ethics for Nurses (ICN, 2012). Ethical competence is essential because nursing involves ethical situations, which can lead to ethical conflicts with various parties, for example between nurses and health care organizations, colleagues, physicians, patients, or significant others (Haahr, Norlyk, Martinsen, & Dreyer, 2019; Kleemola, Leino-Kilpi, & Numminen, 2020). In these conflicts, nurses need moral courage as an element of their ethical competence, for providing quality nursing care, based on their professional codes of ethics (ICN, 2012; Lachman, 2007a; Numminen et al., 2017) and on evidence-based quality care standards (Fahlberg, 2015). Nurses have a duty to promote and

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restore health as well as ease suffering. It is also crucial to acknowledge patients' rights (ICN, 2012), which are embedded in laws in many countries (Townend et al., 2016; WHO, 2011). Furthermore, procedures to fulfil the evidence-based quality care standards are stated (European Commission, 2013; WHO, 2015). Knowing the laws and standards and acting according to them, and according to the professional and one's own values and beliefs (Fahlberg, 2015; Kleemola et al., 2020), contribute to nurses' morally courageous behavior.

Moral courage has been studied in different fields, such as philosophy (Olsthoom, 2016; Pianalto, 2012; Simola, 2015), psychology (Sekerka, Bagozzi, & Charnigo, 2009; Simola, 2018; Uys & Senekal, 2008), sociology (Papouli, 2019), and nursing (e.g., Kleemola et al., 2020; Nash, Mixer, McArthur, & Mendola, 2016; Numminen et al., 2017). In nursing, moral courage has been explored in concept analyses (Numminen et al., 2017; Sadooghiasl, Parvizi, & Ebadi, 2018) and in descriptive studies (e.g., Bickhoff, Levett-Jones, & Sinclair, 2016; Nash et al., 2016; Taraz et al., 2019). The studies have been conducted from the perspectives of undergraduate nursing students (Bickhoff et al., 2016; Escolar-Chua, 2018; Nash et al., 2016) and registered, practicing nurses (Numminen, Katajisto, & Leino-Kilpi, 2019; Sadooghiasl et al., 2018; Taraz et al., 2019). In addition, moral courage has been discussed in editorials (Nickitas, 2009; Savel & Munro, 2015), discussion papers (Clarke, 2017; Fahlberg, 2015; Lachman, 2007b), and in professional journals (Lachman, 2010).

Moral courage has been described as a virtue, having its roots in Aristotelian virtue ethics (Papouli, 2019). Virtues, as characteristics of an individual, can be learned and developed. Through development, moral courage can become a natural part of an individual's behavior and moral deliberation (Papouli, 2019; Simola, 2018). Moreover, moral courage can promote morality in general and moral courage of people around a courageous individual (Olsthoom, 2016).

In nursing practice, moral courage is needed due to many factors, such as increasing medicalization and focusing on technology or costs of care, which sometimes leave ethics to the side (Clarke, 2017; Nickitas, 2009). With moral courage, nurses can promote quality of care (Lachman, 2007b; Pohjanoksa, Stolt, Suhonen, & Leino-Kilpi, 2019; Taraz et al., 2019) and patients' quality of life (Fahlberg, 2015), improve patient safety (Kleemola et al., 2020; Lachman, 2007b), and advocate for their patients (e.g., Kleemola et al., 2020; Lachman, 2010; Numminen et al., 2017). Furthermore, nurses can support their colleagues and their own well-being in work (S. M. Gallagher, 2012; Lachman, 2007b) as well as develop themselves as moral professionals (Sadooghiasl et al., 2018).

Nurses seem to behave courageously (Kleemola et al., 2020; Lachman, 2007b; Numminen et al., 2019), but sometimes they and nursing students also lack sufficient courage (Bickhoff et al., 2016; Lützn & Ewalds-Kvist, 2013; Pohjanoksa et al., 2019). In addition, nurses (Kleemola et al., 2020; Lachman, 2007a) and students (Bickhoff, Sinclair, & Levett-Jones, 2017; Lützn & Ewalds-Kvist, 2013) appear to benefit from the strengthening of their moral courage. It can be strengthened with education, self-study, and support from managers and their organizations (Kleemola et al., 2020; Lützn & Ewalds-Kvist, 2013).

Research on moral courage in nursing is increasing. Thus far research has mainly used descriptive methodologies and the knowledge gained has been scattered. Some individual and organizational factors associated

with moral courage have been identified, such as responsibility of the nurse (Kleemola et al., 2020), work experience (Numminen et al., 2017), ethical decision-making skills (Lachman, 2007a), the nurse's previous experiences in life (Lachman, 2007a), and clear ethical codes in the organization (Kleemola et al., 2020; Lachman, 2007a). However, associated factors have not been analyzed systematically, and as far as known to the authors, this is the first attempt to synthesize knowledge of moral courage and associated factors in nursing. This conclusion was made after systematically searching electronic databases. Consequently, this review is important in combining the results of the existing research and theoretical and philosophical writings on moral courage, enabling a current overall description of moral courage in nursing.

## 2 | AIMS

The aim of this integrative literature review was to explore what moral courage in nursing is through identifying its possible dimensional categories and associated individual and organizational factors.

## 3 | METHODS

This is an integrative literature review, using a method based on Whittemore & Knaff's framework (Hopia, Latvala, & Liimatainen, 2016; Whittemore & Knaff, 2005). That framework is suitable for this study because it is systematic and enables forming an overall view of a phenomenon which has not been much studied. The following steps comprised the review process: (i) problem identification; (ii) systematic search of the literature and location of the articles; (iii) data retrieval from individual articles; (iv) evaluation of the selected articles; and (v) data analysis and presentation of the results (Whittemore & Knaff, 2005).

### 3.1 | Step 1, problem identification

The research questions were the following.

1. What are the dimensional categories of moral courage in nursing, if any?
2. What individual and organizational factors are associated with moral courage in nursing, if any?

### 3.2 | Step 2, systematic search of databases and location of articles

A systematic search of five databases – PubMed (Medline), CINAHL (Ebsco), Philosopher's Index (Ebsco), ERIC (Ebsco), and Cochrane Library – was conducted in January 2020. Search terms were based on the researchers' previous reading, concept analyses of moral courage in nursing (Numminen et al., 2017; Sadooghiasl et al., 2018), and tentative database searches. The terms which were identified as relevant for the search were used in the

search query, namely moral courage, moral strength, moral integrity, moral responsibility, true presence, good care, nursing, nurse, and midwife (see Table S1 in the Supporting Information). Applicable subject headings, such as MeSH, and truncated terms were used in each database. Before the final database search, a library information specialist checked the operability of the search query. No limits on the date of publication were used in the database searches, because moral courage has not been much studied.

