THEORETICAL COMPONENT

Terms of reference
In our multicultural society, nurses and caregivers are expected to deliver a qualitatively high standard of care regardless of the culture of patients, and to uphold the interests of patients. Healthcare professionals are exposed to standards, values and customs with which they are unfamiliar. Sometimes these are in conflict with their own standards and values. Thus, how do you uphold the interests of those individuals? How do you protect some one against unfair treatment? How do you identify what really matters to those individuals and what do you do in situations that are in conflict with your own values or the values of the organisation for which you work? It requires professional courage to demonstrate ethical behaviour in such situations and to uphold the interests of others.

In the Netherlands, we have the Nationale Beroepscode van Verpleegkundigen en Verzorgenden. This code of conduct is an aid for healthcare professionals in terms of how to manage moral dilemmas. Healthcare professionals will repeatedly have to weigh up what might be the right approach in presenting situations.

For the purposes of this exercise, professional courage is defined as: the courage to address issues based on one’s own morals.

Having courage means standing up for your beliefs and the desire to do the right thing. You take responsibility for demonstrating your professional values, even at the risk of suffering consequences personally.

Educational principles:
- Exploration of experiences
- Exploration of the concept
- Self reflection
- Collaborative learning
- Stimulation of curiosity
- Practising with methodology

The tool is also informed by the following values:

1 V&VN /NU 91 January 2007, Nationale Beroepscode van Verpleegkundigen en Verzorgenden
Objective
Using a step-by-step plan, students learn how to respond courageously to an issue and/or address a particular situation.
The objective of the workshop centres on the first segment, namely Cultural Awareness as per the Papadopoulos, Tilki Taylor Model for developing intercultural competence in the care sector.

Outcomes
- Students recognise their own preconceptions and stereotyping behaviour
- Students recognise (moral) dilemmas.
- Students are familiar with and understand the concept of ‘moral and professional courage’ and can reflect upon this
- Students are familiar with the code of conduct as per the Nationale Beroepscode van Verpleegkundigen en Verzorgenden
- Students use the guidelines to devise actions regarding (moral) dilemmas.
- Students can explain the difference between being courageous, being arrogant and wanting to be proven right

What the literature says
1. S. Murray, J., PhD, Online journal of issues in nursing, vol. 15, no.3 September 2010, Moral Courage in Healthcare: Acting Ethically Even in the Presence of Risk

In this article, moral courage is defined. Furthermore, the author describes ongoing discussions related to moral courage, moral arrogance and moral certitude, explains how to recognise moral courage and offers some strategies for developing and demonstrating moral courage when facing ethical challenges. In describing the discussion, the author refers to the Code of Ethics for Nurses from the American Nurses Association (ANA)

Moral courage is defined as the pinnacle of ethical behaviour; it requires a steadfast commitment to fundamental ethical principles despite potential risks, such as threats to reputation, shame, emotional anxiety, isolation from colleagues and loss of employment.

The awareness of factors that support/inhibit moral courage can be of help in facing ethical challenges and upholding ethical environments. Some useful instruments are provided, such as a list of critical checkpoints in using moral courage for ethical decision and a table offering examples of inhibitions on moral courage. In this lesson, this list used as an instrument to reflect on moral decision-making.


This article adds a broadened perspective on ethical sensitivity, focusing primarily not on decision-making, but on daily care practices in their institutional context. Empirical research on care practices – more than just on decision-making – enhances the awareness of both explicit moral knowledge and tacit moral knowing of the professional caregiver. Investigating tacit moral knowledge is far from easy
and has methodological consequences for, and influence on the research design. 


3. Increasing self-management and self-reliance

Program Visible Link, a research report by Petra Kanters/ Sanneke Wichgers/ Elly Verblaauw

HRO/Rotterdam University of Applied Sciences. December 2012

The “visible link” ZonMw’s program is funding 96 projects throughout the Netherlands for the deployment of extra community nurses so that they are able to perform duties additional to their officially indicated tasks. The community nurses in the ‘Visible Link’ projects provide care in the broadest possible sense of the word. They are a visible presence in the community and easily accessible to all. They know the people in the neighbourhood and local community services, and they are aware of the local environment. This enables them to help quickly and bring in the right organisations and support when needed. The “Visible links” often work in complex situations. Dealing with this complexity demands professional action and courage on different levels at the same time.

Legislation and regulations in respect of the

Beroepscode Verpleegkundige en Verzorgende Beroepen (code of conduct)

In addition to the principles of the profession, the Beroepscode van Verpleegkundigen en Verzorgenden describes the relationship between the Nurse and the patient, other caregivers and the community.

In article 2, relationship with the patient; it states that every patient has the right to care, and specifically states that ethnic origin, nationality, culture, age, gender, sexual orientation, race, religion, ideology, political conviction, socio-economic status, physical or mental disability, nature of health issues or lifestyle may not influence whether and what care someone receives.[article 2.1] The caregiver is central and the nurse upholds the interests of the patient.[article 2.2]

Provision of care is tailored as far as possible to the needs, standards and values, cultural and ideological views of the patient [article 2.3]

In article 3, the relationship with other patients is described, with specific reference to the nurse protecting the patient against unethical, incompetent, unsafe or otherwise lacking provision of care from other caregivers.[article 3.6]

Nationale Beroepscode van Verpleegkundigen en Verzorgenden [The Code; Standards of conduct, performance and ethics for Nurses]

http://www.venvn.nl/Portals/20/publicaties/20070112beroepscodeposterdef.pdf

Quality of Health Facilities Act

The Quality of Health Facilities Act (KWZ) describes the individual responsibilities of care institutions to provide a qualitatively high standard of care within the global context.

