TOOLS FOR INTERCULTURAL EDUCATION OF NURSES IN EUROPE (IENE3)

SECOND TOOL: COURAGE

Authored by Serpil TURAL Marmara University Pendik Hospital

The identification of nursing concepts has facilitated theory development and the growth of nursing knowledge, which has lead to many nursing advancement. Many concepts have being identified and inquired in nursing, yet there are some that still remain unexplored; one of these concepts is courage.

Courage still remains undefined in nursing. Spencer and Smyth (2007) stated that courage is a concept that remains invisible in nursing. Yet it is essential to the advancement of nursing practice (Spencer, and Smythe 2007). While, Day (2010) stated that “Courage is a virtue that is necessary to the conscientious practice of all health care providers” (Day, 2010). It is the virtue that leads nurses to develop other virtues and skills like leadership, advocacy, commitment, caring, and conflict resolution amongst others. Without courage, nursing would be a robotic job that implies following orders without any regards for the patients health care outcomes. According to Thomas (2007), courage is a requirement to be a leader. “Leaders must consistently find the courage to hold true to their beliefs and convictions” (Thomas, 2003). Today’s nursing leaders need to be courageous to face the politics of the health care systems and improve nursing for the future. Without courage nurses would have no voice in society and as a profession.

Principles and Values:

The principles:

- Learning from each other
- Valuing experience
- To be innovative
- Team working
- Equality
- Tolerance
- Personal development
- Fostering curiosity

The tool is also informed by the following values:

- Caring
- Dignity
- Justice
- Respect
- Knowledge
AIMS:
1. To understand the need for courage in nursing practice,
2. To recognize the courage,
3. Evaluate your courageous behavior from your own experience,
4. To understand what time would necessary to show courage,
5. To understand which abilities require to have courage,
6. To understand the relationship between the confidence and courage.

Literature review

Courage is considered one of the four cardinal virtues, and it has been valued throughout the history of human kind as an important moral virtue. Spence and Smythe stated that the word courage derives from the old French word “courage” which means “heart” and “spirit”. Courage Latin origin is “Cor” meaning “more at heart”. The word courage is still associated with inner strength (Spence and Smythe 2007) and inner power. According to this etymology, courage seems to derive from feelings that arise from within the heart and can provoke a fighting spirit. The APA Dictionary of Psychology (2007) defined courage as “The ability to meet a difficult challenge despite the physical, psychological, and moral risks involved in doing so” (The APA Dictionary of Psychology, 2007, p.239).

Courage is a virtue vital for good nursing, and has brought many benefits and advancements to the nursing profession, yet it has received little credit as a nursing skill. Making courage visible to nursing, can help incorporate it as part of the skills training for nurse leaders in nursing schools. This can bring further advancement to the nursing profession. Also, Having a courageous character can benefit patients since it provokes them to be more willing to take treatments and fight illnesses. The literature review identified physical courage, moral courage, psychological courage, and civil courage as different extensions of courage, and it reinforced that moral courage is the one necessary for nursing. It also identified caring, knowledge, and the ability to overcome fears as some of the defining attributes of courage. The willingness to have a courageous character can be provoked by confidence and a sense of duty, and it can lead to self esteem boosts and good learning experiences. Currently, only a few qualitative methods have been identified to study the phenomena of courage in nursing. It is harder to measure courage with quantitative methods because it is subjective in nature, and people experience it differently, depending on their values, beliefs, and cultures. More studies need to be done to incorporate courage as a nursing concept, and to identify tools and therapies that can entice courage in patients. Courage needs to be recognized as a necessary skill in the health care systems, and it needs to be incorporated as part of the skill training in nursing schools; specifically at the masters and doctoral level. According to Thomas (2003), courage is a skill that can be learned, with the proper training one can learn to control fears and make the right choices (Thomas, 2003). Training nurses to be courageous and stand up for their values is what leads nurses to become great caregivers, great leaders, and great advocates.