### 3.2.1 | Inclusion criteria

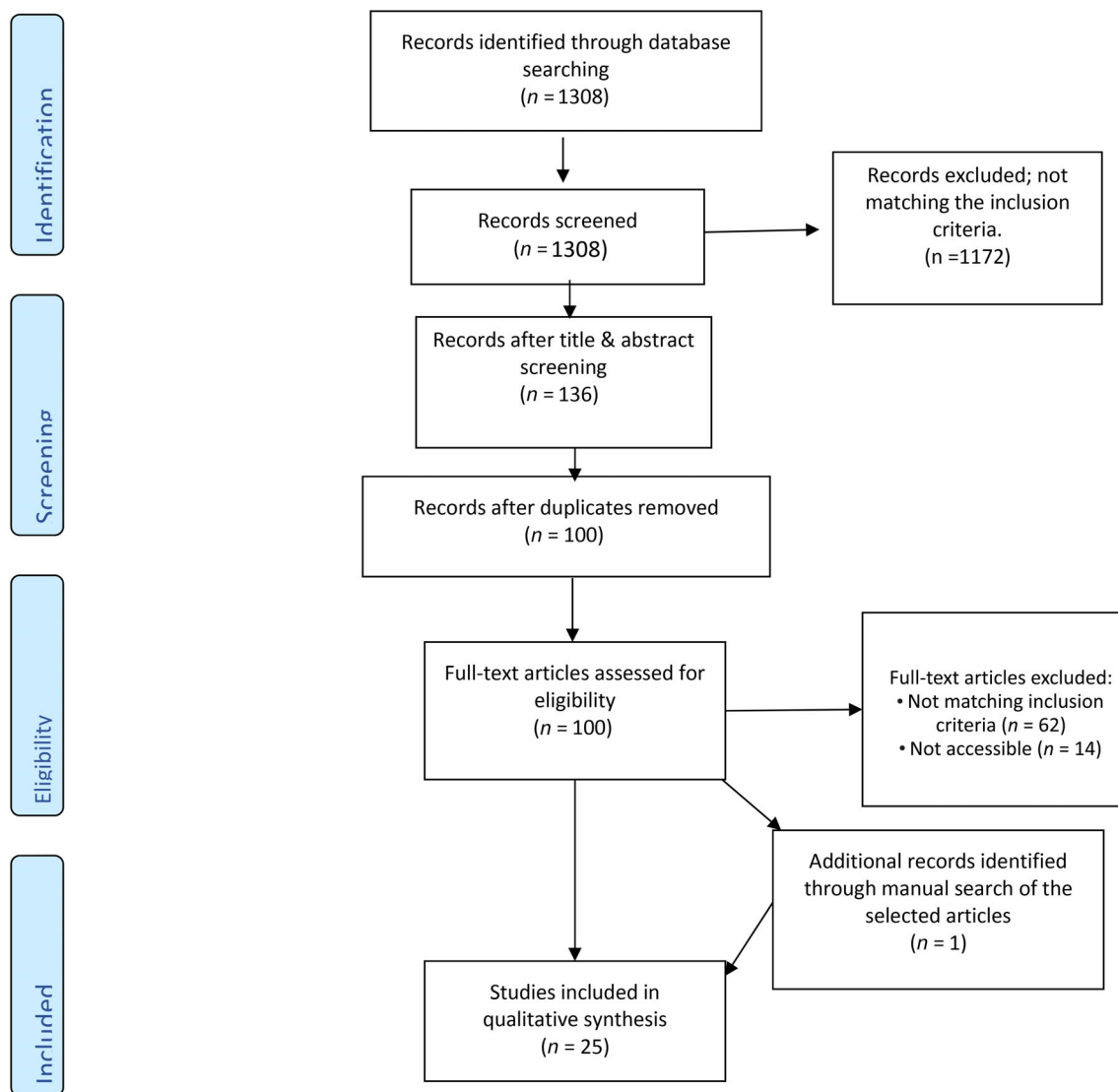
For inclusion in the review, it was required that an item (i) be a scientific empirical, theoretical, or philosophical article; (ii) be published in a scientific, referee-based journal; and (iii) have a focus on moral courage, moral strength, moral responsibility, moral integrity, true presence or commitment to good care in nursing practice, including nursing students.

### 3.2.2 | Exclusion criteria

Items were excluded if they were any of the following: editorials, book chapters, books, theses, opinion papers, discussion papers or non-scientific articles.

### 3.2.3 | Selection of articles

All steps of the article selection were conducted by two researchers (E.P. and S.R.) independently. The selections were discussed after each step and the final selection was made through consensus. The total result of the database search was 1308 items, from which 100 articles were selected through title and abstract screening for whole text reading. There were, however, 14 articles which were not accessible despite efforts to retrieve them. After reading the whole



**FIGURE 1** PRISMA flow diagram (modified): Database search and article selection. Adapted from “Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement,” by D. Moher, A. Liberati, J. Tetzlaff, D. G. Altman, and The PRISMA Group, 2009, *PLoS Medicine*, 6(7), e1000097. Used under the terms of the Creative Commons Attribution License. For more information, visit [www.prisma-statement.org](http://www.prisma-statement.org)

**TABLE 1** Articles (*n* = 25) included in the review

Authors, year and country	Title	Purpose/aim	Population, design, data and analysis	Main results	JB1 score
Bickhoff et al., 2016 Australia	Rocking the boat - nursing students' stories of moral courage: A qualitative descriptive study.	To explore how nursing students demonstrate moral courage when facing poor care	Nine students, one graduate nurse. Qualitative descriptive, semi-structured interviews. Inductive, thematic analysis	Students had patient advocate identity and motivation to promote good care: Moral courage. Knowing personal moral codes and previous life experiences gave confidence. Role models were important in strengthening students' moral courage.	10/10 <sup>a</sup>
Bickhoff et al 2017 Australia	Moral courage in undergraduate nursing students: A literature review.	To explore factors which facilitate or inhibit nursing students' moral courage	Literature review; including qualitative research exploring nursing students' moral courage	Majority of students lacked moral courage, for example, when they fear consequences. Students have patient advocate identity. Supportive mentor-student relationship and positive reinforcement Promoted moral courage. Lack of knowledge and skills inhibit moral courage.	4/11 1 N/A <sup>b</sup>
Black et al 2013 UK	Failing a student nurse: A new horizon of moral courage.	To explore, interpret and develop an understanding of mentors' experiences of failing a student nurse in their final placement	19 Mentors Hermeneutic qualitative study, Purposive sampling Individual reflective interviews	Moral courage as a virtue. Accountability and taking personal risks belong to moral courage. Having moral courage meant having moral integrity. Feeling moral obligation to promote quality of nursing and safeguarding patients by failing a student. Discussion about ethics and supportive surroundings can promote moral courage.	8/10 <sup>a</sup>
Edmonson, 2015 USA	Strengthening moral courage among nurse leaders.	To develop an intervention for strengthening moral courage and evaluate the effectiveness of the intervention.	16 Nurse managers, 1 supervisor, and 3 directors = 20 participants Quasi-experimental	Education can promote moral courage. Moral courage increased only slightly after the intervention. Longer work experience, debriefings and support from managers seem to promote moral courage.	4/9 3 N/A <sup>c</sup>
Escolar-Chua, 2018 Philippines	Moral sensitivity, moral distress, and moral courage among baccalaureate Filipino nursing students.	To explore the relationship between and among moral distress, moral sensitivity, and moral courage among nursing students.	293 Nursing students Descriptive-correlational Four questionnaires	The students had moral goals and values. Moral distress and hierarchy in health care organizations seem to inhibit nursing students' moral courage. Acting morally courageously depended on the intensity of the situation. Moral sensitivity supported moral courage.	6/8 2 N/A <sup>d</sup>
A. Gallagher, 2011 UK	Moral distress and moral courage in everyday nursing practice.	To examine the concepts of moral distress and moral courage in nursing practice	Theoretical article, expert opinion	Moral courage as a virtue. Professional wisdom is required for moral courage. Acting courageously leads to more courage. Moral courage enables nurses to speak up and challenge poor practice. Overcoming fear is a part of moral courage. Unsupportive organization may inhibit moral courage.	5/6 <sup>e</sup>

