

Validity and Reliability of Persian Version of the Professional Moral Courage Questionnaire in Iranian Nurses

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Abstract

Aims: Moral courage is an essential ingredient for the proper performance of nursing care responsibilities. Nurses must be morally courageous to administer moral problems accurately, have a professional commitment to their patients, and perform according to ethical requirements. The present study aimed to investigate the validity and reliability of the Persian moral courage questionnaire in Iranian nurses.

Materials and Methods: This methodological study was conducted on nurses working in 4 hospitals in Amol city, Mazandaran, Iran in 2020.

267 nurses working in different hospital wards were selected using available sampling method and completed the Professional Moral Courage Questionnaire. Then the instrumental structure and reliability of the questionnaire were investigated.

Findings: The results of exploratory factor analysis supported the validity of the questionnaire structures and showed a domain. The load values of the items were between 0.689 and 0.847. The reliability (Cronbach's alpha) of the questionnaire for this tool was 0.956.

Conclusion: The Professional Moral Courage Questionnaire has good validity and reliability in the Iranian nurses' community and this questionnaire will be a suitable tool to measure the level of professional moral courage of nurses.

Keywords

Morals [<https://www.ncbi.nlm.nih.gov/mesh/68009014>];
Courage [<https://www.ncbi.nlm.nih.gov/mesh/68066279>];
Nurses [<https://www.ncbi.nlm.nih.gov/mesh/68009726>];
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Introduction

In clinical activities, nurses face moral situations that contradict their professional and personal values [1, 2]. Identifying these problems requires moral sensitivity as well as ethics. However, sensitivity and consciousness are not sufficient, and nurses must have the moral courage to act accurately under what is moral and valuable accurately [3].

In the definition of moral courage, Sekerka expresses it as good work regardless of external threats [4]. Moral courage means the ability to pass through fear and act based on moral beliefs. It is also considered to be ready to stand and do the work accurately even at the price of standing alone [5, 6]. Lachman regards it as a personal attribute that the person who has it shows moral values and obligations [7], and in its absence, providing nursing care is affected and leads to moral distress and immoral behavior [8]. An important part of moral competence is related to the nursing profession [9, 10]. Rapid change in the health care environment has led to increased professional stress for nurses, and consequently created moral problems. This change will increase morale and human challenges [11]. So, nurses must have moral courage in professional environments [10]. Moral courage leads to reduction of moral distress [4], individual and professional development [8, 11] and motivation and acquisition of skills for nurses [4, 12]. Nurses with better moral courage can overcome related problems and thus experience less moral distress; this leads to increased convenience and work commitment. Nurses with moral courage can thoroughly perform care services and resist immoral work [13]. Having moral courage made nurses overcome many obstacles such as fear and thus support patients satisfactorily. This concept is also essential for compassionate work [10, 14].

Meanwhile, in some cases, personal or organizational barriers cease nurses to do their moral duties towards patients, and prevent nurses function based on ethical values, so moral distress happens [10]. Moral distress has severe consequences for nurses because it can lead to job fatigue, physical and emotional problems, moral disinterest, feeling sinful, feeling insufficient, lower job satisfaction, and leaving jobs [3, 15-17]. Nurses' Experiences and difficulties caused by moral distress have opted the experts to look for effective ways to reduce it, in which regard, moral courage has been introduced as one of the most important strategies of empowerment to solve this issue [10].

The need for moral courage is recognized in all areas and at all levels of nursing [18], but experimental studies and research in this field are few in nurses [10], which the biggest obstacle in this field is the lack of accurate and valid tools [19]. Therefore, having appropriate tools to measure moral courage will be required [20, 21]. There are many tools to evaluate

moral courage [4, 18, 22, 23], but the Courage Professional Moral Questionnaire is the most suitable tool to measure professional moral courage created by Sekerka and colleagues in the Military population in 2009. This tool has 15 questions and 5 dimensions. The instrumental structure of professional moral courage has been evaluated in different countries and various results have been reported in different groups [11, 24, 25]. This tool showed a 4-factor structure in a study in nursing students [25], but the results of Khoshoui *et al.* in Iran on telecommunication company employees and the results of the study of Connor *et al.* in the population of nursing managers in New York showed a five-factor structure [11, 24].