Defining attribute

A defining attribute of courage is caring. Peterson,S and Bredow,T (2009) defined caring as a “nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility” (Peteson, S. Bredow, T, 2009. p.193). The feeling of caring and feeling connected to someone or something leads to willingness to make sacrifices to
protect what is loved and cared for. Caring is a crucial component of courage. Without caring, there is no need for courage, and without courage, caring does not last; the sense of duty and responsibility is lost because the person lacks the courage to do what it takes to provide the caring. Caring is a concept widely recognized in nursing, yet the concept of courage is often overlooked. Caring about the patients and the profession can bring positive changes, but only when there is the courage to provoke the changes. The sense of responsibility that nurses have towards their patients and the profession is what has driven generations of nursing leaders to be courageous and work on research, theories, and hospital policies to re-shape the nursing profession.

Another defining attribute of courage is knowledge. Having knowledge builds confidence, and confidence provokes acts of courage in the face of injustice. “Knowing” how to react when necessary exemplifies courage. Aristotle believed that knowledge and experience is what differentiates courage from recklessness. He stated that acts base on knowledge are courageous, whereas acts without knowledge are a compulsion and not brave. He exemplified it with courageous soldiers that prepared for battle by learning the art of war and fighting techniques, and also by preparing themselves physically and mentally (Aristotle revised trans 2009, III.8). Though the art of nursing is different from the art of war, nurses also need to be knowledgeable to be prepared to confront the everyday challenges that the nursing profession brings. Acts of moral courage are based on knowledge. The nurse needs an understanding of morals and values to differentiate between right and wrong and to assess the need to intervene and protect what is valued. Without the proper knowledge, the nurse may be reckless and not know how to act to reach the valued objective. Also, having partial knowledge can lead to embarrassments and self-ridicule; a nurse boycotting against abortions in front of a hospital that does not perform elective abortions can be discrediting and will not bring any benefits to the abortion cause.

Overcoming fears is also a defining attribute of courage. Per the literature review, to commit a courageous act, one must first overcome fears. Fears are a physiological response to threats causing a chemical reaction in the body that leads to the fight or flight response. This chemical reaction gets the body ready to act, however, the action that follows depends on the person’s core values and ability to cope. If the fears are not overcome, then the action may be labeled as cowardice instead of courage. According to the Encyclopedia of Ethics (2001), Cowardice is the opposite of courage and is consider a vice in most cultures. Cowardice is failing to act properly because of fears, whereas, courage requires to control the emotion of fear and act appropriately in an given situation; and it rejects the idea that courage is the absence of fears (Encyclopedia of Ethics, 2001, p. 353-354). Aristotle mentioned that acts done without fear are not courageous acts, and the person that has no fears is not courageous, but does not care and has lost love for life itself (Aristotle revised trans 2009. III.7).

In earlier research focused on illuminating the qualities essential for advancing nursing practice, Spence (2004a) identified several key "C" words including: Confidence, Cognitive capacity and Clinical credibility. Yet there seemed to be something missing. Something else was required to overcome the myriad of factors that constrained the advancement of practice. Further thinking, dialogue and reading suggested that another, perhaps more significant quality, that of courage (Spence, 2004b) was critically important.

Considerable courage exists in the everyday world of nursing practice on multiple levels. Delmar (2004) has argued convincingly that courage and readiness are essential to the development of moral competence in nursing. Walston (2003) suggests that the courage of
nurses in hospital environments is tested daily as they attempt to balance the requirements of bureaucracy with the nurturing and humanitarian philosophies underpinning their profession, and Williams (2000), speaking collectively of New Zealand's nurse leaders, identified a pattern of attitudes, beliefs and responses that has ensured the continued primacy of the nurse in driving nursing forward.

Seeing courage 'as' a particular way of responding as a nurse helps to illuminate its less tangible dimensions.