(Continues)

TABLE 1 (Continued)

Authors, year and country	Title	Purpose/aim	Population, design, data and analysis	Main results	JBI score
Gibson, 2018 USA	Student courage: An essential for today's health education	To propose the new concept of student courage in health care professionals' education	Concept analysis	Students are not necessarily able to act morally courageously before they are close to graduation. Student courage promotes and leads to moral courage after graduation. Fear must be present before acting courageously and confidence is needed to act courageously. Overcoming fear means acting despite consequences. Empowerment and increased self-knowledge are positive consequences of the courage.	1/11 6 N/A <sup>b</sup>
Gibson, 2019 USA	Longitudinal learning plan for developing moral courage	To illustrate a longitudinal learning plan for moral courage	Theoretical article	Moral courage means acting based on one's own ethical principles even in the presence of risk for the individual. Moral courage is a virtue, which is teachable. Personal experiences are associated with moral courage. Role-playing and simulation involving moral dilemmas can support strengthening of moral courage. Continuing education after graduation seems to be beneficial.	6/6 <sup>e</sup>
Hamrić, Arras, & Mohrmann, 2015 USA	Must we be courageous?	To offer a critical assessment of invocations of courage in health care	Philosophical paper	Moral courage is a virtue, a mean between two extremes. It involves doing the right thing and standing up for the patients. It requires thoughtful deliberation. Hierarchy: more courage is needed especially when someone is not on the top of hierarchy in the organization. Hierarchy can inhibit moral courage. Moral courage includes confidence, but overconfidence is not virtuous.	4/6 <sup>e</sup>
Hardingham, 2004 Canada	Integrity and moral residue: Nurses as participants in a moral community.	To examine the concepts of moral integrity and moral residue in nursing practice and to examine how nurses can be supported in ethical practice	Philosophical paper	Decision-making in ethical dilemmas involves many people. Moral integrity keeps a nurse on a path of moral life. It is wholeness of an individual, in a relationship of one's behavior and values. Critical thinking, coherence of value orientation, commitment to act according to ethical principles.	6/6 <sup>e</sup>
Kelly, 1998 USA	Preserving moral integrity: A follow-up study with new graduate nurses.	To describe, interpret and explain how newly graduated nurses perceived their adaptation to "real world" and what they perceived as major influences on their moral values and ethical roles Purposive sampling, a follow-up study	22 newly graduated nurses Grounded theory Open-ended in-depth interviews Analysis: Constant comparative classification of patterns and themes	Preserving moral integrity is preserving self and identity. Lack of confidence, being afraid and questioning the values compromised moral integrity. Ethical climate in the nursing unit was related to nurses' moral integrity. Teamwork and self-confidence should be promoted in nursing education.	7/10 <sup>a</sup>

TABLE 1 (Continued)

Authors, year and country	Title	Purpose/aim	Population, design, data and analysis	Main results	JBI score
Laabs, 2011 USA	Perceptions of moral integrity: Contradictions in need of explanation	To determine how newly graduated nurses perceive moral integrity Purposive/convenience sampling.	25 newly graduated nurses (30%) Qualitative descriptive Short answer online survey Conventional content analysis	Doing the right thing for the patient and standing up for what is right despite potential negative consequences. Behavior based on personal moral code and conscience. Admitting own mistakes and speaking up when seeing error belongs to moral integrity. Acting as patient advocate, seeing things from other's perspective.	5/10 <sup>a</sup>
LaSala & Bjarnason, 2010 USA	Creating workplace environments that support moral courage.	To describe moral courage and explore personal characteristics which support moral courage and organizational structures that support mc	Theoretical paper	Moral courage is commitment to patients and acting as patient advocate. Morally courageous behavior is based on ethical principles. Morally responsible practice means recognizing and responding to unethical practices or failure to promote quality care. Clear vision of values, reward and recognition systems acknowledging good performance and patient catered care in organization promote nurses' moral courage.	5/6 <sup>e</sup>
Lindh et al., 2007 Sweden	Moral responsibility: A relational way of being.	To explore nursing students' views on the meaning of moral responsibility in nursing practice. Purposive sampling	14 Student nurses. Qualitative study Focus group interviews	Moral responsibility is a relational way of being, requiring human communication. It includes behavior according to "inner compass". Nurses with moral responsibility aim for doing good and they respect others. Good role models seem to promote moral integrity.	9/10 <sup>a</sup>
Lindh et al., 2008 Norway & Sweden	Exploring student nurses' reflections on moral responsibility in practice	To explore student nurses' reflections on moral responsibility	14 Nursing students qualitative exploratory approach Focus group interviews, interpretive content analysis	Moral responsibility is being available to the patient, acknowledging values, understanding the patients' needs and empathy. It is also protecting the patients' well-being and safety and placing patients' needs first. Behaving based on individual and professional values belongs to moral integrity. Confronting others when standing up for values means having moral courage.	9/10 <sup>a</sup>
Lindh, Severinsson, & Berg, 2009 Norway & Sweden	Nurses' moral strength: A hermeneutic inquiry in nursing practice	To interpret nurses' experiences of moral strength Follow up study	8 Nurses Hermeneutic approach Individual open narrative interviews Qualitative analysis in stages	Having moral strength meant having the courage to act according to one's convictions and having confidence. Having theoretical knowledge promoted moral strength. Willingness to voice individual views when facing poor care and daring to challenge authority. It is a virtue and a valuable characteristic, which requires overcoming fear.	10/10 <sup>a</sup>

(Continues)

TABLE 1 (Continued)

