



**Moral Problems and Moral Courage in Nursing Practice of Nursing Students in  
Nursing Colleges, Southern Thailand: Critical Incident Technique**

**Onanong Rongsawat**

**A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of  
Doctor of Philosophy in Nursing (International Program)**

**Prince of Songkla University**

**2018**

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Critical Incident Technique

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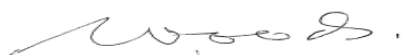
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I hereby certify that this work has not been accepted in substance for any degree, and is not being currently submitted in candidature for any degree.

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<b>ชื่อวิทยานิพนธ์</b>	ปัญหาจริยธรรมและความกล้าหาญทางจริยธรรมในการปฏิบัติการพยาบาลของ นักศึกษาพยาบาลในวิทยาลัยพยาบาลในภาคใต้: เทคนิคการวิเคราะห์เหตุการณ์ สำคัญ
<b>ผู้เขียน</b>	นาง อรอนงค์ ร่องสวัสดิ์
<b>สาขาวิชา</b>	การพยาบาล (นานาชาติ)
<b>ปีการศึกษา</b>	2560

### บทคัดย่อ

การศึกษานี้เป็นการศึกษาถึงปัญหาที่สำคัญเกี่ยวกับปัญหาทางจริยธรรมในการปฏิบัติงานการพยาบาลของนักศึกษาพยาบาล เหตุผลและการแสดงออกถึงความกล้าหาญทางจริยธรรมในการจัดการกับปัญหาทางจริยธรรม รวมถึงผลลัพธ์จากการกระทำที่แสดงถึงความกล้าหาญทางจริยธรรมในนักศึกษาพยาบาลชั้นปีที่ 3 ของวิทยาลัยพยาบาล 5 แห่งในภาคใต้ โดยคัดเลือกนักศึกษาพยาบาลจำนวน 50 คน เก็บข้อมูลโดยการสัมภาษณ์รายบุคคล และวิเคราะห์ข้อมูลโดยใช้เทคนิคการวิเคราะห์เหตุการณ์สำคัญ

ผลจากการศึกษาพบว่ามีความสำคัญ 5 ประเด็น คือ (1) ความปลอดภัยของผู้ป่วยถูกคุกคาม (2) คุณภาพการดูแลต่ำกว่าเกณฑ์มาตรฐาน (3) ขาดความเพียงพอของข้อมูล (4) ขาดการตอบสนองความต้องการของผู้ป่วยและ (5) การละเมิดความเป็นส่วนตัวและความลับส่วนบุคคล โดยนักศึกษาพยาบาลมีเหตุผลในการแสดงความกล้าหาญทางจริยธรรมในเหตุการณ์สำคัญ ได้แก่ (1) หน้าที่ในการปกป้องสิทธิของผู้ป่วย (2) หน้าที่ให้การดูแลอย่างมีคุณภาพ (3) เห็นอกเห็นใจ (4) ความซื่อสัตย์ นักศึกษาพยาบาลได้แสดงความกล้าหาญทางจริยธรรม ได้แก่ (1) การให้ข้อมูลเพื่อแสดงถึงการเคารพสิทธิของผู้ป่วย (2) การส่งเสริมคุณภาพการดูแล (3) การแจ้งให้บุคลากรทีมสุขภาพทราบเกี่ยวกับความต้องการของผู้ป่วย (4) การตอบสนองความต้องการของผู้ป่วยตามสิทธิของผู้ป่วย (5) การกระทำเพื่อรักษาความเป็นส่วนตัวและความลับของผู้ป่วย ซึ่งผลลัพธ์ที่สำคัญจากการกระทำ ได้แก่ (1) คุณภาพของการดูแล (2) ความปลอดภัยของผู้ป่วย (3) ผู้ป่วยได้รับการตอบสนองตรงต่อความต้องการและ (4) ได้รับความไว้วางใจจากผู้ป่วย

ความกล้าหาญทางจริยธรรม มีความสำคัญในการช่วยให้นักศึกษาสามารถเผชิญกับปัญหาจริยธรรมในการปฏิบัติการพยาบาล ได้อย่างมีประสิทธิภาพ การจัดการศึกษาด้านจริยศาสตร์ เป็นกลไกสำคัญที่จะปลูกฝังความกล้าหาญทางจริยธรรมให้กับนักศึกษา ซึ่งจะส่งผลลัพธ์ที่ดีทั้งต่อผู้ป่วย นักศึกษาและวิชาชีพการพยาบาล

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### ABSTRACT

This study explored critical incidents of moral problems in nursing practice by nursing students, reasons, and their demonstrated action of moral courage in dealing with those moral problems including outcomes from their actions of moral courage. There was fifty nursing students in the third year of five nursing colleges in Southern Thailand were recruited by researcher. The participants were interviewed and their interviews were transcribed to develop relevant themes by using the critical incident analysis technique.

The result of this study composed of five themes of critical incidents related to moral problems in nursing practice were faced by nursing students; (1) Compromised Patient Safety, (2) Substandard Quality of Care, (3) Lack of Adequate of Information, (4) Lack of Concern for the Patient's needs, and (5) Privacy and Confidentiality Violation. The nursing students had moral reasons that encouraged the actions of moral courage in response to the critical incident, which included (1) Obligation to protect patient's rights, (2) Moral duty to provide quality of care, (3) Empathy, and (4) Honesty. They showed their action of moral courage, which included (1) Providing information in respect for patient's rights (2) Enhancing

quality of care (3) Notifying health care team about patient's needs (4) Responding to the patient's need in accordance with patient's rights (5) Taking action to maintain patient privacy and confidentiality. The outcomes from their actions of moral courage were composed of (1) Quality of care (2) Patient safety (3) Patient's needs are met (4) Gain trust from patients.

Moral courage is important for nursing students in dealing with ethical problems in their nursing practice effectively. Ethics education is an essential mechanism in fostering nursing students' moral courage which will result in positive outcomes to patients, nursing students, as well as the nursing profession.

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Onanong Rongsawat

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## **Chapter 1**

### **Introduction**

#### **Background and Significance of the Study**

Changes in health care policies, advances in technology, complex needs and expectations of customers toward health care services cause moral problems for healthcare professionals in the health care service. Nurses are one type of healthcare professional who frequently encounter moral problems during nursing practice such as treatment of dying patients, advocacy for patient's rights, dealing with issues of abortion, as well as dealing with various political and cultural beliefs (Erdil & Korkmaz, 2009). In the same vein, a study by Setiawan, Chaowalit, and Suttharangsee (2004) directly mentioned that problems in nursing practice were progressive due to changing technology and the consumer demand for high quality nursing services, although nurses have tried to respond to the moral problems involved. Yet, there was not always a straight forward solution. Nurses were still uncertain about their actions and the outcomes from their actions because they were not sure whether they were right or wrong. Therefore, they presented negative feelings such as frustration, sadness, guilt, burnout and insecurity in their work (Edmonson, 2010; Leuter, Petrucci, Mattei, Tabassi, & Lancia, 2013; Lindh, Barbosa da Silva, Berg & Severinsson, 2010; Yeh, Wu, & Che, 2012).

Many studies mention that, some nurses, particularly newly graduated nurses still have low confidence in solving moral problems as they have limited exposure to

moral problems in nursing practice. Sometimes, they tend to solve problems by using self-determination and their own beliefs rather than knowledge and principles. Therefore, these moral problems become a major difficulty in their work. (Edmonson, 2010).

For the reasons mentioned above, both inexperienced nurses and experienced nurses were ineffective in managing moral problems encountered in nursing practice. Therefore, when they confronted moral problems in nursing practice, they chose to avoid them rather than handle them (Donnellan, 2013; Hallin & Danielson, 2008). Moreover, in the preparation of nursing students, nursing education was found to focus on cultivating nursing students to be moral agents more than enhancing their ability in solving moral problems or challenging situations in nursing practice. Therefore, nurses displayed limited ability in solving moral problems in their work, including not knowing how to apply what they had learned in the classroom to actual nursing practice. (Leuter et al., 2013; Mellahi & Collings, 2010; Murray, 2010; Sekerka, Bagozzi, & Charnigo, 2009).

Therefore, nursing students have less confidence when managing moral problems in nursing practice. In addition, the influence of Thai culture places importance on harmony and avoidance of conflict. Thai culture entails the desire for a situation where the social exchange forms the basis of important relationships in society. Moreover, Thai culture governs the behavior of nursing students, through the respect given to older students or seniors (Rhein, 2013). Sirakamon, Chontawan, Akkadexhanun, & Turale (2011) reported that Thai culture values seniority, therefore, nurses believe in seniority because they are cultivated by senior nurses. Junior nurses

must respect senior nurses and avoid conflict, although they have different beliefs (Burnard & Naiyapatana, 2004). However, some nursing students wanted to demonstrate the right action for solving moral problems with the expectation that their action would benefit the patients, despite potential conflict with senior nurses and others, and potential negative outcomes to themselves. Yet, they displayed strong commitment to demonstrating the right action, which was less in nursing students.

For these reasons, nursing education needs to be concerned about these problems and increasingly cultivate ability in solving moral problems in nursing practice and enhance courage in nursing students for demonstrating right action when faced with moral problems. This would be beneficial not only for patients, but also for themselves through increasing their working ability before they graduate.

The literature review illustrates that moral courage helps a person to confront moral problems in challenging situations. It can help nurses and nursing students to recognize, adapt, and respond to moral problems and challenging situations by helping them take the right action and use good reasoning based on right knowledge and principles. Moreover, moral courage can also increase nurses' quality of mind to cope with moral problems and add to self-confidence in their actions without experiencing feelings of anxiety (Iseminger, 2010; Kidder & Brac, 2011). A study by Edmonson (2010) reported that moral courage acts as a bridge between moral commitment and moral actions, as it supports nurses and nursing students in managing moral problems in nursing practice. Nurses demonstrate actions of moral courage to solve moral problems based on codes of ethics, patients' rights, ethical principles, moral values and moral beliefs, As a result, outcomes of their actions of

moral courage are beneficial to patients, although their actions may cause negative outcomes to them. Moral courage of an individual can be developed by cultivation during education. Black, Curzio, and Terry (2013) proposed that nursing education may reinforce moral courage by continued training practice in real situations from the first year.

Moreover, an intensive review was carried out by searching for literature published in electronic databases including CINAHL, PubMed, ScienceDirect, SpringerLink, and ProQuest from 2007-2017 by using the keywords: moral courage and nursing student. No studies on moral courage in nursing students in Thailand or other countries were found, despite its beneficial nature for nursing students and nurses in solving moral problems in nursing practice. Due to the lack of research on moral courage in nursing service and nursing education, the researcher conducted this study to explore moral courage in nursing students. This will be beneficial in guiding nursing education to design curricula and pedagogy to enhance the moral courage of nursing students. With moral courage, nursing students feel more confident in delivering nursing care for the maximum benefit of patients.

### **Objectives of the Study**

The objectives of this study were as follows: (1) to explore critical incidents involving moral problems confronted by nursing students, (2) to describe reasons and actions of moral courage, and (3) to identify the outcomes of moral courage.

## **Research Questions**

The research questions used as the focus of this study examine the following issues.

1. What are the critical incidents involving moral problems in nursing practice confronted by nursing students?
2. What are nursing student's reasons and actions of moral courage, when confronted with critical incidents in nursing practice?
3. What are the outcomes of moral courage when nursing students are confronted with critical incidents involving moral problems in nursing practice?

## **Conceptual Framework**

The concepts of moral problems, moral courage, and moral principles and concepts were utilized as a guide to explore critical incidents involving moral problems, reasons for moral courage, actions of moral courage, and outcomes of moral courage in order to develop the conceptual framework.

### **1. Moral problems**

Moral problems are situations that involve values conflicts or dilemmas. Literature defines moral problems as moral dilemmas or ethical dilemmas. A moral or ethical dilemma refers to situation in which persons involved are frustrated to choose between are two or more equally desirable or equally unsatisfactory choices (Wolfolk,

Doris, & Darley, 2006). Moral problems in nursing practice may occur when a nurse is involved in a situation where she perceives her colleagues do not perform moral behaviors for the patient such as violation of patient's rights. Thus, the nurse has a conflict of values between a moral duty to protect patient's rights and maintaining relationship with her colleagues. Moral problems are commonly found in nursing practice, such as making decision at the end of life, truthfully telling the patient bad news, maintaining patient confidentiality, and prolonging the life of the patient, but potentially causing suffering (Jacques Georges & Grypdonck, 2002).

In nursing practice when managing moral problems, nurses must be educated since they were nursing students. Ethics education has focused on cultivating moral agents of nursing students, but that is not adequate for dealing with moral problems. Therefore, moral courage is an essential skill in which nursing students must be trained in order to solve moral problems in nursing practice.

## **2. Concept of moral courage**

Courage is acknowledged as a beneficial human characteristic (Lindh et al., 2010). Moral courage is the ability to take moral actions through moral motivation and commitment even in a difficult situation which may cause negative consequences to individuals who perform actions of moral courage (Sekerka & Bagozzi, 2007). Similarly, Murray (2010) mentioned that moral courage is considered the height of ethical behavior in solving moral problems in risk situations as it requires a strong commitment to push the person to triumph over their fears in demonstration of the right action. Moreover, actions of moral courage are an obligation towards moral

values, moral principles, and right knowledge. Nurses must know reasons for their actions of moral courage so that they do what is a good for everyone, regardless of threat to self. Purtilo (2000) mentions that moral courage is similar to triumphing over fear by making a connection between moral reasons and moral commitment that supports strong moral commitment and motivation to take the right action to benefit others and carry on doing the right thing.

### **3. Principles/concepts as a guide for reasons of moral courage**

#### ***3.1 Moral Principles***

Moral principles are fundamental and apparent moral truths that direct discussion and subsequent action, and are essential for nurses to enhance the quality of nursing care and maintain their role as a nurse professional. Furthermore, an ethical system comprises general behavioral standards which nurses need to recognize as an ethical foundation for guiding moral behaviors and moral reasoning, and decisions when faced with moral problems (Gillam, Hewitt & Warne, 2010; Fry & Johnstone, 2002). It is basic for bioethics that defines the scope of the duty. It guides and inspires persons toward with the highest ethical ideals. It also encourages having value, recognition and predicates moral problems in risk situations. It is also a tool to explain in detail about moral problems (Holm, 1995). In addition, it is a guideline for developing rules and policies, and supports moral decision making that motivates moral action. Moral principles encourage nurses to apply them in their work and demonstrate responsible and accountable behavior in their profession (Robertson, Ryan & Walter, 2007). Therefore, nurses can maintain moral principles to

obtain good outcomes for patients and avoid patient harm. The moral principles have been identified as the following four basic principles of guidance: “respect for autonomy, non-maleficence, beneficence, and justice.”

*3.1.1 Respect for autonomy* is one of the four key moral principles in nursing and is emphasized in the code of ethics for nurses. Persons have personal liberty to choose their own actions (Beauchamp & Childress, 2013). On the other hand, autonomy still requires varying capacities to be autonomous. For each person to be autonomous they must possess mental ability and a level of consciousness related with their age and disease status (Fry & Johnstone, 2002) as it is based on the autonomous choice by the person acting with self-control. It is important, that they understand their action, therefore, persons need the freedom to choose and the entitlement to act on their choices. They should be able to make decisions and perform actions that follow their choice without violation.

Respect for autonomy is a principle that is not universally important. In practice, the principle of respect for autonomy is essential. Nurses must understand and respect the autonomy of patients by providing nursing care without any wrong action unjustly preventing autonomous persons from deciding (Johnstone, 2016). Moreover, respect of patient autonomy guides the health professional awareness practice of informed consent and disciplines of treatment, so respect for autonomy is one of the current theories of morality (De Roubaix, 2011). This is important in health care because patients’ decision making concerning their treatment is based on choosing treatment that is appropriate for them. Patients’ autonomous decision making capacities must be respected enabling them to make informed choices by

themselves. Hence, nurses should ask patients whether they have the capacity to give informed consent to the procedure before it is carried out.

