



**TURUN
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MORAL COURAGE IN NURSING

Refining the concept

Elina Pajakoski



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To all nurses, who courageously defend what is right.

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ELINA PAJAKOSKI: Moral courage in nursing – Refining the concept

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ABSTRACT

The concept of moral courage in nursing belongs to the field of nursing science. It is linked to nurses' moral actions, standing up for individual and professional values despite personal risks. In the literature, there is an increase in studies related to moral courage, with the main studies presenting partly varying definitions of moral courage and using self-assessment instruments in hospital settings, with varying constructs and contents.

This doctoral study aimed to clarify and refine the concept of moral courage in nursing with the Hybrid Model of Concept Development, comprising theoretical, fieldwork and final analytical phases, including also the evaluation of the maturity of the concept. The theoretical phase comprised an integrative literature review. The fieldwork phase included a survey on nurses' (n=205) self-assessed level of moral courage and a narrative study on nurses' (n=14) justifications for morally courageous acts and the consequences of the acts. In the analytical phase, a refined concept definition was formed. The maturity of the concept was evaluated in the theoretical and final analytical phases.

Moral courage manifests itself in ethical conflicts. Nurses pondered justifications for morally courageous acts and identified the consequences of their acts for themselves, the patients and the work community. Nurses self-assessed their level of moral courage to be moderate or high. Theoretical knowledge combined with versatile examples in empirical data sets enhanced the formation of a clarified, refined definition of the concept. In the final analytical phase, the concept was evaluated as more mature than in the theoretical phase because of the clarified and refined antecedents, attributes and consequences, which were based on rich empirical data cases.

The refined concept definition provided in this study strengthens the knowledge base of nursing ethics. The development of the conceptual basis of moral courage gives possibilities for developing processes that support nurses' morally courageous acts, and that further actions are taken in the organisation to improve the situation. Additionally, the results can be used in theory development concerning the concept.

KEYWORDS: Moral courage, ethics, ethical conflict, nursing, concept analysis, concept maturity, hybrid model

TURUN YLIOPISTO

Lääketieteellinen tiedekunta, Hoitotieteen laitos

Hoitotiede

Elina Pajakoski: Moraalinen rohkeus hoitotyössä – Käsitteen tarkentaminen
Väitöskirja, 155 s.

Hoitotieteen tohtoriohjelma

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TIIVISTELMÄ

Käsite moraalinen rohkeus hoitotyössä kuuluu hoitotieteen alaan. Se kytkeytyy hoitotyöntekijän moraaliseen toimintaan, omien ja ammatillisten arvojen puolustamiseen eettisissä ongelmatilanteissa henkilökohtaisista riskeistä huolimatta. Moraalista rohkeutta tarkastelevien tutkimusten määrä on lisääntynyt kirjallisuudessa, ja tutkimuksissa moraalista rohkeutta on määritelty osittain eri tavoin, käyttäen eri rakenteisia ja sisältöisiä itsearviointimittareita sairaalaympäristöissä.

Väitöskirjatutkimuksen tarkoituksena oli selkeyttää ja tarkentaa käsitettä moraalinen rohkeus hoitotyössä hybridimallia noudattavalla käsiteanalyysillä, joka koostuu teoreettisesta, empiirisestä ja analyttisestä vaiheesta, sisältäen käsitteen kypsyyden arvioinnin. Teoreettinen vaihe oli integratiivinen kirjallisuuskatsaus. Empiirisessä vaiheessa toteutettiin kyselytutkimus hoitotyöntekijöiden (n=205) moraalisen rohkeuden itsearvioidusta tasosta ja narratiivinen tutkimus sairaanhoitajien (n=14) perusteluista moraalisesti rohkeille teoille sekä tekojen seurauksista. Analyttisessä vaiheessa muodostettiin tarkennettu määritelmä käsitteelle. Käsitteen kypsyyttä arvioitiin teoreettisessa ja analyttisessä vaiheessa.

Moraalinen rohkeus ilmenee eettisissä ongelmatilanteissa. Sairaanhoitajat pohtivat perusteluja moraalisesti rohkeille teoille ja tunnistivat tekojensa seurauksia itselleen, potilaalle sekä työyhteisölle. Hoitotyöntekijät arvioivat moraalisen rohkeutensa tason keskitasolle tai korkeaksi. Teoreettinen tieto yhdistettynä monipuolisiin esimerkkeihin empiirisessä vaiheessa mahdollistivat käsitteen selkeyttämisen ja tarkennetun määritelmän muodostamisen. Käsite arviointiin kypsemmäksi kuin teoreettisessa vaiheessa, koska monipuolisiin empiirisiin esimerkkeihin perustuvat ennakkoehdot, ominaisuudet ja seuraukset selkeytyivät ja tarkentuivat.

Tässä tutkimuksessa tehty käsitteen tarkennettu määritelmä vahvistaa hoitotyön etiikan tietoperustaa. Moraalisen rohkeuden käsitteellisen perustan vahvistaminen antaa mahdollisuuksia kehittää käytännön hoitotyöhön prosesseja, jotka tukevat hoitotyöntekijöiden moraalisesti rohkeita tekoja ja sitä, että asian kohentamiseksi tehdään organisaatioissa jatkotoimenpiteitä moraalisesti rohkeiden tekojen jälkeen. Tuloksia voi myös hyödyntää käsitteeseen liittyvässä teorianmuodostuksessa.

AVAINSANAT: Moraalinen rohkeus, etiikka, eettinen ongelma, hoitotyö, käsiteanalyysi, käsitteen kypsyyden kypsyys, hybridimalli

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Abbreviations

ALLEA	All European Academies
ANOVA	One-way analysis of variance
CINAHL	Cumulative Index to Nursing and Allied Health Literature
ERIC	Education Resources Information Centre
EU	European Union
ICN	International Council of Nurses
NMCS	Nurses' Moral Courage Scale ©Numminen et al. 2019
NRS	Numeric Rating Scale
MCSNF	Moral Courage Scale for Nursing Faculty ©Stephens & Layne 2023
MCSP	Moral Courage Scale for Physicians ©Martinez et al. 2016
MEDLINE	Medical Literature Analysis and Retrieval System Online
NMCQ	Nurses' Moral Courage Questionnaire ©Sadooghiasl et al. 2016
OED	Oxford English Dictionary
PMC	Professional Moral Courage Questionnaire ©Sekerka et al. 2009
TENK	The Finnish National Board of Research Integrity
WHO	World Health Organization

List of Original Publications

This dissertation is based on the following original publications, which are referred to in the text by their Roman numerals:

- I Pajakoski E, Rannikko S, Leino-Kilpi H, Numminen O 2021. Moral courage in nursing – An integrative literature review. *Nursing & Health Sciences*. 2021 (16); 1: 570–585.
- II Pajakoski E, Rannikko S, Leino-Kilpi H, Löyttyniemi E, Numminen O 2023. Nurses’ moral courage in Finnish older people care: a cross-sectional study. *Nordic Journal of Nursing Research*. 2023 (43); 1: 1 – 8.
- III Pajakoski E, Leino-Kilpi H, Stolt M, Čartolovni A, Suhonen R 2024. Nurses’ justifications for morally courageous acts: A narrative inquiry. *Nursing Ethics*. 2024; DOI: 10.1177/09697330241284357
- IV Pajakoski E, Leino-Kilpi H, Čartolovni A, Stolt M, Suhonen R. Consequences of moral courage in nursing: A narrative inquiry. (*Manuscript*)

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1 Introduction

This doctoral study is situated in nursing science, specifically in the field of nursing ethics. It focuses on the concept of moral courage in nursing, which refers to nurses' actions in ethical conflicts, and nurses defending what they believe to be right even at the risk of negative outcomes for themselves (Arries, 2005; Rest, 1994).

Moral courage has been acknowledged as far back as in Aristotle's virtue ethics (Aristoteles 350 BCE, 2012). The concept remains relevant in contemporary nursing, which, as a health care profession, requires high moral standards. Thus, discussions of what is good or bad and right or wrong are important in nursing, and these viewpoints are at the heart of moral courage in the field. Nurses work with patients and clients who are vulnerable due to their health issues (International Council of Nurses, 2021). Nurses have legal (Finlex 559/1994 Health Care Professionals Act, 1994) and ethical (Finnish Nurses' Association, 2021; International Council of Nurses, 2021) obligations to provide high-quality and morally sound care for patients and clients even in the presence of ethical conflicts (WHO Regional Office for Europe, 2016). Ethical conflicts manifest when there are clashes in values between individuals or between an individual and an organisation or society (Liu et al., 2023). The essence of nursing, working for someone else's good, adds complexity to ethical conflicts (Arries, 2005; Liu et al., 2023; Rainer et al., 2018). In ethical conflicts, nurses benefit from moral courage when acting according to their own values and the professional values of nursing despite the risk of personal negative outcomes (Barlow et al., 2018; Numminen et al., 2017; Sadooghiasl et al., 2018).

The concept of moral courage is important both in the philosophical foundations and the empirical world of nursing, as it is the virtue of nurses acting courageously (Numminen et al., 2017; Sadooghiasl et al., 2018). When exploring the concept, the morally courageous individual, other people around, and the context are essential (Arries, 2005). In this doctoral study, moral courage is explored as a dispositional concept (Rodgers, 2000) because it manifests itself in human action. The manifestation seems to vary between situations, individuals, and contexts in nursing, highlighting moral courage as a context-specific concept (Arries, 2005; Papouli, 2019; Rodgers, 2000).

This concept analysis follows the Hybrid Model of Concept Development to clarify and refine the concept of moral courage in nursing based on earlier literature and empirical data (Morse & Lenz, 1996; Schwartz-Barcott & Kim, 2000). Refining the definition of an existing concept, such as moral courage, allows for clarifying its central elements, thus facilitating further discussions on the topic (Walker & Avant, 2019). Studying the phenomenon and concept of moral courage in nursing is important because of its relevance in contemporary nursing care and because it is a part of the theoretical knowledge base of nursing. The Hybrid Model of Concept Development was selected because it combines theoretical and empirical data, enhancing the refined concept definition with the addition of more layers and elements. The Hybrid Model handles concepts integral to nursing. It starts from a theoretical phase, comprising an integrative literature review, to identify the concept and its possible evaluation tools to form a starting point for the concept development. Then, the development continues with empirical explorations in the fieldwork phase. Finally, in the final analytical phase, theoretical and empirical knowledge are compared and combined, forming and finalising the refined concept definition. (Figure 1.)

The purpose of this three-phase study was to clarify and refine the concept of moral courage in nursing. The goal was to strengthen the theoretical knowledge base of nursing with the refined concept definition, promoting a deeper understanding of the concept. (Walker & Avant, 2019) It is justified to clarify and refine this context-specific concept, as nursing and health care are changing, and nurses encounter various ethical conflicts in which they need moral courage (Liu et al., 2023). Moreover, recognising moral courage not only as an individual characteristic but as a wider phenomenon in nursing gives a broader meaning to the concept and thus justifies forming a refined definition of the concept (Rodgers et al., 2018; Schwartz-Barcott & Kim, 2000). Studying moral courage in this manner provides empirical, experience-based examples from which a refined concept definition can be derived, and nurses can identify ways to strengthen and maintain their moral courage. Additionally, the refined concept definition provides opportunities to understand and organise the knowledge on the topic, discuss it theoretically and conduct further research. (Rodgers et al., 2018; Walker & Avant, 2019) This doctoral study presents a refined definition of the concept of moral courage in nursing. The refined concept definition forms a foundation for examinations of its relationships with other concepts as part of possible theory development in the future (Kynge, 2020; Rodgers et al., 2018; Schwartz-Barcott & Kim, 2000).

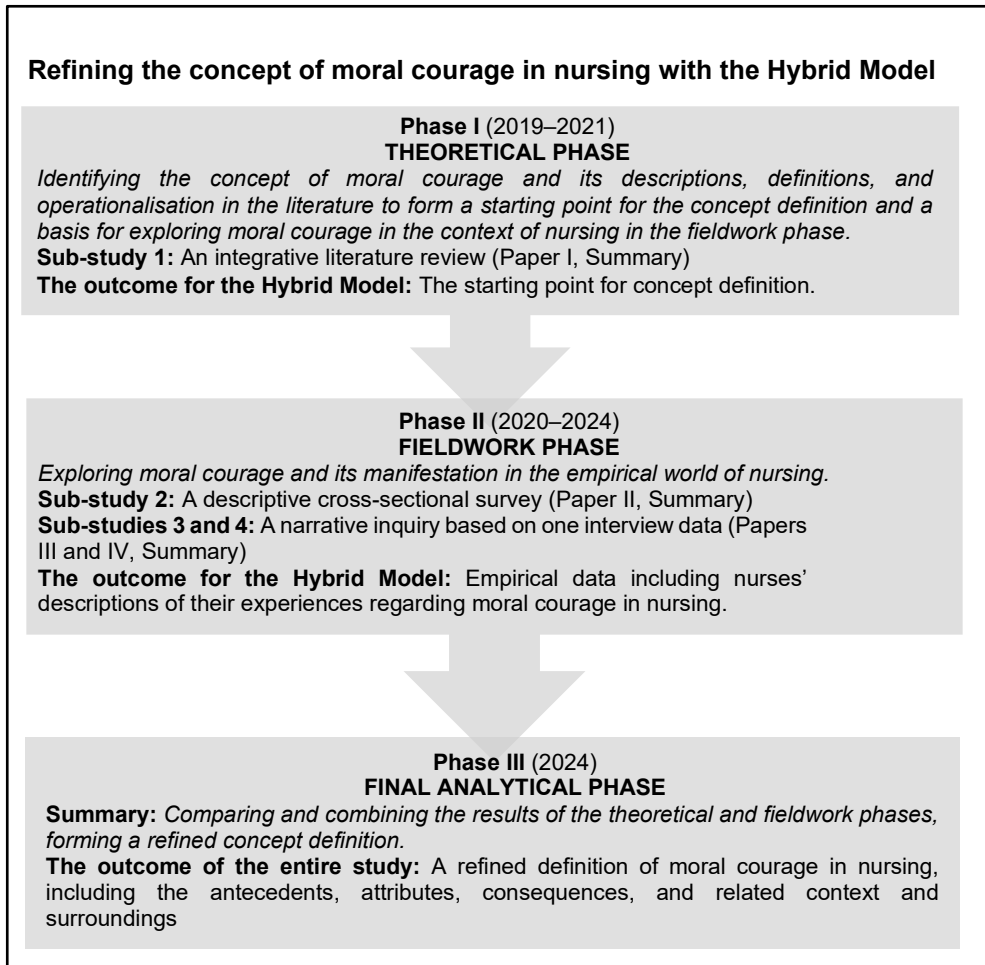


Figure 1. Study phases, approaches, and outcomes for the Hybrid Model.

2 Review of the literature

In this chapter, the origin of the concept of moral courage, its dictionary definitions and definitions in different disciplines, especially in nursing science, are presented. Earlier definitions and research findings regarding the concept are also presented. These include descriptions of what constitutes a morally courageous nurse, as well as manifestations and self-assessments of nurses' moral courage.

2.1 Literature search

The initial research literature search was conducted in 2020 in Phase I (Sub-study 1), in the theoretical phase of the Hybrid Model (Sub-chapter 4.1). The literature search was updated in 2021 and in August 2024. The search string was developed based on concept definitions in the nursing field (Numminen et al., 2017; Sadooghiasl et al., 2018), and other disciplines (Papouli, 2019; Pianalto, 2012; Sekerka et al., 2009) and through tentative searches performed by the doctoral researcher with the support of an information specialist.

The databases were CINAHL (Ebsco), Cochrane Library, ERIC (Ebsco), Philosopher's Index (Ebsco), and PubMed (MEDLINE). The search string was adjusted to technically correspond to the requirements of each database. Database-specific subject headings were used when available: nurse, nursing, and midwife. In each step, the reference lists of selected articles were searched manually to identify potential additional articles.

In the initial search (2020) and the first updated search (2021), in addition to empirical papers, theoretical, concept analysis and literature review papers were included to support the theoretical phase of the Hybrid Model. The inclusion criteria were updated in the 2024 search, conducted during the Hybrid Model's final analytical phase. In the 2024 search, theoretical, concept analyses and literature review articles were excluded, and the focus was on empirical research. Adding more theoretical literature to the concept definition was irrelevant at the time of the final analytical phase. However, including new empirical knowledge supported the final analytical phase, whereas newly identified literature reviews were excluded, as they included empirical articles covered in the updated review. Although theoretical

papers were excluded, it was noted that no new concept analyses were identified in the updated search in 2024. (Figure 2)

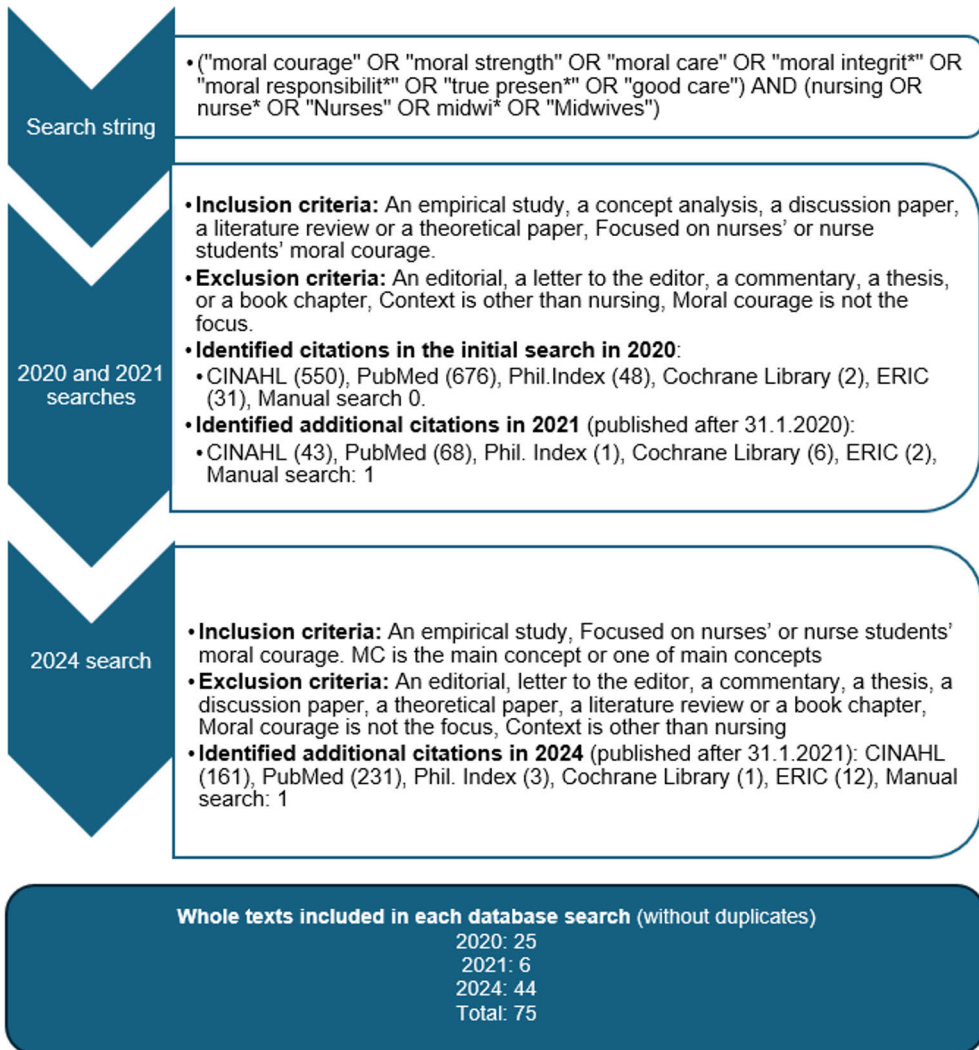
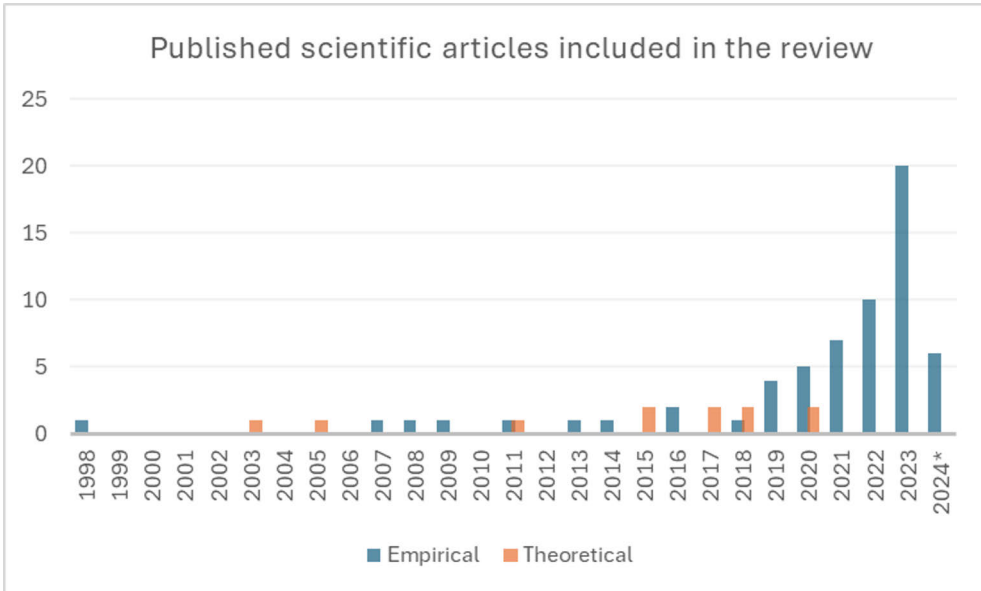


Figure 2. Selection of articles.