**Practical component of Courage:**

**Methodolgy:** We started with headnurses from different clinics in hospital. After sharing the tool about courage by presentation, the training was continued with group study and Workshop.

At the end of study with head nurses, we selected the volunteers who will be mentor or model to other nurses to disseminate the courage tool also share his or her experiences with young nurses about courage behavior.

Both methods facilitate the exploration of courage as a nursing skill through real nursing stories and experiences.

**Group study- Discussion:**

**Activities:**

1. **Self awareness:**
   - What is the meaning of courage for you?
   - **Courage as a Response to Threat or Challenge**
     - Give an example for courage person in your mind,

   What is your courage level?

   In this study they asked the subjects to write a story of a time when they had to act courageous, then they gave them a questioner about feelings and thoughts that they experienced before and during the act. This method seems more effective in measuring antecedents that lead to courageous acts, and could be transfer to nursing research to measure the reasoning behind nursing courage.

2. **Relationship between confidence and courage?**
   - Discussion: why people know but they don’t do anything?
   - **Courage as Requiring Confident Knowing**

3. **Relationship between sensitivity and courage?** What is your preference: to say nothing, to say something but do nothing, or to speak up and move…

If your answer is third option, it requires having knowledge and good communication skills.
4- Decision making process:
   a) Define the problem,
   b) Assess the ethical situation,
   c) Evaluate the options,
   d) Search the possible results,
   e) Decide to action,
   f) Evaluate the results.

5- Be mentor (Rol Model) Nurses can develop a courageous character with some training. According to Aultman (2007), health care providers can learn to have moral courage through modeling and mentoring by having ethics committees, continuing of ethics education, and policy development updates (Aultman, 2007).

Courage, a capacity for sustained commitment, the acceptance of continual challenge and the ability to champion one's cause are essential to advancing nursing practice. Nurses can and do act courageously. They must 'en-courage' each other and be 'encourage-d' by others to do so.

Courage can be learned and built into the character through training and practice.

Learning together (experiemntal learning)

Share your stories about courage with young nurses who are little experienced.

Case analysis about courage in nursing: Model case

A 59 year old Male is admitted to the telemetry unit on a Thursday night with complaints of chest pain, elevated cardiac enzymes, EKG changes, critical BUN and creatine levels, and electrolyte imbalances. The Cardiologist wants to do a cardiac angiogram, but the procedure is placed on hold due to the kidney function because the dye will further damage his kidneys. The nephrologist on consult sees the patient on Friday afternoon, diagnoses him with acute renal failure, and orders Intervention Radiology to place a Quinten catheter to start patient on hemodialysis as soon as possible. Intervention Radiology only take cases until five PM from Monday to Friday and close on the weekends. Because the order was placed on such late notice, the procedure will not be done until Monday. The nurse calls the Interventional Radiology manager to see if there is anyway that it can be done on Friday, but the manager is not able help. The attending physician is informed, he orders Cardiovascular surgery to be on consult for placement of the Quinten catheter. The cardiovascular surgeon states that the consult will be done in the late evening because the operating room cases take priority. The cardiologist then schedules the angiogram for Monday.

At three pm the patient get diaphoretic and starts complaining of sever chest pain. Upon assessment, there are changes in the vital signs. The nurse orders a stat EKG and gives the patient morphine and nitroglycerin 0.5mg sublingual time three doses. The patient confirms alleviation of symptoms with the interventions. The cardiologist is informed, but states that the angiogram can not be done until the dialysis catheter gets placed. At five PM the patient has another episode of chest pain in which the above interventions are repeated and the patients pain level improves again. The cardiologist is informed again, but now he is infuriated over the phone call, and the answer remains the same. At six thirty PM the patient
has a third episode of chest pain, but this time, the nurse senses panic in the patient’s eyes as the patient holds her hand and says “Help me”. The nurse then calls a rapid response to get the arrhythmia nurse and the MICCU nurse in the room. Then she goes over the cardiologist head and pages the cardiac fellow to come and evaluate the patient. Upon assessment, the cardiac fellow states “If we do not do an angiogram now there will be no need for the kidneys”. The patient is rushed to the angiogram and then transferred to the intensive care unit. While the patient is getting an angiogram, the nurse goes over the cardiovascular surgeon’s head and calls the head of surgery. The head surgeon sends the cardiovascular surgeon on call to place the dialysis catheter at the same time as the angiogram is being done. The nurse then proceeds to inform the nephrologist so that dialysis can be scheduled after the procedure. Two of the doctors were furious with the nurse, but the patient’s life was saved.