*3.1.2 Non-maleficence* entails doing no harm by obligation, thus, ensuring others are free from harm. It forms the basis and easily understood ethical principle and it underpins good healthcare practice. Moreover, it is an obligation of the moral duty of nurses that the care they provide does not have a negative effect on patients. Therefore, the principle of non-maleficence must be benefit and avoid unjust injuries to a person or cause suffering or them (Johnstone, 2016). Addersson, Chapman, Dettori, Fehlings, Norvell and Weinstein (2010) mention that non-maleficence means avoiding the causation of harm for the health professional in every treatment with patients, however minimal. As harm should not be disproportionate to the treatment given.

*3.1.3 Beneficence* means good intentions in considering the balance of benefits to patients against the risks by considering how the treatment benefits the patients. Moreover, the principle of beneficence prescribes altruistic deeds such as “virtuous actions of care, compassion, empathy, sympathy, altruism, kindness, mercy, love, friendship and charity” (Johnstone, 2016). Nurses’ obligation to do the right thing depends on the principle means of aiding others to acquire what is advantageous to them with the goal of risk reduction to minimize harm to patients. Therefore, the nurse’s obligation provides benefits and established standards of nursing practice (Fry & Johnstone, 2002). Moreover, nurses’ consider the balancing of benefits of treatment and nursing care without risks to the patient. They should act

in the right way following standards of nursing care to benefit the patients and their family (Addersson, et al., 2010).

*3.1.4 Justice* is defined as equitable service dissemination in regard to fairness. Hence, it is generally stated as a central or common value of nursing practice. Moreover, it focuses on the equal weight of difficulty and positive outcomes in health service and correlates with patients' rights, responsibility and personal abilities such as respect, and fairness in health care (Matwick & Watwick, 2016). Whereas, Fry and Johnstone (2002) mentioned that justice is one of the moral principles that mentions everyone should be treated equally, it must be possible to ensure that all individuals will have equal access to nursing care and resources according to individual need. Hence, nurses should be aware of how justice benefits nursing care using a responsive approach without bias.

Johnstone (2016) reported that justice in nursing includes fairness and impartiality of nursing care and equal distribution of resources in health care, for example, nurses provide service to patients in a similar manner in health service according to the suitability of each patient.

### ***3.2 Ethical concepts for nursing practice***

Ethics relates to each and every area of nursing practice. Nurses must prepare possess knowledge concerning professional nursing ethics. An ethical concept for nursing practice is vital to proficient nursing care delivery, as it is of critical importance to nurses. They are appreciative of the significance of ethics and ethical concepts in the nursing role that are integrated in their work through

understanding of the benefits of ethical analysis in nursing practice (Chaloner, 2007). Ethical practice is socially valued and has been defined as the propensity to perform according to morals or duties, and with ethical knowledge. Likewise, it is conceptualization that guides nurses in demonstration of moral action in their work. It is a properly motivated good action with patients and their family in the health care context. This is particularly true, when nurses face practical problems and moral challenges by increasing their ethical capabilities of critiquing institutions in their work (Liaschenko & Peter, 2003).

Moreover, ethical concepts are concerned with integrity, not pure knowledge, but actual human society in real situations. Therefore, ethical concepts for nursing practice recognize the ethics and value of all persons for solving problems in health care that indirectly contribute to the overall goal of helping patients and responding to the patients' needs.

Fry and Johnstone (2002) proposed four ethical concepts as a guide for nurses as follows:

### *3.2.1 Advocacy*

Advocacy means responding to a call for assistance, speaking for someone else or to put a case on behalf of another person. In nursing, a nurse acting or speaking on behalf of a patient regarding their needs is advocacy. Therefore, advocacy in nursing comprises acting for someone and supporting persons to gain what they need from the system that involves influencing moral principles, standard nursing practice and following the patients' rights. Hence, advocacy is accepted as very important aspect of nursing because it is incorporated in the role of a

nurse. It is related with the benefit and justice of the patients in healthcare (Kalaitzidis, 2015). Fry and Johnstone (2002) mentioned that advocacy is defined as “the active support of an important cause.” Advocacy involves the protection of fundamental human rights. The nurse helps the patients by informing them of their rights because the nurse understands patients’ rights and reports any infringements including preventing any further violations.

Nurses’ advocacy role obliges the nurse to take action formulated on the right thing, right knowledge, and principle and ethical norms to ensure patients are free from harm. Nurses are obligated to show caring toward advocacy that is linked with virtues. Therefore, the advocacy of nurses has been to demonstrate responsibility toward their moral duty.

### *3.2.2 Accountability/responsibility*

Accountability and responsibility involve having to answer for one’s own actions, and requires providing reasons and explanations that are satisfactory, this includes not only intended actions, but also those with which there is a causative relationship. Due to accountability, nurses are expected to explain their actions by disclosing how responsibilities were performed, validate decisions and actions in relation to customary moral standards or norms. Accountability and responsibility are of the utmost importance in reference to the trust and confidence the public place in the nursing profession. The accountability/responsibility of nursing helps nurses to understand their roles. In nursing practice this concern indicates a yardstick of values and principles formulated from a conceptual framework of the ethical dimension of nursing practice (Fry & Johnstone, 2002).

Nursing accountability affects the well-being of patients by implementation of standard nursing care for the patients. Responsibility is increasing nursing value that prompts faithful duty. Likewise, it encourages standard nursing practice towards patients in guiding nurse' behavior. The Code of Ethics of Thai Nurses' Association mentioned that Thai nurses should take responsibility for every group, for example patients and their family, nursing professionals and society because it is related to their ethical image (Jormsri, Kunaviktikul, Ketefian, & Chaowalit, 2005).

*3.2.3 Cooperation* is a conception that encompasses participating actively with others to ensure patients' care quality care. Cooperation provides support for nursing actions such as, working together to achieve the same targets, keeping promises, prioritizing mutual concerns, and putting long-term professional relationships before personal interests by expressing power that enables professionals to work together. It is also a concept of benevolence as it articulates the human connections that stem from time spent together both in and outside of work and helps unite nurses toward the shared goal of improved patient care (Fry & Johnstone, 2002)

*3.2.4 Caring* is valued in the nurse as nurses' caring behaviors with patients demonstrate a fundamental aspect of the nursing role that is related to a good relationship between patients and nurse in nursing care. Nurses consider the benefit of the patients and nursing standards. Moreover, caring can also be defined as a form of involvement with care giving, knowledge and skills that can be separated into four types including respecting the patient and closeness to the patient.

Caring occurs within the context of healthcare which serves the needs of the society. Importantly, caring is an ethical obligation with moral duty. It is interpreted by duties that are between individuals within a given context (Fry & Johnstone, 2002). Caring behaviors performed in nursing practice are shaped by multiple factors comprising “individual beliefs, caring, feeling good about nursing work, and one’s own experiences in caring for others.”

Ethical concepts for nursing practice such as advocacy, accountability, collaboration, and caring will have sustained and far-reaching ramifications for nursing practice’s future. They form the basis of actions in nursing, judgments made, and professional nursing guidelines and norms (Fry & Johnstone, 2002).

### ***3.3 Code of Ethics for nurses***

Nursing codes of ethics are designed to state nurses’ ethical values. The code of ethics is purposed to provide information to nurses concerning ethical values according to their responsibility as a nurse. Accordingly, nurses’ code of ethics guarantees the nursing profession is self-regulating with nurses obligated to follow the code which provides necessary regulation to ensure the profession provides service and protection for the patients and people in public. Moreover, it is related to “professional standards, best practice, research, and laws and regulations that guide practice.” Thus, nurses can utilize it when dealing with emerging ethical problems in nursing practice (Butts & Rich, 2013).

Jantavongso (2015) reported that the Code of Ethics of Nursing in Thailand means the principles of the profession that guide working or the rules of conduct that is a framework for the nursing professional. It comprises: 1) Integrity is a basic and obvious moral truth that guides deliberation and action by the nurse who should understand ethical principles and be adaptable in applying them. 2) Justice is defined as equitable distribution of services or concerning fairness such as equal access to nursing care and resources. Therefore, the patient perceives equal nursing care and resources of healthcare systems, 3) Confidentiality is related to healthcare information that considers patient data in health care service following the declaration of patient's rights. Personal health information shall be kept confidential according to law concerning disclosures of private secrets. 4) The definition of competency should be appropriate nursing conduct in practice such as ability or capacity of nursing. It recognizes quality of nursing care that is beneficial to the patients. Jormsri, Kunaviktikul, Ketefian and Chaowalit (2005) mentioned that three dimensions comprise moral competency of nursing: 1) moral perception requires the individual's awareness of values, 2) moral judgment is a cognitive choice of the individual, and 3) moral behavior involves the values of action to the patients.”

**3.4 Patients' rights** were established at the beginning of the 1970's in the Western European States (especially Scandinavia) and the USA. Patients' rights are addressed during diagnosis, treatment and monitoring due to individual diseases (Utkualp & Yildiz, 2016). Therefore, patients' rights are very important regarding the protection of patients. Moreover, Yakov, Shilo, & Shor (2010) mentioned that the

rights of patients are a component of health care workers professional ethics and include aspects such as “the right to receive professional skills and safe care, the right to receive care without discrimination, and the right to receive information related to diagnosis, care options and outcomes including risks.”

#### **4. Outcomes of moral courage**

The outcomes of moral courage can be clarified in 2 parts

##### **1. Outcomes for patients**

Positive outcomes for patients include patient’s perception of quality of care, patient safety, patient’s rights are maintained, patient’s privacy and confidentiality are protected.

##### **2. Outcomes of nursing students**

2.1 Positive outcomes of nursing students include gain trust from patients, maintain duty following the nursing student’s role, and pride in performing the nursing student’s role.

2.2 Negative outcomes of nursing students include inability to motivate health professionals causing feelings of negativity including low self-esteem, frustration, depression, and guilt.

3. Outcomes of nursing profession include maintain quality of nursing care, gain trust from patients and their family, and raising good image of nursing profession.

### **Definitions of terms**

1. Moral problems refer to critical situations in nursing practice nursing students face when they are practicing that involve moral dilemmas of the health care provider or oneself, which requires action to be taken by nursing students.

2. Moral courage of nursing students is defined as the actions of nursing students when faced with moral problems in nursing practice in which they demonstrate strong moral commitment even though they perceive a negative outcome to themselves. The actions are supported by moral principles, moral concepts, code of ethics, and patients' rights.

3. Reason of moral courage is defined as the principles and concepts which students used to support the actions of moral courage when they faced moral problems in nursing practice.

4. Outcome of moral courage refers to the results of actions of moral courage perceived by nursing students which include positive and negative outcomes to patients and themselves.

### **Significance of the study**

The findings of this study create new knowledge on moral courage of nursing students because this study is regarding the moral courage of nursing students when they face moral problems in nursing practice. These included feelings of negativity comprising disagreements and quandary in regards to moral problems experienced in

nursing practice, which contrast with their values, beliefs and knowledge that cultivated were in the classroom. They know what is right or wrong. Furthermore, they demonstrated sustained commitment to take appropriate action displaying moral courage in the process by respecting patient' s rights by supplying information in respect to, improving care quality and communicating the needs of patients to the health care team. The outcome of moral courage can be clarified in 2 parts including positive outcomes comprising positive outcome for patients such as patient's perception of quality of care and patient safety, positive outcome for nursing students such as pride in performing the nursing student's role, and positive outcome for nursing profession such as maintaining quality of nursing care.

On other hand, negative outcomes of moral courage include negative outcomes for nursing students such as being disapproved of by health professionals and experiencing negative feelings, for example, frustration, guilt and low self-esteem. However, moral courage is necessary because the result of moral courage is very beneficial for patients and nursing students, as well as the nursing profession. Therefore, nursing education is an essential mechanism in fostering nursing student's moral courage so this study guide nursing education to design curricula and pedagogy to enhance the moral courage of nursing students.

## **Summary**

The goals of this study are to explore the critical incidents of moral problems from the experience of nursing students in nursing practice, to describe their reasons

and actions of moral courage, and to identify the outcomes from their actions of moral courage. Therefore, the value of this study for nursing education is to strengthen the actions of moral courage of nursing students for solving moral problems in nursing practice in order to benefit patients and protect them from harm, improve the quality of nursing care and maintain the moral duty of the nursing profession. Importantly, nursing education which enhances moral courage will increase the self-confidence of nursing students in solving the moral problems which commonly occur in their nursing practice. Therefore, it is essential for nursing education to promote moral courage in nursing students when they are faced with moral problems in nursing practice.

## **Chapter 2**

### **Literature Review**

#### **Introduction**

In this study, the related literature has been reviewed, and presented in the following order

1. Moral problems

- 1.1 Unethical Situations

- 1.2 Ethical Dilemmas

2. The Concept of Moral Courage

- 2.1 Definition of Moral Courage

- 2.2 Attributes of Moral Courage

- 2.3 Consequences of Moral Courage

- 2.4 Process of Moral Courage

- 2.4.1 Moral Sensitivity

- 2.4.2 Moral Reasoning

- 2.4.3 Moral Commitment

- 2.4.3.1 Moral Commitment in Nursing

- 2.4.4 Moral Action

- 2.5 Factors related to Moral Courage

- 2.5.1 Factors related to Moral Courage in Thai Culture

### 3. Moral Courage in Nursing

#### 3.1 Components of Moral Courage in Nursing

#### 3.2 Role of Nursing Students and Its Relationship to Moral Courage

### 4. Teaching Ethics in Nursing Curriculum

### 5. Critical Incident Analysis

#### 5.1 Background of the Critical Incident Technique

#### 5.2 Characteristics of the Critical Incident Technique

#### 5.3 Critical Incident Technique in Nursing

#### 5.4 Process of the Critical Incident Technique

## **1. Moral Problems**

### *1.1 Unethical situations*

An unethical situation is a situation involving thinking about what is right and what is a good action in situations that are opposed to ethical principles and right knowledge. It includes three hallmark issues of value conflict, uncertainty about knowledge, and confusion concerning ethical principles (Park, Cameron, Han, Ahn, Oh, & Kim, 2003; Solum, Maluwa, & Severinsson, 2012). An unethical situation is defined as a moral problem situation and a person in this situation is uncertain in their decision making and solution to the problem. Usually, people in this situation have insufficient knowledge and lack previous experience. Sometimes they choose to keep silent rather than try to solve the unethical situation (Aitamaa, Leino-Kilpi, Puukka, & Suhonen,

2010). Examples of when unethical situations can arise are during resuscitation when treating dying patients, managing abortion issues, performing euthanasia and using physical or chemical restraint, and terminal phase patient care. These are difficult situations.

Nurses and nursing students cannot avoid being confronted with these types of unethical situations so they must be prepared so that they can competently tackle these situations. Importantly, in unethical situations where nurses and nursing students cannot solve problems, it can cause them to experience negative feelings such as confusion, stress, and exhaustion, which increases moral distress in their work (Toren & Wagner, 2010). Society expects nurses to have good nursing abilities which help them to do their duty and to solve any problems at work. Moreover, nurses and nursing students have an obligation in their duty to act in the right way for the benefit of their patients and to create an environment with high ethical standards.