Empirical research on moral courage in nursing increased substantially after 2021, and the selected articles were published between 1998 and 2024 (Figure 3). The authors represented organisations in Europe, Asia, Australia, and America (Figure 4, Appendix 1).



Articles published between 2021–2024: only empirical articles were included.

* Before 8. August.2024.

Figure 3. The years when the selected articles were published.

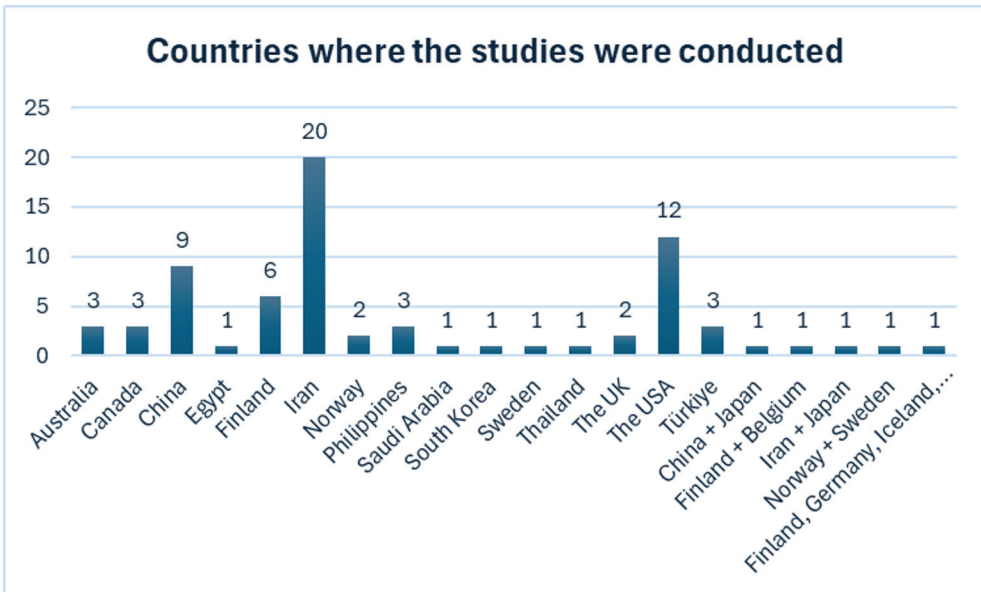


Figure 4. Countries that the authors of the articles represented.

2.2 The origin of the concept of moral courage

In this Sub-chapter, descriptions and definitions of moral courage are presented based on Aristotelian virtue ethics (Aristoteles 350 BCE, 2012), the Oxford English Dictionary (OED) (Oxford University Press, 2024), the Merriam-Webster Dictionary (Merriam-Webster Inc., 2024) and research conducted in disciplines other than nursing science (Caldicott, 2023; Papouli, 2019; Pianalto, 2012; Press, 2018; Sekerka et al., 2009). The concept of moral courage conjoins the two terms, *moral* and *courage*. Because only one of the two consulted dictionaries defined moral courage as a concept, the definitions of the two constituent terms are defined. (Table 1)

Two widely used dictionaries that include examples of term usage were consulted. These dictionaries have existed for a rather long time, giving reason to assume validity in their definitions. (Merriam-Webster Inc., 2024; Oxford University Press, 2024) The OED defines the term *moral courage* and explains that it has been included in the OED since 1808 (Oxford University Press, 2024). However, the Dictionary of Nursing (Martin & MacFerran, 2008) and the Dictionary of Nursing Theory and Research (Powers & Knapp, 2011) do not define the concept. The definitions presented in Tables 1 and 2 provide the basis for understanding the concept before examining it in the context of nursing.

Table 1. Dictionary definitions in the selected dictionaries.

REFERENCE	TERM		
	<i>Moral</i>	<i>Courage</i>	<i>Moral courage</i>
Oxford English Dictionary (2024), no page.	“Of or relating to human character or behaviour considered as good or bad; of or relating to the distinction between right and wrong, or good and bad”	“That quality of mind which shows itself in facing danger without fear or shrinking; bravery, boldness, valour”	“The kind of courage which enables a person to remain firm in the face of odium or contempt, rather than depart from what he or she deems the right.”
Merriam-Webster (2024), no page.	“Of or relating to principles of right and wrong in behaviour: ethical; expressing or teaching a conception of right behaviour; conforming to a standard of right behaviour; sanctioned by or operative on one's conscience or ethical judgment; capable of right and wrong action.”	“Mental or moral strength to venture, persevere, and withstand danger, fear, or difficulty”	-

History of the concept

Moral courage has been discussed as early as in Aristotle’s Nicomachean Ethics. Aristotle described moral courage as a mean between rashness and cowardice. This meant that, despite possible negative consequences, a balance between rashness and

cowardice is found, and the morally courageous person acts accordingly. (Aristoteles 350 BCE, 2012) Despite the developments of contemporary societies after Aristotle’s time, his virtue ethics are still relevant (Papouli, 2019). Nevertheless, moral courage is not mentioned in the international (International Council of Nurses, 2021) or Finnish national (Finnish Nurses’ Association, 2021) codes of ethics for nurses, even though the content of these codes describes nurses as having the role of patient advocates. Moreover, in the EU Whistleblower Directive, whistleblowing is not described as a courageous act. The directive does, however, describe that people may choose not to “blow the whistle” because they fear negative consequences for themselves (EU, 2019), indicating a lack of moral courage.

In addition to nursing, moral courage has been studied in the fields of medicine (Caldicott, 2023; Martinez et al., 2016), social work (Papouli, 2019), sociology (Press, 2018), philosophy (Pianalto, 2012) and psychology (business ethics) (Sekerka et al., 2009). These disciplines represent social- and health care and philosophy. In each of these fields, moral courage has been described with the perspective of virtue ethics and manifesting as morally courageous acts of professionals (Caldicott, 2023; Martinez et al., 2016; Papouli, 2019; Pianalto, 2012; Sekerka et al., 2009). Additionally, an instrument developed in the context of psychology has been used to measure nurses’ moral courage (Sub-section 2.3.2). Examples of how moral courage is defined in these fields are presented in Table 2, and definitions of the concept in nursing literature are presented in Sub-chapter 2.3.

Table 2. Examples of definitions in other disciplines.

DISCIPLINE	REFERENCE	DEFINITION OF MORAL COURAGE
MEDICINE	Martinez et al., 2016, p. 1431	“Moral courage can be defined as the voluntary willingness to stand up for and act on one’s ethical beliefs despite barriers that may inhibit the ability to proceed toward right action.”
SOCIAL WORK	Papouli, 2019, p. 927	“The virtue of courage is the mean between cowardice (deficiency) and rashness (excess) in the field of danger.”
PHILOSOPHY	Pianalto, 2012, p. 165	“Moral courage involves acting in the service of one’s convictions, in spite of the risk of retaliation or punishment” “
SOCIOLOGY	Press et al. 2018, p. 181	“A form of social action that has four essential components: (1) it is animated by a strong set of personal convictions; (2) it transgresses established customs or attitudes; (3) it is carried out in the face of high social risks or costs; (4) it is normatively-driven conduct in which certain norms are accepted as binding, even as other norms are flouted and ignored.”
PSYCHOLOGY	Sekerka et al. 2009, p. 565 and 567	“The five dimensions [of moral courage] are moral agency, multiple values, endurance of threats, going beyond compliance, and moral goals.” “Moral courage as a part of ... job, providing them with the mental strength to do what is right, even in the face of personal or professional adversity.”

2.3 The concept of moral courage defined in nursing

The definitions and descriptions of moral courage in the nursing field are presented based on the review of the literature. In nursing, the concept is discussed as a valued personal characteristic and a virtue, manifesting in ethical conflicts (Bickhoff et al., 2017; Gallagher, 2011; Numminen et al., 2019; Sadooghiasl et al., 2018). Nurses perform morally courageous acts on behalf of the patient's good, to preserve the patient's human dignity (Bickhoff et al., 2017; Numminen et al., 2017; Sadooghiasl et al., 2018). Also, doing one's best at work and being morally responsible when encountering ethical conflicts is considered morally courageous (Numminen et al., 2017).

Moral courage has been explored in nursing using qualitative descriptive and exploratory studies, cross-sectional survey studies and a small number of grounded theory, quasi-experimental, and intervention studies (Appendix 1). However, there has been imprecision and variety in the presented definitions of the concept, justifying the clarification and refinement of the concept in this study (Morse et al., 1996; Morse & Lenz, 1996). The research presented here focused on nurses, nursing students, the ethical conflicts in which moral courage manifests, morally courageous acts, and inhibitors of moral courage. Informants in the studies were nurses and nursing students (Appendix 1).

Moral courage in nursing has been defined in two concept analyses from the perspective of a morally courageous nurse. The first published concept analysis was conducted to operationalise the concept and to develop an instrument for measuring nurses' moral courage. Due to the scarce amount of literature at the time of the concept analysis, the study described what it is to be a morally courageous nurse. In the concept analysis, moral courage in nursing was defined as a virtue that manifests itself as nurses' morally courageous acts (Numminen et al., 2017). The definition highlighted morally courageous nurses taking personal risks in various ethical conflicts as patient advocates. The attributes of the concept described the characteristics of the morally courageous nurse: "true presence", "moral integrity", "responsibility", "honesty", "advocacy", "commitment and perseverance" and "personal sacrifice". (Numminen et al., 2017, p. 883) The perspective of the characteristics of morally courageous nurses and the attributes were reorganised when later developing an instrument (Sub-section 2.3.2)(Numminen et al., 2017, 2019). The concept analysis identified the antecedents, attributes and consequences of the concept (Table 3).

The second published concept analysis followed the Hybrid Model, combining theoretical knowledge from the literature and empirical knowledge from qualitative data. The study was set in an Islamic context, as described in the published article. (Sadooghiasl et al., 2018) Corresponding with the previously published concept analysis (Numminen et al., 2017), this concept analysis defined moral courage as a virtue of a nurse. The concept analysis identified two attributes of the concept: "moral self-actualisation" and "risk-taking", both being related to nurses' morally courageous acts in ethical conflicts (Sadooghiasl et al., 2018, p. 13). Based on the

definition formed in the concept analysis, the concept was operationalised and an instrument measuring nurses' moral courage was developed (Sadooghiasl, 2016).

Empirical research and concept analyses on moral courage in nursing focus on the characteristics and acts of morally courageous nurses, providing important knowledge about morally courageous nurses. The definitions provided in the concept analyses have facilitated the operationalisation of the concept in developing instruments to measure nurses' moral courage. The basis of the definitions and descriptions of moral courage in empirical research corresponds to those in the concept analyses: moral courage is a virtue of nurses, manifesting as morally courageous acts conducted despite personal risks from the act. (Abdollahi et al., 2024; Numminen et al., 2017; Sadooghiasl et al., 2018) Ethical competence, ethical decision-making skills, responsibility, and advocacy are described as belonging to moral courage in both concept analyses (Numminen et al., 2017; Sadooghiasl et al., 2018). However, despite these similarities, there are differences between the concept analyses in the antecedents, attributes and consequences in the definitions. For example, the number and level of abstraction of antecedents and attributes differ, although risk-taking is present in both concept analyses and empirical research. Also, the presented consequences were different (Table 3). These differences and ambiguities indicate a need for clarification and refinement of the concept and evaluation of its maturity (Morse et al., 1996; Morse & Lenz, 1996).

Table 3. The antecedents, attributes and consequences of the concept of moral courage in nursing in existing, reported concept analyses.

NUMMINEN ET AL. 2017 (p. 883–887)	SADOOGHIASL ET AL. 2018 (p. 13–16)
The perspective of a morally courageous nurse	
ANTECEDENTS	
“Ethical sensitivity”	“Model orientation/model acceptance”
“Conscience”	“Rationalism”
“Overcoming fear”	“Academic and professional competences”
“Experience”	“Spiritual beliefs”
	“Protective-repressive climate”
ATTRIBUTES	
“True presence”	“Moral self-actualization”
“Moral integrity”	“Risk-taking”
“Responsibility”	
“Honesty”	
“Advocacy”	
“Commitment and perseverance”	
“Personal risk”	
CONSEQUENCES	
“Personal and professional development”	“Professional care”
“Feeling of empowerment”	“Nurse’s peace of mind”
	“Right decision and right performance”

2.3.1 Characteristics of moral courage in nursing

Characteristics of the concept of moral courage in nursing have been identified in the literature by describing morally courageous nurses (Abdollahi et al., 2024; Li et al., 2024; Numminen et al., 2017; Sadooghiasl et al., 2018)(Sub-chapter 2.3). Next, the characteristics of morally courageous nurses will be presented to illuminate the concept, as moral courage manifests itself in nurses' morally courageous acts.

The characteristics are related to being able to overcome personal risks and having ethical competence and virtues. Morally courageous nurses can overcome the personal risk by acting morally courageously in ethical conflicts. (DeSimone, 2019; Hamric et al., 2015; Murray, 2010; Numminen et al., 2017; Peng et al., 2023) They are committed to giving good care to patients and acting in favour of promoting the clinical and ethical quality of care (Berdida & Grande, 2023; Mahboubi et al., 2023; Numminen et al., 2019; Wawersik et al., 2023; Wolf & Noblewolf, 2024). Morally courageous nurses have empathy (Heggstad et al., 2022), honesty (Jantara et al., 2023; Numminen et al., 2017; Peng et al., 2023; Wawersik et al., 2023), moral responsibility (DeSimone, 2019; Jantara et al., 2023; Numminen et al., 2017; Pakizekho & Barkhordari-Sharifabad, 2022; Roshanzadeh et al., 2021), and moral integrity (Black et al., 2014; Hauhio et al., 2021; Huang et al., 2023a; Numminen et al., 2019).

Furthermore, morally courageous nurses benefit from having ethical competence (Abdollahi et al., 2021; Konings et al., 2021; Numminen et al., 2017; Wiisak, Suhonen, & Leino-Kilpi, 2022). As part of their ethical competence, morally courageous nurses have ethical sensitivity to identify ethical conflicts and the need for moral courage (Goktas et al., 2023; Khatiban et al., 2022; Luo et al., 2023; Numminen et al., 2017). After identifying ethical conflicts, nurses use their ethical decision-making skills to decide how to best act in favour of what is right (Hong et al., 2023; Khatiban et al., 2022; Luo et al., 2023; Mohammadi et al., 2022; Solgajová, 2023; Wiisak, Suhonen, & Leino-Kilpi, 2022; Yu et al., 2023). Morally courageous nurses conduct ethical reasoning and decision-making regarding their potential morally courageous acts individually or together with colleagues or other professionals. They decide to act to advance the good of the patient, work community, society or themselves. (Wiisak, Suhonen, & Leino-Kilpi, 2022)

Nurses justify their morally courageous acts with their aim to do good at work (Bickhoff et al., 2016; Hauhio et al., 2021; Numminen et al., 2017). The acts can be conducted inside or outside the organisation, during a conflicting situation or after it. The acts identified in the literature include initiating a discussion about an ethical conflict, admitting one's own mistakes and being truly present for the patient. The first morally courageous act is often initiating a discussion of the ethical conflict (Pohjanoksa et al., 2019). Nurses can speak up to defend what is right to their closest manager (Kleemola et al., 2020; Pohjanoksa et al., 2019), managers higher up in their organisation's hierarchy, the patient or their next-of-kin, or a trade union

representative (Kleemola et al., 2020; Pohjanoksa et al., 2019). Furthermore, nurses act morally courageously by admitting their own mistakes (Numminen et al., 2017) and by being truly present for the patient (Numminen et al., 2017). Morally courageous acts that are conducted after a conflicting situation include a written notice within or outside the organisation (Kleemola et al., 2020).

However, there are situations in which nurses cannot act morally courageously even when they feel it is necessary. Inhibitors of moral courage have been described as individual and can result from a fear of negative consequences or insufficient knowledge of ethics, for example. Moreover, organisational inhibitors may include a lack of support for nurses to act morally courageously in ethical conflicts. (Namadi et al., 2023)

2.3.2 Operationalisation and measurement of moral courage in nursing

Instruments for measuring moral courage have been developed based on operationalisations of the concept in military (Sekerka et al., 2009)(Table 4) and health care (Martinez et al., 2016; Numminen et al., 2019; Sadooghiasl, 2016; Stephens & Layne, 2023) contexts. As the operationalisations have been based on different definitions of the concept, it is relevant to examine the contents and structure of the instruments. The instruments used to measure the level of nurses' moral courage are described in this section. The measured levels of moral courage are presented according to each instrument.

Five instruments to measure nurses' moral courage can be identified in the literature: the Professional Moral Courage Questionnaire ©Sekerka et al. 2009, the Nurses' Moral Courage Questionnaire ©Sadooghiasl 2016, the Moral Courage Scale for Physicians ©Martinez et al., 2016, the Nurses' Moral Courage Scale ©Numminen et al., 2019 and Moral Courage Scale for Nursing Faculty ©Stephens & Layne, 2023. Each instrument has sub-scales, representing attributes of moral courage (Table 4). The instruments have been used mainly to collect data in hospitals (Appendix 2). The instruments and their use are presented here in the order of their publication year.

The Professional Moral Courage Questionnaire (PMC) ©Sekerka et al. (Table 4) was developed in the field of Business Ethics, and is based on empirical data from the United States Military (Sekerka et al., 2009). The PMC measures professional moral courage from the perspective of how respondents assess the contents of the items in terms of relevance to their work. The measurement is conducted based on the five dimensions (Sekerka et al., 2009) of moral courage (Table 4). A 7-point Likert scale is used: 1 is "never true" and 7 is "always true" (Sekerka et al., 2009, p. 572). The PMC has been used in the context of nursing in Iran (Abdollahi et al., 2021; Hakimi et al., 2023; Hanifi et al., 2019; Hthelee et al., 2023; Khatiban et al., 2022; Khoshmehr et al., 2020; Lotfi-Bejestani et al., 2023; Mahboubi et al., 2023; Mohammadi et al., 2022;

Pakizekho & Barkhordari-Sharifabad, 2022; Pirdelkhosh et al., 2022; Safarpour et al., 2020; Taraz et al., 2019) and the USA (Edmonson, 2015).

The Nurses' Moral Courage Questionnaire (NMCQ) (Table 4) ©Sadooghiasl et al., based on a concept analysis, has been developed in nursing for measuring nurses' moral courage (Sadooghiasl, 2016; Sadooghiasl et al., 2018). This instrument can be used to measure moral courage based on how often a person acts in a certain courageous way: responses are self-reported (Azizi et al., 2024; Sadooghiasl, 2016). The 5-point Likert scale is used: 1 is "never" and 5 is "always" (Azizi et al., 2024, p. 3). The scores of the instrument are calculated by the weight of each item, which varies from 3 to 7. The score of each item is multiplied by its weight, resulting in a scale ranging from 102 to 510 (Azizi et al., 2024, p. 3). The NMCQ has been used in Iran (Azizi et al., 2024; Ebadi et al., 2020; Kashani et al., 2023; Khodaveisi et al., 2021; Sadooghiasl, 2016).

The Nurses' Moral Courage Scale (NMCS) ©Numminen et al. (Table 4) was developed to measure nurses' moral courage, based on a concept analysis (Numminen et al., 2017, 2019). This instrument measures moral courage according to how well the respondent considers the items to describe them, also resulting in a self-assessed level of moral courage. A 5-point Likert scale is used: 1 is "Does not describe me at all" and 5 is "Describes me very well". (Numminen et al., 2019, p. 2446) The NMCS has been used in different languages and countries: Belgium (Konings et al., 2021), China (Hong et al., 2023; Hu et al., 2022; Huang et al., 2023a; Luo et al., 2023; Peng et al., 2023; Ruixin et al., 2024; Yang et al., 2023; Yu et al., 2023; Zheng et al., 2024), Egypt (Ali Awad & Al-anwer Ashour, 2022), Finland (Hauhio et al., 2021; Numminen et al., 2019; Wiisak, Suhonen, & Leino-Kilpi, 2022), Korea (Lee et al., 2022), the Philippines (Berdida & Grande, 2023), Saudi-Arabia (Alshammari & Alboliteeh, 2023), Türkiye (Fidan et al., 2023; Goktas et al., 2023; Yılmaz & Özbek Güven, 2024) and the United States (Wolf & Noblewolf, 2024).

The Moral Courage Scale for Nursing Faculty (MCSNF) (©Stephens & Layne)(Table 4) was developed from **the Moral Courage Scale for Physicians (MCSP)** ©Martinez et al., which was developed based on the PMC (Sekerka et al., 2009), for measuring the overall moral courage of physicians (Martinez et al., 2016). These instruments measure moral courage according to how respondents view the relevance of the items to their work. The MCSP comprises 9 items measured with a 7-point Likert scale: 1 is "strongly disagree" and 7 is "strongly agree" (Martinez et al., 2016, p. 1433). The MCSNF comprises seven items and uses a 7-point Likert scale. The MCSNF measures the five features (Sekerka et al., 2009; Stephens & Layne, 2023) of moral courage (Table 4)(Stephens & Layne, 2023). The scores in these instruments are calculated as summary scores (Martinez et al., 2016, p. 1433): (average score across all scale items – 1) × (100/6), resulting in a scale ranging from 0 to 100. The MCSP (Gibson et al., 2020) and MCSNF (Stephens & Layne, 2023) have been used in the United States.

To conclude, the instruments measure moral courage from different perspectives: oneself-perceived relevance in the respondent's work (PMC ©Sekerka et al., MCSP ©Martinez et al., and MCSNF ©Stephens & Layne), frequency of acting in a certain courageous way (NMCQ ©Sadooghiasl et al.), and how well the respondent perceives the items to describe them (NMCS ©Numminen et al.). Three of the instruments (PMC ©Sekerka et al., MCSP ©Martinez et al., and MCSNF ©Stephens & Layne) are based on the same concept definition (Sekerka et al., 2009), while the two developed in nursing (NMCQ ©Sadooghiasl et al. and NMCS ©Numminen et al) are each based on separate concept definitions.