The concept of moral courage depends on time and place, based on values, roles, culture, and social context, and each person has a different definition and inference in different situations [14, 26]. This concept is also related to individuals' previous life and work experience [27, 28]. Values are fundamental to courageous actions; they are stable beliefs that define social and professional behavior. Values are derived from cultural environment, education, social norms, family traditions, religious principles and individual life experiences [29].

A valid and reliable tool will ensure researchers and readers of studies about the validity of the research findings. Therefore, considering the importance of moral courage in maintaining the moral integrity of nurses and providing quality care [20, 21], and considering the diversity of cultural and value fields of individuals, validating a valid tool in Iran and providing sufficient information on its psychometric process is necessary. Therefore, the present study was conducted to investigate the validity and reliability of the Persian questionnaire of professional moral courage in Iranian nurses.

Materials and Methods

This methodological study was conducted on nurses working in 4 hospitals in Amol city, Mazandaran, Iran in 2020.

267 nurses working in different hospital wards were selected using available sampling method. The inclusion criteria included having at least a bachelor's degree, having at least one year of work experience, formal and contractual employment in one of the academic hospitals, or participating in the human resources course at the time of the study.

After the approval of the ethics committee, the researchers explained the research objectives, working methods, confidentiality and voluntary participation in the research. Then the nurses completed the Moral Ethics Courage Questionnaire. Professional Moral Courage Questionnaire was designed for the first time by Sekerka *et al.* in 2009. This questionnaire has 5 factors and 15 items. The factors include ethics, multiple values, tolerance,

behavior beyond tolerance, and moral purpose. The scoring of each item on a seven-point Likert scale is as follows: from "never true" (score 1) to "true all the time" (score 7), and "sometimes" (score 4) is considered as the middle point. The range of scores for each factor is a minimum of 3 and a maximum of 21. The total score is minimum 15 and maximum 105. The mean scores of the items in each factor and the whole statement will be the score of moral courage [4].

The original version of the tool was first presented by sending an email to its designer, Professor Sekerka and after obtaining permission to use the tool, it was translated and utilized. The evaluation steps of psychometric properties included construct validity and reliability of the Professional Moral Courage Questionnaire. Construct validity was applied using exploratory factor analysis and maximum exponential estimation (Likelihood Maximum) [30]. Kaiser-Meyer-Olkin and Bartlett indexes were calculated. Cronbach's alpha coefficient was estimated to evaluate the reliability of professional courage [31].

The results were analyzed using SPSS 26 software.

Findings

The mean age of the participants was 33.86 ± 7.68 years and the average nursing experience was 9.90 ± 6.65 years. 213 (79.8%) nurses were female and 54 (20.2%) were male. Most of the samples were married (71.5%) and had nursing education (89.5%). The employment status of 39.7% of the participants was formal.

The concept of professional moral courage in the nurses participating in the study had a particular factor of 8.542 (extracted percentage 61.014; Table 1). The correlation value of item 7 in the factor analysis was below 0.4, so it was removed.

"Legal and adherence to ethical principles" was a significant factor in the emergence of moral courage in nurses, while "thinking about motivations in achieving the goals and aims of the organization" was identified as the least efficient factor.

Cronbach's alpha coefficient for the questionnaire was 0.956, which was desirable.

Table 1) Exploratory factor analysis of the professional moral courage questionnaire in nurses (n=267)

Items	h2	λ	Variance (%)
Q12: It is important to go beyond the legal requirements, but also seek to accomplish tasks with ethical actions.	0.847		
Q10: My coworkers say that when I do my job, I do more than just follow the rules, I do everything I can to ensure the actions are morally correct.	0.817	8.542	61.014