Because of the reasons outlined above, nurses and nursing students must be trained to manage unethical situations and develop competency or the ability to manage unethical situations in nursing practice. They need to be taught the skills needed to solve unethical situations which arise in nursing and as such nursing curricula should include ethical knowledge, moral reasoning, moral commitment and courage and moral actions (Cohen & Erickson, 2006; Richard Jason, 2012). Therefore, nursing education is very important in the promotion and development of the competency of nurses and nursing students to solve unethical situations. Nurses and nursing students will gain the ability to solve unethical situations, which will be beneficial for patients and the nursing

profession. Moreover, nursing education needs to provide a guide for nurses and nursing students by supplementing ethics curricula in undergraduate programs with courses focused on improving the ability to solve moral problems (Park, 2009). Supporting this view, Aitamaa et al. (2010) reported that nursing education can enhance moral sensibility, ethical thinking, and decision making for the management of unethical situations in nursing practice.

### *1.2 Ethical Dilemmas*

An ethical dilemma can be defined as an uncertain situation created due to a situation involving ethical or moral uncertainty (Sletteboe, 1997). It refers to the difficulty in decision making arising from two choices that may produce either a good or bad outcome. It appears in situations involving values that conflict or beliefs concerning what the correct or optimum course of action is in a situation that involves conflicting ethical principles (Cohen & Erikson, 2006). Moreover, the term ethical dilemma is utilized with reference to situations that occur when a selection needs to be made between two comparable unsatisfactory alternatives (Aitamma, et al., 2010).

Hughes (2002) stated that an ethical dilemma can be defined as circumstances that necessitate a selection between two procedures, neither of which is absolutely right or wrong. The choice comprises deciding on the optimum plan of action. Outcomes might be undesirable whatever choice is made which may result in conflict.

Marks and Mago (1991) explained that moral dilemmas require a special type of solution that is always unwanted. Moreover, it is a choice that is based on unwanted

alternatives that have equally unsatisfactory outcomes (Haggstrom, Mbusa, & Wadensten, 2002). A further definition is a situation which primarily presents a difficult problem with no satisfactory solution and the situation involves a decision that has equally unsatisfactory alternatives (Marks & Mago, 1991). Ethical dilemmas present equally unattractive alternatives and the reasons for choosing either are equivalent and difficult (Potrc & Strahovnik, 2013; Pauly, Varcoe, Storch, & Newton, 2009). Consequently, ethical dilemmas lead to feelings of uncertainty, tension, and frustration. Hence, a person's decision-making is related to negative feelings, pain and moral distress.

Bardoel and Haslet (2006) mentioned that the concept of an ethical dilemma includes five defining attributes. Firstly, commitment of the person who must make the decision in this situation. Secondly, is the existence of equally unattractive alternatives, both of which are undesirable. Thirdly, is awareness of the possible outcomes of the alternatives. Fourthly, choosing between the alternatives is difficult. The fifth defining attribute is that the consequences are unwanted, but are unavoidable. Therefore, the moral distress that results is explained as a negative condition comprising psychological disequilibrium that is painful and commonly connected with suffering (Patti Rager, 2007).

## **2. The Concept of Moral Courage**

### ***2.1 Definition of Moral Courage***

According to Lachman (2007b), moral courage is the ability to deal with the difficulties and problems in a situation. This is the ability to overcome moral distress and fear by standing up for one's values and strong commitment. Moral courage shows the willingness to speak out and take action in risk situations or critical situations so it is necessary for one to have this ability in order to be able to solve problems in these types of situations. Christensenn, Barnes and Rees (2007) proposed that moral courage is present when a person confronts unethical, difficult, and problematic or risk situations, which motivate actions of moral courage. Moral courage encourages people to demonstrate actions of moral courage in risk situations by following moral principles, moral values and ethical knowledge (Kidder & Brac, 2011).

Murray (2010) mentions that moral courage helps support people to take action in response to moral problems. Although the result may be a negative outcome, they are still committed to take action to try to solve the problem. They wish their actions of moral courage to have beneficial outcomes for others. Therefore, moral courage enhances the ability to triumph over the fear that arises in the mind (Gallagher, 2011; Ganske, 2010; Murray, 2010; Sekerka, Bagozzi, & Charnigo, 2009).

Hence, actions of moral courage require strong intention to do the right thing to benefit others. This depends on ethical values during difficult situations, moral dilemmas, moral problems and their commitment to face the situation (Baumert et al, 2013; Clancy,

2003; Eby, Hartley, Hodges, Hoffpauir, & Kelley, 2013). In addition, Murray (2010) believed that the action of moral courage was the right action because it was based on moral reasons that come from moral values. Importantly, they were not concerned about the negative outcomes because they were self-confident in their action (Vicki D. Lachman et al., 2012). Lachman (2010) reported that moral courage is the willingness to stand up and take action in a risk situation due to personal commitment to act in the right way through demonstration of courage. Some studies define moral courage as the willingness to stand up to face threatened or actual risks that can be harmful to others (Clancy, 2003; Kidder & Brac, 2001). Likewise, a study by Murray (2010) stated that moral courage occurs. However, the moral courage of individuals is different as it depends on many factors. (Osswald, Frey, & Streicher, 2012; Baumert et al., 2013).

Moral courage can be achieved by moral training from education including from past experiences (Aultman, 2008; Murray, 2010). For the above reasons, moral courage is a highly esteemed personality trait when an individual decides to act upon moral values, moral principles and ethical knowledge and it provides the individual with the self-confidence to confront unethical situations and moral dilemmas. The actions of moral courage involve doing the right thing, preventing harm and benefitting others (Clancy, 2003; Duska, 2013; Gallagher, 2011; Murray, 2010). Moral courage comprises reflecting consciously on one's intention to act justly. It involves moral reasoning because it comes through the process of thinking and is dependent on moral principles, moral values, beliefs and ethical knowledge including policies, laws, and cultures, which are integrated before actions of moral courage are demonstrated.

Hence, moral courage encourages a person's actions without the anxiety of the outcomes from that person's action. Therefore, moral courage is very important for nurses because they are frequently faced with problems or issues in nursing practice that require moral courage and they must perform their moral duty to also meet the expectation of society.

Nursing students must cultivate moral courage. However, there has been no study of moral courage among nurses and nursing students even though moral courage is essential for them in the management of problems in nursing practice and for maintaining their moral duty. Importantly, the patients receive benefit from the actions of moral courage of nurses which also helps to maintain the quality of nursing care.

## ***2.2 Attributes of Moral Courage***

Several studies revealed that when nurses are faced with a moral problem, moral dilemma, moral challenge or unethical situation, even though they may recognize their disadvantaged position, they must demonstrate actions which benefit the patients and fulfill their moral duty. Hence, nurses must develop their ability of moral courage for the benefit of others (Aitamaa et al., 2010; Andrew, 2009; Austin et al., 2005).

Moral courage of individuals depends on their views or opinions. Even though individuals perceive the risks of the outcome from their action, they are still strongly committed to doing the right thing (Cohen & Erikson, 2006; Hughes, 2002; Sletteboe, 1997).

From the review of literature, the attributes of the concept of moral courage are identified as follows:

<b>Content</b>	<b>Attributes</b>	<b>Author</b>
<p><b>1.</b> Moral courage includes four components</p> <p>1) Knowledge of the moral foundation in basic ethical theory. 2) Skill from training for decision making in difficult situations. 3) Moral decision making and 4) Taking action that one has reasoned is suitable for the situation</p>	<ul style="list-style-type: none"> <li>- Knowledge</li> <li>- Decision skill</li> <li>- Moral decision making</li> <li>- Taking action</li> </ul>	Purtilo (2000)
<p><b>2.</b> Moral courage includes three components.</p> <p>1) Moral decision-making</p> <p>2) Personal values 3) Moral behaviors</p>	<ul style="list-style-type: none"> <li>- Moral decision making</li> <li>- Personal values</li> <li>- Moral behaviors</li> </ul>	Murray (2010)
<p><b>3.</b> The components of moral courage include four components: 1) Courage 2) Obligation is defined as commitment 3) Management is defined as the development of cognitive strategies for overcoming the risk in reaction to the situation and solving the problem effectively 4) Expression is defined as the action done at the right place and right time to</p>	<ul style="list-style-type: none"> <li>- Courage</li> <li>- Obligation of commitment</li> <li>- Cognitive reaction to overcoming the risk</li> <li>- The action</li> </ul>	Vickid. Lachman (2012)

Content	Attributes	Author
the right person.		
<p><b>4.</b> Moral courage is made up of four components: 1) Core values 2) Ethical standards 3) Cognitive assessment of the situation 4) Expression and action dependent on knowledge.</p>	<ul style="list-style-type: none"> <li>- Core values</li> <li>- Ethical standards</li> <li>- Cognitive assessment</li> <li>- Action</li> </ul>	Lachman (2007a)
<p><b>5.</b> Moral courage consists of three components: 1) Moral reasoning 2) Moral judgment 3) Moral responsibility, which includes recognizing and responding to situations beyond the thinking process</p>	<ul style="list-style-type: none"> <li>- Moral reasoning</li> <li>- Moral judgment</li> <li>- Moral responsibility</li> </ul>	Iseminger (2010)
<p><b>6.</b> Moral courage has four components; 1) Moral sensitivity 2) Moral judgment that involves analyzing, identifying options, weighing consequences and balancing between values and duties 3) Moral motivation 4) Moral behavior or moral action.</p>	<ul style="list-style-type: none"> <li>- Moral sensitivity</li> <li>- Moral judgment</li> <li>- Moral motivation</li> <li>- Moral behavior or moral action</li> </ul>	Christensen et al., (2007)
<p><b>7.</b> Moral courage has three components 1) Moral principles consisting of four indicators, which are honesty, fairness, respect, and compassion and responsibility 2) Moral</p>	<ul style="list-style-type: none"> <li>- Moral principles</li> <li>- Moral situation</li> <li>- Moral behavior</li> </ul>	Suwanmonkha & Norsuwan (2013)

Content	Attributes	Author
situation consist of three indicators; assessment of the situation, scanning the values and contemplating dangers 3) Moral behavior has two indicators which are talking and taking action.		

### *2.3 Consequences of Moral Courage*

The consequences of moral courage increase the self-confidence of a person to take actions of moral courage when they are faced with problems in critical situations. Although they perceive the risks from their actions, they still act regardless of the negative outcomes. In addition, it can increase the quality of mind and spirit of a person to cope with difficult situations (Iseminger, 2010). Supporting this view, Kidder & Brac (2011) reported that moral courage encourages an individual's strength of mind to face problems by demonstrating actions of moral courage without retracting that support with moral reasons. Furthermore, moral courage enhances perseverance to stand up for the right thing even though it may not provide personal benefits (Murray, 2010). The individuals know that they may receive negatives outcomes from their actions such as isolation and social disapproval, but they still perform these actions for the benefit of others and act the right way (Clancy, 2003; Eby et al., 2013; Lachman, 2010). Hence, the consequences of the actions of moral courage may offer both advantages, such as self-confidence, quality of mind and spirit, feeling proud and having self-esteem, and

disadvantages including isolation, social disapproval, feeling sorry, sad, and having threats made against them.

#### ***2.4 Process of Moral Courage***

The process of moral courage refers to Rest's components of morality that describe four mandatory thought procedures which contribute independently to moral behavior, composed of moral sensitivity, moral reason, moral commitment and moral action. Hence, they can follow intention to behave morally and overcome obstacles (You & Bebeau, 2013). Further details are as follows:

##### ***2.4.1 Moral Sensitivity***

Moral sensitivity is defined as the ability to recognize moral conflicts, moral problems and unethical situations, while perceiving the risks of a situation, and having insight and prediction into the moral consequences of risk situations (Comric, 2012; Ersoy & Goz, 2001). Moral sensitivity enhances the capacity or ability of a person to recognize moral problems, moral dilemmas and moral conflicts. Moral sensitivity is the ability of the person and the first step in the development of moral judgment options and the making of ethically justifiable decisions for risk prevention.

Lutzen, Blom, Eriksson and Norberg (2006) mentioned that moral sensitivity is explained as one of the thinking processes of persons where they predict moral problems and interpret the risk of a situation. Hence, it can be described as the involvement of thinking for the protection and prevention of negative outcomes. Accordingly, Van Der Zande, Baat, and Vosman (2013) reported that moral sensitivity can be defined as the

capacity to decide with intelligence and compassion by integrating knowledge and intelligence in analyzing the risk (Weaver, 2007).

A study by Jordan (2007) mentioned that moral sensitivity can be divided into three categories: first, moral sensitivity can view the risk, second, recognition of the factors affecting the risk in the situation and third, the importance of action that decreases the risk in a situation. However, moral sensitivity of each individual depends on their capacity and necessity in their assessment of moral deliberation of the risk and prevention of problems. Moreover, moral sensitivity is still related to cognition, feelings, beliefs and values by linking moral reasons (Lutzen et al., 2010). Moreover, moral sensitivity must be involved with reasoning in order to prevent problems, so it must be a necessary and justifiable (Lutzen et al., 2010; Lutzen & Kvist, 2012).

A study by Lutzen, Dahlqvist, Eriksson and Norberg (2006) found that moral sensitivity could be described as the process occurring when a person registers the presence of moral problems, and interprets the risks of the situation. Therefore, it is a capacity indispensable to moral judgments and therefore, it ought not to be ignored by responding appropriately to prevent moral problems and by making morally weighted decisions to act in the prevention of negative consequences. Hence, moral sensitivity is a precursor to making moral decisions for action by assessing and responding with awareness of potential courses of risk (Comrie, 2012). Accordingly, Van Der Zande, Baat, and Vosman (2013) reported that moral sensitivity can be defined as the capacity to decide with intelligence in the prevention of harm and to assist in the decision to act based on moral obligation and moral duty. Therefore, the consequences of moral

sensitivity are influential behaviors in the prevention of negative outcomes (Comrie, 2012; Lutzen et al., 2006; Weaver, 2007).

Moral sensitivity is necessary for good behavior because it helps a person through increasing their capacity to recognize risk situations and take suitable action to protect against and prevent harm or mistakes. Thus, moral sensitivity in nursing is the link protecting patients to be free from harm within nursing practice.

In nursing moral sensitivity is described as the predisposition guiding individuals in decision making for prevention and keeping the patient free from harm such as moral stress, and moral conflict (Lutzen et al., 2010). To support this Lutzen et al, (2006) mentioned that the moral sensitivity of the nurse is explained as the thinking process whereby the individual becomes aware of the existence of moral problems in nursing practice by interpreting a situation. Thus, moral sensitivity is a precondition of awareness of patient safety. Moral sensitivity is a cognitive dimension in prevention of mistakes or harm so it is necessary for the nurse in protection against risk and mistakes in the workplace by dealing with moral problems in a justifiable manner.

Van Der Zande, Baat, and Vosman (2013) mentioned that the moral sensitivity of a nurse is the initial step in decision making in solving problems in nursing practice by gaining an intensive understanding and assisting in the decision to act based on moral obligation and responsibility in duty (Comrie, 2012; Weaver, 2007).

Park, Kjervik, Crandell & Oermann (2012) mentioned that moral sensitivity is a necessary skill for nurses in recognition of moral problems in nursing practice so education must be concerned with cultivating moral sensitivity by integrating this with

logical knowledge of ethics and skills of moral reasoning built on ethics codes and principles. Comric (2012) reported that nursing students need moral sensitivity when they are faced with moral problems in nursing practice. Therefore, nursing education programs should consider ways to promote moral sensitivity by providing opportunities for learning about moral sensitivity in risk situations in nursing practice, and adding moral sensitivity to the nursing curricula.

If nursing students cultivate moral sensitivity and are able to integrate this knowledge in order to assess the risks in nursing practice before the patients receive any negative outcomes, this will be of benefit to patients. Nursing education should try to develop moral sensitivity in nursing practice settings because it is important for nursing students and nurses to protect against problems in nursing practice and be able to apply moral sensitivity in diverse clinical circumstances (Park et al, 2012; Kim, Kang, & Ahn, 2013).