Table 4. The instruments used for measuring nurses' moral courage.

INSTRUMENT	SUB-SCALES	NUMBER OF ITEMS	PERSPECTIVE OF MEASUREMENT	MEASURING SCALE (MIN-MAX OF THE TOTAL SCORE)
Professional Moral Courage Questionnaire (PMC) (Sekerka et al., 2009, p. 565)	"Moral agency" "Multiple values" "Endurance of threats" "Going beyond compliance" "Moral goals"	15	Relevance of items in the respondent's work, self-assessment	A 7-point Likert scale (15–105)
Nurses' Moral Courage Questionnaire (NMCQ) (Azizi et al., 2024, p. 3, Sadooghiasl, 2016)	"Moral self-fulfilment" "Risk-taking" "The ability to defend the right"	20	Frequency of acting courageously, self-report	A 5-point Likert scale, weighted values (102–510)
Nurses' Moral Courage Scale (NMCS) (Numminen et al., 2019, p. 2446)	"Compassion and true presence" "Moral responsibility" "Moral integrity" "Commitment to good care"	21	How well items describe the respondent, self-assessment	A 5-point Likert scale (21–105)
Moral Courage Scale for Physicians¹ (MCSP) (Martinez et al., 2016, p. 1432)	"Moral agency" "Multiple values" "Endurance of threats" "Going beyond compliance" "Moral goals"	9	Agreement of relevance in the respondent's work, self-report	A 7-point Likert scale (Summary score 0–100)
Moral Courage Scale for Nursing Faculty (MCSNF)² (Stephens & Layne, 2023, p. 383)	"Moral agency" "Multiple values" "Endurance to threats" "Measures beyond compliance" "Ethical goals"	7	Agreement of relevance in the respondent's work, self-report	A 7-point Likert scale (Summary score 0–100)

¹ Developed based on the PMC ² Developed based on the MCSP

Levels and total scores of nurses' moral courage

In the **PMC** (Sekerka et al., 2009), there have been two ways to report the results: as a mean of the Likert (1 – 7) and as a mean of the total score (15 – 105). Moral courage scores up to 50 represent a low level, scores between 51 and 75 represent an average level, and scores 76 and above are considered high (Lotfi-Bejestani et al., 2023). Two studies reported levels as the mean of the Likert (1 – 7): 3.87 (SD 0.68) and 6.35 (SD 0.50). The means of the total scores varied between 53.16 (SD 12.69) and 96.38 (SD 3.63), indicating average to high levels of moral courage.

In the **NMCQ** (Sadooghiasl, 2016), the results were reported as a mean of the total score (scale 102 – 510), and the level of moral courage was higher when the scores were higher. The means varied between 407.57 (SD 53.97) and 473.33 (SD 1.64); a mean above 400 is considered a high level (Azizi et al., 2024).

In the **NMCS** (Numminen et al., 2019), there have been two ways to report the level of moral courage: as a mean score of the Likert (1 – 5), and as a mean of the respondents' total score (scale 21 – 105). The mean scores of the Likert (1 – 5) varied between 3.26 (SD 0.52) and 4.36 (SD 0.38), while the means of the total scores varied between 42.00 (SD not reported) and 90.70 (SD 28.89). Higher mean scores meant a higher level of moral courage. Means close to 4 and above 4 have been reported as high (Numminen et al., 2019). As for the total score, the mean of a total score above 80 has been reported as high (Fidan et al., 2023; Peng et al., 2023).

In the **MCSNF** (Stephens & Layne, 2023) and the **MCSP** (Gibson et al., 2020), the results were reported as a mean of the total score (scale 0–100 in the MCSNF and 44–100 in the MCSP). In the MCSNF, the reported mean of the total score was 75.14 (SD 10.52) and in the MCSP, 88.15 (SD 9.1). As these instruments were developed based on the PMC, the reported means of total scores can be considered average and high, corresponding to the PMC.

Due to the different operationalisations that the instruments are based on and the varying ways of reporting the results, drawing clear conclusions from the levels and total scores of nurses' moral courage is challenging. However, the levels reported from all instruments were from moderate, above-mid scores to high, approaching the highest possible. This indicates that the level of nurses' moral courage is mostly high and sometimes moderate, as measured with different instruments and countries (Appendix 2).

Factors related to self-reported levels of moral courage

Factors that are linked to the self-reported levels of moral courage have been found to include the characteristics of the nurse and their professional surroundings, comprising other staff and the organisation. These factors have been reported in survey studies and systematic reviews (Abdollahi et al., 2024; Li et al., 2024)(Appendix 2).

The factors regarding individual nurses include having the moral sensitivity to identify ethical conflicts (Khodaveisi et al., 2021; Mohammadi et al., 2022; Numminen et al., 2017), having encountered ethical conflicts frequently (Huang et al., 2023a; Koskinen et al., 2020; Numminen et al., 2019) and being conscious of ethical conflicts (Pakizekho & Barkhordari-Sharifabad, 2022). Having a longer experience of working in the field (Huang et al., 2023a; Khodaveisi et al., 2021; Konings et al., 2021; Mohammadi et al., 2022) has been linked to a higher level of moral courage. Additionally, being older (Konings et al., 2021; Mohammadi et al., 2022; Pirdelkhosh et al., 2022), having permanent employment (Mohadeseh et al., 2021) and having social capital (Pirdelkhosh et al., 2022) have been associated with nurses showing greater moral courage. Furthermore, having a personal interest towards nursing ethics (Konings et al., 2021), being ethically competent (Numminen et al., 2017) and having knowledge of ethics (Hauhio et al., 2021; Numminen et al., 2019) seem to support nurses' moral courage.

As for the factors of a nurse's surroundings, support from the organisation (Berdida, 2023; Khodaveisi et al., 2021; LaSala & Bjarnason, 2010; Wiisak, Suhonen, & Leino-Kilpi, 2022) and education (Edmonson, 2010; Nouroozi et al., 2023) have been indicated to be associated with nurses having a higher level of moral courage. Also, having a supporting ethical climate (Hakimi et al., 2023; Taraz et al., 2019; Yang et al., 2023) and ethical leadership (Pakizekho & Barkhordari-Sharifabad, 2022) in the organisation seems to support nurses' moral courage.

2.4 Summary and gaps in knowledge

The concept of moral courage in nursing has been described and analysed based on different definitions and operationalisations in the literature. This indicates a need for clarification and refinement of the concept and evaluation of its maturity. (Morse et al., 1996)

The increasing empirical research on moral courage in nursing has been conducted in the contexts of hospitals and universities, from the viewpoints of nurses, nurse managers, and nurse students. In the research, characteristics of nurses as morally courageous actors, such as tolerance for threats, ethical competence and responsibility, have been identified. Five instruments have been used to measure the self-assessed level of nurses' moral courage, two of them developed in nursing (Numminen et al., 2019; Sadooghiasl, 2016). The self-assessed level has been identified as rather high. Also, related factors, such as interest in ethics, self-reported experience with ethical conflicts, and promoting or inhibiting organisational factors, have been identified. However, it is important to have caution when interpreting self-reported results because of potential social desirability bias (Van De Mortel, 2008).

In summary, research on moral courage in nursing has focused on the characteristics of morally courageous nurses and nurses' courageous acts, but the concept itself seems to lack clarity. Also, there are still gaps in knowledge regarding the concept. First, there is **a gap** in knowledge regarding nurses' reasoning and decision-making regarding their potential morally courageous acts. The second **gap** in knowledge concerns how moral courage in nursing manifests as nurses' morally courageous acts in varying contexts of nursing. Research thus far has focused mainly on somatic hospital settings. Therefore, research on manifestations of moral courage in other contexts, such as mental health, outpatient clinics, and primary care settings, is needed to provide a broad understanding of nurses' morally courageous acts and the related surroundings. Because the manifestation of moral courage can vary between contexts, a variety of contexts can provide empirical examples from which new antecedents, attributes and consequences can be derived, adding to the clarity of the concept (Morse & Lenz, 1996; Schwartz-Barcott & Kim, 2000). Finally, there is **a gap** in knowledge about both the positive and negative consequences of nurses' morally courageous acts for the morally courageous nurses, the patients, and the organisations, as the consequences have been mainly discussed from the perspective of the possible negative consequences for the morally courageous nurse. It is important for the sake of the ethical quality of care to understand what happens after nurses take morally courageous acts, and whether they lead to improvements. Thus, identifying all types, including the possible positive consequences, can highlight the significance of nurses' moral courage for different stakeholders. The results of the theoretical and fieldwork phases of the Hybrid Model provide the opportunity to fill the abovementioned gaps with empirical findings and form a refined definition of moral courage in nursing in the final analytical phase. (Figure 5)

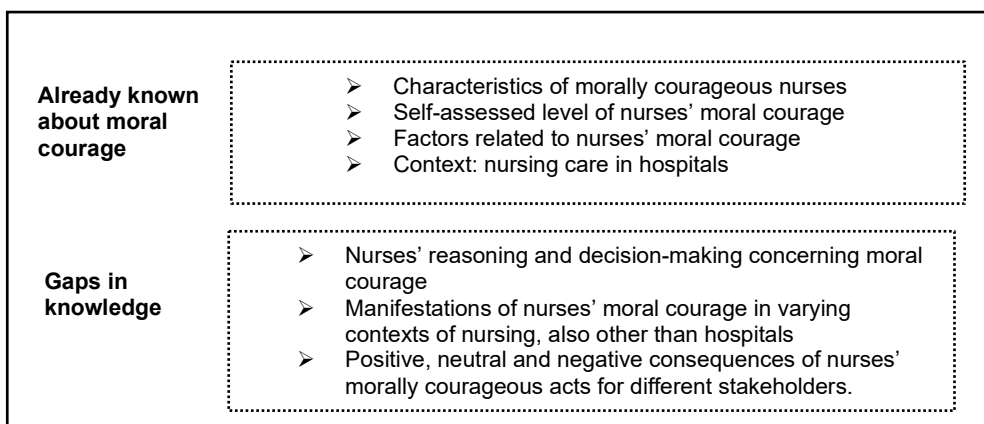


Figure 5. A concise outline of the review and gaps in knowledge.

3 Aims of the Study

The purpose of this three-phase study was to clarify and refine the concept of moral courage in nursing with the Hybrid Model of Concept Development (Schwartz-Barcott & Kim, 2000). The goal was to strengthen the theoretical knowledge base of nursing with the refined concept definition, facilitating further research on the concept and examination of its relationship with other concepts as part of possible future theory development.

First, **the theoretical phase** of the Hybrid Model, detailed in Sub-study 1 (Paper I and Summary), aimed to identify the descriptions, definitions and operationalisations of the concept of moral courage in nursing in the literature, forming a starting point for the refined concept definition. Second, **the fieldwork phase** of the Hybrid Model, comprising Sub-studies 2, 3, and 4, aimed to explore nurses' descriptions of moral courage as they have experienced it in the authentic environment of nursing (Papers II, III and IV). Third, **the final analytical phase** of the Hybrid Model (Summary) aimed to form a refined concept definition based on theoretical and empirical knowledge analysed in the theoretical and fieldwork phases. (Figure 6)

The research questions were:

1. What are the descriptions, definitions, and operationalisations of the concept of moral courage in nursing in the literature? (Phase I)
2. What is moral courage in nursing based on nurses' empirical examples? (Phase II)
3. What is the refined definition of the concept of moral courage in nursing? (Phase III)

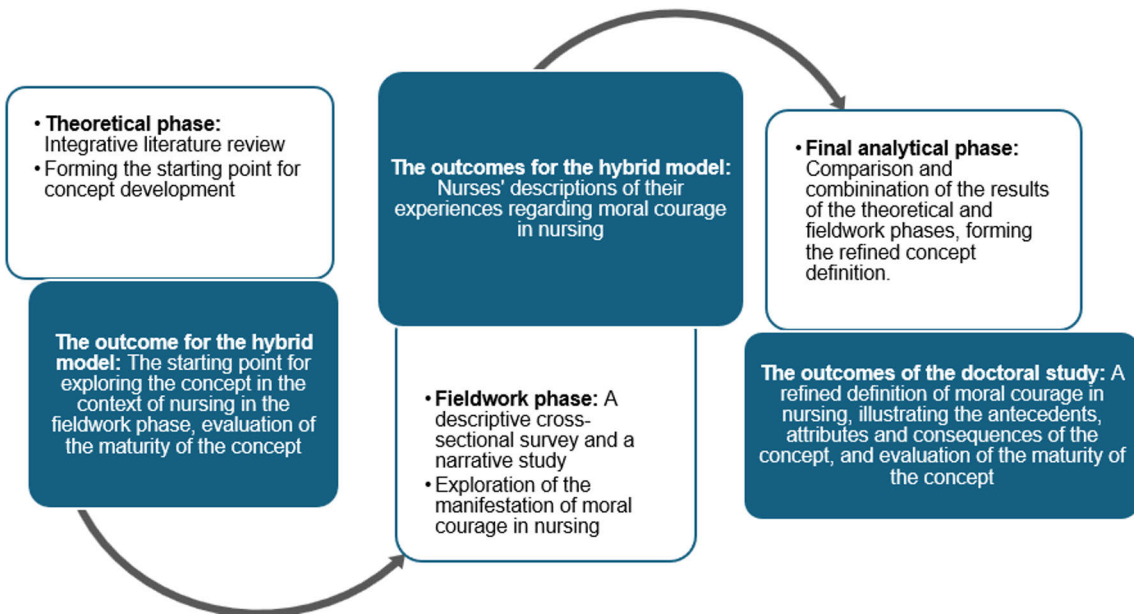


Figure 6. Designs and outcomes for the Hybrid Model of the theoretical, fieldwork and final analytical phases in this study.

4 Materials and Methods

This chapter describes the materials and methods used in all three phases of the study to fulfil the purpose and to answer the research questions. The Hybrid Model forms the basis of the study to clarify and refine the concept of moral courage in nursing (Schwartz-Barcott & Kim, 2000). Theoretical and empirical knowledge interact in the Hybrid Model. Forming a refined concept definition for an existing concept like moral courage allows for clarifying its central elements and facilitates further research on the topic, examining the concept and its relationships with other concepts as part of future theory development (Walker & Avant, 2019). Refining the concept of moral courage in nursing is important because of its relevance in contemporary nursing care and because it is part of the theoretical knowledge base in nursing.

The three-phase study comprises four sub-studies and the final analytical phase of the Hybrid Model, each phase adding to the basis of the previous phase(s). The first, **theoretical phase** (Sub-study 1), comprised the identification of the history and dictionary definitions of the concept and an integrative literature review identifying the descriptions, definitions and operationalisations of the concept in nursing (Summary, Paper I). The theoretical phase provided a starting point for concept clarification and refinement. The second, **fieldwork phase** explored moral courage in nursing with two sets of empirical data: a survey (Sub-study 2, Paper II) and a narrative inquiry (Sub-studies 3 and 4, Papers III and IV), and continued the development of the refined concept definition. The third, **final analytical phase** (Summary) formed the theoretical concept definition, including the evaluation of its maturity. The theoretical and fieldwork phases were revisited during the study to form the refined concept definition. (Schwartz-Barcott & Kim, 2000). (Figure 7)

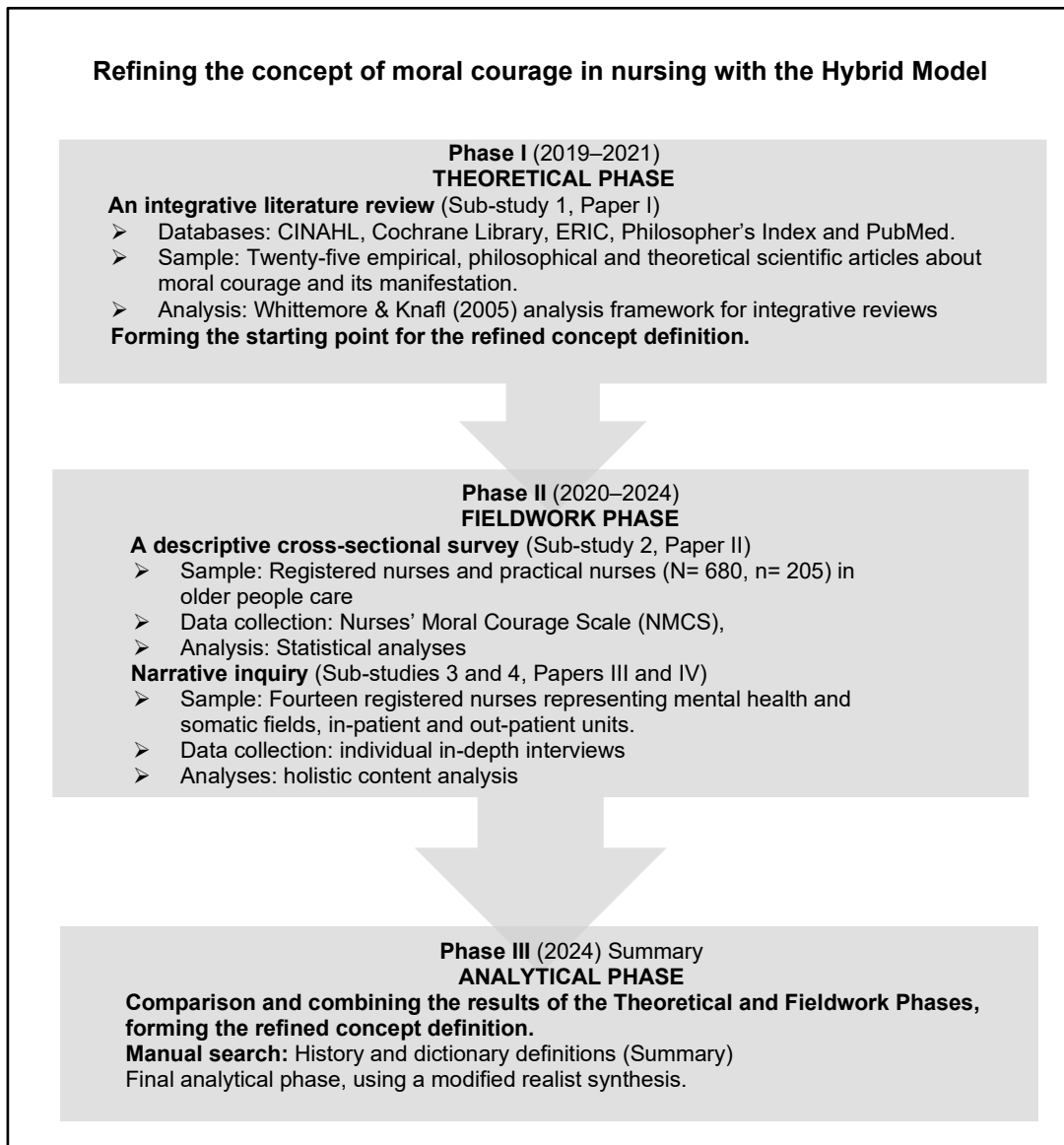


Figure 7. Methods of the study.

4.1 Design, setting and sampling

The Hybrid Model

The Hybrid Model of Concept Development (Schwartz-Barcott & Kim, 2000) forms the overarching design of this doctoral study. The Hybrid Model has foundations in the Wilsonian methods (Schwartz-Barcott & Kim, 2000; Wilson, 1970), and was

selected for this study because it enhances an examination of the concept with theoretical and empirical data (Schwartz-Barcott & Kim, 2000).

The purpose of the Hybrid Model is to select a concept integral to nursing and analyse it with the combined data from the literature and the empirical world of nursing. Thus, it aims to gain knowledge of the concept from empirical cases described by nurses (Schwartz-Barcott & Kim, 2000). The foundation and the analytical approaches of Wilsonian methods support the analysis in the fieldwork and the final analytical phases. However, unlike the Wilsonian methods, the cases representing the concept are derived from the empirical world of nursing. (Schwartz-Barcott & Kim, 2000; Wilson, 1970) The combination of theoretical and empirical knowledge enhances the validation of the results, as the different sets of data support and complement each other (Schwartz-Barcott & Kim, 2000).

In this doctoral study, the Hybrid Model includes an integrative literature review in the theoretical phase as well as a survey and a narrative inquiry comprising two sub-studies in the fieldwork phase. In this summary, the final analytical phase was conducted by comparing and combining the results of the two earlier phases. As part of forming the refined concept definition, the maturity of the concept was evaluated in theoretical and final analytical phases using criteria for concept evaluation (Sub-chapter 4.3). The evaluation of maturity in the theoretical phase supports the selection of this concept analysis method. In the final analytical phase, the focus is on the refined concept definition developed in this study (Morse et al., 1996; Morse & Lenz, 1996).

Theoretical phase I

The theoretical phase comprised a manual search and an integrative literature review to identify the concept of moral courage in the literature and to form the starting point for the refined concept definition (Schwartz-Barcott & Kim, 2000).

The manual search (Summary) was conducted to identify the history of the concept of moral courage and the concept's dictionary definitions as well as definitions in different disciplines, forming a synthesis of what is already known about the topic.

In **Sub-study 1**, an integrative literature review aimed to identify the concept of moral courage in nursing and to form a starting point for the refined concept definition (Paper I). Reviewing the literature on the concept formed an important basis for conducting a thorough concept analysis (Walker & Avant, 2019). In the later phases of the study process, the findings of the theoretical phase and newly published research articles focusing on moral courage in nursing were identified to stay up to date with research findings on the topic.