Authors, year and country	Title	Purpose/aim	Population, design, data and analysis	Main results	JI score
Melnechenko, 2003 Canada	To make a difference: Nursing presence.	To explore the concept of presence in the nursing literature	Theoretical paper	True presence is a valuable human experience, which means sensing other's needs and being available for the patient. It requires human communication. Genuine engaging in patients' needs and having authentic encounter belong to true presence. True presence involves nurses' commitment to values and principles. It requires courage to be truly present	6/6 <sup>e</sup>
Murray, 2010 USA	Moral courage in healthcare: Acting ethically even in the presence of risk.	To define moral courage, describe discussions about it, explain how to recognize it, offer strategies for developing and demonstrating moral courage	Theoretical paper	A highly valued personal trait. Moral courage helps nurses to deal with ethical issues and behave with strength, when doing the right thing is not the easiest way. It is needed to confront unethical behavior and standing up for what is right. Moral courage can be strengthened with for example, education, discussions about ethics, role-modeling and practicing ethical decision-making. Also, peer-support seems to strengthen moral courage.	5/6 <sup>e</sup>
Nash et al., 2016 USA	The moral courage of nursing students who complete advance directives with homeless persons.	To investigate whether nursing students require moral courage to help homeless persons	15 Nursing students Qualitative descriptive naturalistic inquiry	Moral courage means overcoming fear or challenges to achieve something which individual thinks is morally valuable. Students needed less moral courage than what they had excepted.	8/10 <sup>a</sup>
Numminen et al., 2017 Finland	Moral courage in nursing: A concept analysis.	To clarify the concept of moral courage in nursing	Rodger's evolutionary concept analysis	Moral courage is a virtue and an important element of nurses' moral competence. "True presence", "being true and open", "being responsive to patients' needs" and "human encounter" were attributes of moral courage. Acting on one's own values and willingness to take risks belongs to moral courage. Patient advocacy: speaking up for the patient despite the risks involved. A morally courageous nurse is committed to good care. Life and work experience seem to promote moral courage.	7/11 4 N/A <sup>b</sup>
Numminen et al., 2019 Finland	Development and validation of Nurses' Moral Courage Scale.	To develop a scale to measure nurses' self-assessed moral courage, evaluate the scale's psychometric properties and briefly describe moral courage	482 Nurses (+ 129 nurses in pilot) Methodological, cross-sectional Convenience sampling, statistical analysis	Compassion and true presence emerge in care situations in which the nurse encounters patient's vulnerability and overcomes one's own fears to act courageously. Moral integrity is staying true to the principles and values in situations with possible negative consequences for the nurse. Commitment to good care means standing up for good quality of nursing care. Moral courage was rather high, average 4.07 (0 to 5 scale). Earlier participation to ethics courses and self-studying ethics promoted moral courage.	4/8 4 N/A <sup>d</sup>

TABLE 1 (Continued)

Authors, year and country	Title	Purpose/aim	Population, design, data and analysis	Main results	JB1 score
Nunthawong, Yunibhand, & Chalyawat, 2020 Thailand	Development of Thai Moral Integrity Scale in professional nurses	To develop the Thai moral integrity scale and to test its psychometric properties	502 Nurses Methodological, cross-sectional	Following ethical codes to provide good care Showing courage to act according to ethical codes and beliefs, even in difficult situations Responsibility Moral courage as an element or moral integrity MC: Speaking out and doing the right thing even in the presence of risk	4/8 4 N/A <sup>d</sup>
Simmonds, Peter, Hodnett, & McGillis Hall, 2013 Canada	Understanding the moral nature of Intrapartum nursing	To explore how intrapartum nurses understand and negotiate their moral responsibilities	14 Intrapartum nurses qualitative critical narrative, feminist ethics focus, interviews, qualitative analysis.	Collegiality and teamwork seem to promote moral responsibility. Hierarchy inhibited acting with moral responsibility and interpersonal conflicts lead to lack of courage. Admitting own faults or if one is not able to do something is being morally responsible. Willingness to advocate for the patients and commitment to good care belong to moral responsibility. Moral community with clear philosophy and values strengthen nurses' moral responsibility.	8/10 <sup>a</sup>
Sadooghiasl et al., 2018 Iran	Concept analysis of moral courage in nursing: A hybrid model.	To define and clarify the concept of moral courage in the nursing profession	Literature review: 26 articles and empirical qualitative: 10 nurses concept analysis, hybrid, purposive sampling, in-depth interview, observation Literature review: Conventional content analysis	Moral courage is a fundamental virtue in nursing and needed when facing ethical conflicts. It involves overcoming fear and embracing risk. Moral competencies, professional competence, moral integrity, moral responsibility, moral sensitivity and moral decision-making skills belong to moral courage. Good ethical climate seems to promote moral courage. Rejection, fear of shame and job insecurity seem to inhibit moral courage. Moderate level or moral courage is admirable, but extremes are not virtuous.	7/11, 4 N/ A <sup>b</sup> 7/10 <sup>a</sup>
Taraz et al., 2019 Iran	The relationship between ethical climate of hospital and moral courage of nursing staff	To determine the correlation between the ethical climate of the hospital and moral courage of nurses	156 Nurses Descriptive correlational Purposive selection of hospital, random sampling among the hospitals	The self-assessed level of moral courage was rather high, 3.87 (1 to 5 Likert) There was a positive correlation between ethical climate and moral courage. Morally courageous behavior seems to decrease moral conflicts and promote ethical climate. Collaboration with colleagues and other professional is needed for moral courage. Ethical climate and nurses' moral courage can lead to better quality of care and reduce harm for professionals and patients.	5/8 3 N/A <sup>d</sup>

<sup>a</sup> JB1 Checklist for Qualitative Research.<sup>b</sup> JB1 Checklist for Literature Review.<sup>c</sup> JB1 Checklist for Quasi-Experimental Research.<sup>d</sup> JB1 Checklist for Analytical Cross Sectional Studies.<sup>e</sup> JB1 Checklist for Text and Opinion.

JB1 = Joanna Briggs Institute.