#### *2.4.2 Moral Reasoning*

Moral reasoning has been referred to as moral development and moral judgment. Moral reasoning refers to the thought processes and cognitive deliberations involved in the consideration of moral problems. It demonstrates the cognitive ability and thinking of a person by reasoning before taking action (Ketefian, 1988). Moral reasoning is identified as having two components: (1) Mode of reason supporting mitigating factors of the problems, (2) Types of reasoning based principle and group norm.

Moral reasoning is related to the processes to think creatively in solving problems, and to formulate strategies for one's actions and desired way in solving the moral problems in difficult situations or risk situations by determining demonstrated behavior that follows the right way and logical foundations.

More specifically, moral reasoning is focused on ethical principles. Moral reasoning of nurses usually occurs in the context and relationships between nurses and the patients in their care. However, moral reasoning of individuals is different because it is related to values, worldviews and experiences of solving problems. If persons use the skill of moral reasoning frequently in responding to problems, they will develop the ability to solve problems and demonstrate acts by supporting them with good reasons (Rhein, 2013). Therefore, it is a necessary skill for nurses and nursing students in their work, so nursing education must concern itself with the cultivation of skills and knowledge that encourage the basis of moral reason before moral action.

Advancement in abilities of moral reasoning can be apportioned into three principal levels and six stages composed of (1) preconvention level, which entails obedience and punishment orientation, (2) purpose for solving problems and hoping for a good outcome, (3) interpersonal accord and conformity in solving problems that depend on ethical principles, (4) it follows the norm and law by according the system of social contract, (5) social contract and benefit of others and individual right action, and the last stage, (6) universal ethical principles.

Moral reasoning could lead to a greater awareness of the influences of moral actions when faced with moral problems, by modifying four points which will enhance it

1) become familiar with moral problems from a context, 2) follow up managers of moral problems by focusing upon ethical principles and key values, 3) flexibility of utilizing problem solving, and 4) identifying and managers' response to problems by using moral reasoning. Therefore, moral reasoning is mastered by cognitive development of the ability to analyze moral problems by following rational choices in actions if good moral reasons still depend on the principles for solving moral actions including deliberation for good management of moral problems (Nather, 2013).

In conclusion, moral reasoning is the use of abstract thought processes for solving a moral problem. Moral reasoning is demonstrated by moral behavior by supporting a principle or principles, and involves having the right knowledge. Moreover, it is the determination of a morally justified choice by wishing for good outcomes. Moral reasoning is of benefit to nursing students and nurses for solving any moral problems in nursing practice. They can effectively manage moral problems that help patients who receive benefit from the nurse's or nursing student's actions because the moral reasons encourage good decision making and demonstrate right behavior. Therefore, nursing education is aware of promoting moral reasons to nursing students. This must be integrated with ethical principles and knowledge, norms, and culture and laws including factors.

#### *2.4.3 Moral Commitment*

Moral commitment is identified as justification for the corresponding line-up between moral reasons and moral actions. Moral commitment of individuals may differ depending on many factors such as values, strong beliefs, and obligations of duty.

This is related to initial judgments by supporting the self-confidence of the person who demonstrated action. It is affected by emotional and automatic responses to a situation, which are derived from explicit thinking. Thereby, it plays an indirect causal role for each person that enhances moral reason for demonstrating moral action.

Borhani, Jalali, Abbaszadeh and Haghdoost (2014) mentioned that moral commitment is the strong belief of a person and the acceptance that one's values that can predict one's action. It encourages persons who show willingness to take the best action following their strong values and strong beliefs by integrating it with moral reasoning. However, moral commitment has a major impact on the moral reasoning and moral actions of a person. Consequently, Seedhouse (2002) reported that choice could be based on ethical principles and ethics standards according to one's belief that it is a worthwhile way to act and is beneficial to the situation. Therefore, persons with a strong moral commitment to do the right thing, supported by moral reasoning, take moral actions which make them confident in their action. Especially, when they are faced with moral problems in a risk situation as they are able to solve those moral problems effectively without moral distress about their actions.

In conclusion, moral commitment can be considered as justification of the strong beliefs and strong values of a person including culture, norms and religion. It is a dynamic process of interaction between moral reasoning and moral action. Moreover, it encourages self-confidence. Hence, the moral commitment of each person is different

#### *2.4.3.1 Moral Commitment in Nursing*

Moral commitment is especially important for nurses and nursing students because it supports them in the demonstration of their moral action and ability to solve moral problems in nursing practice. Normally, nurses and nursing students often face moral problems in their work and they cannot avoid those problems. A commitment to health services increases positive attitudes in the solving of problems in nursing practice with the purpose of enhancing nursing care standards and the well-being of patients (Benligiray & Sonmez, 2004; Kelly, 2008).

Therefore, moral commitment is very important for nurses and nursing students including health professionals. Especially the nurses who are more numerous than health professionals and who are closer to the patients. Nurses have a moral commitment in their duty that is beneficial to patients. Nesje (2015) explained that nurses reflect moral commitment in their duty by maintaining the quality of nursing care in providing the best care for the patient such as maintaining their relationship, respecting the patients' rights and providing a good service of nursing care. They need to ensure positive reactions from patients by being actively involved in the patient's recovery. The goal is the patients' retention of the state of well-being (Sjostedt, Dahlstrand, Severinsson, & Lutzen, 2001). Therefore, moral commitment of nursing encourages quality of nursing care for the patient to be free from suffering and to recover from their illness. Davidson, Daly, & Hill, (2013) reported that moral commitment in the duty of the nurse is beneficial to patients because nurses try to demonstrate quality of care and respond to the patients'

needs and maintain wellbeing. Therefore, moral commitment in the nursing' role supports quality of nursing care and good nursing service.

In brief, moral commitment is important for nurses and nursing students because it helps them demonstrate moral action in the management of moral problems in nursing practice and it helps them develop quality of care emphasizing their duty and role. It is one factor that encourages good behaviors, which has a direct effect on the patient, family and colleagues. It is one of the important competencies of nurses, so it must be promoted to nursing students. Nursing education should consider the development of moral commitment and other factors that encourage moral commitment.

#### *2.4.4 Moral Action*

Moral action is the behavior of a person related to moral commitment and moral reasoning in a demonstrated moral action. It represents the integration of cognition and reasoning and commitment as well as moral personality (Perugini & Leone, 2009). It is behavior of the person that shows their thinking in doing the right thing by adhering to moral codes and ethical principles. Hence, it is good conduct that presents the right behavior and good motivation.

In conclusion, moral actions define the behavior of persons related to right action and right motivation by following ethics codes, ethical principles and right knowledge that is of benefit to others by maintaining right action. This is especially true when a person is faced with moral problems or a critical incident and demonstrates moral actions that protect against negative consequences. It is related to moral reason and moral

commitment, which motivates the person to show moral action by representing good behavior that is still an empirically deeper understanding of moral awareness.

### ***2.5 Factors related to Moral Courage***

Persons consider how rational choice is based upon their thinking in the management of moral problems in regard to many factors such as values, knowledge, beliefs and ethical principles, which affect demonstrated moral actions. Moral courage follows moral principles and moral concepts. Sekerka and Bagozza (2007) reported that the process of actions of moral courage reflects the state of thinking of the person when the person is faced with problems in a risk or problem situation. It overcomes the fear in their mind. There are many factors related to moral courage, which support the actions of moral courage by determining the overcoming of fear. It is composed of the following factors related to moral courage:

1) Anticipated emotion refers to the emotion of the person who is faced with a challenging situation. They expect good outcomes, which may be beneficial to others. They imagine the positive anticipated outcomes, and avoidance of negative outcomes. Anticipated actions of moral courage serve to instigate the desire to act for the good outcome by supporting moral reasoning and moral commitment.

2) Self-efficacy is the ability of individual to analyze and to solve the problems in a risk situation despite the possibility of negative outcomes, although they still take the right action. Self-efficacy refers to a person's confidence to perform by demonstrating behavior in a specific situation. It is relevant to moral courage because it is type of

judgment and decision making through perception of one's own ability to be able to confidently perform actions of moral courage. Moreover, self-efficacy is related to self-confidence that engages demonstration of the act of moral courage. Therefore, self-efficacy is a factor related to the ability of person in demonstrating actions of moral courage in solving moral problems or dealing with risk situations.

3) Subjective and group norms are commonly recognized as two features of society that affect a person's behavior, Subjective and group norms refer to a person's propensity to bow in critical situations to socially demanded actions of moral courage. Moreover, group norms differ depending on many factors including the location and local. Thus, subjective and group norms mediate the relationship recognition of persons in taking right actions.

4) Indirect factors include: past experiences, habits, self-confidence and ethical knowledge, and moral motivation of an individual. These factors effect actions of moral courage to solve a problem. Therefore, indirect factors affect an individual's response to a problem and the possible successful performance, so individuals have different levels of moral courage in coping with critical incidents.

5) Desire to take action in response to a moral challenge by following moral reasons, value, beliefs and knowledge. Hence the actions of moral courage represent demonstrated intention to manage problems in critical incidents without hesitation.

6) Self-regulation of the desire to act can be defined as a value, trait or virtue. This is dependent upon the individual and the situation. Family is important in the formation of values and beliefs of an individual. In addition, moral commitment is the

factors contributing to automatic self-regulation that contribute to the reasons for action. Therefore, persons have different reasons for demonstrating actions in critical incidents, although the situation is the same, demonstrations are different. Self-regulation can be considered to be a person's individual effort to induce responses in a situation. Hence, it can be beneficial in regulating the will to take action with moral courage

Self-regulation that is conscious is affected by desire in deciding to take action with moral courage. It is manifested in thoughts of what the right action is through moral commitment stimulating self-regulation in action. Moreover, individuals must consider reasons that are beneficial to others in solving moral problems. Therefore, an individual can act with moral courage when they perceive a problem in a risk situation. They take actions of moral courage in this situation by considering a variety of reasons that support their actions of moral courage. Therefore, Actions of moral courage are based on self-efficacy, high self-esteem, salience of management of the problems, and intention to solve the problems.

### *2.5.1 Factors related to Moral Courage in Thai Culture*

Factors enhancing and inhibiting a person's behavior can be specified as environmental or cultural. There are many factors which enhance or inhibit human demonstrated actions of moral courage. Moreover, situational factors are an extra variable affecting human behavior. Cultural differences are expressed in dissimilar standards of behavior. Hence, people living in different areas express different views and take different actions. Burnard & Naiyapatana (2004) mentioned that culture is relevant to the behavior of person, especially, the actions of individuals faced with a difficult

situation and doing the right thing depends on principles and right reasons that comprise moral behavior. Importantly, actions of moral courage demonstrated in critical or risk situations are due to the person's strong commitment to act without fear and do the right thing, that is, the call to action of moral courage.

Clearly, Thai culture must have an effect on the behavior of Thai nursing students. Thai culture has many factors influencing behavior. There are many factors that enhance and inhibit the actions of moral courage when nursing students are faced with moral problems in nursing practice. Singhapakdi, Vitell and Leelakulthanit (1994) mentioned that, in Thailand, it is assumed that individuals belong to an in-group. They believe that belonging to such an in-group protects the members and in return the in-group expects their loyalty for being in the group. Rhein (2013) mentioned that Thailand is characterized as having a strong collective culture in which the individual must consider the needs of the group, although they may differ from their own wants. Importantly, they keep their opinions to themselves and wait for a consensus among the group. The study mentioned that Thais are raised in a culture of strong integration into a cohesive in-group. They consider that doing what is right in accordance with group norms is ideal (Pimpa, 2012).

On the other hand, Kidder & Brac (2001) mentioned that moral courage is the willingness to stand up and take action based on moral beliefs and moral principles regardless of reasons and perception of negative outcomes such as isolation from a group or rejection by colleagues. Hence, in-groups in Thai culture are an inhibiting factor for nursing students demonstrating morality in nursing practice.

Another element of Thai culture that has a major influence on behavior is the importance given to harmony and avoidance of conflict. The inclination to prevent conflict is strong. Thai culture entails the desire for a situation where important social relationships are commonly established on a type of social interchange. Moreover, in Thai culture relationships take precedence over reason (Rhein, 2013). Another significant aspect of Thai culture, lack of self-confident behavior, suggests an absence of questioning, and indicates apathy, risk avoidance and fear of alienation from the group. Sometimes they follow the group even though they think differently, as they wish to maintain good relationships with others. As avoidance of conflict is considered important in Thai culture, sometimes it inhibits actions that may be seen as different and which may result in conflict in the work place or social circles. For instance, sometimes an individual may want to take action based on moral beliefs and ethical standards, but when the action opposes another person, they feel forced to stop.

They opt to remain silent and avoid conflict and the uncertainties of the outcome rather than take action. They wish to maintain relationships rather than get embroiled in a dispute. Thus, harmony and avoidance of conflict in Thai culture are inhibiting factors in the demonstration of morality in nursing practice among nursing students. For example, nursing students may know what is best for the patient, but that course of action may cause a conflict with a senior nurse, or health professional team. As a result, nursing students usually choose to avoid taking action. (Runglertkengkrai & Engkaninan, 1987).

Moreover, another deeply rooted element of Thai culture is Thai feudalism or *Sak di-na*. *Sak-di-na* is a system which ranks individuals in relation to personal power and

rank that depends on status and Thai society's interdependent structure. This hierarchy is based on certain principles and commonly accepted norms including knowing who is high, and who is low in social ranking. Therefore, an individual of low social rank should behave very politely and submissively to avoid transgressions (Kitiyadisai, 2005). Similarly, Thai culture is characterized by a large separation of power. Those of superior position believe they are at the top of the management hierarchy with their subordinates accepting the hierarchical order, appreciating strong leadership and avoiding conflict (Pimpa, 2012). Thus, this is another inhibiting factor for nursing students demonstrating morality in nursing practice. For example, nursing students may come across unethical behavior of a colleague who is in a high position in society. However, they choose to avoid any response or action because they are concerned about *Sak di-na*, or their social ranking and fear a negative outcome.

There is a further element of Thai culture that governs the behavior of nursing students, which is the respect given to older students or seniors. This is a characteristic of nurses in Thailand. Sirakamon et al., (2011) reported that Thai culture has values of seniority influencing Thai nursing, because nurses in Thailand have beliefs about the importance of seniority cultivated by senior nurses who have greater power than junior nurses. In addition, junior nurses must respect senior nurses. Moreover, Burnard & Naiyapatana (2004) reported that the Thai respect for elders or seniority requires junior person to avoid transgressions against senior persons. For nursing students it is necessary to respect senior nurses when they practice in the work place, and they must avoid transgressions even though senior nurses may act inappropriately. The Thai cultural

respect for seniority has a definite major effect on nursing students. Thus, the nursing student's behavior in work place must conform to the senior nurse's order. Therefore, in situations which nursing students hold ideas that differ from those of the senior nurse, they still make decisions to act based on ethical standards, ethical values and reasons and must have the courage to take the action without fear or conflict with senior nurses. Therefore, nursing students must have a strong commitment to overcoming fear.

Burnard and Naiyapatana (2004) mentioned that there are other elements in Thai culture which inhibit nursing students from demonstrating morality in nursing practice; *Kreng Jai*, which means putting others first, before your own wants, and *Mai Pen Rai*, or the Thai attitude that "it doesn't matter; it's no problem".

In brief, social customs such as *Kreng Jai* and *Mai Pen Rai* are factors that inhibit nursing students in demonstrating actions of moral courage because they fear the negative outcomes and opposing the social customs of Thailand. Conversely, factors in Thai culture enhancing the demonstration of morality in nursing practice are fairness, trust and honesty, which are cultivated by religion. Thai culture is rooted in tradition, and Buddhism teaches Thais to avoid bad deeds, to be righteous and to ensure their mind is pure (Runglertkengkrai & Engkaninan, 1987).