Fieldwork phase II

In the fieldwork phase, Sub-studies 2, 3 and 4 were conducted to explore the manifestations of moral courage in nursing. In the Hybrid Model, empirical data is

collected in relevant contexts and from people who have experience and knowledge of the topic (Schwartz-Barcott & Kim, 2000). Thus, nurses themselves were asked about their moral courage. **In Sub-study 2**, a cross-sectional survey aimed at identifying the manifestation of nurses' moral courage (Paper II). The level of nurses' self-assessed moral courage and which individual background factors were related to it were analysed. The context was the care of older people in a Finnish municipality, comprising both inpatient wards and home care. The setting was selected to broaden the contexts in which moral courage is analysed because earlier research had mainly been conducted in specialised hospital settings (Hauhio et al., 2021; Numminen et al., 2019; Taraz et al., 2019). Additionally, it is known that nurses frequently encounter ethical conflicts when working with vulnerable older people (Gastmans, 2013; Kalánková et al., 2021; Kim et al., 2020), highlighting that nurses' moral courage is important in this context (Barlow et al., 2018).

A purposive sampling was conducted (Curtis et al., 2016). The participants were all nursing professionals working in selected units who considered themselves able to fill in the questionnaire in Finnish. Potential participants were reached through contact persons in each unit. The response rate was 30% with a total of 205 practical and registered nurses participating from a possible 680 (Table 5).

Sub-studies 3 and 4 were based on a narrative inquiry, aiming to describe registered nurses' justifications for whether to act morally courageously in ethical conflicts (Paper III) and the consequences of their morally courageous acts (Paper IV). Purposive sampling was conducted. A request to participate in the interview was published in the Finnish web-based discussion forum *hoitajat.net* (Hoitajat.net, 2023). To include a variety of empirical examples of manifestations of moral courage in nursing, registered nurses working in any context of nursing were welcomed to participate in the study. The different examples were needed to identify antecedents, attributes and consequences of the concept and to form a refined concept definition. (Morse & Lenz, 1996; Schwartz-Barcott & Kim, 2000) In this data collection, only registered nurses were included because they have a broad ethical responsibility to work in favour of the patient's good (International Council of Nurses, 2021). Potential participants were asked to contact the doctoral researcher by phone or email. Fourteen registered nurses participated in the interviews, and the data were used in Sub-studies 3 and 4 (Papers III and IV, Table 5).

Final analytical phase III

The final analytical phase (Schwartz-Barcott & Kim, 2000) combined and compared the data and results from Sub-studies 1, 2, 3, and 4 with a modified realist synthesis (Gilmore et al., 2019) to form a refined definition of the concept (Schwartz-Barcott & Kim, 2000).

Table 5. Participants of the study.

	SUB-STUDY 2 (PAPER II)		SUB-STUDIES 3 AND 4 (PAPERS III AND IV)
	<i>Frequency</i>	%	<i>Frequency</i>
Number of participants			
	205		14
Age (years)			
<30	46	22.4	0
30- <40	44	21.5	5
40- <50	52	25.4	4
≥50	62	30.2	5
Gender			
Women	182	88.8	-
Men	20	9.8	
Other/ do not wish to tell	3	1.5	
Highest degree			
Practical nurse	115	56.1	-
Registered nurse	76	37.1	12
Other (e.g. MHSc)	14	6.8	2
Working experience in healthcare (years)			
0-4,9	54	26.5	0
5-9,9	51	24.9	1
10-19,9	45	22.0	8
20-	54	26.3	5
Contexts of nursing			
	Home care, municipal hospital wards		Somatic and mental health, inpatient and outpatient care, palliative care
N	205		14

4.2 Data collection methods

Theoretical phase I

A manual search was conducted regarding the history, dictionary definitions and definitions of the concept of moral courage in other disciplines (Summary). **In Sub-study 1** (Paper I), a systematic search of the literature was conducted to collect the data for the integrative literature review (Whittemore & Knaf, 2005).

The databases used in the systematic search were CINAHL (Ebsco), Cochrane Library, ERIC (Ebsco), Philosopher's Index (Ebsco) and PubMed (MEDLINE). The main search terms were "moral courage", "moral strength", "moral integrity", "moral responsibility", "true presence", "commitment to good care" and "nursing". These terms were selected based on tentative searches and concept analyses of moral

courage in nursing (Numminen et al., 2017; Sadooghiasl et al., 2018). Additionally, the reference lists of the selected articles were searched manually. Two researchers (Paper I) conducted the article selection independently in both the title and abstract and whole text phases. Conflicts were discussed and a consensus was reached regarding each article. (Table 6, Paper I)

The quality of the selected articles was assessed independently by two researchers, and consensus was reached through discussions. Joanna Briggs Institute Critical appraisal Tools (Joanna Briggs Institute, 2017) were used, and an appropriate tool for each study design (qualitative, cross-sectional, literature review and theoretical) was selected. (Paper I)

Fieldwork phase II

In the fieldwork phase, two sets of empirical data were collected to explore moral courage in authentic nursing contexts (Schwartz-Barcott & Kim, 2000).

In Sub-study 2, the data was collected with pen-on-paper self-assessment questionnaires (Table 6). The instrument was the Nurses' Moral Courage Scale (NMCS) (©Numminen et al. 2019). This questionnaire was selected because it has been developed for the context of nursing to measure nurses' moral courage from the perspective of how well the items describe the respondent, resulting in a self-assessed level of moral courage. Moreover, it has been reported that the instrument is a reliable and valid instrument for its purpose (Konings et al., 2021; Numminen et al., 2019) in different countries and cultures (Li et al., 2024).

In the first section of the questionnaire, the participants were asked about individual background factors: age (years), gender, highest educational degree, work experience in health care (years), the level of knowledge base in ethics, resources of the knowledge, and participation in ethics-related activities at work (Numminen et al., 2019).

As part of the questionnaire, the NMCS[©] comprises 21 items, divided into four sub-scales: "compassion and true presence" (5 items), "moral responsibility" (4 items), "moral integrity" (7 items) and "commitment to good care" (5 items) (Numminen et al., 2019, p. 2446). The sub-scales are based on the dimensions of moral courage and have been published in a concept analysis based on the literature. (Numminen et al., 2017, 2019).

In the second section of the questionnaire, moral courage was assessed on a 5-point Likert scale: 1 was "Does not describe me at all", 2 was "Describes me fairly little", 3 was "Describes me on average", 4 "Describes me fairly well" and 5, "Describes me very well" (Numminen et al., 2019, p. 2446). A higher assessment meant that the self-assessed level of moral courage was higher.

In addition, there was a question in the Numeric Rating Scale (NRS, 1 to 10) about overall moral courage where a higher self-assessment meant a higher level of moral courage. On the scale, 10 was “I always act morally courageously when the care situation requires it” and 1 was “I never act morally courageously even though the care situation would require it” (NMCS©).

Finally, in the third section of the questionnaire, there were 12 items about how easy or difficult it is to act morally courageously in situations with different persons or organisations and different types of morally courageous acts. A 5-point Likert scale similar to the 21-item first part of the questionnaire was used. (Paper II, Table 6)

In Sub-studies 3 and 4, individual in-depth interviews of registered nurses were conducted to gather experience-based information on nurses’ moral courage (Lieblich et al., 1998)(Table 6). The data was used in both Papers III and IV, as it included the comprehensive narratives regarding the ethical conflicts in which nurses need moral courage, their justifications for morally courageous acts, the implemented morally courageous acts, and the consequences of the acts.

The collected background information comprised the participants’ age (years), work experience in health care (years), highest degree and types of working units, describing their experience in working in nursing practice. Each interview started with a discussion on what was meant by ethical conflicts and moral courage in nursing at this point in the doctoral study. Next, the doctoral researcher requested that the participants describe ethical conflicts in which they needed moral courage but did not act courageously, as well as conflicts in which they acted morally courageously. The doctoral researcher asked probing questions after the initial narrative regarding both requests to promote discussion on the study topic.

The doctoral researcher took notes about the participants’ body language, tone of voice, and the atmosphere during the interview after each interview to assist the analysis. The doctoral researcher transcribed the audio recordings after the interviews. (Papers III and IV)

Final analytical phase III

In the final analytical phase, the data used were those from the contents of the results of Sub-studies 1 to 4. The contents were identified from the published articles and the analysed empirical data (Table 6).

Table 6. Data collection and analyses in Sub-studies 1 – 4.

PHASE	PAPER	DATA COLLECTION	ANALYSIS
I	I	Systematic literature search (Whittemore & Knafl, 2005)	The Whittemore and Knafl framework for integrative reviews (Whittemore & Knafl, 2005)
	Summary	Data collected in Sub-study 1	Evaluation of the maturity of the concept using the criteria for concept evaluation (Morse et al., 1996)
II	II	Pen-on-paper questionnaire: NMCS (Grove et al., 2013; Numminen et al., 2019)	Statistical analyses: Descriptive statistics: frequencies, percentages, means and standard deviations Independent Samples T-test Mann Whitney U One-way analysis of variance (ANOVA) Kruskall Wallis test Cronbach's alpha (Grove et al., 2013; Rattray & Jones, 2007)
	III IV	In-depth individual interviews (Lieblich et al., 1998)	Holistic content analysis (Lieblich et al., 1998)
III	Summary	Data collected in Sub-studies 1–4 (Schwartz-Barcott & Kim, 2000)	A modified realist synthesis (Gilmore et al., 2019; Schwartz-Barcott & Kim, 2000) as part of the final analysis Evaluation of the maturity of the concept using the criteria for concept evaluation (Morse et al., 1996)

4.3 Data analyses

Theoretical phase I

In the theoretical phase, the data were analysed with an inductive analysis (Whittemore & Knafl, 2005) to form the starting point for the refined concept definition (Schwartz-Barcott & Kim, 2000). Additionally, the relevant contents from the manual search regarding the history, dictionary definitions and definitions in other disciplines are identified and presented in this summary.

In Sub-study 1, the analysis method was selected because it enabled the identification of relevant contents from the data to form the starting point for the refined concept definition of moral courage in nursing (Schwartz-Barcott & Kim, 2000). The data in the integrative literature review was analysed inductively using the Whittemore and Knafl’s framework (Whittemore & Knafl, 2005, pp. 550–551), following the steps: 1) “data reduction”; 2) “data display”; 3) “data comparison”; and 4) “conclusion drawing and verification”. (Table 6, Paper I)

In the theoretical phase, a starting point for the refined definition of the concept of moral courage in nursing was formed. A table was created to describe explicit and implicit definitions of moral courage in nursing, examples of the uses of the concept and the identified instruments for measuring moral courage (Schwartz-Barcott & Kim, 2000). The contents were identified from the integrative review and each included article separately. The starting point included the antecedents, attributes and consequences of the concept, as they are important in concept definitions (Walker & Avant, 2019). As part of forming the refined concept definition, its maturity was evaluated. The evaluation criteria are described in the last section of Sub-chapter 4.3.

Fieldwork phase II

In the fieldwork phase of the Hybrid Model, descriptive and inferential statistical analyses and holistic content analyses were used to describe moral courage in the empirical world of nursing. **In Sub-study 2**, data was analysed statistically, using IBM SPSS Statistics for Windows, Version 26.0 (IBM Corp., 2019) and SAS version 9.4 of the SAS System for Windows software (SAS Institute Inc, 2013). Next, the categories of background variables were combined to fit the statistical analyses: the categories in the variables “Education” and “Knowledge Base in Ethics” (Numminen et al., 2019, p. 2443) were adjusted into three categories with corresponding numbers of responses, combining the two categories with the least answers, leaving the other categories as they were (Paper II).

First, assumptions of normal distributions were tested using the Kolmogorov–Smirnov test. Then, the analysis began with descriptive statistics, including frequencies, percentages, means and standard deviations of background variables (Gordon, 2012). Moral courage was analysed item by item, according to four sub-scale sum variables, an overall sum variable (21 items), and an overall Numeric Rating Scale (NRS) of 0 to 10. The sum variables were formed according to those theoretically defined. (Numminen et al., 2017, 2019)

Finally, the associations between moral courage and individual background variables were analysed using the Independent Samples T-test, or the corresponding non-parametric Mann Whitney U-test for variables with two categories, One-way analysis of variance (ANOVA), or the corresponding non-parametric Kruskal Wallis test for variables with three or more categories, according to the distribution of the data (Gordon, 2012). The internal consistency of the NMCS[®] was assessed with Cronbach’s alpha (Gordon, 2012). (Table 6, Paper II)

For the Hybrid Model, Sub-study 2 provided generalisable knowledge of the manifestation of nurses’ moral courage, obtained with the self-assessment instrument (Numminen et al., 2019) selected in the theoretical phase. This knowledge formed a basis for exploring nurses’ experiences of moral courage in

Sub-studies 3 and 4, as the need for new knowledge to better understand nurses' inner meanings regarding their potential moral courage was identified from the results (Schwartz-Barcott & Kim, 2000).

In Sub-studies 3 and 4, data was analysed with a holistic content analysis, based on the holistic-content perspective (Lieblich et al., 1998). The holistic content analysis was selected to illustrate and understand the manifestation of moral courage in nursing from the descriptions of registered nurses' experiences, including the ethical conflicts in which nurses act morally courageously, their morally courageous acts, and the consequences of the acts. In the analyses, the relevant contents of each transcribed interview were approached holistically; when a participant described one situation in more than one part of the interview, all contents relevant to the situation were handled together as a whole. (Lieblich et al., 1998) Each holistic content analysis is described in detail in the respective papers (Table 6, Papers III and IV).

For the Hybrid Model, Sub-studies 3 and 4 provided descriptions of the justifications and consequences regarding moral courage in nursing, forming the basis for identifying the antecedents, attributes and consequences of moral courage in nursing in the analytical phase (Schwartz-Barcott & Kim, 2000).

Final analytical phase III

The final analytical phase was conducted to form a refined definition of moral courage in nursing (Schwartz-Barcott & Kim, 2000). A modified realist synthesis was used in forming the refined concept definition because it enhances a systematic comparison and combination of theoretical and empirical results (Gilmore et al., 2019; Wong et al., 2014). The realist synthesis was modified by leaving the initial phases out in the realist synthesis as they were not relevant to this study. The initial phases that were left out were "identification", "data collection" and "data analysis" (Gilmore et al., 2019, p. 3), which were all conducted in the theoretical and fieldwork phases in this study, following the methods of the Hybrid Model (Schwartz-Barcott & Kim, 2000). In this study, the phase "synthesis" (Gilmore et al., 2019, p. 3) was used to compare and combine the results of the theoretical and fieldwork phases. In the synthesis, antecedents, attributes and consequences were formed because they are central when defining concepts (Walker & Avant, 2019).

In the modified realist synthesis, antecedents, attributes, and consequences of the concept were identified separately at the starting point (theoretical phase) and the after the Fieldwork Phase. (Gilmore et al., 2019; Schwartz-Barcott & Kim, 2000). The antecedents, attributes and consequences were presented in tables and compared and combined. The similarities and differences between the results of the Theoretical and Fieldwork Phases were identified, refining the combined antecedents, attributes, and consequences. Similar contents were gathered and named clearly within the

antecedents, attributes and consequences. New antecedents, attributes and consequences were added based on the Fieldwork Phase, according to the identified new knowledge. (Gilmore et al., 2019; Schwartz-Barcott & Kim, 2000)

Evaluation of the maturity of the concept in theoretical and analytical phases

In the theoretical and final analytical phases, maturity was evaluated with the following criteria (Morse et al., 1996, p. 388): concept definition, characteristics (in this study, attributes), preconditions and outcomes (in this study, antecedents and consequences), and boundaries. Between mature and emerging concepts, there are partially developed concepts, as concepts are not only either mature or immature. The evaluation was conducted in the theoretical phase focusing on the definitions and descriptions of the concept in earlier literature (identified in the integrative literature review), including the antecedents, attributes and consequences of the concept. In the final analytical phase, the evaluation focused on the refined concept definition formed in this study, including the antecedents, attributes and consequences. The evaluation was conducted step by step, evaluating each criterion as its own, following the method of Morse et al (1996). The criterion “concept definition” refers to a concise, written definition of the concept, while the other criteria refer to the characteristics of the concept (antecedents, attributes, and consequences) (Morse et al., 1996, p. 388).

The evaluation criteria for the maturity of the concept (Morse et al., 1996, p. 388) are:

- The concept definition is clear in a mature concept but lacks clarity in an emerging one.
- The characteristics are described clearly in a mature concept but are not identified or lack clarity in an emerging concept.
- The preconditions and outcomes are demonstrated with empirical examples, and fully described in a mature concept, but are not identified in an emerging concept.
- The boundaries of a mature concept are delineated but are not known in an emerging concept.

4.4 Ethical considerations

This study is situated in the field of nursing science, especially within nursing ethics, and it was conducted following the principles of nursing (International Council of Nurses, 2021) and the principles of research integrity (ALLEA - All European

Academies, 2023; TENK, 2019). The study examines and refines the concept of moral courage, the exploration in the empirical world of nursing focusing on nurses' perceptions of their moral acting. Thus, as a personal and moral topic, it can be considered sensitive. However, it is justified to study nurses' moral courage, as it is an essential part of nurses' ethical conduct and nurses can promote good, safe, and ethical patient care and their work-related well-being with their moral courage (Numminen et al., 2017; Sadooghiasl et al., 2018). Furthermore, research regarding the topic is increasing, justifying a refined definition of the concept.

The Hybrid Model of Concept Development was selected to facilitate the refined definition of moral courage in nursing with the combined methods of literature review and empirical studies. With the Hybrid Model, earlier research findings and purposefully selected, relevant empirical data are combined to form a definition of the concept that is relevant in nursing. It is essential to choose study participants who have experience of the studied topic, in this case nurses. Thus, it was justified to use the Hybrid Model and have nurses as participants in the fieldwork phase. Moreover, as it is not ethically possible to cause ethical conflicts for the sake of observing nurses' acting in them, it was decided that nurses would be asked about their perceptions and experiences of the topic in authentic nursing practice. This was done with the self-assessment survey and the in-depth interviews.

As for the ethical approvals and permissions to conduct the sub-studies, there was no need to seek ethical approval for Sub-study 1, as it was a literature review. In the review, the rights of the authors of the included studies were respected. All original articles were cited in the text of the report. (ALLEA - All European Academies, 2023) In Sub-studies 2 and 3, ethical approval was obtained from the Ethics Committee of the University of Turku (dated 27 January 2020 and 24 October 2022). The ethical approval for Sub-study 3 also included approval for Sub-study 4, as the use of the data in future studies was included and the participants agreed to it.

In Sub-study 2, permission to use the NMCS[©] (Numminen et al., 2019) was received from the copyright holder. Furthermore, in Sub-study 2, permission to gather data was received from the selected organisation. For gathering the data for Sub-studies 3 and 4, permission to publish an invitation to participate in the study was received from the hoitajat.net online discussion forums.

The rights of the participants of the study (Papers II, III and IV) were respected. They received written and oral information about the study, were given the contact information for the doctoral researcher and the supervisors and were encouraged to ask further questions. Also, they were informed that they had the right to withdraw from the study at any time, without an explanation, and that no negative consequences for them would ensue from the withdrawal. In Sub-study 2, voluntary informed consent was considered to have been given by completing the questionnaire (Paper II). In the data collection for Sub-studies 3 and 4, participants

voluntarily gave their informed consent by signing a consent form after receiving information about the study. Only the doctoral researcher had access to the consent forms. (Papers III and IV)

Only the background information necessary for conducting data analyses was requested. (ALLEA - All European Academies, 2023). All participants' data were handled carefully and reported in a pseudonymised way, following the EU General Data Protection Regulation (EU, 2016). In Sub-study 2, the participants returned the completed pen-on-paper questionnaires to the contact persons in the units in sealed envelopes. After the data collection period, the doctoral researcher collected the envelopes from each unit. Thus, the researcher did not know the identity of the participating nurses. In Sub-studies 3 and 4, potential participants contacted the researchers by phone or email, thus the researcher knew their names. This direct personal information was used only to agree on the time and place of the interview, not as part of the study data.

In the doctoral study, the data were handled carefully and only the doctoral researcher, supervisors and a statistician (Sub-study 2) had access to it. The data, SPSS files of the survey data and Word documents of the transcribed interview data, will be stored electronically in the University's Seafire platform, behind secure passwords until five years after the completion of the study. After this period, the data will be securely destroyed.

Publication ethics were followed when publishing each article (Papers I to IV) and this Summary (ALLEA - All European Academies, 2023). The authorship and the order of authors were discussed and agreed with all authors. The research methods were described truthfully and in detail. All results were reported truthfully and logically. All authors agreed on the final version of each manuscript and conference abstract.

5 Results

First, the starting point for the refined concept definition, including the evaluation of its maturity (theoretical phase, Sub-chapter 5.1), and moral courage in the empirical world of nursing (fieldwork phase, Sub-chapter 5.2) are described. Then, the refined definition of the concept of moral courage in nursing is presented, including the antecedents, attributes, and consequences, and the evaluation of its maturity (final analytical phase, Sub-chapter 5.3).