**TABLE 2** Moral courage and associated individual and organizational factors in nursing

Definition of moral courage	Characteristic of the morally courageous nurse	Skills and behavior of the morally courageous nurse	Associated individual factors	Associated organizational factors
Fear and threat present (Gibson, 2018; Hamric et al., 2015; Murray, 2010)	Ethical sensitivity (Numminen et al., 2017; Sadooghiasl et al., 2018; Taraz et al., 2019)	A part of nurses' moral competence (Gibson, 2018; Numminen et al., 2017; Numminen et al., 2019; Sadooghiasl et al., 2018)	Undergraduate and continuing education (Bickhoff et al., 2016; Edmonson, 2015; Gibson, 2018; Gibson, 2019; Lindh, Severinsson, & Berg, 2007; Murray, 2010; Numminen et al., 2019)	Supportive surroundings (Hardingham, 2004; Kelly, 1998; Sadooghiasl et al., 2018; Taraz et al., 2019)
Self-assessed moral courage rather high (Escolar-Chua, 2018; Numminen et al., 2019; Taraz et al., 2019)	Willingness to face risks and challenges (Bickhoff et al., 2016; Black, Curzio, & Terry, 2014; Gallagher, 2011; Gibson, 2018; Hardingham, 2004; LaSala & Bjarnason, 2010; Lindh et al., 2009; Murray, 2010; Numminen et al., 2017; Numminen et al., 2019; Sadooghiasl et al., 2018)	Overcoming fear, personal sacrifice (Escolar-Chua, 2018; Gibson, 2018; LaSala & Bjarnason, 2010; Lindh et al., 2009; Nash et al., 2016; Numminen et al., 2019; Sadooghiasl et al., 2018)	Personal positive and negative experiences (Bickhoff et al., 2017; Black et al., 2014; Edmonson, 2015; Numminen et al., 2017; Sadooghiasl et al., 2018)	Collaboration with colleagues and other professional (Kelly, 1998; Simmonds et al., 2013; Taraz et al., 2019)
A fundamental virtue in nursing (Black et al., 2014; Gallagher, 2011; Gibson, 2019; Hamric et al., 2015; Laabs, 2011; LaSala & Bjarnason, 2010; Lindh et al., 2007; Lindh et al., 2009; Sadooghiasl et al., 2018)	Commitment to good care (Black et al., 2014; Kelly, 1998; Lindh et al., 2007; Lindh, Severinsson, & Berg, 2008; Numminen et al., 2017; Numminen et al., 2019; Nunthawong et al., 2020; Simmonds et al., 2013)	Doing the right thing (Bickhoff et al., 2016; Black et al., 2014; Escolar-Chua, 2018; Gallagher, 2011; Hamric et al., 2015; Kelly, 1998; Laabs, 2011; LaSala & Bjarnason, 2010; Murray, 2010; Numminen et al., 2017; Nunthawong et al., 2020; Sadooghiasl et al., 2018)	Discussions about ethics (Bickhoff et al., 2016; Edmonson, 2015; Gibson, 2018; Hamric et al., 2015; LaSala & Bjarnason, 2010; Murray, 2010; Nunthawong et al., 2020; Taraz et al., 2019)	Rejection from other professionals inhibit moral courage (Sadooghiasl et al., 2018)
Valuable characteristic (Lindh et al., 2009; Murray, 2010; Numminen et al., 2017; Sadooghiasl et al., 2018)	Moderate level of moral courage is admirable, extremes are not virtuous (Sadooghiasl et al., 2018)	Acceptance of own faults and trying to improve oneself (Laabs, 2011; Numminen et al., 2017; Sadooghiasl et al., 2018; Simmonds et al., 2013)	Moral reasoning skills (LaSala & Bjarnason, 2010; Sadooghiasl et al., 2018)	Hierarchy (Escolar-Chua, 2018; Hamric et al., 2015; Sadooghiasl et al., 2018; Simmonds et al., 2013; Taraz et al., 2019)
Needed in ethical decision-making (Edmonson, 2015; Gibson, 2019; Lindh et al., 2008; Murray, 2010; Numminen et al., 2017; Sadooghiasl et al., 2018)	Conscience (Black et al., 2014; Laabs, 2011; Lindh et al., 2008; Lindh et al., 2009; Numminen et al., 2017)	Following ethical codes and principles (Bickhoff et al., 2016; Black et al., 2014; Gibson, 2019; Laabs, 2011; Lindh et al., 2009; Murray, 2010; Nunthawong et al., 2020)	individual ethical standards (Escolar-Chua, 2018; Gallagher, 2011; Kelly, 1998)	good ethical climate promotes MC (Black et al., 2014; Gallagher, 2011; Hardingham, 2004; LaSala & Bjarnason, 2010; Simmonds et al., 2013; Taraz et al., 2019)

**TABLE 2** (Continued)

Definition of moral courage	Characteristic of the morally courageous nurse	Skills and behavior of the morally courageous nurse	Associated individual factors	Associated organizational factors
	Confidence (Bickhoff et al., 2017; Kelly, 1998; Lindh et al., 2008; Lindh et al., 2009) (Gibson, 2018; Hamric et al., 2015; Laabs, 2011; Sadooghiasl et al., 2018)	Patient advocacy (LaSala & Bjarnason, 2010; Black et al., 2014; Numminen et al., 2017; Lindh et al., 2007; Nash et al., 2016; Lindh et al., 2009; Kelly, 1998; Laabs, 2011; Bickhoff et al., 2016; Hamric et al., 2015; Melnechenko, 2003; Lindh et al., 2008; Simmonds et al., 2013)	Fear inhibit moral courage (Sadooghiasl et al., 2018)	Job insecurity inhibit moral courage (Sadooghiasl et al., 2018)
	Responsibility and accountability (Bickhoff et al., 2016; Black et al., 2014; Gibson, 2019; Hardingham, 2004; Kelly, 1998; Lindh et al., 2008; Melnechenko, 2003; Numminen et al., 2017; Numminen et al., 2019; Nunthawong et al., 2020; Sadooghiasl et al., 2018)	Capacity to act with courage (Bickhoff et al., 2016; Gallagher, 2011; Gibson, 2018; Hardingham, 2004; Lindh et al., 2009)	Shame inhibit moral courage (Sadooghiasl et al., 2018)	
	Moral integrity (Hardingham, 2004; Numminen et al., 2019; Sadooghiasl et al., 2018)			
	Compassion and true presence (Lindh et al., 2008; Melnechenko, 2003; Numminen et al., 2019)			

texts of the accessible 86 articles, 24 articles were selected for the review. A manual review of the selected articles' reference lists was conducted, resulting in 1 additional article, yielding a total of 25 articles for the review (Figure 1).

### 3.3 | Step 3, data retrieval from individual articles

Notes were taken on the selected articles and matrices were formed. Author/s, types of the articles, descriptions of moral courage, main results, and conclusions were included in the matrices.

### 3.4 | Step 4, evaluation of the selected articles

The quality of the articles was evaluated using the Joanna Briggs Institute's Critical Appraisal Tools. Appropriate tools for literature reviews, qualitative research, cross-sectional studies, quasi-experimental

studies, and text articles were used (Table 1; Joanna Briggs Institute, 2017). Two researchers (E.P. and S.R.) conducted the quality appraisal individually and a consensus was reached through discussion. The quality of the articles was mainly high (Table 1), taking also into account the non-applicable items and slightly varying appraisal points. Good ethical practice was followed in the studies, and study processes were mostly described in a detailed way (Table 1).

### 3.5 | Step 5, data analysis and presentation of the results

The framework of Whittemore and Knafl (2005) was applied in data analysis, the stages being as follows: (i) "data reduction," in which overall categories for the data were defined inductively according to the data, comprising three categories describing moral courage and associated individual and organizational background factors (Table 2); (ii) "data display," in which data from the articles were converted and

displayed in matrices, with original phrases describing moral courage grouped under each earlier defined category in new matrices; (iii) “data comparison,” in which similarities, patterns, and themes in the data were identified within the categories, forming new matrices; and (iv) “conclusion drawing and verification,” in which the results were described in a single, clarified table, combining descriptions of moral courage inside the categories and associated background factors. In the explanatory text, the contents of the categories and associated background factors were described in more detail (Whittemore & Knaf, 2005).

## 4 | RESULTS

### 4.1 | Description of the articles

A total of 25 articles were included in the review (Table 1). The articles were published between 1998 and 2020, with the majority ( $n = 20$ ) between 2010 and 2020, showing an increasing trend towards the present. Most of the studies were conducted in North America ( $n = 12$ ) and Europe ( $n = 7$ ), and the rest in Australia ( $n = 2$ ), the Middle East ( $n = 2$ ), and the Far East ( $n = 2$ ; Table 1).