Moreover, a large Islamic community in the southern part of the country, along with Christian communities, cultivate norms of commitment and integrity. Hence, these religions have an impact on Thai culture. Singhapakdi, Salyachivin, Virahul & Veerayangkur (2000) explained that religions contribute values such as honesty and commitment to integrity which become rules of social engagement. More importantly,

religious belief is cultivated in the family. Thus, honesty, fairness, trust, and commitment to integrity are factors enhancing moral behavior. Supporting this, Pimpa (2012) reported that Thailand is a Buddhist society with a strong background of essential virtues and wisdom. Kitiyadisai (2005) mentioned that according to Buddhist teachings the Buddhist approach regarding human rights particularly favors protecting the rights of humans, especially the teaching of doing good deeds and encouraging the right behavior. Thus, this is an important factor enhancing right behavior.

Nursing students are influenced by their religion, and nursing students in Thailand have cultivated commitment to moral professional practice including honesty, fairness and trust, which are influenced by religion, which subsequently encourages moral behavior in their practice. Finally, it is achieving what is good for the patient that inspires nursing practice. If nursing students cannot provide good patient care due to inconsistency between beliefs and action, this cause's moral distress. They are concerned about behavior for the good of the patient and more significantly, they have the intention to provide good care for their patients. Finally, it is achieving what is good for the patient that inspires nursing practice (De Casterle, Izumi, Godfrey, & Denhaerynck, 2008).

In brief, religious teachings such as honesty, fairness, trust, and commitment to integrity enhance the nursing students' ability to demonstrate morality in nursing practice, although many factors in Thai culture inhibit this. Nursing students demonstrate moral actions by integrating belief in harmony and avoidance of conflict. Moreover, Thai feudalism or *Sak di-na*, respect for elders or seniority, as well as Thai social norms such as *Kreng Jai* and *Mai Pen Rai* also influence behavioral outcomes. Although, the factors

discussed either enhance or inhibit the demonstration of morality in nursing practice, morally courageous action is still dependent on other factors in a risk situation.

### **3. Moral Courage in Nursing**

Moral Courage in nursing is very important for nurses as it influences a person's ability in dealing with critical incidents or moral problems in nursing practice. While, nurses and nursing students demonstrate right actions to solve moral problems, they intend to maintain the quality of nursing care and are committed in their duty to solve problems for the patient's benefit. Moreover, moral courage follows moral principles, moral concepts and moral reasons and moral commitment in order to demonstrate actions of moral courage.

A study by Kang & Glassman (2010) explained that nurses often have to face moral dilemmas in their work. Some nurses are unable to solve problems and lack competency in managing moral problems in nursing practice. Hence, they received negative outcomes from their action that impact the quality of nursing care. Nursing education provides a moral agency for nursing students, more than moral courage, as they lack moral courage to solve moral problems in nursing practice. Hence, moral courage in nurses is essential to develop competency for solving moral problems in nursing practice.

For these reasons, nursing students learn about moral courage along with moral principles, moral concepts and moral reasons to solve problems in nursing practice by having moral courage to support their actions of moral courage.

Peter, Lunardi & Macfarlane (2004) mentioned that nurses do not solve moral problems in critical situations in the workplace as this leads to moral distress and negatively affects their actions and in turn, the quality of nursing care. Therefore, nursing education must better prepare nursing students by developing the competency of moral courage in order to ensure they are able to manage moral problems in nursing practice. This can be done by integrating moral courage into nursing curricula along with the concepts of moral values and moral principles, including analysis of problems in risk situations. Therefore, nursing students should practice in the workplace by discussing moral problems in real situations and integrating morality problem solving, thus, encouraging demonstration of moral courage.

Moral courage is one of the most important competencies in coping with moral problems in nursing practice. More than this, patients receive the benefit of actions of moral courage, and nurses can maintain their moral duty and standards of quality of care. Importantly, moral courage increases self-confidence in solving moral problems without anxiety concerning the outcome from their actions. Actions of moral courage undertaken to solve problems require careful thought and awareness of culture, social norms and organizational policies. Therefore, moral courage is beneficial to both nurses and the patients' quality of care. Moral courage makes nurses more aware of their moral duty and moral values, and responsibilities in maintaining the quality of nursing care.

In conclusion, moral courage can improve the ability of nurses and nursing students to solve moral problems in nursing practice by increasing quality of care, maintaining patients' rights and advocating for patients' needs including encouraging

individuals to demonstrate the right action. In addition, moral courage encourages moral action by promoting the right action as well as being beneficial to others. Importantly, actions of moral courage decrease the moral distress and negative work attitudes of nurses. Although moral courage exists in varying degrees in individuals anyway, it can be used to increase cultivation of education by practicing its application through problem solving in real situations that practicing nursing students face, so they can try to cope with moral problems under the supervision of a nursing instructor. Therefore, nursing education needs to devise a method to improve the moral courage competency in nursing students. Therefore, nursing education must recognize the importance of promoting moral courage of nursing students by encouraging them to demonstrate actions of moral courage in nursing practice in addition to ensuring moral courage is covered in curricula to strengthen moral courage in nursing students prior to graduation.

### ***3.1 Components of Moral Courage in Nursing***

Lachman et al., (2012) mentions that moral courage includes four nursing components; courage to overcome personal fears, commitment to stand up for their beliefs about the right thing, and follow moral values and ethical principles. Managing risks needs to encourage assertiveness through moral courage to assist in finding solutions to solving moral problems. A study by Humminen & Repo (2016) noted that moral courage in nursing includes five attributes: (1) knowledge (wisdom), moral principles and moral values that become moral reasons and support their actions of moral courage, (2) obligation to the moral duty of nursing professionals who must care for their

patients' wellbeing, and protect them from harm, (3) moral commitment to taking right and good action in their duty, (4) ability to cognitively recognize moral problems while overcoming personal fears, and (5) reaction, expression and actions of moral courage, which are demonstrated in the management of the moral problems in nursing practice.

### ***3.2 Role of Nursing Students and Its Relationship to Moral Courage***

The role of nursing students is a topic of great interest to educators in nursing. Clearly, nursing education is the best way to validate the level of the professional nurses' role by cultivation as nursing students. In the real situation, nursing students lack instruction concerning moral courage. Therefore, nursing educators must identify the gap between the nurses' education and practice by including moral courage in curricula to prepare nursing students to face moral problems in nursing practice.

They can integrate their knowledge from the classroom and apply it in nursing practice in the nursing students' role and gain confidence in solving moral problems and maintaining their nursing role, moral duty and quality of nursing care.

Nursing education must encourage nursing students' awareness of the nursing students' role because it is the first step for professional nurses. As the nursing students' role encompasses the skills, knowledge and competencies of standard nursing care, this role is expected from patients and society (Tilley, 2008). Koushali, Hajiamini & Ebadi (2012) mentioned that nurses are the largest health professional group in the health system, possessing considerable potential power and having a crucial role in maintaining the quality of care which directly influences the standard of health care services. The

roles of both nurses and nursing students have an impact on the quality of nursing care and health systems. Cannaerts, Gastmans, & Casterle (2014) reported that a major challenge to nursing students is that they are continuously expected to provide “good care” not only requiring good nursing practice, which is reflected in their awareness of their good duty and by their suitable behavior.

Therefore, developing a curriculum for nursing educators is very important for increasing the competency of nursing students. This must include not only specific knowledge and skills for nursing, but also education in the ethics of nursing such as moral courage. Hence, nursing education must encourage moral courage in nursing students by integrating it into the nursing students’ role so nursing educators need to plan new courses designed to encourage moral courage and develop competence in nursing students. The nursing students’ role is the primary goal of nursing education because they must be aware of the moral concerns and responsibilities of their duty in the nursing students’ role that is the first step in professional nursing with the purpose of cultivating a good attitude in nursing students.

Moreover, moral commitment and moral duty will help to ensure moral action is being taken for the benefit of patients and also enhance positive attitudes toward patient care (McMillan & Shannon, 2011). Conversely, new nursing graduates have reported that they are often unaware of their role, lack confidence and, lack competency and experience concerning the judging and solving of problems in nursing practice. They have stated that they need time and experience to develop skill and ability in the management of critical incidents. Thus, nursing educators must prepare nursing students

for the nursing role and skills needed in coping with problems in real situations. Moreover, the context and environment in health care is very challenging and moral problems are constantly changing, so preparing new competencies with nursing students is very important (Doody, Tuohy, & Deasy, 2012). A study by Mozingo, Thomas and Brooks (1995) mentioned that nursing students need more opportunities to practice moral decision making and judgments in difficult situations and to develop new competencies for solving those problems including enhancing moral courage in the nursing students' role.

Tilley (2008) mentioned the definition of the nursing students' role as "the application of knowledge and interpersonal decision-making skills expected for good nursing students based on knowledge, communication skills, critical thinking, teaching, human caring, and management of critical situations." According to Hsu & Hsieh (2009) and Axley (2008), the role of nursing seems to cover skills and behaviors that show ability to cope with complex situations. Hence, it is required for nursing students to administer services which are both professional and comprehensive in complicated and unfamiliar circumstances that challenge their ability. This consists of eight nursing roles (1) Assessment, (2) Intervention, (3) Communication, (4) Critical thinking, (5) Teaching including human care relationships, (6) Management, (7) Leadership, and (8) Knowledge integration

However, some studies have mentioned that the nursing students' role is comprised of (1) knowledge including information, teaching and training; (2) action which includes ability, patterns, decision making and skill of practice; (3) professional

standards including criteria, requirement and qualification; (4) internal regulation including accountability, attitude, autonomy, motivation and self-regulation and (5) improvement of quality nursing care (McMillan & Shannon, 2011). Likewise, Mozingo, Thomas, & Brooks (1995) mentioned that factors related to the nursing students' role include technical skills, knowledge, ethics and self-confidence which enhance the development of professional nursing students and increase happiness in daily life as well as being important for quality of nursing care. Therefore, nurses are not happy in their work when it affects their behavior in cases such as moral distress, moral conflict and negatively affects their work.

Nursing students' role is a guideline for providing quality care including maintaining patients' rights. A study by Walker, Dwyer, Broadbent, Moxham, Sander and Edwards (2014) reported that understanding the role of nursing students is an essential element of nursing practice because it helps nursing students to understand the importance of the role for maintaining quality of nursing care that is beneficial to patients and the good image of nursing. Importantly, the role of nursing students is one important factor that contributes to nursing students feeling confident in their duty. They can manage problems in difficult situations by choosing to do the right thing and be aware of the benefits to others including demonstrate moral courage for solving problems, thus, preventing negative outcomes. Therefore, nursing education needs to reinforce the nursing students' role in order to enhance moral courage.

In conclusion, reinforcement of the nursing students' role which includes awareness of their duty and responsibility to the role is very important in preparing new

nurses who are both qualified and able to perform effective nursing care. Hence, the nursing students' role can be identified as moral duty. If moral courage is integrated into the nursing students' role this supports their actions in nursing practice when they are faced with risk situations and also helps the nursing students perform actions of moral courage for solving problems and being self-confident in their actions and outcomes. Moreover, this enhances positive attitudes towards patient care and maintains the standard of nursing care as well as decrease moral distress. Therefore, the good nursing students' role should follow guideline standards in work that helps nursing students maintain the credibility of nursing care.

#### **4. Teaching Ethics in Nursing Curriculum**

Health care is an increasing complexity of problems in nursing practice due to constant changes and advances in treatment. Nurse and nursing students will prepare, recognize and address moral problems in their work. Ethics education fulfills problem solving ability in the workplace and increases awareness of obligations in a nurses' duty. Therefore, ethics education must develop ethics knowledge, ethical principles and code ethics, which integrate to become personal characteristics such as reasons, compassion, honesty, empathy and caring, which are demonstrated through good action (Robert & Bullough, 2011). Therefore, nursing institutions give importance to nursing ethics, so adding ethics subjects at every level of nursing education such as bachelor, master and doctoral programs promotes "ethical principles of beneficence, non-maleficence, respect

for autonomy, justice, veracity, and fidelity” (Chaowalit & Nasae, 2016a). Hence, ethics education and the ethics of teaching are present in nursing education intermingled all through usual nursing programs and philosophy courses that help nurses and nursing in face moral problems in nursing practice that could be resolved by following through with moral decisions and moral actions (Airth-Kindree & Kirkhorn, 2016)

Therefore, the teaching of ethics includes four phases of ethics. Firstly, develop moral sensitivity by understanding the origins and role of moral theory, principle, concept and legality. Secondly, knowledge application for demonstrating moral action accomplished by making decisions ethically, including analyzing problems. Thirdly, preventive moral action and finally, competency involving promoting social justice, and various concepts of justice. Therefore, teaching ethics has the goal of enhancing nurses’ confidence in dealing with moral problems (Robert & Bullough, 2011).

Dahnke (2014) mentioned nursing students and nurses learn ethics education because it helps them to disseminate the ability to think critically and comprehensively analyze ethical issues and problems if they are understood and used correctly. Ethics is taught using a range of different approaches. Nursing ethics education is carried out with the intention that nurses and nursing students can identify the three following aspects: 1. The undeniable disparity between rules and practice by predicting moral problems or risks that will happen in nursing practice, 2. Decipher and employ the code of ethics, foundation of theory and ethics principles effectively, which integrate moral problem solving, and inevitability of ethical conflict including demonstrated moral actions, and 3.

Inevitability of outcome from moral actions. Moreover, nursing ethics education encourages nurses to provide a basis for moral decision making.

In addition, teaching ethics involves moral action and moral agents, so teachers have moral agency and education concerning ethics content. They can deal with complex situations and ambiguous moral contexts. Teaching ethics involves exercises and suggestion including continual reflection through the three following frames. 1) Thinking about moral problems or moral dilemma appears in a situation. 2) Intention to expose the implicit and explicit ethical principles, rules, and duties, and moral reasons. 3) The consequences from their moral actions in those situations. Teachers must help nursing students increase levels of ethics by reflecting on critical problems and making good moral decisions that depend on moral reasons including demonstration of moral actions (Robert & Bullough, 2011).

The teaching of ethics encourages consideration of developing and implementing curricula that facilitate the development of nursing students. Baxter and Boblin (2007) recommended the following methods of teaching. Role playing activities that can help nursing students by helping them understand clinical settings. Role playing aids integration of knowledge and demonstration of actions to understand their interconnectedness with the situation. The introduction of ethics education into nursing codes of ethics is essential to strategy development in protecting patients and sustaining nursing care quality. Ethics education provides nursing students with awareness of the moral reasons for solving moral problems and protection against unethical behavior, unethical situations and threats to the standards of nursing care, so they are aware of the

importance of ethics education. Likewise, Grace and Milliken (2016) reported that role-playing helped nurses and nursing students analyze problem situations and sustain moral agency. Moreover, role-playing increased awareness of moral agency by applying ethics content.

Ethical case scenarios help nursing students to analyze a situation by using ethical principles, theories, ethical decision making, and ethics theory. Hence, case scenarios promoted nursing students' increased and profound understanding of content; students gained the ability to constantly build knowledge through repetitious application of nursing code of ethics, students were able to think faster, and formulate their thoughts using confidence. Nursing codes of ethics help students overcome previously believed, but incorrect, concepts in regards to documentation. They must focus on clinical specialties and practice and integrate them with abstract concepts such as justice, beneficence and autonomy (West, 2016). Chaowalit and Nasae (2016b) stated that methods of ethics teaching include 3) ethics conferences that analyze cases in the real situation and ethics rounds.