5.1 Starting point for the refined concept definition

The starting point for the refined concept definition was formed in the theoretical phase I (Sub-study 1), based on the existing literature. It provided a basis for exploring moral courage in nursing in the fieldwork phase. Due to the limited research during conducting this study phase, it was only possible to identify moral courage as a virtue and morally courageous nurses' characteristics and skills. The starting point is summarised as follows: Moral courage in nursing is a virtue of nurses, and morally courageous nurses have certain characteristics. Skills for ethical conduct and acting according to individual and professional values in ethical conflicts despite potential negative outcomes are integral to moral courage in nursing. (Paper I)

5.1.1 Moral courage as a virtue in nursing

Moral courage was identified as a virtue in nursing, and morally courageous nurses have certain personal characteristics. This highlights the perspective of virtue ethics, as virtues are characteristics of individuals (Arries, 2005). Nurses and nursing students sometimes need moral courage in ethical conflicts, when they encounter poor practice, a lack of professional competence or wrongdoing. Morally courageous nurses act according to personal or professional values despite a personal risk of negative consequences from the act. (Paper I)

5.1.2 Characteristics of morally courageous nurses

Moral courage as a virtue in nursing has been described and defined from the perspective of nurses who act morally courageously. The characteristics of morally courageous nurses represent their personal qualities. Morally courageous nurses commit to good care and are willing to do good for others. Being a morally courageous nurse means having ethical sensitivity, moral integrity, and accountability. Ethical sensitivity refers to identifying the ethical conflict and the need for moral courage. Having moral integrity is the ability to continue standing up for one's values in varying situations, even when encountering personal risks while accountability meant staying true to both individual and professional values and being prepared to act courageously when needed. A morally courageous nurse had the confidence to act according to their beliefs and conscience in ethical conflicts, despite the personal risk involved. Finally, moral courage being a virtue, a morally courageous nurse displays neither cowardice nor foolhardiness. (Paper I)

Morally courageous nurses have ethical and professional competences, both integral to nurses' moral courage. Thus, morally courageous nurses have knowledge about ethics and can identify ethical conflicts, make decisions and act according to them. Also, they show moral courage when admitting their own mistakes and learning from the mistakes. Finally, a morally courageous nurse has the skills to take responsibility even in difficult ethical conflicts. (Paper I) Morally courageous acts are described in Sub-chapter 5.2.

5.1.3 Concept maturity in the theoretical phase

The maturity of the concept was evaluated, focusing on the results of the theoretical phase (Paper I). A starting point for the refined concept definition was formed and is reported in this Summary (Sub-chapter 5.1, Table 7). The evaluation of the maturity of the concept began with the criteria "concept definition" (Morse et al., 1996, p. 388). Similarities and differences between definitions and descriptions of the concept were found in the literature. Points of agreement include the ideas that moral courage is a virtue and that morally courageous nurses act based on values in ethical conflicts despite possible personal risks. Also, the literature was consistent on the stance that the presence of personal risk and moral responsibility are attributes of the concept (Paper I). However, there were differences (Sub-chapter 2.3) between the definitions and operationalisations of the concept (Numminen et al., 2019; Sadooghiasl, 2016; Sekerka et al., 2009), and based on the operationalisations, instruments measuring moral courage in nursing from different perspectives have been developed (Sub-section 2.3.2, Appendix 2). Earlier research on the concept lacks variety in the contexts from which empirical examples have been identified (Appendix 2). Thus, it was evaluated that a concept refinement is justified to provide

a variety of empirical examples for the derivation of antecedents, attributes and consequences and to strengthen the theoretical understanding of the concept (Morse & Lenz, 1996).

The differences in definitions and operationalisations indicate a lack of clarity in the “characteristics” of the concept maturity evaluation. Thus, the definition of the concept in nursing benefits from further clarification (Morse et al., 1996; Morse & Lenz, 1996). For the evaluation of “preconditions and outcomes”, there was variety and ambiguity regarding the antecedents and consequences due to the different definitions. Thus, it was evaluated that clarifying and refining the antecedents, attributes and consequences of the concept was justified. (Morse et al., 1996, p. 388; Morse & Lenz, 1996) Finally, the “boundaries” of the concept seem rather clear because the different definitions consistently state that moral courage includes overcoming risks and fears and belongs in an individual’s moral acts. Thus, without personal risk and value-based, moral acts, the concept is not moral courage in nursing. However, due to the differences in the definitions and operationalisations, the boundaries of the concept require further clarification and refinement. Based on the evaluation, the concept of moral courage in nursing appeared only partly developed, because definitions and operationalisations with different perspectives have been used. Also, the literature on nurses’ reasoning regarding moral courage was limited and exploring it in this study can provide new characteristics for the concept for better understanding it. Thus, it is justified to develop the concept using the Hybrid Model and to aim for a clarified and refined definition of the concept. (Morse et al., 1996, p. 388; Morse & Lenz, 1996) .

Table 7. The antecedents, attributes and consequences of the concept in the theoretical phase.

THEORETICAL PHASE	
ANTECEDENTS	Ethical conflict
	Personal risk for the nurse acting
	Virtuous professional: empathy, responsibility, integrity
	Ethical competence
	Willpower
ATTRIBUTES	Being committed to personal and professional values
	Overcoming risk and tolerance for threats
	Acts based on rational decisions
	Moral responsibility
CONSEQUENCES	Promotion of patient safety
	Promotion of ethical care
	Empowerment of the nurse
	Reduction of moral distress

5.2 Moral courage in the empirical world of nursing

In the fieldwork phase, moral courage was explored in the empirical world of nursing (Papers II, III and IV). The empirical explorations comprised nurses' descriptions of ethical conflicts, their justifications for acting morally courageously, their morally courageous acts, the self-assessed level of moral courage and the consequences of the acts. Moral courage manifests itself in ethical conflicts, which are presented first. Nurses' reasoning and decision-making regarding their potential morally courageous acts are described from the perspective of their justifications for acting morally courageously, and the acts and self-assessed level of moral courage are described to present the manifestation of moral courage in nursing. Finally, the descriptions of the consequences of morally courageous acts show what happens after nurses have acted morally courageously. The abovementioned results are presented as they enhance the identification of antecedents, attributes and consequences for the refined concept definition.

5.2.1 Ethical conflicts as context for moral courage

Ethical conflicts are described as a context for the manifestation of moral courage in nursing (Sub-studies 1, 3, and 4), as ethical conflicts are present before moral courage manifests itself (Sub-chapter 2.3). The ethical conflicts were identified from the descriptions of participating nurses (Papers III and IV), and the conflicts concerned patients and professionals. The conflicts emerged between nurses and the organisation, colleagues, co-workers, patients, and patients' next-of-kin. (Papers III and IV)

The conflicts concerning patients included observation of poor practice, threats to patients' rights or safety, and missed care. The nurses identified poor practices related to palliative care, medication, and rough handling of patients (Paper III). In addition, sometimes, the ethical conflict arose from the nurse's or another professional's mistakes or lack of competence. These conflicts were related, for example, to mistakes in medication or missed care due to the lack of competence in the unit. Furthermore, patients' rights to hear the truth about their condition, for their privacy to be maintained, and to be respected were sometimes not actualised, causing ethical conflicts. (Papers III and IV)

The ethical conflicts between professionals included inequality in dividing work tasks, challenges in collaboration, compromising a nurse's privacy, and a lack of respect between professional groups. Inequality in dividing work tasks happened both inside a unit, where individual nurses had different amounts of tasks, and between units, when nurses from one unit had to do more work tasks because another unit lacked competence. The conflicts related to nurses' privacy included, for example, situations when a nurse manager told other nurses about one nurse's private

health issues. Finally, a lack of respect between professionals was identified, for example, professionals other than nurses exhibiting rude behaviour and not listening or respecting nurses’ perspectives about patient care. (Papers III and IV, Table 8)

Table 8. Ethical conflicts in which moral courage manifested itself (Papers III and IV).

AREA OF CONFLICT	CONCERNING THE PATIENT	BETWEEN PROFESSIONALS
MISSED CARE	Insufficient number of nurses	
	Insufficient competence of professionals	
	Insufficient pain relief	
THREAT TO PATIENT’S GOOD CARE	Insufficient quality of care	Disagreements on the care plan between professionals
	The patient’s right to knowledge is not actualising	
	Poor practice	
	Own or someone else’s mistakes	
TRUTH AND PRIVACY	The patient’s right to knowledge is not actualising	
	The patient’s privacy is violated	A nurse’s privacy is violated
RESPECT	The patient’s autonomy is not respected	Lack of respect between professionals
		Some professionals are being bullied
EQUALITY COLLABORATION	Inequity in getting correct care	Work tasks are divided unequally
		Poor collaboration
		Tense atmosphere
		Challenges in communication

5.2.2 Justifications for morally courageous acts

Nurses identified that they needed moral courage in ethical conflicts and decided on justifications for acting morally courageously. These justifications are presented, from abstract to more concrete: the foundations, bases, and perspectives of justifications. The justifications were based on internal responsibility, following professional ethics, or the emotions that an ethical conflict had triggered. The justifications with the three abovementioned bases had individual, contextual, and organisational perspectives. (Paper III)

As for the foundation of justifications, nurses’ willingness to do good and their identity as patient advocates formed a foundation for deciding to act morally courageously in ethical conflicts. They decided to act morally courageously in ethical conflicts or after the conflicts, aiming to do what was right based on their individual and professional values. The nurses aimed to promote good care,

functioning care processes, and equity among patients and professionals with morally courageous acts. (Paper III)

The bases of justifications for morally courageous acts were internal responsibility, professional ethics, and emotions. Nurses pondered different solutions and possible acts in ethical conflicts, acknowledging the contradictions between different acts. As for internal responsibility, nurses got the confidence to justify their acts from their own beliefs and conscience, while professional ethics as a basis of justifications provided external motivation for acting morally courageously. Furthermore, the nurses who based their justifications on emotions got the strength and confidence to act morally courageously from emotions, such as anger at wrongness in ethical conflicts.

The justifications with all the abovementioned bases have individual, contextual or organisational perspectives (Paper III, Figure 8). This highlights the context-specific nature of moral courage in nursing: the nurses had different justifications in different situations, resulting in various manifestations of moral courage.

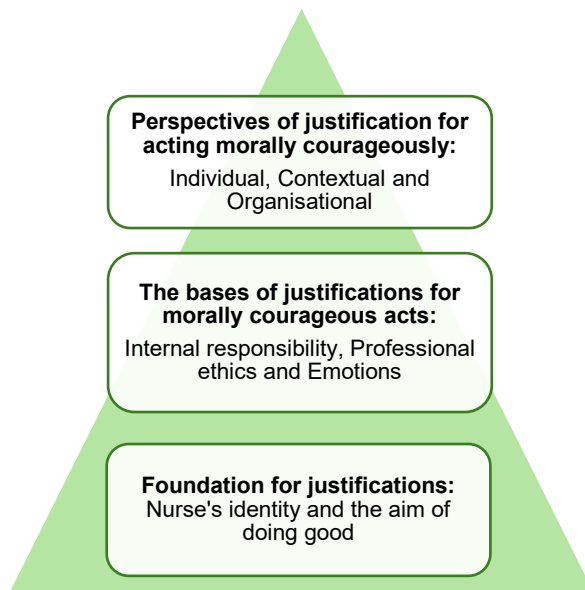


Figure 8. Nurses' justifications for acting morally courageously.

However, sometimes nurses did not act morally courageously despite identifying the need to do so. The perspectives of nurses' justifications for not acting morally courageously correspond with the justifications for acting morally courageously: individual, contextual and organisational, but resulting in no morally courageous act. (Paper III) The individual justifications had to do with fears of personal negative

consequences that outweighed their aim to do good. The contextual justifications were related to the severity and other attributes of the situation. Finally, organisational justifications had to do with hierarchy and poor collaboration between professionals. (Paper III, Figure 9)

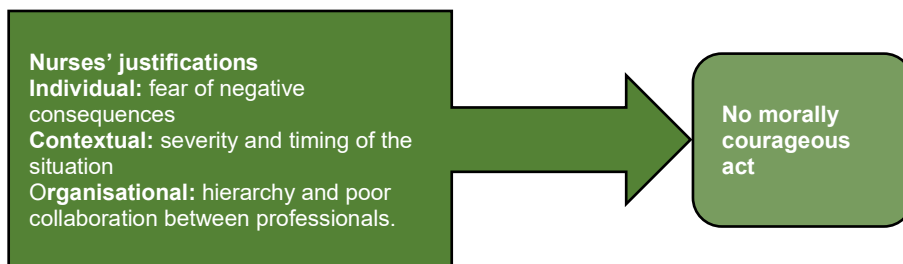


Figure 9. Nurses' justifications for not acting morally courageously even when there was a need to do so.

5.2.3 Morally courageous acts

Nurses' morally courageous acts were identified in Sub-studies 2, 3 and 4. Nurses decided to act and acted morally courageously during and after the ethical conflicts they encountered, acting based on individual and professional values. They aimed to do good for their patients and their work community, focusing the acts either inside or outside the organisation. (Papers II, III and IV, Table 9)

The nurses described that, inside the organisation, they had courageously talked to their colleagues, nurse leaders and other professionals, such as physicians, about the ethical conflicts (Table 9). In Sub-study 2, the mean score of self-assessed moral courage was high, 4.16 on the Likert scale of 1 to 5 (Paper II). Moreover, the nurses self-assessed that bringing up an ethical conflict for discussion was the easiest way (mean 4.26 on the 1 to 5 Likert scale) of acting morally courageously. Additionally, the nurses filed written notifications within their organisation. In Sub-study 2, this was the second easiest way (mean 3.67 on the 1 to 5 Likert scale) of acting morally courageously (Paper II).

Outside their organisation, the nurses contacted trade unions, local politicians or professionals working elsewhere (Papers II and III). The participants' mean score of the self-assessed easiness of morally courageous acting outside the organisation was 3.06 on the 1 to 5 Likert scale (Paper II). In addition to the abovementioned morally courageous acts, the nurses described that they courageously admitted their own mistakes and were truly present for their patients (Papers III and IV, Table 9).

Table 9. Nurses' morally courageous acts.

NURSES' MORALLY COURAGEOUS ACTS			
TAKING PERSONAL RISKS IN FAVOUR OF WHAT WAS RIGHT BASED ON VALUES			
MORALLY COURAGEOUS ACTS	INSIDE THE ORGANISATION	OUTSIDE THE ORGANISATION	
SPEAKING UP (A SPOKEN CONTACT)	During the situation	x	
	After the situation	x	x
	To the person involved	x	
	A person not involved	x	x
FILING A WRITTEN NOTICE (A WRITTEN CONTACT)	Own organisation	x	
	Trade union		x
	Local authorities		x
	Politicians		x
	Healthcare professionals in other organisations		x
ADMITTING OWN MISTAKES	x		
REPORTING SOMEONE ELSE'S MISTAKES	x	x	
BEING TRULY PRESENT TO THE PATIENT	x		

x = The morally courageous act was taken inside/ outside the organisation

5.2.4 Consequences of moral courage in nursing

The consequences were identified based on nurses' descriptions of their experiences in Sub-study 4 (Paper IV). Nurses' morally courageous acts had consequences for the acting nurse, the patients, and the work community. There were direct consequences which immediately ensued from morally courageous acts, and indirect consequences, which ensued after additional acts were conducted based on the initial morally courageous act. Similar consequences resulted in situations when an ethical conflict was resolved as when a conflict remained unresolved. However, some consequences only ensued when a conflict was resolved or when a conflict remained unresolved.

The consequences were both positive and negative. For example, to improve collaboration between professionals, collaborative meetings were organised, and to improve the individuality of care, care plans were altered based on nurses' morally courageous acts. Furthermore, improved competence of professionals, which had been reached by offering continuous education in the organisations, was a positive consequence for the work community. (Paper IV, Table 10)

Table 10. Consequences of nurses' morally courageous acts (Paper IV).

CONSEQUENCES OF NURSES' MORALLY COURAGEOUS ACTS				
	For the ethical conflict	For the nurse	For the patient	For the work community
THE CONFLICT WAS RESOLVED	Solving the conflict in collaboration ₁ Development of professionals' competence or skills ₂	Being pleased ₁ Being empowered ₁	Actualisation of rights _{1,2} Mental wellbeing _{1,2} Improved quality of care ₂	Improved collaboration ₂ Improved competence ₂ Improved atmosphere ₂
THE CONFLICT REMAINED UNRESOLVED	Other solutions were required ₂ The ethical conflict lengthened. ₂ More problems were identified ₁	Being discouraged ₂ Anxiety ₂		
BOTH WHEN THE CONFLICT WAS RESOLVED AND STAYED UNRESOLVED		Support from other professionals ₁ Mixed feelings ₁ Being treated badly by others ₂ Losing job ₂		

Direct consequence ₁

Indirect consequence ₂

5.3 A refined definition of the concept of moral courage in nursing

The refined definition of the concept of moral courage in nursing was formed in the final analytical phase of the Hybrid Model, comparing and combining the results of the theoretical phase and the fieldwork phases (Schwartz-Barcott & Kim, 2000). First, the antecedents, attributes and consequences were identified separately from the theoretical and fieldwork phases (Sections 5.1.3 and 5.3.1, Table 11). Identifying the antecedents was an important part of forming the refined concept definition in this study, as they must be present for a concept to be developed and defined. The attributes of the concept represent abstract components that are always present in the concept, while the consequences link the concept with the context, illuminating its use. (Morse et al., 1996)

In this Sub-chapter, the development of the refined concept definition after the fieldwork phase (Sub-section 5.3.1), and the refined concept definition, formed in the final analytical phase, including the antecedents, attributes, and consequences (Sub-section 5.3.2) are presented. In Sub-section 5.3.3, an evaluation of the maturity of the concept is presented.

5.3.1 Development of the refined concept definition

The development of the refined concept definition was continued in the fieldwork phase through identifying antecedents, attributes and particularly consequences based on the results from the empirical data and comparing them with the ones identified in the theoretical phase. Based on the comparison, some of the antecedents, attributes and consequences were the same as identified in the theoretical phase, confirming the results of the theoretical phase. As part of combining the results of the theoretical and fieldwork phases, the antecedents, attributes and consequences were derived from the results of the fieldwork phase. These additions clarify the boundaries of the concept. Furthermore, some of the characteristics of the concept were combined in the final analytical phase, the combinations clarifying and refining the descriptions of the antecedents, attributes and consequences. (Table 11)

Table 11. Steps in forming the refined concept definition.

	THEORETICAL PHASE	FIELDWORK PHASE	FINAL ANALYTICAL PHASE
ANTECEDENTS	Ethical conflict	Ethical conflict	Ethical conflict
		Other people are present (human contact required)	Human contact
	Personal risk for the nurse acting	Personal risk for the nurse acting	Personal risk for the nurse acting
	Virtuous professional: empathy, responsibility, integrity	Empathy, responsibility	Virtuous professional
	Willpower	Nurse's identity as a patient's advocate Willpower	Nurse's identity
ATTRIBUTES	Ethical/ moral competence	Moral competence	Moral competence
	Being committed to personal and professional values	Being committed to personal and professional values	Moral responsibility
	Moral responsibility	Moral responsibility	
	Overcoming risk/ tolerance for threats	Overcoming fear and taking personal risks in favour of the patient	Tolerance of risks
	An act based on a rational decision	Confidence The ability to act courageously according to a value-based rational decision	Ethical conduct
CONSEQUENCES	Promotes patient safety	Emotions Improved patient safety	Emotions Improved patient safety
	Promotes ethical care	Actualisation of patient's rights	Ethical care: actualised patient rights
		Correct care	Correct care for the patient
		Promotes patient's and nurses' mental well-being	Patients' and nurses' improved or maintained mental well-being
	The nurse becomes empowered	The nurse becomes empowered	Empowerment: the nurse has the confidence to act courageously in the future
	Reduces nurse's moral distress	Nurse is pleased	Others support the nurse
		Support from others	Nurse's moral distress
		Nurse being discouraged	
		Nurses' moral distress	
		Being treated badly by others	Others treat the nurse badly
	Improved competence	Improvements in the unit	
	Improved collaboration		
	Improved atmosphere		
	Resolved ethical conflict	Resolved ethical conflict	

The antecedents added in the fieldwork phase were other people being present (human contact) and the nurse's identity as a patient advocate. As part of combining the results of the theoretical and fieldwork phases, the antecedents "nurse's identity as a patient advocate" and "willpower" were combined, as willpower belongs to the identity of nurses as patient advocates. The attributes added in the fieldwork phase were confidence and emotions regarding ethical conflicts. Furthermore, in the final analytical phase, attributes were combined when appropriate: commitment to values was merged with moral responsibility, as responsibility involves commitment, and tolerance of risks was merged with confidence, as confidence is involved in tolerance. The combination of results continued with deriving new consequences from the fieldwork phase (Paper IV). The added consequences related to the patient were the actualisation of patients' rights, correct care and promotion of patients' well-being, while nurse-related consequences were nurses' mental well-being, support from others, being discouraged, moral distress and being treated badly by others. Added consequences related to the work community were improved competence, collaboration and atmosphere, which were combined in the final analytical phase, and resolved ethical conflicts. (Table 11)

5.3.2 The refined concept definition in the final analytical phase

Based on the results of the theoretical and fieldwork phases, the refined definition of the concept of moral courage in nursing was formed from the combined antecedents, attributes and consequences. The refined definition is presented below.

Moral courage in nursing is virtuous nurses' value-based, responsible conduct, manifesting in ethical conflicts in the presence of personal risks and resulting in good care for the patients and positive and negative outcomes for the acting nurse and the work community.

Antecedents, attributes and consequences of the concept

The antecedents precede the concept of moral courage in nursing. This means that if one of them is missing, the ensuing concept might not be moral courage. The antecedents are ethical conflict, human contact, personal risk, virtuous professional, nurse's identity as a patient advocate, moral competence and willpower. Ethical conflict, human contact and personal risk were highlighted as a preceding context for moral courage in nursing, while virtuous professionals, nurse's identity as a patient advocate, moral competence and willpower form preceding factors related to nurses. (Table 12)

Table 12. Descriptions of the antecedents.