### 4.2 | Dimensional categories of moral courage in nursing

The identified dimensional categories of moral courage in nursing were definitions and descriptions of moral courage, characteristics of the morally courageous nurse, and skills and acts of the morally courageous nurse. In addition, several individual and organizational factors were associated with nurses' and nursing students' moral courage. (Table 2.)

#### 4.2.1 | Definitions and descriptions of moral courage

Definitions and descriptions of moral courage mostly corresponded with each other between the articles (Table 2). Moral courage was a valued characteristic (e.g. Lindh, Severinsson, & Berg, 2009; Murray, 2010; Numminen et al., 2017) and a fundamental virtue (e.g. Black, Curzio, & Terry, 2014; Lindh, Severinsson, & Berg, 2007; Sadooghiasl et al., 2018) in nursing, and it could be learned and strengthened (Gibson, 2019; Numminen et al., 2017). When facing poor practice or ethical conflicts, it was required to safeguard patients and to promote the quality of nursing care (e.g., Edmonson, 2015; Gibson, 2019; Sadooghiasl et al., 2018). Moral courage emerged even when there was a fear or a threat of negative consequences for the acting individual (Gibson, 2018; Hamric, Arras, & Mohrmann, 2015; Murray, 2010). The risks inherent in nurses' morally courageous actions were risking one's reputation (Lindh et al., 2009; Numminen et al., 2017), developing anxiety (Murray, 2010), losing one's job

(Murray, 2010; Sadooghiasl et al., 2018), being bullied (LaSala & Bjarnason, 2010), being harassed (LaSala & Bjarnason, 2010), or becoming an outsider in the work community (Murray, 2010). However, despite these threats, nurses' (Numminen et al., 2019; Taraz et al., 2019) and nursing students' (Escolar-Chua, 2018) self-assessed moral courage was reported to be rather high (Escolar-Chua, 2018; Numminen et al., 2019; Taraz et al., 2019).

#### 4.2.2 | Characteristics of the morally courageous nurse

The morally courageous nurse had several characteristics (Table 2). Being willing to take personal risks to protect patients and quality nursing care (e.g., Black et al., 2014; Hardingham, 2004; Numminen et al., 2019), and being committed to providing good care (e.g., Kelly, 1998; Lindh et al., 2007; Nunthawong, Yunibhand, & Chaiyawat, 2020) were starting points for moral courage. Ethical sensitivity (Numminen et al., 2017; Sadooghiasl et al., 2018; Taraz et al., 2019), moral integrity (Hardingham, 2004; Numminen et al., 2017; Sadooghiasl et al., 2018), accountability (e.g., Bickhoff et al., 2016; Melnechenko, 2003; Numminen et al., 2017), and acting according to one's conscience (e.g., Black et al., 2014; Laabs, 2011; Lindh et al., 2009) were characteristics of a morally courageous nurse. Ethical sensitivity meant that an individual was sensitive to acknowledging ethical dilemmas (Numminen et al., 2017), whereas moral integrity meant following ethical principles and personal values even when there was a risk of negative outcomes for the acting individual (e.g., Bickhoff et al., 2016; Numminen et al., 2017; Nunthawong et al., 2020). Accountability was complying with ethical principles as well as individual and professional values (Hardingham, 2004; Numminen et al., 2019; Nunthawong et al., 2020).

A morally courageous nurse was confident in ethical situations (e.g., Kelly, 1998; Lindh et al., 2009; Sadooghiasl et al., 2018). However, as a virtue, having a moderate level of courage was valuable but foolhardiness and cowardice were not considered virtuous, thus extremes should be avoided (Hamric et al., 2015; Sadooghiasl et al., 2018). Therefore, moral judgment in ethical conflicts was essential, and the good gained from courageous behavior should be greater than the bad consequences (Bickhoff et al., 2016; Hamric et al., 2015).

#### 4.2.3 | Skills and acts of the morally courageous nurse

Moral courage could be recognized from various skills and acts (Table 2). Overcoming fear, thus being able to act courageously despite personal risk, was at the core of moral courage (e.g., Gibson, 2018; Nash et al., 2016; Numminen et al., 2019). Furthermore, a morally courageous nurse had both ethical (e.g., Gibson, 2019; Numminen et al., 2019; Sadooghiasl et al., 2018) and professional competence, which means having knowledge and skills of ethics and clinical practice, and the capability to act according to them (Lindh et al., 2009). In

addition, it required moral courage to accept and admit one's own mistakes to others and to learn from them (Laabs, 2011; Numminen et al., 2017; Simmonds, Peter, Hodnett, & McGillis Hall, 2013). This was a part of being committed to good care and taking responsibility (Sadooghiasl et al., 2018), which both nurses (Numminen et al., 2019; Sadooghiasl et al., 2018; Taraz et al., 2019) and nursing students can accomplish (e.g., Bickhoff et al., 2016; Escolar-Chua, 2018; Nash et al., 2016).

Morally courageous acting manifested itself as speaking up and acting as the patients' advocate when patients' rights, safety, or good care were threatened (e.g., Lindh et al., 2007; Melnechenko, 2003; Numminen et al., 2017). Moreover, doing the right thing for the patient and promoting quality nursing care were essential in morally courageous behavior (e.g., A. Gallagher, 2011; Numminen et al., 2017; Nunthawong et al., 2020). Doing the right thing varied, meaning doing one's job as best as possible (Sadooghiasl et al., 2018), aiming for the best solution for the patient (Bickhoff et al., 2017), or taking personal risks to safeguard patients (Hamric et al., 2015). These situations may involve a colleague or another professional making mistakes or risking patient safety (Laabs, 2011; Lindh, Severinsson, & Berg, 2008), or not respecting patients' wishes or needs (LaSala & Bjarnason, 2010; Numminen et al., 2017). Also, the intensity of the situation and perceived moral distress seemed to be associated with the courage. When the intensity of the situation increased, it could cause more moral distress which could lead to increased moral courage when aiming for the patient's good. (Escolar-Chua, 2018.)

### 4.3 | Individual and organizational factors associated with moral courage

Individual and organizational factors can either promote or inhibit different elements in the dimensional categories of moral courage (Figure S1 in the Supporting Information), thus being associated with nurses' overall moral courage (Table 2). Together the three categories and associated background factors form an extensive view of moral courage.

As for the individual factors, personal experiences, such as positive life and work experiences (Edmonson, 2015; Numminen et al., 2017; Sadooghiasl et al., 2018), high personal ethical standards (Kelly, 1998), moral sensitivity (Escolar-Chua, 2018; Numminen et al., 2017), and accountability (e.g., Hardingham, 2004; Numminen et al., 2017; Nunthawong et al., 2020) seemed to strengthen one's moral courage. An example of a positive experience can be when an individual has succeeded in maintaining moral integrity in an ethically difficult situation (Edmonson, 2015; Numminen et al., 2017). In addition, self-study (Numminen et al., 2019) and education (e.g., Edmonson, 2015; Gibson, 2018; Numminen et al., 2019), especially simulations (Gibson, 2019; Murray, 2010), and a supportive student-mentor relationship (Bickhoff et al., 2016; Gibson, 2018; Lindh et al., 2007), could strengthen moral courage both before and after graduation. Moreover, moral awareness with an increased knowledge of ethics strengthened identification of ethical dilemmas,

which enhanced morally courageous behavior (Gibson, 2019). However, bitter and negative experiences from earlier ethical conflicts (Sadooghiasl et al., 2018), work-related weariness (Sadooghiasl et al., 2018), lack of confidence (Kelly, 1998), and moral distress (Escolar-Chua, 2018) could inhibit nurses' moral courage.