In conclusion, teaching nursing ethics in nursing curricula encourages nursing students to possess ability in solving moral problems in nursing practice by demonstrating moral integration that depends on sound moral reasons, ethics principles, codes of ethics and ethics knowledge. Methods of teaching used in ethics education should include: role playing activities, ethics teaching in the classroom, analysis of case scenarios, ethics conferences, and ethics rounds. Moreover, promoting students' to be ethical role models helps motivate nursing students to promote the importance of ethics

in nursing. Teachers must demonstrate moral actions in response to these moral problems as role models for nursing students.

## **5. Critical Incident Technique**

### *5.1 Background of the Critical Incident Technique*

The critical incident technique is a qualitative research process that is extremely adaptable and utilized in resolving problematic situations. This method has been extensively used for evaluation of service industry consumer views and expectations. In recent times, this research technique has been used in studies to focus on opinions and experience in health care settings, an essential dimension in quality of care research. The critical incident technique was first developed during World War 2. Its successful use in the analysis of pilots' combat leadership and disorientation led to its postwar use in a range of different fields. There are five steps included in the critical incident technique: 1) Determining the general activity's goal: This overall goal should be a short declaration articulating simplified aims from relevant authorities that is agreeable to the consensus. 2) Development of plans: this is specifically for collecting factual incidents regarding problems. Reporting experiences, needs to be particular concerning the evaluation and classification of standards 3) Collection of the data: by which observed incidents are reported and recorded. These observations can come from interviews, questionnaires or report forms. 4) Data analysis: this aims to accurately provide a summary and description of the observations to be utilized for a range of

possible functions. Objectivity is commonly difficult to achieve at this stage of the procedure. 5) Interpretation: in this step the limitations of the study are evaluated and the results are reported.

This method should clearly report the situation by interviewing the participants for recognition of perceptions, reasons, action and outcomes from their action in their experience. It is very flexible and allows participants the freedom to explain their experiences. It is important that they can remember their experiences clearly. Therefore, this method refers to experiences of those who took action in specific situations and action regarding critical incidents. The outcomes of this situation were the results of their actions. Hence, the critical incident technique is suitable for analyzing the thinking processes of the participants and the outcomes of their actions, especially the roles of the persons related to determining the outcome of situation from their action, so this method is utilized in analyzing and solving the practical problems (Khandelwal, 2009).

In relation to this, Kemppainen (2000) mentioned that the critical incident technique is, in relation to circumstances with a clearly outlined problem, of use in collection and analysis of reports on behavior. It is utilized in description of phenomena in realistic circumstances, which specifically aim to solve problem incidents in situations by pinpointing the facts in personal opinions, judgments and generalizations through personal observation. A study by Cox, Bergen, & Norman (1993) explained that CIT has clearly emerged to address issues in situations related to personal perspective and action by studying their experience by interview. The questions used in this method are an essentially demanding inductive approach, allowing freedom of expression.

Briefly, the critical incident technique is a research method for qualitative research that is very adaptable and utilized in resolving problem situations by analyzing experiences. It was developed and used during World War 2, and further extended and developed by Flanagan who described its procedures and uses (Flanagan, 1954). For this study, the researcher needed to understand the specific behaviors of persons and their actions in solving problems by this method as it aimed to pinpoint facts of humans' experience such as personal opinions, judgments, and knowledge in solving problems including the reasons that encourage their actions.' Importantly, they can be clearly descriptive about their experience. Therefore, this method uses fixed analysis in both positive and negative situations that are the facets of understanding human experience related to reason, belief, value, judgments, and motivation by demonstrating their action in solving problems in critical situations. For this technique to be effective, they must remember their experience and explain it clearly.

### ***5.2 Characteristics of the Critical Incident Technique***

Flanagan (1954) explained that the CIT described a way of collecting candid observations of human behavior for possible utilization in problem solving. It comprises a series of steps for the collection of human behavior in given circumstances in order to help in solving practical problems. Specifically, Schluter, Seaton and Chaboyer (2008) explained that CIT can be used to analyze a problem or incident by observable personal activity that is presented in their experience by analyzing their thinking about the person performing the act. Jones and Waller (2012) reported that CIT is useful in analyzing

practical problems. It is used to define the event whereupon the person involved is able to make a judgment and take action in a critical situation for solving the problem.

Flanagan (1954) reported that the CIT, rather than collecting opinions, encourages specific behaviors in each situation, and the formulation of crucial activity requirements is made possible through the compilation and cataloging of these interventions. Therefore, the critical incident technique and related developments will provide solutions to problems in many areas in the workplace so the CIT has been used in making observations on other people for decades, for solving problems and searching for the root of problems by using interviews on a person's experience to systematically reconstruct types of behaviors. CIT is most conspicuously needed to supplement the behavior of a person by analyzing and synthesizing content from interviews (Flanagan, 1954).

The results of the CIT can be used in making predictions of behavior in individuals and planning for the prevention of problems in critical situations including promoting the right behavior of persons. This study used the CIT because the goal of the study was to find out which situations contained moral problems in nursing practice that nursing students' experienced, their reasons for their actions in solving those problems and the outcomes from their actions. Therefore, this method is suitable for this study.

### ***5.3 Critical Incident Technique in Nursing***

The critical incident technique implements the most comprehensive and effective method of elucidating behaviors in job performance that relate to reasoning, behavior and outcomes from action by interviewing the individual regarding the

individual's experience. Consequently, this method allows for the description of an individual's behavioral responses to situations by undergoing interviews about their experience (Kemppainen, 2000). Therefore, this method fits the analysis of problems in healthcare such as the analysis of personal behavior, problems in practice and the development of work processes.

The CIT is flexible because it is modifiable and able to be modified to particular situations. It can clarify points about the situation when it is ambiguous. In addition, the CIT can clarify the problems and investigate the real situation, and well defined human behavior that positively or negatively affects those who are involved. Therefore, the CIT is fit to interpret problems in health care situations involving critically ill patients and crisis events in health care and is a significant method to find the meaning related to problems in practice which are promoted by a positive ethical climate.

CIT is frequently used in health care by analyzing the behavior of health professionals and problems in the workplace. Bradbury-Jones and Tranter (2008) reported that the CIT is a basis for evaluating the performance of health professionals that involves important analysis of the activity when health professionals need to deal with a difficult situation. Similarly, emergency training program development is based on the critical incident technique critical incidents are used as a basis for developing a program of training for emergencies. CIT is used to investigate behavior in a few occasions for the gathering of factual data concerning particular actions that involve decisions and choices for actions. A study of research design found that the CIT studies involved a framework

that provides participants with guidance to in supplying a detailed account of problems in health care.

For nursing, CIT is used for a process through which people reflect on how they believe they have benefited. Therefore, it focuses upon definition and operation within a situation. In addition, the CIT is of high value to education, as it facilitates the integration of theory and practice especially in working practice. Therefore, the CIT is a method that fits with the study of nursing and nurse education by focusing upon experiential learning and the development of the processes of thinking and reflection. Therefore, this method is very beneficial in developing and processing thought and reflective practices in nursing and solving problems in nursing practice.

Since Flanagan formally described CIT in 1954, numerous researchers have utilized it in regard to investigation of elements of nursing practice. The technique has been popular with researchers interested in evaluating nursing performance and studies have included attempts to construct a framework for evaluating the nursing students' performance. Flanagan identified the behavior criteria of the successful development and evaluation procedure for staff nurses (Norman, Redfern, Tomalin, & Oliver, 1992). Moreover, CIT has also been used to describe the work of nurses. CIT has been used to investigate specific aspects of nursing practice, such as the identification of behaviors which increase or decrease the incidence of a problem situation.

More importantly, it is used to identify perceptions of quality nursing because this method is suitable for investigating opinions about action in nursing practices. Thus, nurse researchers use this method for understanding specific situations in nursing

practice, not only about the issues concerned, but also the positive or negative outcomes for solving problems in their work (Norman et al., 1992).

Through accurate use, CIT appears to increase nurses' understanding of the relevance of research to their practice. More importantly, this methodology enables nurses to understand their own practice and is also valuable in the analysis of the complicated elements connected to nursing care delivery. Therefore, the nurse and nurse researcher can learn more through this method and apply it in nursing practice and nursing education and to the study of solving problems in nursing practice because this method identifies potential priority quality improvement areas that will stimulate change in nursing care service delivery (Kemppainen, 2000).

In nursing, the CIT studies human activity that is observable, overall has the same meaning as actual human experience ascertained from participants' accounts. It is usual that the majority of CIT interviews take place face-to-face in order to elicit from participants one circumstance both positive and negative. The CIT's adaptability is apparent in the amount of framework researchers afford participants providing critical incident reports. The CIT uses direct observation with a primary focus. It is found that researchers utilizing the CIT can take advantage of its adaptability in regard to data collection terms, and the use of observation, interview or written account procedures. Nursing researchers have benefited from the flexibility of the CIT through adaptation to particular study requirements (Bradbury-Jones & Tranter, 2008).

#### ***5.4 Process of the Critical Incident Technique***

Flanagan (1954) outlined five stages that are necessary in completing the CIT. This consists of establishing the activity's approximate goals, making a plan of action and guidelines for information collection, analyzing, interpreting, and reporting the findings. This is composed of five steps:

##### **Step 1: Identification of aims**

The first was identification of study aims and research questions. Precisely identifying the aims of the study is vital in relation to its impact on collection and analysis of data. In the CIT the goal is crucial and as important as relevant key events. These will only be elicited through clarity in the overall aims. While the original purpose of the CIT was revealing significant problem areas present within in a system, the purpose of the exemplar study made its scope more comprehensive to not only to determine not only existing problems, but also areas liable to be the source of problem areas in the future. In addition, it endeavored to investigate strong system areas that might supply answers regarding guideline integration. Thus, the specific aim has to be either suitable or unsuitable according to the knowledge and skills involved (Schluter, Seaton, & Chaboyer, 2008)

##### **Step 2: Identification of types of events to collected**

The CIT's second step is confirmation of the incident or event category for collection to guarantee the accuracy and particular nature of the collected accounts. Flanagan (1954) suggested that collected incidents may be exceptionally effectual or ineffectual. It was commonly acknowledged that incidents of a remarkable nature were

recalled more easily than typical incidents in normal situations. This also relevant to environments related to healthcare in which research results have revealed that nursing experts perform based on in depth understanding of the overall situation, which is dependent on nurses' proficiency.

### Step 3: Data collection

In the third step, data collection can approached in various ways. In investigation of specific behavior, firsthand observations and use of record forms were effective, although these were not appropriate for behaviors that were unnoticed, including cognitive activities such as making decisions or plans of a clinical nature. The benefits of questionnaires included the point that respondents have the opportunity to contemplate their feedback and still retain their anonymity. Nevertheless, the duration of providing a sufficient description and recollecting events may be discouraging, so subjects might refrain from participating or supply incomplete details affecting evaluation.

Furthermore, the use of questionnaires ensured probing questions were not used with participants, limiting the depth of feedback. Personal interviews of an open-ended nature, permit interviewers the opportunity to observe participants' signs of non-verbal communication. These are the techniques most commonly used in the CIT to elicit additional detailed responses (Schluter, Seaton, & Chaboyer, 2008).

Perry (1997) recommended participants' recalling of events was a type of reflective practice. Hence, continuous reinterpretation of categories was performed considering emerging data. Rereading of transcripts guaranteed that the researcher continued to be connected with the text to "preserve the temporality and conceptuality of

the situations.” In a study of the workforce, it was stated that most important stage for discovering events’ undisclosed meanings was the second level of analysis. Implementation of comparing participants’ comments on events that were similar took place in order to develop relationships with subjects and gain further understanding of meaningful events.

The interviews had the declared intention of eliciting both the ‘best’ and ‘worst’ events in the situation. Therefore, the participants needed to be supported in their disclosure of incidents. The questions were particularly useful when participants provide interviews that give the researcher answers that elicit information on critical incidents. Critical incident sample size should form the basis of the number of critical incidents used instead of the number of subjects’ participating. Moreover, Flanagan (1954) mentioned that the incidents rather than the participants are analyzed. He explained that no less than 50 incidents had to be collected. In addition, incident numbers will differ contingent upon research question complexity. Sufficient detail and portrayal was necessary in participants’ accounts as interviews formed the basis of data collection. Participants sometimes struggle to express themselves in data collection which reinforces the importance of sampling until data saturation. An example of this, during the study was noted that a several nurses had difficulty in adequately expressing themselves and coherently explain their practice. When asked about incidents, a number of participants had difficulty explaining why they felt certain feelings. This can result in data that is superficial which can lead to findings which are constrained (Schluter, Seaton, & Chaboyer, 2008).

#### Step 4: Data analysis

The fourth step of the CIT is analysis of data that is observed or recorded. In the preceding stage, thematic data analysis was performed and resulting themes were used. Nevertheless, issues can be dealt with using themes, which can also be utilized along with other data in questionnaire results or observational reports.

Flanagan (1954) noted that the fourth step was not as objective as the others. This step was of prime importance to imperative amidst the analytical process to guarantee no interpretations were feigned or omitted. Hence, it was of significance to the researcher as data and previous knowledge of the circumstances needed to be integrated. In the analytical stage, researcher bias was limited by preventing assumptions being made concerning data through comprehensive questioning of each individual piece of information. This also guaranteed that all data was treated equally and nothing was omitted. Appropriate management of emerging data should lead to an in depth comprehension of incidents and contentions stronger. When managed appropriately, it should deepen the understanding of participant accounts and strengthen arguments. Previous understanding of a situation should not be viewed as limiting.

The first level of data analysis comprised analyzing each transcript, and theme and subtheme identification through examination and re-reading. The overlooking of independent categories was prevented by examining each transcript individually. The incident, context and circumstances should be analyzed concurrently to promote understanding of the meaning of the events or incidents.

Besides a clear comprehension of the incident, event context in the CIT is important for it to be successful. The context affects and supplies indications to why a specific decision is made by participants. In the first phase of analysis, keeping transcripts separated and unconnected prevented the significant event emerging with outside influence. From the beginning of the process of analysis this allows the emergence of meaning. In the initial data analysis stage there was a noticeable disparity in participant responses with several accounts containing an abundance of extraneous information. Due to event comparisons, the first stage is of particular importance as there is an urgency to reveal the accounts 'core', making it possible to progress to the second stage of analysis.

In general, information that is unexpected is likely to be the most useful, enhancing comprehension as analysis of inconsistencies to gain contextual meaning and elicitation of circumstances is performed as part of the CIT. Continuous reinterpretation of categories took place considering emerging information. Rereading of transcripts guaranteed that the researcher continued to be connected with the text to "preserve the temporality and conceptuality of the situations." In a study of the workforce, it was stated that most important stage for discovering events' undisclosed meanings was the second level of analysis. Implementation of comparing participants' comments on events that were similar took place in order to develop relationships with subjects and gain further understanding of meaningful events. Coding categories are suited for use with the CIT as they offer an alternative method in the preliminary stage of data analysis

In coding categories development, the researcher allowed the organization of data. Thus, it became of prime importance in the analysis of data (Schluter, Seaton, & Chaboyer, 2008). This step is critical in interpretation of data. Adequate depth of analysis is achieved through management of data resulting from the great range of incidents participants' commonly reported while using the CIT. This method was particularly useful in the study in analyzing the circumstances due to its complicated nature.

#### Step 5: Project dissemination

The fifth and final step included the discussion and reporting as well as the dissemination of reports. This is of importance as it forms part of the research process and communicates the knowledge gained to the profession. Feedback should be intended to fit the audience, which may include academic journals. In presentation of CIT findings, it is a good idea to insure incidents remain recognizable as it is possible they can be projected to subjects and the target audience (Schluter, Seaton, & Chaboyer, 2008).