Q2: When I do my job, I regularly take additional measures to ensure that my actions reduce harm to others.	0.815
Q15: I act morally because it is the right thing to do.	0.805
Q8: I hold my ground on moral matters, even if there are opposing social pressures.	0.803
Q5: No matter what, I consider how both my organization's values and my personal values apply to the situation before making decisions.	0.793
Q11: When I go about my daily tasks, I make sure I follow the rules, but I also look to understand their intent to ensure that this is also accomplished.	0.784
Q13: It is important to me to use prudential judgment in making decisions at work.	0.778
Q4: I am the type of person who uses a guiding set of principles from the organization when I make ethical decisions on the job.	0.776
Q6: When making decisions, I often consider how my role in the organization, my boss (supervisor or leader), and my upbringing should apply to each final action.	0.766
Q9: I act morally even if it puts me in an uncomfortable position with my superiors.	0.754
Q1: I am the type of person who is unflinching in doing the right thing at work.	0.754
Q3: My work associates describe me as someone who always tries to achieve ethical performance and strives to be honorable in all my actions.	0.742
Q14: I think about my motivations when achieving a mission to ensure that they are based on moral ends.	0.689

Discussion

This study aimed to investigate the validity and reliability of the Persian questionnaire on professional moral courage in Iranian nurses. The results of exploratory factor analysis of the present study indicate the adequacy of the construct, and based on the results of varimax rotation, the items were inserted in one factor. The results of the tool reliability evaluation through internal consistency showed the desirable reliability of the questionnaire. Studies have been conducted in order to investigate the validity and reliability of the General Moral Courage Questionnaire as well as the Sekarka Professional Moral Courage Questionnaire. Schmidt *et al.* in the United States developed a 7-factor tool based on the definition of the general

courage construct. The first three factors investigate general courage and the second four factors investigate panic-specific courage. Construct validity was investigated by exploratory factor analysis on 88 patients with panic disorders. The tool's reliability via internal consistency showed Cronbach's alpha 0.85 and 0.96 for the first and second subdomain [32]. Woodard designed the 31-item, 4-factor general courage scale using interviewing 10 psychologists to extract the tool items and investigate the reliability of the structure with 280 university students. Consequently, the internal consistency of the tools was reported as 0.51-0.63 [33]. In these two scales, the concept of general courage was measured. To measure moral courage, attention is paid to the characteristics of the profession. The field of professional activity is essential because ethics are sensitive subjects (context-sensitive), and in addition to providing a setting for the use of ethics, it is considered a source of manifestation of moral behaviors [34].

Moon and Kim examined the validity and reliability of the 15 Sekerka Instruments in Korea. After translating the tool, the construct validity was desirable through the exploratory and confirmatory factor analysis in 196 nursing students. The 12 remaining items were placed in 4 factors and explained 62% of the total variance of the tool. Cronbach's alpha of the whole tool was 0.79 and the internal consistency of the subscales varied from 0.8 to 0.44 [25].

Martinez *et al.* also investigated the validity and reliability of the 15-item Sekerka Professional Moral Courage Questionnaire on 352 American doctors. 11 physicians examined the formal validity and revised the items in terms of clarity and simplicity. The reliability of the remaining 12-item construct showed a valid validation of the Jefferson empathy scale through reliability examination ($p < 0.001$, $B = 0.53$). The analysis of the main components showed that the final tool is a 9-item single factor in nature. The internal consistency of the items had a good correlation with the total score of the tool [23].

The validity and reliability of the Akra Moral Courage Scale was investigated by Conner in the American population of nurse managers. Investigating the convergent validity of the 10 courage items of the VIA-IS (VIA Inventory of Strengths) scale showed a correlation coefficient of $r > 0.45$. The results of exploratory and confirmatory factor analysis were favorable in 300 samples of nursing managers. Based on the findings, the factor structure of the questionnaire was valid to measure the professional moral courage of nursing managers in the United States. An investigation of the test stability showed a correlation coefficient of 0.7 through an open test. Cronbach's alpha coefficient in the internal consistency analysis of the items was higher than 0.7 [11].