As for organizational factors, there were characteristics and requirements in terms of the nursing environment in relation to moral courage (Table 2). An environment which promoted moral courage was important for nurses (Hardingham, 2004; Sadooghiasl et al., 2018) and nursing students (Kelly, 1998), and even a morally courageous person could benefit from support from the surroundings (Murray, 2010; Sadooghiasl et al., 2018). Thus, organizations can promote nurses' moral courage (e.g., Bickhoff et al., 2016; LaSala & Bjarnason, 2010; Nunthawong et al., 2020) by having a shared set of values and nursing philosophy (Black et al., 2014), providing opportunities to discuss ethics (LaSala & Bjarnason, 2010; Murray, 2010; Nunthawong et al., 2020), and rewarding ethically sound behavior (LaSala & Bjarnason, 2010). Moreover, good ethical climate (Black et al., 2014; Simmonds et al., 2013; Taraz et al., 2019), which provides nurses with opportunities to participate in ethical decision-making (LaSala & Bjarnason, 2010), could strengthen nurses' moral courage.

Team work was especially essential for maintaining nurses' moral courage (Sadooghiasl et al., 2018; Simmonds et al., 2013), because poor collaboration and rejection from other professionals could lead to job insecurity, consequently inhibiting moral courage (Sadooghiasl et al., 2018). Problems in communication and cooperation between nurses and other professionals, such as physicians, could inhibit nurses' moral courage (Escolar-Chua, 2018; Taraz et al., 2019). Therefore, promoting collaboration with colleagues and other professionals can strengthen nurses' moral courage (Kelly, 1998; Taraz et al., 2019). In addition, professional hierarchy in health care organizations was associated with and could inhibit nurses' moral courage (e.g., Sadooghiasl et al., 2018; Simmonds et al., 2013; Taraz et al., 2019). It seemed that nurses need more moral courage when dealing with professionals higher in the hierarchy (Escolar-Chua, 2018; Hamric et al., 2015; Taraz et al., 2019), although sometimes nurses showed remarkable moral courage when confronting professionals providing poor care, despite their hierarchical superiority. Thus, hierarchy could also promote moral courage, especially when nurses were united in safeguarding patients' well-being (Hamric et al., 2015).

## 5 | DISCUSSION

This integrative literature review set out to explore moral courage and associated individual and organizational factors in nursing. Systematic searching of databases revealed that this is the first attempt to synthesize knowledge of moral courage. Consequently, this review strengthens the understanding of moral courage through its identified dimensions – definitions and descriptions of moral courage, characteristics of the morally courageous nurse, skills and acts of the morally courageous nurse – along with the associated factors of a nurse's willingness to take risks and commitment to good care, and an organization's clear ethical standards and professional hierarchy.

This review explored moral courage using empirical, philosophical, and theoretical articles, with a global approach and from the perspectives of nurses and nursing students, health care organizations, and health education. It is worth acknowledging that although the selected studies had been conducted around the world, moral courage was described similarly in the articles. In addition, adding philosophical deliberations and theoretical ethical discussions to the empirical study results deepened the conceptual understanding of moral courage in the nursing context, and added to the credibility of the analysis of moral courage as a complex concept (Hopia et al., 2016). Moral courage in nursing and the situations in which it is needed can be seen from different perspectives, namely those of patients, organizations, leadership, society, nurses themselves, and other professionals. These perspectives add to the complexity of the concept in the nursing environment.

As for the dimensional categories and definitions of moral courage, this study identified elements of moral courage which are particular to nursing, such as safeguarding the patients, individual and professional values, and factors related to health care organizations. The descriptions of moral courage were based on general definitions of the concept and factors identified in nursing environments in the studies. It may be that the descriptions were similar, despite different cultures in the surrounding societies, because nursing everywhere has similar goals, such as the patient's good care and health promotion (WHO, 2011). Also, moral courage as a human characteristic is of similar nature regardless of context, but it can be identified from different actions in changing contexts (Simola, 2018).

Characteristics of a morally courageous nurse were ethical sensitivity, accountability, and acting according to one's conscience, which describe the personalities of nurses, who most likely had these characteristics before becoming nurses. This viewpoint supports the known description of moral courage as a valuable human characteristic (Sadooghiasl et al., 2018; Simola, 2015). Individuals whose career choice is nursing are commonly willing to help other people (Bickhoff et al., 2017). Hence it may be that nurses get strength to act in morally courageous fashion because of their goal of doing good for the patient, which they find meaningful (Fahlberg, 2015). In addition, safeguarding patients is at the core of moral courage in nursing, thus moral courage is not only for the sake of the acting nurse (Clarke, 2017; Lindh et al., 2007; Numminen et al., 2019). This starting point displays a special viewpoint for exploring moral courage in nursing and the characteristics of the morally courageous nurse.

Nurses need different skills for acting with moral courage. These were not analyzed in detail in the studies, but the synthesis indicated that it is important to overcome fear and to have both clinical and ethical competence. Having these competencies can enhance morally courageous behavior because the nurse is more able to identify ethical dilemmas and make ethical decisions. Thus, moral courage is an important element in nurses' ethical competence (Sadooghiasl et al., 2018).

This synthesis offers some indications about the factors which are associated with moral courage, even though the factors were not analyzed deeply in the studies. The results of individual and

organizational factors (e.g., LaSala & Bjarnason, 2010; Nunthawong et al., 2020) support earlier discussion of the phenomenon (S. M. Gallagher, 2012; Lachman, 2007a).

As for the individual factors, associations between certain skills, such as ethical decision-making and taking responsibility in ethical situations, means that it can be possible to strengthen moral courage with ethics education and self-study (Gibson, 2018; Numminen et al., 2019). However, it is also possible to take morally courageous action without additional continuous ethics education. Understanding the importance of moral courage as a virtue, individual commitment to develop one's own moral courage, and commitment to give good ethical care can promote nurses' morally courageous behavior (Numminen et al., 2017; Simola, 2015). However, it can be a complicated process and the sum of various reasons as to why a nurse is or is not morally courageous. Even when nurses have enough knowledge and understanding of ethics from their education or personal experience and are willing to speak up for patients, they need confidence to take morally courageous action. This confidence can be gained for example from professional experience and from intuition about what is right (Lindh et al., 2009).