ANTECEDENT	DESCRIPTION
Ethical conflict	Value clashes between the nurse and the organisation, colleagues, co-workers, patients, and their next-of-kin
Human contact	Other people are present: professionals, patient(s), patient's next of kin.
Personal risk for the nurse acting	Risk of negative outcomes for the acting nurse
Virtuous professional	Empathy
	Responsibility
	Integrity
Nurse's identity	Identifying oneself as a patient's advocate
	Having willpower
Moral competence	Ethical sensitivity
	Ethical decision-making skills

The attributes of the concept identified based on the results of the theoretical and fieldwork phases were commitment to values, ethical conduct, moral responsibility, tolerance of threats, confidence and emotions. Commitment to values includes both individual and professional values, and tolerance of threats illustrates this commitment, comprising the willingness to take personal risks through value-based acts. Ethical conduct emphasises moral courage as a concept representing virtuous moral acting, comprising ethical sensitivity, rational reasoning, value-based decisions and courageous acts. Moral responsibility, confidence and emotions illuminate moral courage as a concept representing the characteristics of the moral actor, in this case, a nurse. Moral responsibility involves conscience and responsible moral acts, and confidence involves beliefs about what is right and what is wrong and conscience. Emotions involve the willingness to do good and anger and negative feelings when encountering wrongness. (Table 13)

Table 13. Descriptions of the attributes.

ATTRIBUTE	DESCRIPTION
Moral responsibility	Conscience Commitment to personal and professional values
Tolerance of risks	Willingness to take personal risks in favour of what is right Risk-taking Confidence
Ethical conduct	Ethical sensitivity, identifying ethical conflicts Rational reasoning as part of ethical decision-making Value-based decision Courageous act based on a value-based decision
Emotions	Willingness to do good Anger because of the encountered wrongness Feeling bad because of the encountered wrongness

The consequences of the concept are positive and negative, and they are related to the patient, the morally courageous nurse and the organisation. The consequences highlight the good for the patient: improved safety, actualised rights, correct care and improved or maintained mental well-being. Furthermore, the good for the acting nurses is represented in empowerment, maintained mental well-being and support from other professionals. Negative consequences for the acting nurse are moral distress and bad treatment from others. The positive consequences for the organisations are improved moral and clinical competence, collaboration and atmosphere, and a resolved ethical conflict. (Table 14)

Table 14. Descriptions of the consequences.

CONSEQUENCE	DESCRIPTION
Improved patient safety	Correct care for the patient
Ethical care	Actualised patient rights
Patients' and nurses' mental well-being	Improved mental well-being Maintained mental well-being
Empowerment	The nurse has the confidence to act courageously in the future
Others support the nurse	Support from colleagues, leaders and other professionals
Nurse's moral distress	Moral distress when the conflict remains unresolved despite efforts to act morally courageously
Others treat the nurse badly	Bullying Getting angry
Improvements in the unit	Moral and clinical competence Collaboration between professionals Perceived atmosphere
Resolved ethical conflict	Resolved issues regarding the ethical conflict

5.3.3 Maturity of the concept

The maturity of the concept of moral courage in nursing was evaluated (see Sub-chapter 4.3) after forming the refined concept definition (Sub-chapter 5.3). The antecedents, attributes and consequences were described and demonstrated in the empirical data in the fieldwork phase (Papers II, III and IV), and the theoretical phase (Paper I) supported the findings.

The evaluation of maturity was conducted according to the criteria for concept evaluation (Morse et al., 1996; Morse & Lenz, 1996). The evaluation focused on the refined concept definition and the refined antecedents, attributes and consequences of the concept. First, the criteria “concept definition” (Morse et al., 1996, p. 388) was evaluated. The presented refined definition enhances the understanding of the concept and its characteristics. This adds clarity to the concept, which appears more mature than before the refined definition was formed in this study. Second, the “characteristics” of the concept were evaluated. The fieldwork phase added new attributes, confidence and emotions, and confirmed the attributes identified in the theoretical phase. The attributes were combined in the final analytical phase (Sub-section 5.3.1). The new attributes and refinement in the final analytical phase add to the clarity of the “characteristics” of the concept. (Morse et al., 1996, p. 388). Third, the criterion “preconditions and outcomes” was evaluated (in this study, the terms antecedents and consequences are used). The antecedents and consequences include perspectives of the morally courageous nurse, the patient and the work community, highlighting the wide significance of moral courage in nursing. Concepts related to human actions, such as moral courage, appear more mature when they have well-described antecedents and consequences. Thus, adding new antecedents and consequences (Sub-chapter 5.3.1, Table 11) contributed to the clarity of the concept, and the concept appears more mature (Morse et al., 1996, p. 389). Finally, the refined concept definition added new knowledge of the concept regarding its “boundaries” identified in the theoretical phase (Sub-section 5.1.3). The dispositional concept manifests as different human acts in changing situations, although the concept itself is the same. The boundaries of the concept, presented in the theoretical phase, remained the same in the final analytical phase. However, the combined theoretical and empirical explorations provided refined characteristics of the concept, clarifying the boundaries. (Morse et al., 1996, p. 389). The refined definition formed in this study has both similar and new characteristics compared to the previously published concept analyses (Numminen et al., 2017; Sadooghiasl et al., 2018). Based on the evaluation, the concept of moral courage in nursing is more mature after the refined definition (Sub-chapter 5.3) was formed in this doctoral study. This can be identified in the clarified and refined antecedents, attributes and consequences, which are based on the integrative literature review and the rich cases from the empirical world of nursing. The identified new antecedents, attributes and consequences (Sub-section

5.3.1) were refined in the final analytical phase (Table 11), adding to the clarity and maturity of the concept (Morse et al., 1996; Morse & Lenz, 1996).

5.4 Summary of the main results

A refined definition of the concept of moral courage in nursing (Sub-chapter 5.3) and an evaluation of the maturity of the concept (Sub-section 5.3.3), are presented in Figure 10 and Figure 11. In the theoretical phase, moral courage was identified as a virtue and a valued personal characteristic of a nurse, the perspective staying the same throughout the study process (Figure 11).

The fieldwork phase provided a wider context for the refined definition of the concept, as the concept was explored in a variety of contexts. The empirical exploration enhanced the formation of a refined concept definition, acknowledging not only the morally courageous nurse but also the surroundings as part of the definition. The inclusion of the surroundings adds to the refinement and delineation of the concept and its boundaries (Morse et al., 1996). (Figure 11)

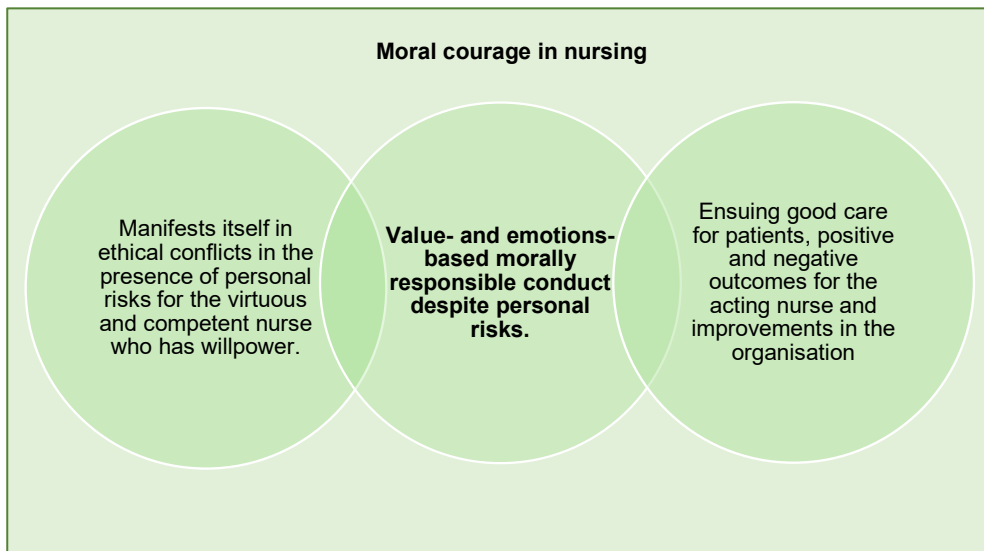


Figure 10. A visual presentation of the concept of moral courage in nursing.

The final analytical phase formed the refined concept definition (Table 11, Figure 10), including the antecedents, attributes and consequences of the concept. The refined definition is summarised as follows: Moral courage in nursing, manifesting in ethical conflicts in the presence of personal risks, is virtuous nurses' value-based, responsible conduct, resulting in good care for the patients and positive

and negative outcomes for the acting nurse and the work community (Figure 10). The refined concept definition was evaluated as more mature than at the starting point for the concept definition because new antecedents, attributes and consequences were added based on the empirical exploration, and they were combined when appropriate as part of the refinement of the concept in the final analytical phase. Although more mature, the very core of the concept remains as it was at the starting point: The nature of moral courage is value-based, and personal risk is always present. (Figure 11)

Main results in each phase of the Hybrid Model

Phase I, THEORETICAL PHASE: An integrative literature review (Paper I)

- ✓ **The origin of the concept** in Aristotelian virtue ethics: A virtue in nursing
- ✓ **Starting point for the refined concept definition**
 - Moral courage as a virtue in nursing, manifesting in the presence of personal risk
 - Characteristics and skills of the morally courageous nurse
 - Characteristics: willingness to do good, moral integrity, ethical sensitivity, and confidence.
 - Skills: ethical and clinical competence, ethical decision-making skills, moral responsibility

Phase II, FIELDWORK PHASE: A descriptive cross-sectional survey (Paper II, Summary) and Narrative studies (Papers III and IV, Summary)

- ✓ **Ethical conflicts as context**
 - Between nurses and the organisation, other professionals, patients and patient's next of kin.
- ✓ **Justifications for morally courageous acts**
 - Foundation: Nurse's identity and aim to do good
 - Bases: Internal responsibility, Professional ethics and Emotions
 - Perspectives: Individual, contextual and organisational
- ✓ **Morally courageous acts**
 - Inside the organisation: taking personal risks, speaking up, filling a notice, admitting one's own and reporting others' mistakes.
- ✓ **Consequences of nurses' morally courageous acts**
 - Direct and indirect consequences for the patient, the morally courageous nurse and the work community
- ✓ **New antecedents, attributes and consequences were added**

Phase III, ANALYTICAL PHASE: Summary

- ✓ **Refined definition:** Moral courage in nursing, manifesting in ethical conflicts in the presence of personal risks, is virtuous nurses' value-based, responsible conduct, resulting in good care for the patients and positive and negative outcomes for the acting nurse and the work community.
- ✓ **Antecedents:** ethical conflict, human contact, personal risk for the acting nurse, virtuous professional, nurse's identity as a patient advocate, moral competence, willpower
- ✓ **Attributes:** moral responsibility, ethical conduct, tolerance of risks, and emotions
- ✓ **Consequences:** Improved patient safety, patients' actualised rights, improved mental well-being, nurses' empowerment, moral distress, others treating the nurse badly, improved ethical and clinical competence and atmosphere in the unit.
- ✓ **Maturity:** In the fieldwork phase, new antecedents, attributes and consequences were added, and the results of the theoretical phase were confirmed. The final analytical phase combined and refined the concept definition. The refined definition added clarity to the concept, indicating increased maturity.

Figure 11. Main results of the study.

6 Discussion

This study achieved its purpose of clarifying and refining the concept of moral courage in nursing. In this Chapter, first, the results are discussed in relation to the literature regarding moral courage in nursing (6.1). Second, the strengths and limitations of all phases, sub-studies and the entirety of the Hybrid Model are discussed (6.2). Finally, suggestions for healthcare organisations, nursing education (6.3), and further research (6.4) are presented.

6.1 Discussion of the results

This study provides a clarified and refined definition of the concept of moral courage in nursing. The antecedents, attributes, and consequences of the concept were derived from theoretical and empirical data. The combination of theoretical and empirical data supported the development of this dispositional concept because moral courage manifests as human acts in various situations, and it is explored as a theoretical concept in the Hybrid Model.

As part of the development of the concept, novel empirical findings on self-reported moral courage in nursing were provided. First, the justifications that nurses had for acting or not acting morally courageously illuminate their inner reasoning regarding potentially acting morally courageously. This insight contributed to deriving clarified and new antecedents and attributes for the concept. Second, the direct and indirect consequences of morally courageous acts that the nurses described highlight the importance of moral courage in nursing for different stakeholders, which enhanced clarification and widened the perception of the consequences of the concept. Third, the refined concept definition includes the context, which broadens the perspective of the definition. The significance of the results is twofold: first, they provide a refined definition of the concept for the benefit of nursing practice and nursing science. Second, they add to the theoretical knowledge base in the field of nursing ethics.

The results of Sub-studies 1–4 have been discussed explicitly in Papers I–IV. Next, the results are discussed concerning the starting point for the concept definition (theoretical phase), moral courage in the empirical world of nursing (fieldwork phase) and the refined definition of the concept (final analytical phase).

The starting point

Due to the scarcity of empirical research available at the time that the integrative literature review was conducted, the descriptions of moral courage in nursing lacked clarity. Thus, the limited data was supported by including articles focusing on the earlier identified attributes and close concepts, such as moral strength (Numminen et al., 2017; Sadooghiasl et al., 2018).

At the starting point (Paper I, Summary), moral courage was described as a virtue in nursing, comprising the characteristics of morally courageous nurses. These results are supported by the increased research focused on moral courage in nursing published after the theoretical phase was conducted (Abdollahi et al., 2024; Li et al., 2024). Identifying the starting point for the concept definition was a crucial step in the Hybrid Model, justifying the clarification and refinement of the concept and enhancing the identification of the perspectives of exploration in the fieldwork phase (Schwartz-Barcott & Kim, 2000).

Moral courage in the empirical world of nursing

The empirical exploration of moral courage in nursing added to the results of the theoretical phase, beginning with the ethical conflict, illuminating nurses' reasoning and ending with the consequences of nurses' morally courageous acts. The identified justifications and consequences, especially, were novel findings, contributing to the maturity of the concept (Morse et al., 1996). The complexity of the concept of moral courage can be identified from the varying contexts, ethical conflicts, and people present. Moral courage is strongly related to standing up for values in the presence of other people and personal risks, with earlier research (Haahr et al., 2019; Kleemola et al., 2020; Liu et al., 2023; Numminen et al., 2017; Sadooghiasl et al., 2018) supporting the complex ethical conflicts presented in this study. Moreover, the identified ethical conflicts add to the demonstrations of the antecedents of the concept.

The identified justifications for morally courageous acts provided clarity to the antecedents and attributes in the refined concept definition (Morse et al., 1996). The justifications based on internal responsibility, professional ethics and emotions add to the knowledge base regarding reasoning for moral courage (Khatiban et al., 2022; Wiisak, Suhonen, & Leino-Kilpi, 2022). Emotions as justifications highlight moral courage as a virtue (Arries, 2005), with the perspective of virtue ethics remaining the same as at the starting point. However, discussions in the literature have included critiques regarding the perspective of virtue ethics in nursing. It has been argued that people do not always do the right thing despite being virtuous. (Newham, 2015) Thus, to emphasise the perspective of virtue ethics, it is worth acknowledging that moral courage is the medium between the two extremes of foolhardiness and

cowardice (Arries, 2005; Pianalto, 2012). Being morally courageous involves taking necessary risks, but not being foolhardy when a risk is not worth taking (Arries, 2005). This was identified in the justifications to not act, for example, when encountering wrongdoing (Paper III). At the other end of the continuum is cowardice, when a person does not act courageously although they identify the need to do so. This means that one nurse can act morally courageously in some situations but lack the courage to act in others, which amounts to cowardice. In these cases, it is necessary to acknowledge that even courageous and responsible nurses can encounter situations in which doing the right thing according to values is impossible due to individual, contextual or organisational reasons. (Namadi et al., 2023)(Paper III).

The participating nurses described that they consciously decided to act morally courageously when encountering ethical conflicts, despite the risk of personal negative outcomes. This highlights an attribute of moral courage (Sub-chapter 5.3), the tolerance of risks, which has also been presented in earlier research (Numminen et al., 2017; Sadooghiasl et al., 2018). The identified morally courageous acts, including initiating discussions, admitting mistakes, being truly present with the patients and completing written notices, are supported by earlier research (Kleemola et al., 2020; Pohjanoksa et al., 2019). These empirical examples add clarity to the attribute of ethical conduct. In the empirical world, the different types of acting morally courageously illuminate the various situations and the skills nurses need to act courageously. Also, to identify the boundaries of the concept of moral courage in nursing (Morse et al., 1996), it is important to identify the difference between a morally courageous act in the presence of personal risk, and general ethical conduct without personal risk (Numminen et al., 2017; Sadooghiasl et al., 2018).

As for the consequences of the concept, this study explored nurses' descriptions of what happens in the empirical world of nursing after their morally courageous acts and whether improvements are made based on the acts. This adds to the earlier identified whistleblowing process (Wiisak, 2023), providing positive and negative consequences to the refined concept definition. Identifying both negative and positive consequences demonstrates the significance of moral courage in nursing to the nurses themselves, the patients, and healthcare organisations. (Paper IV) Moreover, it is important that after a morally courageous act, such as whistleblowing, the matter is handled in the organisation and necessary further actions are taken. This is also outlined in the EU directive regarding the protection of whistleblowers as well as the Finnish law (EU, 2019; Finlex 1171/2022 Laki Euroopan unionin ja kansallisen oikeuden rikkomisesta ilmoittavien henkilöiden suojelusta, 2022). However, at the organisational and even societal level, it is important to acknowledge the possible "double effect" (Kearns, 2022) of morally courageous acts: although the acts aim for good, there can be negative consequences to the

organisation, for example as in the form of damage to reputation when a negative matter is brought to public attention. These negative consequences ensue despite the good intentions of the acting nurse and illuminate the complexity of the process of morally courageous acting. (Kearns, 2022)

The refined concept definition

A refined concept definition of moral courage in nursing was presented. New refined antecedents, attributes, and consequences were derived from nurses' descriptions of their experiences regarding moral courage in nursing. This added to the starting point of the refined concept definition, which was formed in the theoretical phase and to the definitions from earlier concept analyses and literature (Abdollahi et al., 2024; Li et al., 2024; Numminen et al., 2017; Sadooghiasl et al., 2018), in which an individual, morally courageous nurse is prominent. The empirical findings (Papers II, III and IV) broadened the contexts from which practical examples were derived from nurses' descriptions. This facilitated the clarification and refinement of the concept definition, resulting in new knowledge of this dispositional concept, and the concept appears more mature. (Morse et al., 1996, p. 388; Morse & Lenz, 1996) Next, the antecedents, attributes and consequences of the concept of moral courage in nursing are discussed.

The antecedents represent both the context and the nurse. As nursing is conducted among people, moral courage in nursing manifests itself through human contact (Arries, 2005). Ethical conflicts also manifest when there are value clashes between people (Liu et al., 2023). Thus, in the refinement of the concept, it was justified to acknowledge the contexts and people involved in the events in which moral courage manifests. As for the antecedents, certain contextual matters, such as ethical conflict and personal risk, and people, such as virtuous nurses, must be present for moral courage to manifest. The antecedents presented in this study add to the earlier published concept analyses (Numminen et al., 2017; Sadooghiasl et al., 2018).

The attributes highlight the virtues of a nurse (Arries, 2005). Moral courage not only means following certain rules, for example, a code of ethics (International Council of Nurses, 2021), but it also involves representing an individual's responsible, ethical conduct, including value-based decisions and acting accordingly despite the risk of personal negative outcomes (Arries, 2005; Falcó-Pegueroles et al., 2021). Attributes of the pre-existing definitions (Numminen et al., 2017; Sadooghiasl et al., 2018) include, for example, responsibility and tolerance of risks. However, in the attributes of this refined definition, ethical conduct represents a wide perspective, including the surroundings and the people involved. Also, emotions, derived from the participating nurses' (Paper III) justifications, represent a new angle

of the attributes. Finally, the perspective of virtue ethics corresponds with the existing definitions and literature (Abdollahi et al., 2024; Li et al., 2024; Numminen et al., 2017; Sadooghiasl et al., 2018).

The presented consequences highlight the actualised aim of doing good (Newham, 2015), which represents the very core of moral courage in nursing. (Numminen et al., 2017; Sadooghiasl et al., 2018). The presented consequences link the concept with the context of nursing and add to its maturity, as new explicit examples have been given in this study (Morse et al., 1996). Moreover, the positive direct and indirect consequences for different stakeholders were prominent, illuminating how essential moral courage is in nursing (Paper IV).

To conclude, the theoretical and empirical explorations have provided new perspectives and knowledge of this dispositional concept. The refined definition of the concept of moral courage in nursing appears more mature than it was before this doctoral study.

6.2 Validity and methodological considerations

The rigour, strengths and limitations were considered throughout the study process and are reported in detail in Papers I–IV. Next, the strengths and limitations are described concerning Phases I, II and III and the Hybrid Model as a whole.

Theoretical phase I

In **Sub-study 1** (Paper I), to ensure the validity of the study, the steps of the method were followed systematically in the integrative literature review (Whittemore & Knafl, 2005) and reported according to the PRISMA guidelines (Page et al., 2021). In the steps of the integrative review (Whittemore & Knafl, 2005), validity was ensured by selecting the correct and precise search terms with support from a library information specialist. Also, relevant databases were selected, refined inclusion and exclusion criteria were used, different types of scientific articles were included, and the data were analysed rigorously (Oliver, 2012). Theoretical, philosophical, and empirical papers were included to promote the validity of the results with as broad data as possible (Oliver, 2012) despite limited research on moral courage in nursing during the time of conducting the database search (Paper I).

Furthermore, the validity of the article selection and quality appraisal was aimed at by two researchers (Paper I), individually selecting the articles. (Page et al., 2021) The validity of the data analysis was ensured by systematically following the steps in the review process (Whittemore & Knafl, 2005) and regularly discussing the analysis within the research team.