For nursing research, it is found that the critical incident technique is a proven and beneficial approach concentrated on a participant's understanding of their observations as essential or important elements of nursing. Thus, the critical incident technique has been adapted by the nursing field for studies that supplied guidelines to develop the composition of semi structured interviews. The emergence of these was in relation to nursing elements viewed by participants as vital to effective nursing care.

In conclusion, the critical incident technique is basically a method used to gather facts of particular importance focused on behavior in a determined situation. The CIT can

potentially be applied to contain commonplace standards of “performance and proficiency, training, selection and classification, job design, operating procedures, equipment design, motivation, leadership, and counseling as well as psychotherapy.” This huge range of potential applications might demonstrate the importance as the CIT is proven to be a beneficial approach for focused understanding as understanding of human beliefs, behavior and thinking. It can be used in a variety of areas to address many situations. In addition, it can be applied in developing the quality of nursing. It has helped in the understanding of a problem in difficult situations as it sheds light on the behavior of humans in the situation. Most importantly, the CIT can be used in nursing education and by health care professionals for the development of competency in professionalism and the quality of their work.

## **Chapter 3**

### **Methodology**

#### **Research Design**

This study aimed to explore critical incidents involving moral problems, to describe reasons and actions of moral courage, and to identify the outcomes of moral courage. The critical incident technique of Flanagan (1954) was used to explore critical incidents regarding moral problems experienced by nursing students.

By using this design, the study focused on moral problems from the experiences of nursing students in nursing practice. This design purposed to evidently explain their experiences of critical incidents involving moral problems in nursing practice, as well as their actions of moral courage when facing moral problems in situations they were able to recall and explain clearly.

#### **Research Setting**

Five nursing colleges in provinces located in the South of Thailand were the research setting of this study.

1. Borommarajonani College of Nursing Trang
2. Borommarajonani College of Nursing Surat Thani
3. Borommarajonani College of Nursing Yala
4. Borommarajonani College of Nursing Nakhon Si Thammarat
5. Borommarajonani College of Nursing Songkhla.

## **Population**

The populations in this study were a total of 580 third year nursing students studying at five nursing colleges in Southern Thailand.

## **Participants**

Participants in this study were nursing students in five nursing colleges in Southern Thailand. The screening questionnaire was distributed to 580 third year nursing students because they were learning ethics subjects, and they had experience in nursing practice and nursing education and were available for assessment before they graduated. They were asked to write their experience of moral courage when facing moral problems. They were recruited as participants in this study based on the following inclusion criteria: (1) memorized their experience and declared their experience (2) had experience in facing moral problems in nursing practice (3) took actions of moral courage in critical incidents involving moral problems in nursing practice (4) communicated in Thai. According to Flanagan (1954), the incidents rather than the participants were analyzed when using critical incident technique. He explained that no less than 50 incidents should be collected.

In this study, the researcher recruited participants who had experienced at least one critical incident regarding moral problems, therefore, at least 50 nursing students was adequate to analyze at least 50 critical incidents. From the screening of the 580 nursing students, 50 nursing students who had faced moral problems by

demonstrating explicit actions of moral courage were recruited and these students provided 63 incidents involving moral problems.

### **Research Instruments**

1. The Screening Questionnaire was used to recruit 580 nursing student participants in the third year from five nursing colleges. It consisted of 3 parts as follows (Appendix A):

(1) Demographic data consisted of three items including age, gender, and religion.

(2) Close-ended questions consisted of five items regarding previous experience related to critical incidents involving moral problems in nursing practice, feelings toward the situations, and students' actions to respond to the situations.

(3) One open-ended question regarding critical situations involving moral problems experienced by nursing students in nursing practice and their action which reflected moral courage in the situation. Each student was asked to respond to this question in written format.

#### **2. Individual Interview Guide**

The Individual Interview Guide consisted of 4 open-ended questions including critical incidents involving moral problems in nursing practice experienced by nursing students, student's reasons that encouraged actions, actions of moral courage, and outcomes from the actions of moral courage.

## **Research Process using Critical Incident Technique**

This study was a qualitative design that used the critical incident technique (CIT) of Flanagan (1954). According to Flanagan, this method is used to explore meaningful incidents and pinpoint facts, which include personal opinions, judgments and actions from the person's experience. Importantly, the participants have to recall the incident in detail. Therefore, the participants in this study were able to recall their experience and declared their experience clearly. Flanagan (1954) outlined five stages which the researcher used to guide the whole research process including: (1) identification of aims, (2) identification of types of events to be collected, (3) data collection, (4) data analysis, and (5) project dissemination (Schluter, Seaton, & Chaboyer, 2008).

### **Step 1: Identification of aims**

The first step is to identify the aims of the study and the research questions. Accurately identifying the aims of the study is vital owing to its significance for data collection and analysis including an attempt to explore the purpose of the study which may provide questions, integrated with situations (Schlute, Seaton, & Chaboyer, 2008). In this study, the objectives were to explore the critical incidents regarding moral problems in nursing practice of nursing students, to describe reasons and actions of moral courage, and to identify the outcomes of the actions of moral courage.

### Stage 2: Identification of types of events to be collected

Confirmation of the nature of incidents or occurrences to be collected form stage 2 of CIT. This guarantees the collection of definitive and precise accounts of behaviors. Flanagan (1954) mentioned that exceptionally effective or ineffective nature of incidents. It is generally acknowledged that standard operations are not so clearly recalled as extraordinary incidents. In this study, types of events comprised critical incidents involving moral problems in nursing practice experienced by nursing students causing actions of moral courage in reaction to those incidents.

### Step 3: Data collection

The third step is data collection which can be approached in a variety of ways. When analyzing participants' behavior and thinking, direct observations and record forms are effective for instance, cognitive activities such as clinical decision making or planning and action. The benefit of using questionnaires is that they enable respondents to consider their responses and their thinking (Flanagan, 1954).

Data were collected after obtaining permission from the institutional review board, Faculty of Nursing, Prince of Songkla University and from the research settings.

### Collection phase included

- 1) The researcher explained the purpose, benefits, and procedures of the study.

- 2) Informed consent was obtained from the participants who were willing to participate in the study

- 3) Individual interviews using the interview guide were conducted in places and times appointed by the participants.

#### Step 4: Data analysis

The fourth step in the CIT process is thematically analyzing observed or recorded data to develop themes. The themes could be used directly to address any issues. The fourth step is an essential part of analytical process to guarantee there is no assumption or overlooking of interpretations (Flanagan, 1954). Coding categories is a suitable method of preliminary data analysis for CIT. This because the researcher is allowed to organize the data when developing categories for coding. Thus, it becomes an essential part of the data analysis process (Schluter et al., 2008). In this study, interview data were recorded and transcribed verbatim into written text with themes and sub themes by following the purposes of the study. The researcher developed main and sub-themes of critical incidents involving moral courage, reasons, actions of moral courage and the outcomes of moral courage. Frequency and percentage were then calculated for each theme.

#### Step 5: Project dissemination

The final step includes the discussion and reporting as well as dissemination of reports (Schluter et al., 2008). This is of importance in communicating the knowledge of the profession in addition to the research process itself. The results of this study was presented in the nursing conference in Thailand.

Figure 1 presents five steps of CIT used in this study.

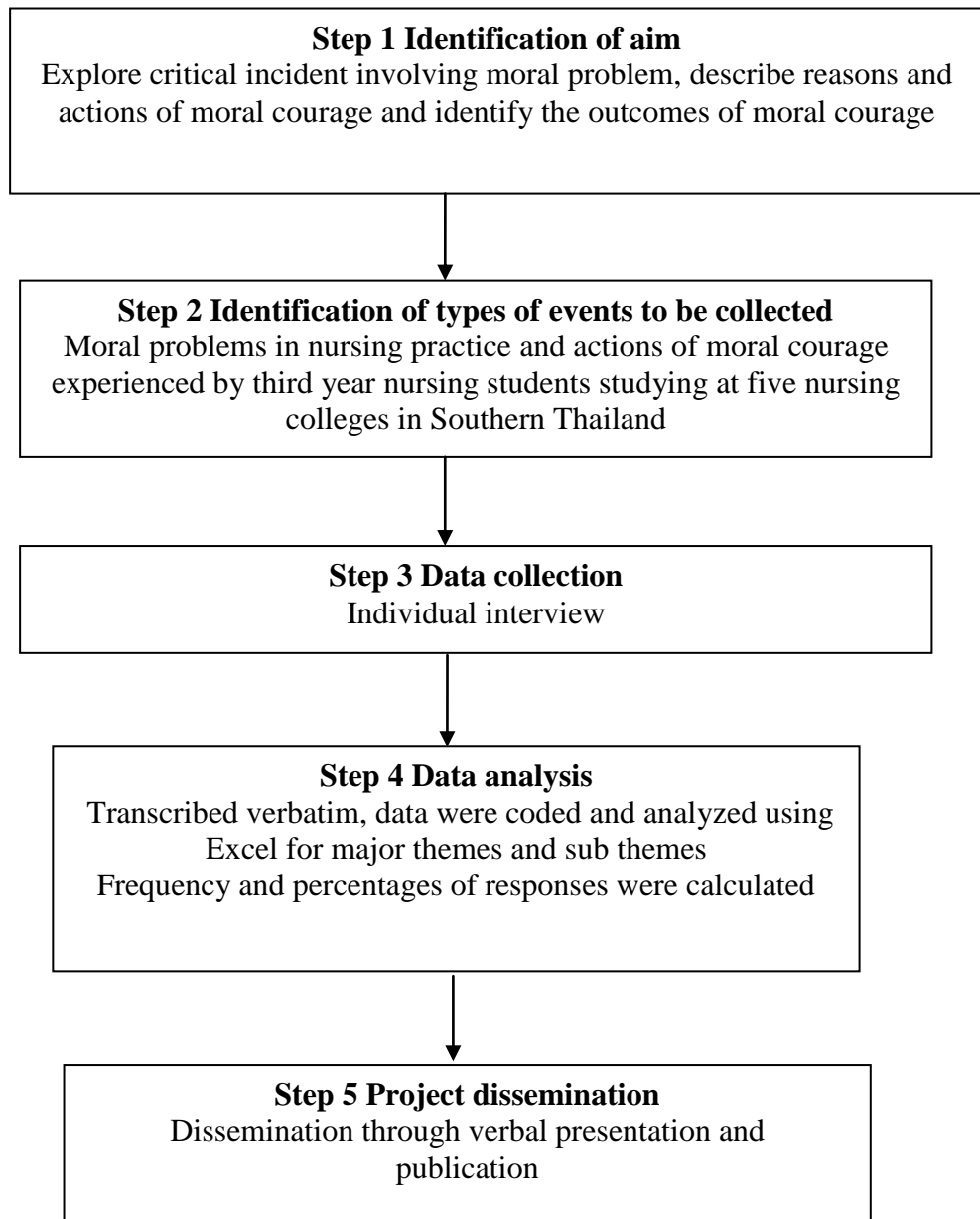


Figure 1. Five steps of the critical incident technique (Flanagan, 1954)

### **Trustworthiness**

In qualitative research, the validity and reliability of findings confirms the Trustworthiness of data. When research demonstrates an accurate portrayal

informants actual experience, qualitative research is deemed trustworthy (Streubert & Carpenter, 1999). “The operational techniques to support accuracy of research include credibility, dependability, confirmability, and transferability.” In this study, the following methods were used to confirm data trustworthiness credibility, dependability, confirmability, and transferability.

Credibility comprises increasing the credibility of research findings through various activities. Guba and Lincoln (1994) accepted the credibility of the experienced reality of participants because the qualitative research belief concerning the truth or reality of the phenomena of persons depend on the participants’ perception of the situation by understanding their nature of reality. Therefore, the experienced reality participants presented is a result of the interaction and relationship between the researcher and participants, thus, demonstrating the credibility of the qualitative research study. Moreover, the credibility relates between consistency data of participants and research’s interpretation so in this study, the experiences of two nursing students that were interviewed, were analyzed and returned to them for checking (Member checking).

Dependability of qualitative data explains to the extent to which data is stable over time and with regard to conditions. The study can achieve dependability through inquiry audit that involves recording in trail in field notes, reports collecting the data, interpreting the data and reporting results. Therefore, the technique for dependability is reviewed by audit (Polit & Hungler, 1999). In this study, the researcher performed certain this step by providing the data to two experts from the Faculty of Nursing, Prince of Songkla University (thesis advisors) were involved in this study, along with

one expert from Graduate School of Nursing, Midwifery and Health Victoria University of Wellington, New Zealand (thesis co-advisors) for auditing.

Confirmability refers to objectivity and neutrality of data in the study when agreement is achieved between two or more persons on the relevance between the data and findings of the study (Polit & Hungler, 1999). Sparkes (1998) suggested that experts viewed emerging of data and findings. Ensuring confirmability in this study was achieved by a senior lecturer of Graduate School of Nursing, Midwifery and Health Victoria University of Wellington, New Zealand, who conducted to perform a comparative analysis to ensure data and finding of this study.

The transferability or fittingness of findings is the probability that the study will provide similar meaning to others in comparable situations. Moreover, it refers the applicability of results in others setting Moreover, the researcher must clarify about context of this study including explanation of the participants in this study by using “thick” description of the moral courage of nursing students when they faced with moral problems in nursing practice. Therefore, findings of this study will contribute to the preparation and development of a new curriculum for increasing moral courage in nursing students.

### **Ethical Considerations**

This thesis was approved by the Institutional Review Board (IRB) of the Faculty of Nursing, Prince of Songkla University, Thailand No. 2866. Permission for data collection was also obtained from the five nursing colleges involved. The researcher sent letters requesting collaboration from the directors of colleges of

nursing in the South of Thailand. The researcher provided participants with necessary information regarding study methods and objectives, and additionally, informed them that they were free to withdraw any time without negative consequences. Importantly, the researcher provided participants with assurance of data confidentiality and anonymity throughout the research study (Appendix A).

## **Chapter 4**

### **Findings and Discussion**

This study explored critical incidents involving moral problems in nursing practice experienced by nursing students, the reasons that encouraged their actions of moral courage toward those critical incidents, and the outcomes of their actions of moral courage. For this study, 63 incidents were identified from 50 participants. The critical incident technique of Flanagan (1954) was used to analyze the data. The findings of this study came from the interviews with participants using an individual interview guide. Then, the researcher transcribed the individual interviews in order to develop relevant themes, sub-themes by thematic analysis using Microsoft Excel and calculated the percentages of responses.

#### **Characteristics of the participants**

All of the participants were nursing students in the third year of Nursing Colleges in Southern Thailand. Most of the participants were female (45 out of 50, 90%). Forty participants were Buddhist (40 out of 50, 80%) and the rest identified as Muslim (10 out of 50, 20%). The majority were 21 years old (31 out of 50, 62%), followed by 20 years old (8 out of 50, 16%), and 22 years old (7 out of 50, 14%) (Table 1)

**Table 1***Frequency and Percentage of Participant Characteristics (N = 50)*

Characteristics	N	%
Gender		
Female	45	90
Male	5	10
Age (in years)		
19	1	2
20	8	16
21	31	62
22	7	14
23	1	2
24	0	0
25	2	4
Religion		
Buddhist	40	80
Muslim	10	20

**Critical incidents involving moral problems**

Critical incidents involving moral problems were divided into five themes:(1) Compromised Patient Safety with two sub-themes consisting of (1.1) *Compromised patient safety by others* and (1.2) *Compromised patient safety by self*, (2) Substandard Quality of Care, (3) Lack of Adequate Information, (4) Lack of Concern for the Patients' needs, and (5) Privacy and Confidentiality Violation.