This case represents the moral courage that nurses express on a daily basis to protect their patients, and their licenses. It also includes the defining attributes of courage. The nurse displays caring through her sense of responsibility and commitment to meet the patient’s health care needs. She does everything in her power to prevent the delay of care, from calling the Intervention Radiology manager in an attempt to accelerate the process, to going over two of the consulting physicians heads to increase the patients survival chance. The nurse caring attributes drive her to display courage and stand up for the patient’s right to live; even at the expense of potential failure. Knowledge is also displayed in the above case. The nurse uses her knowledge to examine the situation, then, base on this knowledge she decides to act. Her intuition and experience is telling her that the patient is having a myocardial infarct, and that something needs to be done promptly. The doctors on consult are not listening to her so she calls a rapid response to get nurses with more experience and knowledge in the room to assist. Then, base on her knowledge of the chain of command, she decides to call the cardiac fellow and the head surgeon to get help for the patient. Her knowledge of the situation reinforced her ability to overcome her fears. Overcoming fears is another defining attribute that is displayed in the case. The nurse has the knowledge to act, but still has to overcome the fears of angry co-workers and retaliation. She knows that bypassing the doctors will infuriate them and can have potential consequences for her career, but base on her professional knowledge, if she does not act, the patient will not make it through the night. The nurse then chooses her sense of duty to protect her patient over fear of angry co-workers.

Contrary Case

Continuing with the above case, when the patient holds the nurse’s hand and says “help me”, the nurse picks up on the patients panic, but does not know what to do. She already called the cardiologist twice and got yelled at for doing so. The nurse proceeds to tell the patient that she is doing everything in her power to help him, and that he has to wait for the cardiovascular surgeon to place the catheter. She then proceeds to give the patient more morphine and nitroglycerin. two hours later, the nurse received a phone call from central telemetry informing her that the patient is sustaining ventricular tachycardia. The nurse rushes to the room and finds the patient unconscious, she calls the code blue and starts resuscitation attempts. By the time the code blue team gets to the room the patient is in ventricular fibrillation. Further attempts to resuscitate the patient continues for twenty minutes, and then the patient gets pronounced death. The nurse may have the defining attribute of caring, but lacks the courage to do extraordinary measurement to save the patients life. The cardiologist had yelled at her for the continuous calling, and so, she is afraid to call again. Also the defining attribute of knowledge is lacking in this case. The nurse might know-base on her experiences-that the patient is in trouble, but she does not know how to help him. She might
not know that there is a cardiac fellow on call or an arrhythmia nurse available to help, and so she does not intervene due to the lack of knowledge. The nurse is also not able to overcome her fears. She is too afraid to advocate for the patient, and call others for help. Even if she does not know about available resources, she can always resort to her manager or team leader for further assistance, but she does not do so for fear of demoralization and being labeled incompetent.

Evaluation:

**Learner Evaluation**, the learner should evaluate the tool that has assisted learning and what has been learned. This stage of evaluation should focus on awareness of courage.

**Trainer Evaluation**: Trainers should evaluate the tool through observing learning activities that demonstrate learners’ developing skills in relation to displaying confidence and courage, focusing on how they make decisions in relation to the need to convey concerns about unsatisfactory care.

References