These studies have examined the validity and reliability of the moral courage tool in the context of non-Iranian doctors, nursing managers and nursing students. It is noteworthy that doctors and nurses have a different understanding of the patients' needs because of their different professional roles. On the other hand, the concept of moral courage depends on the cultural context and occurs in different forms in various job roles and contexts [23]. Therefore, we cannot be satisfied with the validity and reliability results of these tools. To use the moral courage tool in the Iranian nurses' community, a tool with psychometric characteristics based on the Iranian cultural context must be utilized. This tool was investigated in this study. Mohammadi *et al.* translated the Sekerka Professional Moral Courage Questionnaire into Farsi in Iran. 10 experts of biological ethics measured its content validity, and the CVI (Content Validity Index) obtained from the tool was 81%. An investigation of the internal consistency revealed Cronbach's alpha 0.85 [35].

In the study of Mahdavisarashat *et al.*, the validity of the content was examined by 10 elite experts in nursing ethics and bioethics, and after summarizing their opinions, the necessary changes were applied. Meanwhile, a questionnaire was provided to 10 nurses to examine the formal validity. In examining the internal consistency, Cronbach's alpha was 0.89 for the entire questionnaire and Cronbach's alpha was obtained from 0.72 to 0.79 for the dimensions of the questionnaire [36].

Khoshouei also examined the construct validity of this questionnaire in 141 employees of telecommunications companies in Iran. The result of the construct validity was confirmed using the analysis of the main components with rotation of varimax. The five areas were ethical factors, numerous values, tolerance of risks or threats, disobedience, and moral objective [24]. Comparing the results of these studies with the present study, it can be acknowledged that the validation was done only through content or formal validity or that construct validity was not investigated in the target population, i.e. nurses. In addition, according to Kellar and Kelvin, the sample size for structural validity should be at least ten people per item [37]. Since in the present study, the effectiveness of the tool in measuring the moral courage of nurses was investigated with a sample size of 267 nurses using the exploratory factor analysis, it can be acknowledged that the determination of construct validity in the nurses' population was one of the strengths of the study; then this reliable and valid version can be used to measure nurses' moral courage with more assurance.

The results of the exploratory factor analysis of the study revealed that from the nurses' perspective, the "not disobeying the law and performing tasks based on moral principles" item has the highest value, and the "thinking about motivation in achieving goals

and purposes of the organization" item had the lowest value. "Not disobeying the law and performing a task based on ethical principles" item refers to the acceptance beyond surrender in the sense of moral courage. This indicates that nurses not only consider laws and regulations, but also act in line with their inner ability, and what is accurate [38, 39]. Such nurses are advanced and progressive for moral behavior in the organization and do not surrender the conditions. In Khoshmehr *et al.*'s study [40], as well as other studies, the highest score of moral courage was related to acceptance beyond surrender, which indicates nurses' responsibility towards their profession and patients [4, 38]. The exploratory factor analysis of the professional moral courage tool in the study of Moon and Kim showed that item 13 "cautious judgment during decision making" was related to the domain of ethical goals [25]. It seems that nurses in the present study use less target regulation strategies to achieve services, help and usefulness, instead, they benefit from other options such as moving beyond the inner capacity, readiness to address and encounter ethical issues, and the integration of internal values with professionals more effectively.

It is suggested that in nursing education, in addition to emphasizing professional ethics education, the content of programs and educational strategies should also be considered. It is also recommended to use the questionnaire used in this study to examine the effectiveness of different educational practices.

In the present study, the effectiveness of the Persian version of the moral courage tool was examined psychometrically in nurses. Considering that ethical concepts focus more on personal, mental and internal criteria, they can affect the responses of nurses. The data collection tool was a questionnaire and the limitation to complete the questionnaire was inevitable. In addition, the psychometric questionnaire of the present study was used only in one of the cities of Iran. Therefore, it is suggested to conduct further studies in health centers and cities to improve the validity and reliability of the tools.

Conclusion

The reliability and validity of the Professional Moral Courage Questionnaire and its shortness and ease of implementation allow researchers to use it comprehensively. Since this tool has appropriate reliability and validity in the Iranian nurses' community, it can be used to evaluate the nurses' professional moral courage level and, as a result, their professional development.

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