The reliability of the integrative review was assessed according to the criteria of qualitative research, as the data analysis was qualitative. *Dependability* of the review was sought by describing the steps of the review process and data analysis clearly, thus explaining how the results and conclusions were reached. *Confirmability* was pursued by ensuring that the original articles were cited appropriately and that the review process and decisions in it were described in detail. (Holloway & Wheeler, 2014, pp. 302–303) With the aim of study *credibility*, the researcher's role, activities, and assumptions of the study topic were monitored. For example, the data was analysed inductively despite the researcher having earlier assumptions about the definitions and descriptions of the concept. (Holloway & Wheeler, 2014, p. 311)

The **limitations** in **Phase I** (Paper I) were related to article selection, quality appraisal and the results. In the article selection, having a wide range of databases (Paper I, Sub-chapter 2.1) supported the identification of all relevant articles. However, there were 14 articles selected in the title and abstract phase that were inaccessible despite efforts to retrieve them. It is possible that those articles could have provided relevant information (Paper I). Nevertheless, the versatile results facilitated the formation of the starting point for the refined concept definition. In the quality appraisal, the selected tools from the Joanna Briggs Institute (Joanna Briggs Institute, 2017) did not include a tool for concept analysis, which can be considered a limitation in the review. However, quality appraisal tools appropriate for the methods in each concept analysis were used, these being literature reviews and qualitative studies. As for the results, empirical research focusing on moral courage in nursing was limited during the time of conducting the integrative review, which can be considered a limitation. However, articles focusing on the dimensions of moral courage were identified, enhancing a detailed description of the concept.

Fieldwork phase II

The survey in **Sub-study 2** (Paper II) aimed to provide knowledge of the manifestation of moral courage in nursing, collected with a self-assessment instrument and derived from a new context for both the instrument and exploration of moral courage. The validity was ensured throughout the study process: sampling, selecting the instrument for data collection, collecting the data, and analysing and reporting it.

The purposive sampling from the care settings for older people in a large city in Finland was used to gain a versatile sample (Roberts et al., 2006) from this context, providing a new perspective for exploration. This aim was reached and the validity of the results strengthened, as the background factors of the participants represented the target population: nurses in the care for older people in primary care hospital wards and home care in the Finnish care settings (Paper II)(Roberts et al., 2006). The

aim of broadening the perspectives from the earlier studies on moral courage in nursing was one justification for the exploration of moral courage in this context (Hauhio et al., 2021; Numminen et al., 2019; Taraz et al., 2019). Moreover, nurses frequently encountering ethical conflicts when working with older people (Gastmans, 2013; Kalánková et al., 2021; Kim et al., 2020) justified selecting this context and highlighted the significance of nurses' moral courage in the care of older people (Barlow et al., 2018).

As for the measurement, the operationalisation of the concept in the instrument (NMCS ©Numminen) provided clear items, promoting the clarity of the self-assessment instrument and the validity of the results (Waltz et al., 2010). The internal consistency of the instrument in this study was measured using Cronbach's alpha, and it was satisfactory at 0.94 for the 21-item NMCS. Also, it corresponds with earlier studies using the instrument (Huang et al., 2023a; Lee et al., 2022; Numminen et al., 2021; Rattray & Jones, 2007; Waltz et al., 2010)(Paper II).

The **limitations** in **Sub-study 2** were related to the relatively low response rate and possible social desirability bias (Van De Mortel, 2008). The response rate was 30%, which can be considered a limitation, although it corresponds with contemporary surveys (Weigold et al., 2019). Although the estimated sample size of 270, which was calculated based on the confidence interval width from the article reporting the validation of the instrument (Numminen et al., 2019), was not reached, the sample size allowed for conducting statistical analyses (Paper II). Also, the possibility of social desirability bias can be seen as a limitation. It is possible that some participants answered according to what they thought the aim was instead of how they acted (Van De Mortel, 2008). However, this research stands on the assumption that participants answer to the best of their knowledge.

While the survey provided self-assessed knowledge of moral courage in the empirical world of nursing, it alone cannot capture the entirety of the meanings and manifestations of the concept. Thus, to add new perspectives and to strengthen the credibility of the concept development, the Hybrid Model continued with narrative studies.

The narrative studies in **Sub-studies 3 and 4** (Papers III and IV) aimed to add experience-based knowledge from nurses about their moral courage to clarify and refine the concept definition. In the narrative studies, trustworthiness was evaluated according to *dependability*, *credibility*, *confirmability* and *transferability* (Holloway & Wheeler, 2014, pp. 298–303). In Papers III and IV, the narrative studies were assessed explicitly following the recommendations for narrative methodology (Lieblich et al., 1998).

Trustworthiness in Sub-studies 3 and 4 is related to the systematic use of the methods and their suitability for finding answers to the research questions. To promote the trustworthiness of the sub-studies, the narrative inquiries were

conducted following the process systematically (Holloway & Wheeler, 2014; Lieblich et al., 1998). Furthermore, selecting a suitable data collection method, individual in-depth interviews, strengthened the *trustworthiness* of the narrative studies. *Dependability* was pursued by describing the context, data, analysis and results clearly and logically, to ensure that the choices made and the conclusions reached can be followed through the reports. (Holloway & Wheeler, 2014, pp. 302–303)

The *credibility* of the narrative studies was strengthened by listening to the experiences of the participants with an open mind and providing them an opportunity to freely talk about their experiences in the interviews. Also, the participants reflected on both situations when they acted morally courageously and when they did not, the perspectives complementing each other. Moreover, the *credibility* and *confirmability* of the reporting of the results were supported by the authentic quotes of the participants, illuminating the relationship between the data and the results (Papers III and IV). Furthermore, the *confirmability* of the results was sought through reporting the used methods step by step. (Holloway & Wheeler, 2014, p. 303)

Transferability was assessed by whether the results could be used or a similar type of study conducted in other contexts. Different types of nursing contexts are represented in the data, strengthening the transferability of the results (Holloway & Wheeler, 2014, p. 303). Also, the empirical examples from the different contexts, from which the refined definition was derived, strengthen the theoretical understanding of the concept. This justifies the broadening of the contexts in the concept definition (Morse & Lenz, 1996). However, it must be acknowledged that the study was conducted in Finland, and there can be cultural and organisational differences in registered nurses' work between countries, for example, when considering the relatively high number of registered nurses in Finland (Tynkkynen et al., 2023).

In **Sub-studies 3 and 4, the limitations** were related to the complexity of the holistic illustrations and the results comprising self-reflections of nurses. The doctoral researcher's interpretations in the holistic analysis and the complexity of the topic posed challenges to reporting the findings logically and with a small number of concepts. (Lieblich et al., 1998) The exploration focusing on self-reflections can be seen as a limitation because of possible social desirability bias (Bergen & Labonté, 2020). However, the aim was to understand the topic based on experiential knowledge and the topic concerned individuals' inner thoughts. Thus, it was justified to ask nurses themselves about their moral courage, contributing to forming the refined concept definition (Lieblich et al., 1998; Schwartz-Barcott & Kim, 2000).

Final analytical phase III

In the **final analytical phase** (Summary), the results of Phases I and II were synthesised with a modified realist synthesis (Gilmore et al., 2019; Wong et al., 2014). The validity and consistency of the modified realist synthesis were pursued to ensure by describing the synthesis in detail and deriving the refined definition of the concept logically from the results of the theoretical and fieldwork phases (Schwartz-Barcott & Kim, 2000; Wong et al., 2014).

The quality of the final analytical phase was assessed with the perspectives of “extensiveness of the database”, “depth of analysis”, “development of argument”, “validity”, “level of abstractness”, and “contribution to knowledge” (Morse & Lenz, 1996, p. 271). The data in the theoretical and fieldwork phases provided theoretical and empirical perspectives, supporting each other. Moreover, the survey and narrative studies in the fieldwork phase provided different types of data from varying nursing contexts, the narrative studies adding depth to the analysis. The abovementioned extensive data strengthens the validity of the final analytical phase of the Hybrid Model (Morse & Lenz, 1996; Schwartz-Barcott & Kim, 2000).

The analysis provided new and combined antecedents, attributes and consequences of the concept, and refined the ones identified in the theoretical phase, illustrating the “depth of the analysis”. All phases were conducted rigorously, and methods were used and described logically to support the “development of argument” of the refined concept definition (Morse & Lenz, 1996, p. 271). Furthermore, the validity of the analytical phase was promoted by explicitly describing the antecedents, attributes and consequences (Schwartz-Barcott & Kim, 2000). The boundaries of the concept were delineated with the antecedents, attributes and consequences, clarifying the theoretical understanding of the concept and strengthening the “epistemological principle” of evaluating concept analyses (Morse & Lenz, 1996, p. 257).

As for “the level of abstractness”, the concept was explored, deriving a variety of examples from the empirical world of nursing, which strengthened the theoretical understanding of the concept and added to the “level of abstractness”. However, as a **limitation**, although the examples derived from the empirical world provide a variety of contextual and situational uses of the concept, the complex examples posed challenges for expressing them as abstract consequences of the concept. Finally, the refined definition provided new knowledge, including a variety of perspectives, for the theoretical understanding of the concept. (Morse & Lenz, 1996, p. 271) This increases the maturity of the concept and strengthens the “contribution to the knowledge” in the field of nursing ethics (Morse & Lenz, 1996, p. 271).

The evaluation of the concept’s maturity was conducted systematically following the criteria (Morse et al., 1996) to promote the credibility of the evaluation. The clarified and refined antecedents, attributes and consequences of the concept

supported the systematic evaluation. In the method (Morse et al., 1996), the criteria are described, but they leave space for interpretation. As a **limitation**, this posed challenges to meticulously evaluating the concept's maturity. Thus, the presentation of the evaluation was descriptive. Another **limitation** is that it was not possible to evaluate the maturity of the refined concept definition formed in this study from the perspective of its use in literature, although the perspective was included in the theoretical phase. Thus, these two evaluations are different: the first evaluated the concept that is defined and described in the literature, and the latter evaluated a new, refined definition. Nevertheless, the evaluation provided a clear presentation of how the concept has developed in this study, clarifying the understanding of the concept and its maturity. (Morse et al., 1996)

The Hybrid Model

The process of the Hybrid Model (Schwartz-Barcott & Kim, 2000) was followed systematically throughout the doctoral study to promote the credibility and rigour of the study. The theoretical and fieldwork phases formed a foundation for the final analytical phase, in which the results were combined and compared, forming the refined concept definition. The empirical studies provided a variety of empirical examples, facilitating the refinement of the concept definition and fulfilling the purpose of this doctoral study. The broad illustrations of the empirical examples strengthen the validity of the Hybrid Model, as new perspectives supporting the clarity of the theoretical understanding of the concept were identified. (Morse & Lenz, 1996; Schwartz-Barcott & Kim, 2000)

A critique of the Hybrid Model has been presented when only one empirical data is used in the analysis, thus lacking in data and generalisability (Morse & Lenz, 1996). In this study, however, this matter was avoided with two sets of empirical data: a survey with better generalisability and interview data, of which two narrative studies were conducted. These results provided new perspectives and nurse populations to the empirical case examples.

The Hybrid Model facilitated the development of a broad and refined concept definition in the process of theoretical, fieldwork and analytical phases. This process provided different perspectives on the concept, with the Hybrid Model appearing suitable for the development of this dispositional concept. However, in the future, it would be justified to examine the suitability of this method and potentially other methods for developing dispositional concepts, to ensure the quality of the theoretical and conceptual work in the field of nursing science. (Rodgers et al., 2018)

The **limitations in the Hybrid Model** were related to the scarce research on moral courage in nursing during the theoretical phase and the relatively small empirical samples. As an extensive literature review is an important basis for concept

analysis (Morse & Lenz, 1996; Schwartz-Barcott & Kim, 2000), the limited research on moral courage during the theoretical phase can be considered a limitation. However, the amount of literature increased during the study process, and the updated literature review strengthened the credibility of the study. Moreover, the two sets of data in the fieldwork phase supported the theoretical phase and added novel perspectives to the knowledge base. The relatively small samples in the fieldwork phase (Sub-study 2, 205 and Sub-studies 3 and 4, fourteen) are limitations. Nevertheless, the survey data allowed for statistical analyses, and the interview data was rich, enhancing the analysis as two separate perspectives. Thus, the results derived from the data provided extensive descriptions and examples of the concept and facilitated the refined concept definition. (Morse & Lenz, 1996; Schwartz-Barcott & Kim, 2000)

6.3 Suggestions for practice

The refined definition of the concept of moral courage in nursing formed in this study strengthened the theoretical knowledge base on moral courage in nursing. The concept development provides a conceptual basis for nursing as part of healthcare and research in the field of nursing. Thus, the results of this study can be used in different ways in healthcare organisations and the education of nurses. Next, the uses of the results are presented, first regarding healthcare organisations and then education.

Healthcare

The refined concept definition clarifies the understanding of moral courage in nursing. This understanding provides possibilities to develop processes and organisational structures related to moral courage in healthcare organisations, from the perspectives of nurses, nurse leaders and organisations. With the understanding of moral courage in nursing and the examples given in this study, nurses can identify their strengths and required development points regarding their moral courage. Also, the justifications for acting morally courageously presented in this study can provide possibilities for nurses to develop their argumentation skills regarding moral courage. Finally, the positive consequences in the refined concept definition can provide motivation and confidence for nurses to act morally courageously in ethical conflicts.

For nurse leaders, the understanding of moral courage, based on its refined definition, provides possibilities to develop processes to support professionals in their moral courage. Moreover, the identified consequences of moral courage in nursing provide possibilities for nurse leaders to facilitate discussions on ethical

issues both among nurses and within multi-professional care teams. Finally, the new understanding of moral courage in nursing provides possibilities for nurse leaders to discuss possible continuous education with nurses and to identify skills that could be strengthened.

At the organisational level in social and healthcare organisations, the refined concept definition, the identified justifications and morally courageous acts provide opportunities to develop processes to promote professionals' moral courage and ethical conduct. The processes can support nurses' moral courage, multi-professional cooperation concerning moral courage and the well-being of professionals when they encounter ethical conflicts in their work. Furthermore, the presented consequences provide possibilities for developing processes that could facilitate further actions in organisations after morally courageous acts are conducted. These further actions would signify that the issues are resolved, and similar issues could be avoided in the future. Finally, by identifying the consequences described in this study, organisations and care teams could aim to prevent the negative consequences of morally courageous acts that nurses might suffer.

Education of nurses

The refined definition of the concept of moral courage in nursing formed in this doctoral study improves the understanding of the concept in the basic and continuing education of nurses. In basic nursing education, firstly, the descriptions of morally courageous acts and the refined definition of the concept provide possibilities to develop nursing ethics curricula, aiming to promote moral courage among future nurses. Secondly, the justifications for morally courageous acts, the described acts and their consequences provide examples on which nursing students can reflect in their theoretical studies and practicums. Additionally, these examples provide possibilities to develop ethics simulations as part of curricula design, to support nursing students in gaining the skills to justify courageous acts and their moral courage.

In continuous education, the empirical results provide examples for learning decision-making related to potential morally courageous acts in ethical conflicts. Additionally, the antecedents and attributes provide possibilities to identify relevant content for developing continuous education. Finally, the consequences provide examples of the possibilities that can arise when nurses act morally courageously. This can strengthen nurses' confidence in defending what is right based on values in complex ethical conflicts.

6.4 Suggestions for further research

This study clarifies and refines the concept of moral courage in nursing. The results can be used in further research on the topic (Table 15). Based on the refined definition of the concept, comprising the nurse and the context, possible new instruments measuring moral courage in the nursing context can be developed. Empirical research could also focus on nurses or nurse managers reflecting on their colleagues' morally courageous acts. This might limit possible social desirability bias. Also, the empirical findings indicate that while the matter was often handled in the organisation after a morally courageous act, sometimes no further actions were taken. The processes and organisational structures can be developed to support individual nurses in their moral courage and ethical conduct at the organisational level. Also, the processes could facilitate further actions after morally courageous acts have been conducted, to ensure that the matter is handled and improved, if possible. These processes could identify moral courage as a whistleblowing act, which can be conducted individually or as a collective act of courageous professionals, aiming to avoid the slippery slope of silently agreeing with the identified wrongness. Thus, the processes developed in further research can strengthen the significance that nurses' morally courageous acts have on the nurses themselves, patients, work communities and societies. Finally, this doctoral study identifies negative consequences that ensued for morally courageous nurses, while there were also positive consequences. Thus, in further research, it could be explored whether it is possible, and how, to prevent these negative consequences from happening.

As for the research methods, the development of instruments could be conducted using the appropriate instrument development methods. Potential processes in healthcare organisations could be developed with action research to ensure the processes apply to the organisations. Finally, further research could aim for theory development on moral courage in nursing, based on the refined definition presented in this doctoral dissertation.

Table 15. Topics and methods for further research.

RESEARCH TOPIC	RESEARCH METHODS	CONTEXT
POTENTIAL MEASUREMENTS OF MORAL COURAGE IN NURSING	Instrument development	Healthcare
DEVELOPMENT OF ORGANISATIONAL STRUCTURES AND PROCESSES PROMOTING MORAL COURAGE	Action research in collaboration with healthcare organisations	Healthcare
THEORY DEVELOPMENT OF MORAL COURAGE IN NURSING	Theoretical work	Healthcare

Conclusions

The refined concept definition of moral courage in nursing was presented. Moral courage in nursing, manifesting in ethical conflicts in the presence of personal risks, is virtuous nurses' value-based, responsible conduct, resulting in good care for the patients, and positive and negative outcomes for the acting nurse and the work community. The refined definition includes both the nurse and the context, and it is thus wider than a personal characteristic. Most of the attributes of the refined concept definition had already been established at the starting point. The attributes added in the fieldwork phase were confidence and emotions. In the final analytical phase, a combination of the results of earlier phases and the antecedents, attributes and consequences of the concept was conducted. The combination of theoretical and empirical data in the concept development supported the link of understanding the concept in both theoretical research and the empirical world of nursing. The evaluated increased maturity of the concept contributes to the knowledge base regarding moral courage in the field of nursing ethics.

Nursing education and healthcare organisations can implement these results when supporting nurses' moral courage and multi-professional cooperation in ethical conflicts. The results can be implemented in the development of processes facilitating nurses' morally courageous acts and processes that potentially prevent personal negative consequences, which are always a risk when acting morally courageously.

The results warrant consideration of acknowledging the significance of moral courage in nursing in healthcare organisations. The direct and indirect consequences indicate the importance of taking further actions following morally courageous acts. Further actions, such as organising collaborative meetings, developing individual care plans and providing continuous education, are needed to improve the matter in question after morally courageous acts are conducted in healthcare organisations. In that way, morally courageous acts can lead to even more widespread positive consequences, although it is important to acknowledge and try to prevent the possible double effect of moral courage, negative consequences for the acting nurse and the organisation.

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Appendices

Appendix 1. Articles included in the review of the literature.

¹ Initial search in 2020, ² First updating search in 2021, ³ Final updating search in 2024

AUTHORS, YEAR, COUNTRY	DESIGN, SETTING, PARTICIPANTS	METHOD, ANALYSIS	MAIN RESULTS
Abdollahi R, et al. 2021, Iran ³	A descriptive correlational study 375 nurses working in teaching hospitals	Survey, PMC Statistical analyses	The mean of moral courage was 6.35 (scale 1 to 7)
Ali Awad, N. H. et al. 2022, Egypt ³	A cross-sectional study 235 nurses	Survey, NMCS Statistical analyses	Moral courage was reported as high (mean 72.09 on the scale of 21-105). Crisis leadership and ethical leadership had positive correlations with moral courage.
Alshammari MH & Alboliteeh M 2023, Saudi-Arabia ³	Correlational, cross-sectional 684 nurses	Survey, NMCS, Statistical analyses	Moral courage negatively influenced compassion fatigue and mediated burnout and professional competence related to compassion fatigue.
Azizi Z et al. 2024, Iran ³	Descriptive cross-sectional 375 nurses	Survey, MCQ, Statistical analyses	Moral courage average level: 422.37 ± 52.92. Moral courage partly explained safe nursing care.
Berdida DJE & Grande RAN. 2023, Philippines ³	Correlational cross-sectional Snowball sampling 412 nurses	Survey, NMCS Mediation analysis	Moral distress, moral resilience, moral courage and moral injury were interconnected and influenced each other. Moral courage and moral resilience were positively correlated with each other.
Berdida DJE, 2023, Philippines ³	Correlational cross-sectional Snowball sampling 412 nurses <i>Sama data as above</i>	Survey, NMCS Statistical analyses	Moral distress impacted negatively on moral courage, while moral resilience positively influenced moral courage. Moral resilience and moral courage mediated between moral distress and moral injury.
Bickhoff, L. et al. 2016, Australia ¹	Qualitative descriptive, University in Australia, 9 nursing students, 1 nursing graduate.	Semi-structured interviews, Thematic analysis	Main themes: "Patient advocate identity", "knowing their moral code and previous life experiences", "Consequences to the patient and the nursing student"; "The impact of key individuals" (Bickhoff et al., 2016, p. 37).
Bickhoff et al. 2017, Australia ¹	Literature review, 15 research articles	Thematic analysis	Students wished to advocate for patients but sometimes lacked moral courage. Support from mentors promoted their moral courage.