Four criteria are described; 1. responsible care  2. quality-focused policy  3. quality systems and 4. annual report.

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2 ZonMw is the Netherlands organisation for health research and development
Institutions are obliged to develop policy in relation to these 4 aspects. The Inspectorate supervises implementation. In real terms, this means institutions are accountable for the care offered and that they are responsible for the quality and training of staff members.
http://www.igz.nl/onderwerpen/handhaving_en_toezicht/wetten/kwaliteitswet_zorginstellingen

Individual Healthcare Professions Act (BIG Act)
Professionals practising independently are subject to the Individual Healthcare Professions Act [BIG Act]
This legislation defines the framework for the training requirements with which a Nurse must comply, as well as a nurse’s individual responsibilities in terms of activities carried out. A nurse may only conduct activities in which he/she is competent and qualified. It demonstrates professional courage when a nurse indicates not to want to conduct an activity because he/she feels unqualified, or asks questions in response to an order from a doctor because this is unclear or inappropriate.
http://www.igz.nl/onderwerpen/handhaving_en_toezicht/wetten/wet_big/
PRACTICAL COMPONENT

The lesson requires no preparation. During the lesson, you work on the subject with your fellow students and the tutor. The lesson comprises 2 sessions of 50 minutes. During the classroom discussions the teacher uses the Powerpoint presentation “Professional and Moral Courage”

The objective of the lesson is to create awareness of the meaning of professional courage in the care sector (PTT Model of Cultural Awareness) in general and in relation to diversity and multiculturalism.

Cultural Awareness and Courage

Activity 1:
Explore the concept of ‘moral and professional courage’ using the multicultural casuistry introduced by the tutor.

In order to act with courage, it is necessary to examine what is understood by professional courage. Using the casuistry introduced by the tutor, the concepts of moral and professional courage are explored, at the same time observations are underpinned with theoretical explanations. The casuistry is general to start with and is continually extended.

Case study 1

You see someone stealing something from a patient. (This case study is continually extended. E.g. does it matter who the thief is? Does it matter if you know the thief is experiencing financial difficulties?)

This case study is used as the basis for a classroom discussion.
- What is an intercultural dilemma?
- What are standards and values? (What people find important. Behaviour)
- What does having ‘moral courage’ mean? (Morals are closely associated with outlook on life, are often culture-bound).

Outcome
Highlights that diversity in thoughts and actions is possible. There is no single solution. The abovementioned determines how the person experiencing the situation reacts.

Case study 2

You see your supervisor/colleague seating someone in a chair somewhat heavy handedly. The patient is crying and has a bruise.

Answer the following questions in relation to this case study.
- What is the code of conduct for caregivers?
- How could you use this?
- What does having professional courage mean? (courage that is based on the code of conduct, that transcends culture)
Explanation of the step-by-step model:

1. Evaluate the circumstances to establish whether moral/professional courage is needed in the situation.
2. Determine what moral/professional values and ethical principles are at risk or in question of being compromised.
3. Ascertain what principles need to be expressed and defended in the situation.
4. Consider the possible adverse consequences/risks associated with taking action.
5. Assess whether or not the adversity can be endured – determine what support/resources are available.
6. Avoid stumbling blocks that might restrain moral courage, such as apprehension or over-reflection leading to reasoning oneself out of being morally courageous in the situation.
7. Continue to develop moral courage through education, training and practice.


Outcome:
Students are familiar with and understand the step-by-step model.

Case study 3
A patient wants to give you a painting. This lady is of Afghan origin. You know that refusing a gift is considered a great insult in that culture.
Answer the following questions in relation to this case study.
- What course of action would you follow?
- Why would you follow this course of action?
- What do you need in order to know what you should/can do in this situation?
- What thoughts go through your head as you consider whether to do something or not?
- What factors determine whether you do something or not?
- What is the difference between being courageous, being arrogant and wanting to be proven right?

Outcome:
Students are able to apply the step-by-step plan in a given situation.

Activity 2
Two videos are viewed in a classroom setting with the aim of identifying one’s own/others’ preconceptions and stereotyping behaviour.

Outcome:
No one is free of preconceptions and use of stereotyping. Students recognise their own preconceptions and stereotyping behaviour that plays a role in their behaviours (Iceberg theory)

Activity 3
Students draw on casuistry from their own practice and use the step-by-step plan as an aid to explore how the situation can be addressed in a way that upholds the interests, values and standards of the patient.
Students are aware of and can describe various possible outcomes. After all, being courageous is also determined by one’s own moral compass.

After exploration in small groups, the situations examined are discussed by the class as a whole. Appreciation and respect for the views of others forms an important point of departure. Probing and exploratory questions ensure deepening of the learning gained.

**Outcome:**
Students can apply the theoretical step-by-step plan to their own situations in practice.

**Assessment component**

**Formative assessment:**
1. Reflection with the aid of a questionnaire.
2. Using the casuistry as a basis, have students describe a situation via the step-by-step plan.

**Evaluation component**
1. A feedback questionnaire that allows students/tutors to evaluate the lesson.

**References:**

V&VN/NBU91, (Jan. 2007) Nationale beroepscode van Verpleegkundigen en Verzorgenden

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