Different factors may inhibit moral courage, including individual matters such as confidence, values, or job security, as well as the type of situation. Thus, although research has reported high self-assessed levels of moral courage for nurses (Numminen et al., 2019; Taraz et al., 2019), nurses and nursing students also seem to wish for support from organizations, leaders, and educators, as acting morally courageously can be strenuous (Escolar-Chua, 2018; Kleemola et al., 2020; Lachman, 2007a). Also, nurses may want to be morally courageous, which can lead to social desirability bias in research (van de Mortel, 2008). The perceived need for support despite relatively high self-assessed moral courage may also be explained by the different ways to perceive moral courage (Sekerka et al., 2009). In addition, even though nurses may feel they are and want to be morally courageous, it can be difficult in situations to really act in a morally courageous fashion (Sekerka et al., 2009), which could also explain the perceived need for support.

In this analysis, organizations' ethical climate and hierarchical structure were identified as associated with moral courage. This finding is in line with research in different environments, such as the military (Sekerka et al., 2009), business (Simola, 2018), and health care (Kleemola et al., 2020). Hierarchy in organizations can inhibit moral courage (Kleemola et al., 2020; Sekerka et al., 2009), and it seems to be related to the importance of collaboration (Hamric et al., 2015; Kleemola et al., 2020; Taraz et al., 2019). In hierarchical organizations, lack of collaboration can inhibit reaching mutual goals (Sekerka et al., 2009), such as doing good for patients. Nurses perceive it particularly difficult to act courageously when there is a need to confront another professional who is higher in the hierarchy (Kleemola et al., 2020). However, the relationship between organizational structure and moral courage has thus far not been studied much with regards to nursing. There might be some explanations yet to be found for how moral courage emerges in different kinds of organizations, which could broaden the understanding of moral courage in nursing.

For example, loyalties between employees and relationships in organizations are said to be associated with moral courage in different areas, such as business (Uys & Senekal, 2008) and the military (Sekerka et al., 2009).

Despite different organizational factors being associated with nurses' moral courage, an individual's characteristics and inner motivation are crucial for a nurse's moral courage. Thus, although promoting moral courage remains essential (Sadooghiasl et al., 2018; Simola, 2018; Taraz et al., 2019), morally courageous behavior starts with an individual's choice, decision, and commitment to personal development (Sekerka & Bagozzi, 2007).

Although research on moral courage in nursing is increasing, the descriptions of moral courage have thus far been on a rather general level. Elements of moral courage and reasons behind acting or not acting in morally courageous fashion have thus far not been studied deeply and in detail.

## 5.1 | Implications for further research

It is important that various methodologies and multi-disciplinary as well as international approaches be used for broadening the knowledge base regarding moral courage. International approaches would enhance understanding possible cultural differences in nurses' moral courage.

The range of approaches that should prove beneficial in future research includes the following.

1. Methodological explorations of factors which are associated with moral courage, using statistical analyses revealing causalities as well as descriptive and qualitative methodologies. This would enable deeper understanding of the associations among factors and serve as basis for strategies to strengthen nurses' moral courage.
2. Explorations of the risks and threats which nurses must overcome in order to act with moral courage. This could deepen understandings of the reasons why an individual might or might not behave in morally courageous fashion, adding psychological perspectives to the research.
3. Explorations of the skills which enhance moral courage, and development of interventions to strengthen nurses' and nursing students' moral courage.
4. Explorations of hierarchy in health care organizations and how it is related to nurses' moral courage, and analysis of multi-professional collaboration in relation to hierarchy and the promotion of moral courage.
5. Explorations of nurses' moral courage from the patients' point of view. This would be justified to study because nurses promote patients' well-being with their moral courage.

## 5.2 | Strengths and limitations

One of the methodological strengths of the study was the flexibility of its search strategy. The search query was refined during tentative

searches, removing and adding terms based on the results in order to enhance the credibility of the study. For example, inclusion of different variations of the term "student" was tried, but when the term did not result in additional citations, it was left out.

The selected framework of Whittemore and Knafl (2005) with its clear steps enabled conducting the analysis despite the challenges of including various types of articles. In addition, the authors discussed the findings of the analysis in order to strengthen its credibility.

Based on the quality appraisal, the level of quality of the selected articles was predominantly high. The most notable limitations were the lack of clarity about the philosophical perspectives on which the studies were based, and the personal influence of the researchers, which were not always described in detail in the qualitative studies. As for quantitative studies, confounding factors were also not always described in detail. Almost all theoretical and philosophical articles received full evaluation points in this regard. Thus, despite some minor limitations of the articles, this study is based on reliable data, which contributes to the credibility of the results.

There are some limitations to note for this study. Firstly, there were 14 articles that proved inaccessible after the title and abstract screening, most of which were relatively old or did not have an abstract. The following strategies were followed to gain access to the papers: A library information specialist provided help, archives on the websites of the journals were sought, and all authors who could be contacted were asked for full text copies of articles. It is difficult to assess whether some of the excluded articles might have given additional knowledge for the analysis. Regardless, it must be noted that this synthesis of recent studies and theoretical articles was perhaps limited by the particular 25 articles that were selected and accessible.

Secondly, there was not a unitary critical appraisal tool available for concept analyses (Joanna Briggs Institute, 2017). Therefore, tools for literature reviews and qualitative research were used where appropriate. The tools were not always fully compatible with the articles, which was acknowledged in the quality appraisal.

Thirdly, in the analysis, the different viewpoints of the articles and the limited results about associated factors posed challenges. Nonetheless, despite these challenges, the clear steps of the analysis enabled identifying dimensional categories of moral courage and its associated factors.

## 5.3 | Relevance for clinical practice and education

### 5.3.1 | Nursing practice

There is a need to promote multi-professional collaboration and discussion regarding ethical dilemmas to enhance ethically competent and morally courageous behavior. It is also essential that nurses discuss ethics together and support each other with regards to moral courage. Moreover, developing health care environments in which hierarchy does not inhibit morally courageous behavior from individuals seems justified.

### 5.3.2 | Nursing education and continuing education

According to the results indicating the importance of knowledge about ethics, it remains vital to enhance the learning of ethics to uphold nursing students' and nurses' moral courage.

## 6 | CONCLUSION

This integrative literature review provided a synthesis of knowledge regarding moral courage in nursing, contributing to the development of a more comprehensive understanding of this virtue. The elements of moral courage which are particular to nursing emerge from a patient-centered perspective and the accompanying willingness on the part of nurses to safeguard patients. Moral courage in nursing is strongly related to patient safety and quality of care. Certain characteristics of the nurse, such as moral integrity and ethical sensitivity, and skills, such as overcoming fear and ethical deliberation, are required for moral courage. Furthermore, moral courage in nursing can be identified in certain acts, such as admitting one's own mistakes and taking responsibility. The three categories of moral courage and associated individual and organizational factors form an overall description of moral courage in nursing, based on the current literature. The background factors and categories are related to each other, by reason of the elements in the categories being vital for nurses' moral courage and the background factors being able to either promote or inhibit behavior based on moral courage.

### AUTHOR CONTRIBUTIONS

Study design: E.P., S.R., and O.N.

Data collection: E.P. and S.R.

Data analysis: E.P. and S.R.

Manuscript writing: E.P., S.R., H.L.-K, and O.N.

### CONFLICTS OF INTERESTS

The authors declare there are no conflicts of interest.

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## SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of this article.

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