AUTHORS, YEAR, COUNTRY	DESIGN, SETTING, PARTICIPANTS	METHOD, ANALYSIS	MAIN RESULTS
Black, S. et al. 2014, UK ¹	Hermeneutic study. Healthcare organisations, 19 mentors who had mentored nursing students	Reflective interviews, Hermeneutic discovery of meaning	Key themes: "Experiencing moral stress", "demonstrating moral integrity", "Ensuing moral residue". (Black et al., 2014, p. 229)
Bruun, A. M. G. et al. 2022, Norway ³	Qualitative, critical incident technique	Written narratives	Themes: "Keeping the patient safe" and "Establishing a constructive work environment". (Bruun et al., 2022, pp. 122–123)
DeSimone, B. B. 2019, The USA ³	Curriculum development, one-group pre- and post-test study	Thematic analysis Implementing the course Survey Statistical analyses	Moral courage values of students changed positively after the course. No direct correlation between moral courage and the course was identified.
Edmonson, C. 2015, The USA ¹	Intervention development	Intervention development and evaluation (PMC) Statistical analyses	The educational intervention had marginal to significant improvements in the participants' moral courage.
Escolar-Chua, R. L. 2018, Philippines ¹	Descriptive correlational survey, In various clinical areas, 293 nursing students	Survey (PMC), Statistical analyses	The students were morally courageous. Identifying ethical morally distressing situations promoted moral courage.
Gallagher A 2011, UK ¹	Theoretical article	Theoretical article	Speaking up in ethical conflicts is a way of acting courageously. Nurses benefit from support from the organisation.
Fidan, Ö. et al. 2023, Turkey ³	A correlational descriptive cross-sectional study 168 ICU nurses in Turkey	Survey (NMCS) Statistical analyses	Moral courage was reported to be at the level of 80.29 (mean on a scale 21 to 105). Moral courage and compassion and lovingkindness were positively correlated.
Gibson, E. 2018 The USA. ¹	Concept analysis	The Walker and Avant concept analysis	Attributes: "persistence", "bravery", "overcoming fear", "self-advocacy". Consequences: "moral distress", "criticism", "empowerment", "self-knowledge". (Gibson, 2018, pp. 371–372)
Gibson 2020 USA ¹	Theoretical article	Theoretical article	A morally courageous nurse acts based on ethical principles. Personal experiences are related to one's moral courage. It is possible to learn moral courage and to promote it with role-playing and simulation.
Gibson 2020 USA 2021 ²	Descriptive correlational study 88 nursing students	Survey, Statistical analyses	Moral courage and moral distress were associated, but moral courage did not decrease moral distress.
Goktas S. et al. 2023, Turkey ³	Descriptive cross-sectional 362 nurses in intensive care units	Survey, NMCS, Statistical analyses	Mean moral courage score: 82.08 (scale 21-105)

AUTHORS, YEAR, COUNTRY	DESIGN, SETTING, PARTICIPANTS	METHOD, ANALYSIS	MAIN RESULTS
Hakimi, H. et al. 2023, Iran ³	Observational cross-sectional study 267 nurses in six hospitals in Iran	Survey, PMC Statistical analyses	The mean score of moral courage was 87.07 (scale 15-105)
Hamric 2015, the USA ¹	A philosophical paper	A philosophical paper	Moral courage includes doing what is right for the patients, requiring rational reasoning. Moral courage can be hindered by hierarchy.
Hanifi N. et al. 2019, Iran ²	Cross-sectional 208 nursing students in Zanjan, Iran	Survey, PMC Statistical analyses	Mean moral courage 85 (range 15-105)
Hardingham 2005 Canada ¹	A philosophical paper	A philosophical paper	Moral integrity is related to one's behaviour and values. Human communication and reasoning are important in dealing with ethical conflicts.
Hauho N. et al. 2021, Finland ³	Cross-sectional 482 registered nurses	Survey, NMCS, statistical analyses	Mean moral courage VAS 8.20 and 1-5 Likert 4.09.
Heggestad, A. K. T. et al. 2022 Norway ³	Longitudinal qualitative (a follow-up study) Seven undergraduate nursing students	Interview with a thematic guide and open-ended questions. Thematic analysis	Themes: "Vulnerable students striking a professional balance"; "The importance of good role models"; "Struggling with showing moral courage". (Heggestad et al., 2022, pp. 4–6)
Hong, N. et al. 2023, China ³	A cross-sectional study 314 nurses working in a tertiary-level hospital in China	Survey, NMCS Statistical analyses	The score of moral courage was 42.00 (scale 21-105)
Hthelee L H H, et al. 2023, Iran ³	A cross-sectional study 168 nurses	Survey, PMC Statistical analyses	High level of moral courage (over 39 score): 167 nurses, 99,40% of the participants.
Hu K. et al. 2022, China ³	Cross-sectional study 226 nurses	Survey, NMCS Statistical analyses	The mean of the NMCS (moral courage) was 3.90 (Likert 1 to 5) Nurses with higher coping scores had higher moral courage.
Huang M. et al. 2024, China ³	A modified Delphi study 20 experts (nursing education, nursing ethics, philosophy, and bioethics) from China	A literature review and two Delphi rounds (a survey), Statistical analyses.	A training plan for moral courage, comprising eight themes and 33 items
Huang M. et al. 2023, China ³	A descriptive qualitative study 10 nurses	Interviews Deductive content analysis	Categories: "proceed without hesitation"; "the outcome of practising moral courage"; and "develop and maintain moral courage". (Huang et al., 2023b, p. 589)

AUTHORS, YEAR, COUNTRY	DESIGN, SETTING, PARTICIPANTS	METHOD, ANALYSIS	MAIN RESULTS
Huang M. et al. 2023, China ³	Cross-sectional study 583 nurses from five hospitals	Survey, NMCS Statistical analyses	The mean of the NMCS (moral courage) was 3.64 (Likert 1 to 5)
Kashani M. et al. 2023, Iran ³	A cross-sectional study 172 nurses	Survey, NMCQ, Statistical analyses	There was a significant correlation between moral courage and safe nursing care.
Kelly 1998 USA ¹	Grounded theory 22 newly graduated nurses	In-depth interviews Constant comparative classification of patterns and themes	Having confidence, being ethically committed and good ethical climate promoted moral integrity. Learning teamwork and gaining confidence benefited from support.
Khatiban M. et al. 2022, Iran ³	Cross-sectional 224 nurses in five hospitals in Iran	Survey, PMC Statistical analyses	Mean score 56.16 (Scale 15 - 75)
Khodaveisi, M. et al. 2021, Iran ³	Cross-sectional 520 nurses in five hospitals in Iran.	Survey, NMCQ Statistical analyses	Mean score 473.33 (Scale 102-510)
Khoshmehr et al. 2020 Iran ²	Descriptive correlational 180 nurses	Survey, PMC Statistical analyses	Moral courage and psychological empowerment were positively correlated with each other. Being older and having more work experience were related to a higher level of moral courage.
Kleemola, E. et al. 2020, Finland ²	Qualitative descriptive 286 nurses, working with children and adolescents.	Survey, answers from open-ended questions	Situations included: colleagues, physicians, patients, organisation, nurses themselves, relatives, and managers. Actions: "verbal communication", "immediate action", "written notification", "failure to act" (Kleemola et al., 2020, p. 7).
Konings, K. J. P. et al. 2021. Belgium and Finland ³	A forward-backwards translation method A non-experimental, descriptive cross-sectional 559 nurses in two hospitals in Belgium	Translation of the questionnaire NMCS Survey Statistical analyses	The mean moral courage in the NMCS 3.77 (Likert-scale 1 to 5)
Koskinen S. et al. 2020 Spain, Finland, Iceland, Germany, Lithuania, and Ireland ²	Cross-sectional 1503 graduating nursing students in six European countries.	Survey, NMCS: VAS overall moral courage Statistical analyses	VAS moral courage (scale 0 to 100) Total 77.8, Finland 73.49, Germany 79.9, Iceland 76.0, Ireland 79.7, Lithuania 77.4, Spain 82.0

AUTHORS, YEAR, COUNTRY	DESIGN, SETTING, PARTICIPANTS	METHOD, ANALYSIS	MAIN RESULTS
Laabs, C. 2011 The USA. ¹	Qualitative descriptive 82 newly graduated nurses	Short answer online survey Conventional content analysis	A person with moral integrity is honest, and trustworthy and can overcome the threat of negative outcomes from an act.
LaSala & Bjarnason 2010 USA ¹	Theoretical paper	Theoretical paper	A morally courageous nurse acts based on ethical principles, even if there are personal risks from the act. Having clear values and rewarding ethically sound actions promote nurses' moral courage.
Lee, B. et al. 2022, Korea ³	Scale validation study	Survey, K-NMCS Statistical analyses	The mean level of moral courage was 3.26 (Likert scale 1 to 5) Cultures in Korea and Finland are different in nursing. Thus, 9 items were excluded from the Korean version.
Lindh, I.-B. et al.. 2008 Norway & Sweden. ¹	Qualitative exploratory 14 nursing students in Sweden	Repeated focus group interviews interpretative content analysis	Themes: "Being available for the patient", "Shielding the patient", "Being confronted with the voice of conscience". (I. Lindh et al., 2008, p. 440)
Lindh, I.-B. et al. 2009, Norway & Sweden ¹	Qualitative study with a hermeneutic approach 8 nurses in Sweden	Individual interviews	Themes: "The action level as 'having courage to act on one's convictions'", "The relational level as 'being attentive and recognizing vulnerability'", "The existential level as 'facing the unpredictable'". (I.-B. Lindh et al., 2009, p. 1885)
Lindh, I.-B. et al. 2007, Sweden ¹	Qualitative study 14 nursing students in Sweden	Focus group interviews Qualitative thematic analysis	Moral responsibility is a relational way of being. Themes were: "Being guided by inner compass" and "Striving to do good" (I. Lindh et al., 2007, pp. 133–134).
Loffi-Bejestani, S. et al. 2023. Iran and Japan ³	Descriptive correlational 500 nurses working in mental health wards in hospitals	Survey, PMC Statistical analyses	Moral courage had a mean level of 53.16 (scale 15-105) Moral courage and moral sensitivity were positively correlated. While nurses had moral courage, they also had moral distress when they were not able to act courageously.
Luo Z. et al. 2023, China and Australia ³	A cross-sectional study. 1334 nurse interns	Survey (NMCS) Statistical analyses	Moral courage had a mean level of 75.88 (scale 21-105) There was a positive correlation between moral courage and ethical decision-making skills
Mahboubi et al. 2023, Iran ³	A cross-sectional study 200 nurses working in COVID-19 units	Survey, PMC Statistical analyses	The mean score of moral courage was 56.25 (scale 15-105)

AUTHORS, YEAR, COUNTRY	DESIGN, SETTING, PARTICIPANTS	METHOD, ANALYSIS	MAIN RESULTS
Meinechenko 2003 Canada ¹	Theoretical paper	Theoretical paper	True presence means that nurses are there for the patients and understand their needs. Being truly present requires moral courage and commitment to values and ethical principles.
Mohammadi, F. et al. 2022, Iran ³	A descriptive study 524 ICU nurses	Survey, PMC Statistical analyses	Moral courage had a mean level of 96.38 (scale of 15-105). There was a positive correlation between moral sensitivity and moral courage. Also, a positive correlation was identified between moral courage safe care.
Murray 2010 USA ¹	Theoretical paper	Theoretical paper	Nurses need moral courage when they defend what they think is right despite the risk of personal negative outcomes. Strengthening factors for moral courage were education, arranging discussions regarding ethics, having role-models and competence in rational reasoning.
Namadi F. et al. 2023, Iran ³	A Qualitative Descriptive Study 15 nurses	In-depth interviews. Data analysis: Graneheim and Lundman's method	Individual and organisational inhibitors
Nash, W. et al. 2016. The USA ¹	Qualitative descriptive 15 nursing students in a public university	Survey, questionnaires. Thematic content analysis	Themes: "Fear of behaving in inappropriate ways"; "Fear of discussing a homeless person's dying and death"; "Challenge of explaining the AD's content and recording the homeless persons' wishes" (Nash et al., 2016, pp. 749–750)
Nouroozi A. et al. 2023, Iran ³	A quasi-experimental study 70 nurses, intervention and control groups	Implementing the assertiveness-based program. Survey, Statistical analyses	The intervention strengthened nurses' moral courage.
Numminen, O. et al. 2017, Finland ¹	A concept analysis based on the literature	Rodger's evolutionary concept analysis	Attributes: "true presence", "moral integrity", "responsibility", "honesty", "advocacy", "commitment and perseverance", and "personal risk". Antecedents: "ethical sensitivity", "conscience", and "experience". Consequences: "personal and professional development" and "empowerment". (Numminen et al., 2017, pp. 883–887)
Numminen et al 2019 Finland ¹	A scale development study 482 nurses (+ 129 nurses in pilot)	Survey, (NMCS) Statistical analyses	Moral courage was average 4.07 (1 to 5 scale). The NMCS was proved valid.
Numminen O. et al. 2021, Finland and Belgium ²	A scale validation study, on-experimental, cross-sectional exploratory design. 559 nurses	Survey Statistical analyses	NMCS total was 3.77 (1 to 5 scale)

AUTHORS, YEAR, COUNTRY	DESIGN, SETTING, PARTICIPANTS	METHOD, ANALYSIS	MAIN RESULTS
Nunthawong, J. et al. 2020, Thailand ¹	Scale development study	Psychometric determination. Statistical analyses	Moral courage is opening discussions and doing what is right in each situation. There can be challenges but they have to be taken care of.
Pakizekho, S., & Barkhordari-Sharifabad, M. 2022, Iran ³	A cross-sectional descriptive study 180 nurses working in hospitals	Survey (PMC) Statistical analyses	The mean score of moral courage was 77.011 (scale 15-105) Moral courage and nurses' conscientiousness were significantly related. Ethical leadership had significantly increased moral courage.
Peng, M. et al. 2023, China and Japan ³	A cross-sectional study 781 nurses from two tertiary hospitals	Survey (NMCS) Statistical analyses	Moral courage had a mean score of 82.02 (scale 21-105) Moral courage and moral distress had a positive correlation with each other. Moral courage was positively correlated with career identity.
Pirdelkhosh, M. et al. 2022, Iran ³	A cross-sectional study 169 nurses working in COVID-19 wards	Survey (PMC) Statistical analyses	Moral courage had a mean score of 90.24 (scale 15-103) Higher social capital meant higher moral courage.
Rakhshan, M. et al. 2021, Iran ³	A qualitative descriptive study 19 nurses working in hospitals in Iran	Semi-structured, in-depth interviews. Conventional content analysis.	Themes: "organizational failure"; "deterrent personal identity"; "defeated professional identity". (Rakhshan et al., 2021, p. 4)
Roshanzadeh. et al. 2021, Iran ³	Qualitative study Nineteen nurse managers working in hospitals in Iran	In-depth interviews Qualitative content analysis	Categories: "obligation" and "decisiveness". (Roshanzadeh et al., 2021, pp. 257-258)
Ruixin Z. et al. 2024, China ³	A cross-sectional study 586 nurses	Survey, NMCS Statistical analyses	Average score of moral courage was 79.00 (scale 21-105). Higher level of moral courage had a positive correlation with psychological resilience and the context of nursing practice.
Sadooghiasi, A. et al. 2018, Iran ¹	Concept analysis based on literature and qualitative empirical data	Hybrid model concept analysis In-depth interviews. Conventional content analysis	Attributes: "Moral self-actualization", "Risk-taking" Antecedents: "Model orientation/model acceptance", "Rationalism", "Academic and professional competencies", "Spiritual beliefs" Consequences: "Professional care", "Nurse's peace of mind", "Right decision and right performance". (Sadooghiasi et al., 2018, pp. 13-15)
Safarpour, H. et al. 2020, Iran ³	A cross-sectional study 217 nurses	Survey, PMC Statistical analyses	Moral courage had a mean score of 59.47 (scale of 15 to 105) Higher moral courage meant significantly lower moral distress.

AUTHORS, YEAR, COUNTRY	DESIGN, SETTING, PARTICIPANTS	METHOD, ANALYSIS	MAIN RESULTS
Simmonds et al. 2013 Canada ¹	Qualitative critical narrative 14 intrapartum nurses	Interviews, qualitative analysis.	Good teamwork promoted moral responsibility, but hierarchy inhibited it. Nurses with moral responsibility advocated for patients and were committed to good care. Clear values in the organisation promoted nurses' moral responsibility.
Stephens TM. 2023, The USA and Canada ³	Descriptive correlational study 690 nurses in the USA and Canada	Survey, MCSNF Statistical analyses	Moral courage had a mean score of 75.14 (scale 0 to 100) and it was moderately correlated with moral resilience.
Taraz, Z. et al. 2019, Iran. ¹	Descriptive correlational study 156 nurses in university hospitals in Iran.	Survey Statistical analyses PMC	Moral courage was positively correlated with ethical climate. Moral courage had a mean level of 3.87 (On the scale of 1 to 5)
Wiisak, J. et al. 2022, Finland ³	Descriptive correlational study 454 nurses in Finland	Survey, NMCS Statistical analyses	The mean of total moral courage (NMCS) was 4.34 (Likert scale 1 to 5) There were positive correlations between easiness of initiating discussion about the problem and total moral courage and moral integrity.
Wolf L A & Noblewolf H S. 2024 The USA ³	A mixed-methods study 101 (survey) 8 (interviews)	Survey (NMCS) and interviews Statistical and situational analyses.	Most of the respondents (70%) reported that they would act morally courageously if they encountered an ethical conflict. They found defending individual values fairly easy or very easy.
Yang Q. et al. 2023, China ³	A cross-sectional study 330 nurses	Survey, NMCS Statistical analyses	Moral courage had an indirect relationship with resilience. Ethical climate had a mediating effect (15%) between resilience and moral courage.
Yilmaz S & Güven G Ö. 2024 Türkiye ³	A descriptive correlational study 582 nurses	Survey, NMCS Statistical analyses	The average moral courage score was 84.03. Level of moral courage and whistleblowing levels had a significant relationship (p < .05).
Yu, Q. et al. 2023, China ³	Cross-sectional study 716 disaster-relief nurses in hospitals in China	Survey, NMCS, Statistical analyses	The mean score of moral courage was 82.47 (scale 21-105) and the mean on the Likert scale (1 to 5) was 3.93. Job esteem and social responsibility were positively correlated with moral courage.
Zheng H. et al. 2024, China ³	An exploratory, descriptive study 390 nurses	Survey, NMCS, Statistical analyses	Individual attributes and ethics education were related to the level of moral courage. Having more moral courage meant being less morally distressed and more ethically sensitive.

Appendix 2. Self-assessed levels and total scores of moral courage in different studies.

AUTHORS AND YEAR	CONTEXT	LEVEL AND TOTAL SCORE OF MORAL COURAGE	
		MEAN OF THE SUM VARIABLE	MEAN OF THE TOTAL SCORE
PMC Likert 1 – 7, mean (SD), total score 15-105			
Abdollahi et al., 2021	Hospital	6.35 (0.50)	-
Hakimi et al., 2023	Hospitals	-	87.07 (15.52)
Hanifi et al., 2019	University (students)	-	85 (12.66)
Hthelee et al., 2023	Hospital	-	56.83 (5.01)
Khoshmehr et al., 2020	Hospital	-	90.69 (11.21)
Khatiban et al., 2022	Hospitals	-	56.16 (10.18)
Lotfi-Bejestani et al., 2023	Hospitals	-	53.16 (12.69)
Mahboubi et al., 2023	Hospitals	-	56.25 (7.02)
Mohammadi et al., 2022	Hospitals	-	96.38 (3.63)
Pakizekho & Barkhordari-Sharifabad, 2022	Hospitals	-	77.011 (15.331)
Pirdelkosh et al., 2022	Hospitals	-	90.24 (12.74)
Safarpour et al., 2020	Hospital	-	59.47 (8.96)
Taraz et al., 2019	Hospital	3.87 (0.68)	-
NMCQ Likert 1 – 5, mean (SD), total score 102-510			
Azizi et al., 2024	Hospitals	-	422.37 (52.92)
Khodaveisi et al., 2021	Hospitals	-	473.33 (1.64)
Kashani et al., 2023	Hospitals	-	407.57 (53.97)
Ebadi et al., 2020	Hospitals	-	412.42 (42.65)

AUTHORS AND YEAR	CONTEXT	LEVEL AND TOTAL SCORE OF MORAL COURAGE	
		MEAN OF THE SUM VARIABLE	MEAN OF THE TOTAL SCORE
NMCS Likert 1 – 5, mean (SD), Total score 21-105			
Ali Awad & Al-anwer Ashour, 2022	Isolated hospitals	-	72.09 (7.73)
Berdida & Grande, 2023	Hospitals	4.36 (0.38)	-
Fidan et al., 2023	University hospital	-	80.29 (13.16)
Goktas et al., 2023	Hospitals	-	90.70 (28.89)
Hauhio et al., 2021	University hospital	4.10 (0.498)	-
Hong et al., 2023	A tertiary hospital	-	42.00 (not reported)
Hu et al., 2022	A tertiary hospital	3.90 (0.67)	-
Huang et al., 2023	Hospitals	3.64 (0.692)	-
Konings et al., 2021	Hospitals	3.77 (0.537)	-
Lee et al., 2022 ¹	Hospitals	3.26 (0.52)	-
Luo et al., 2023	Hospitals	-	75.88 (14.52)
Numminen et al., 2019	University hospital	4.07 (0.493)	-
Numminen et al., 2021	Hospitals	3.77 (0.537)	-
Peng et al., 2023	Tertiary hospitals	-	82.02 (16.19)
Ruixin et al., 2024	Hospital	3.76 (not reported)	79.00 (not reported)
Wiisak et al., 2022	Various healthcare organisations	4.34 (0.47)	-
Yilmaz & Güven, 2024	In- and outpatient units	-	84.03 (12.29)
Yu et al., 2023	Disaster relief units	3.93 (0.71)	82.47 (14.85)
Zheng et al., 2024	Hospitals	-	81.42 (14.72)
MCSP Likert 1 – 7, mean (SD), total score 44-100			
Gibson et al. 2020	University (students)	-	88.15 (9.1)
MCSNF Likert 1 – 7, mean (SD), total score 0-100			
Stephens & Layne, 2023	University (faculty)	-	75.14 (10.52)



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