The first theme: Compromised Patient Safety was the most common incident (21 out of 63, 33.3% from 21 participants, 42%). It consisted of two sub-themes, where patient safety was compromised by others (12 out of 63, 19 % from 12 participants, 24%) and patient safety was compromised by self (9 out of 63,

14.3 % from 9 participants, 18%). The second theme was Substandard Quality of Care (14 out of 63, 22.2% from 10 participants, 20%). The third was Lack of Adequate Information (12 out of 63, 19.1% from 8 participants, 16%) and the fourth was Lack of Concern for the Patients' Needs (9 out of 63, 14.3 % from 6 participants, 12%). The last critical situation was Privacy and Confidentiality Violation (7 out of 63, 11.1% from 5 participants, 10%) (Table 2).

**Table 2**

*Frequency and Percentage of Critical Incidents Involving Moral Problems from 63 Incidents Encountered by 50 Nursing Students ( $N_1$ = Frequency of incident;  $N_2$ =Total number of participants)*

Moral problems	Incidents ( $N_1=63$ )		Participants ( $N_2=50$ )	
	$n_1$	%	$n_2$	%
	1. Compromised Patient Safety	21	33.3	21
1.1 Compromised Patient Safety by Others	12	19.0	12	24
1.2 Compromised Patient Safety by Self	9	14.3	9	18
2. Substandard Quality of Care	14	22.2	10	20
3. Lack of Adequate Information	12	19.1	8	16
4. Lack of Concern for the Patients' Needs	9	14.3	6	12
5. Privacy and Confidentiality Violation	7	11.1	5	10

Note ( $n_1$ = frequency of incidents in each category;  $n_2$ = number of persons in each category)

**Moral reasons, actions of moral courage, and outcomes of moral courage following each incident of moral problem.**

**1. Compromised Patient Safety**

*1.1 Moral reasons and actions of moral courage*

The themes of moral reasons that encouraged actions of moral courage in response to the critical incident of *Compromised patient safety by others* were identified as: (1) *Obligation to protect patient's rights* (12 Incidents, 100 % from 10 participants, 83 %), (2) *Moral duty to provide patient safety* (12 incidents, 100 % from 6 participants, 50 %), and (3) *Empathy* (9 incidents, 75 % from 6 participants, 50 %). These moral reasons encouraged the actions of moral courage of nursing students when faced by moral problems involving compromised patient safety in nursing practice. The reported actions included: (1) *Providing information in respect for patient's rights* (8 incidents, 67% from 8 participants, 67%), (2) *Intervening to prevent further harm to the patients* (7 incidents, 58% from 7 participants, 58 %), and *Encouraging patients and their family to voice their concerns* (5 incidents, 42% from 5 participants, 42 %)

The reasons behind engaging in actions toward *Compromised patient safety by self* included: (1) *Honesty* (8 incidents, 89% from 8 participants, 89%), (2) *Awareness of patient safety* (7 incidents, 78% from 7 participants, 78%), and (3) *Moral duty to provide patient safety* (6 incidents, 67% from 6 participants, 67%). Their reasons associated with their actions of moral courage included: (1) *Declaring own mistakes* (9 incidents, 100% from 9 participants, 100%), (2) *Notifying health care team to solve*

*the problems* (9 incidents, 100% from 6 participants, 66%), and (3) *Intervening to prevent further harm to patients* (5 incidents, 56% from 5 participants, 56%).

Table 3 describes the frequency and percentage of moral reasons and actions of moral courage in response to critical incidents involving moral problems related to Compromised patient safety in nursing practice ( $n_1$ = frequency of incidents;  $n_2$ = persons).

**Table 3** Frequency and Percentage of Reasons and Actions of Moral Courage Responding Compromised Patient Safety ( $n_1$ = frequency of incidents in subcategory;  $n_2$ = number of participants in subcategory)

Moral Reasons	$n_1$	%	$n_2$	%	Actions of Moral Courage	$n_1$	%	$n_2$	%
<b>1.1 Compromised patient safety by others</b>									
<i>(<math>N_1=12, N_2=12</math>)</i>									
1. Obligation to protect patient's rights	12	100	10	83	1. Providing information in respect for patient's rights	8	67	8	67
2. Moral duty to provide patient safety	12	100	6	50	2. Intervening to prevent further harm to the patients	7	58	7	58
3. Empathy	9	75	6	50	3. Encouraging patients and their family to voice their concerns	5	42	5	42
<b>1.2 Compromised patient safety by self</b>									
<i>(<math>N_1=9, N_2=9</math>)</i>									
1. Honesty	8	89	8	89	1. Declaring own mistake	9	100	9	100
2. Awareness of patient safety	7	78	7	78	2. Notifying health care team to solve the problems	9	100	6	67
3. Moral duty to provide patient safety	6	67	6	67	3. Intervening to prevent further harm to patients	5	56	5	56

Note ( $N_1$ =total number of incidents in each category;  $N_2$  = total number of participants in each category)

### ***1.2 The outcomes of moral courage***

From the critical incidents: *Compromised patient safety by others*, the outcomes that were affected by the actions of moral courage were: (1) *Learning from other's mistakes* (7 incidents, 58% from 7 participants, 58%), (2) *Quality of care* (4 incidents, 33% from 4 participants, 33%), (3) *Patient safety* (4 incidents, 33% from 3 participants, 33%), and (4) *Dissatisfaction from others* (2 incidents, 17% from 2 participants, 17%). The most frequent outcomes of *Compromised patient safety by self* included: (1) *Learning from own mistakes* (8 incidents, 89% from 7 participants, 78%), (2) *Quality of care* (5 incidents, 56% from 5 participants, 56%), (3) *Patient safety* (3 incidents, 33% from 2 participants, 22%), and (4) *Gain trust from patients* (2 incidents, 22% from 2 participants, 22%) (Table 4).

**Table 4**

*Frequency and Percentage of Outcomes of Moral Courage Responding to Compromised Patient Safety (n<sub>1</sub>= frequency of incidents in category; n<sub>2</sub>=number of participants in category)*

Critical incidents	Outcomes	n <sub>1</sub>	%	n <sub>2</sub>	%
1. Compromised patient safety by others (N <sub>1</sub> =12, N <sub>2</sub> =12)	1. Learning from other's mistakes	7	58	7	58
	2. Quality of care	4	33	4	33
	3. Patient safety	4	33	3	33
	4. Dissatisfaction from others	2	17	2	17
2. Compromised patient safety by self (N <sub>1</sub> =9, N <sub>2</sub> =9)	1. Learning from own mistakes	8	89	7	78
	2. Quality of care	5	56	5	56
	3. Patient safety	3	33	2	22
	4. Gain trust from patients	2	22	2	22

Note (N<sub>1</sub>= total number of incidents in each category; N<sub>2</sub> = total number of participants in each category)

Critical incidents of Compromised Patient Safety in the experience of nursing students were explored. Below are some sample statements that include descriptions of the situation, reasons, actions of moral courage, and the outcomes of moral courage.

**Critical Incident:** *Compromised patient safety by others*

**Example incident 1: (C13)**

*“I was preparing the same kind of medicine for two young patients. I wondered why the one who was lighter would be getting a higher dosage than the one who was bigger.”*

**Reason for taking action of moral courage** *(Moral duty to provide patient safety)*

*“I thought something was not quite right. I could not let it go without doing anything because it would cause the patient harm. It is important in that I have a duty in preventing and protecting the patient to be free from harm and I could be the patients’ voice in upholding patient rights”*

**Action of moral courage** *(Intervening to prevent further harm to the patients)*

*“I told my health care team about my suspicion. Later, the dosage of the medicine of the patient was revised and changed. I did the right thing for patient safety and was the patient’s voice in upholding the patient’s rights.”*

**Outcome of moral courage (Patient safety)**

*“I felt proud of myself. I did not need approval from anyone, but I just wanted to provide patient safety and quality of care. My action made the patient free from harm and maintained quality of care.”*

**Example incident 2: (C14)**

*“I always check the patients’ information carefully before I give medicine to patients. I examined the medicine chart of a patient. I found that the medicine had been stopped two days ago, but it was still being given to the patient.”*

**Reason for taking action of moral courage (Moral duty to provide patient safety, Empathy)**

*“I had a suspicion that the patient might receive a medicine overdose that could have a negative effect on the patient. I thought the safety of the patient came first. I also was empathetic to the patient. I thought of the patient as if she was my relative; I hoped she received quality of care and was safe. Moreover, my teacher taught me that if I encountered any mistakes, I shouldn’t be hesitant to express my concerns.”*

**Action of moral courage** (*Intervening to prevent further harm to the patients*)

*“I checked the medicine of the patient thoroughly just to make sure. I reported this to my supervisor and the health care team because I could not ignore my concerns ... I needed to prevent harm of the patient.”*

**Outcome of moral courage** (*Quality of care, Patient safety*)

*“I was happy that I did the right thing in protecting the patient from harm, and I continued providing good care to the patient and the patient was safe. I was proud of my concern and my actions that were beneficial to the patient.”*

**Example incident 3: (C6)**

*“On that day, the workplace was full of patients. Nurses were very busy providing nursing care. I observed that the patient had dyspnea. When I checked the monitor I found that oxygen saturation had dropped. I found secretions in the tube and the patient had dyspnea and he was restless.”*

**Reason for taking action of moral courage** (*Obligation to protect patient’s rights, Moral duty to provide patient safety*)

*“I know that the symptoms of the patient were unstable. He had difficulty in breathing and dyspnea. Moreover, his oxygen level was dropping if I didn’t do*

*anything, the patient would be in a dangerous situation. In addition, my nursing school cultivates awareness of duty in protecting patient's rights and recognizing the patient safety and upholding my duty."*

**Action of moral courage** *(Intervening to prevent further harm to the patients)*

*"In this situation, I told the nurse, but she was very busy. Fortunately, I saw my teacher and I told her. Whereas my teacher and I suctioned the patient, then the nurse to come and help us. After suction, the patient was safe."*

**Outcome of moral courage** *(Patient safety)*

*"The patient was safe. My teacher and I helped him in suctioning until he was better. We managed to help him in time. If I had ignored this situation, the patient may have slipped into a dangerous state. I am proud that my action promoted patient's safety. Although, I had little experience in caring for a patient, I could help him and protected him to be free from harm."*

**Critical Incident:** *Compromised patient safety by self*

**Example incident 1: (C10)**

*"The patient was going to receive skin graft surgery. I hadn't noticed that there was a sign on his bed saying "no food or drink". The patient told me he was so*

*thirsty so I gave him some water. After that he told me that he forgot that he would have an operation later.”*

**Reason for taking action of moral courage** (*Honesty, Awareness of patient safety*)

*“I was so shocked to hear what he was saying and saw the sign. I was afraid that the patient would be harmed. I have to take responsibility for my own mistakes so I dared to accept the reality, having self-honesty and being responsible for my own actions. I did the right thing for the sake of the patient’s safety.”*

**Action of moral courage** (*Declaring own mistake, Notifying health care team to solve the problems*)

*“I decided to tell the health care team about own mistake because it was the best way out and the only real solution. I hoped that the health care team would help me in solving my mistake to prevent the patient from being harmed.”*

**Outcome of moral courage** (*Learning from own mistakes, Patient safety*)

*“The patient’s operation time was postponed. It was my own fault and I could accept the consequences. I felt I did the right thing. Even though I was to blame, I was glad that the problem had been solved and patient safety was intact. This was my lesson and I learned about the problem from my own mistake. Therefore, I would be more mindful and careful.”*

**Example incident 2: (C23)**

*“I was assigned to prepare bronchodilators to expand the airways for two children. The problem was that the dosages were mixed up. I had already given the heavier patient a smaller dosage and I was about to give a bigger dosage to the lighter patient. Luckily, it suddenly dawned on me that there was something wrong. I rechecked the record and found out that I had provided the wrong dosage to one of the patients.”*

**Reason for taking action of moral courage** (*Honesty, Awareness of patient safety*)

*“The patient was young and required much care when I gave him medicine. I made a mistake with the patient. I put patient safety first. I blamed myself for my carelessness. I must act with responsibility in my duty and accept my mistake which means being honest with myself and to other people.”*

**Action of moral courage** (*Declaring own mistake, Notifying health care team to solve the problems*)

*“I informed the health care team about my mistake. They solved this problem in this situation.”*

**The outcome of moral courage (Patient safety)**

*“The patient was safe, which was the most important thing. I was glad because the health care team helped to rectify this problem. From my mistake, I will be much more careful. Moreover, I was brave to do the right thing, so it was a good outcome in the management of this problem.”*

**Example incident 3: (C42)**

*“I was practicing on the Children’s’ Ward. I was on the night shift. I was assigned to distribute inhalers which had been prepared by the nurse. She had already put them in the syringes. She had put many syringes on one tray. I had no experience of being responsible for distributing so many syringes to multiple patients. I was only trained to look after one patient at a time. I did not know where to start as there were so many syringes on the tray. I mistakenly distributed an inhaler.”*

**Reason for taking action of moral courage (Honesty)**

*“I accepted my wrong doing and was sorry for my mistake. It was important because I gave substandard care to a patient. I would be happy to accept the consequences of my mistake. I am aware of the importance of honesty in duty so I should be accountable for what I have done. Hence, I must act with responsibility in my duty and for my mistake although I might be punished.”*

**Action of moral courage** (*Declaring own mistake*)

*“I rushed to tell the nurse that I had made a mistake. She told me to fetch the patient’s information sheet and found out that I had given the wrong medicine to two patients. Fortunately, they had been prescribed the same kind of medicine with the same dosages. The nurse reminded me that before giving any patient medicine, we have to recheck both the patient’s name and medicines.”*

**The outcome of moral courage** (*Learning from own mistakes, Gain trust from patients*)

*“I felt good that I could accept my wrong doing. I am proud of my own honesty, even though I was criticized by the nurse. I would rather be criticized than conceal the truth. It was my lesson. Most importantly, I was in a position of trust in regard to the patient and the nurse.”*

**2. Substandard Quality of Care**

**2.1 Moral reasons and actions of moral courage**

The second critical incident experienced by nursing students in this study was Substandard Quality of Care (14 out of 63, 22.2 % from 10 participants, 20%) and the reasons that encouraged the actions of moral courage were: (1) *Moral duty to provide quality of care* (13 incidents, 93% from 8 participants, 80%), (2) *To benefit the patient in receiving standard care* (3 incidents, 21% from 3 participants, 30%), (3)

*To provide unbiased service* (3 incidents, 21% from 3 participants, 30%), and (4) *Sympathy* (2 incidents, 14% from 2 participants, 20%).

Actions of moral courage in this incident were composed of: (1) *Enhancing quality of care* (11 incidents, 79% from 6 participants, 60%), (2) *Taking immediate action to provide standard care* (9 incidents, 64% from 6 participants, 60%), (3) *Intervening to prevent further quality of care infringements* (7 incidents, 50% from 4 participants, 40%), and (4) *Mentally supporting patients* (5 incidents, 36% from 4 participants, 40%).

Table 5 describes the frequency and percentage of the reasons and actions of moral courage by nursing students in the critical situation related to *Substandard Quality of Care* ( $n_1$ = frequency of incidents;  $n_2$ = persons).

**Table 5**

*Frequency and Percentage of Reasons and Actions of Moral Courage Responding to Substandard Quality of Care (n<sub>1</sub>= frequency of incidents in category; n<sub>2</sub>=number of participants in category) (N<sub>1</sub>=14, N<sub>2</sub>=10)*

Reasons	n <sub>1</sub>		n <sub>2</sub>		Actions of moral courage	n <sub>1</sub>		n <sub>2</sub>	
		%		%			%		%
1. Moral duty to provide quality of care	13	93	8	80	1. Enhancing quality of care	11	79	6	60
2. To benefit the patient in receiving standard care	3	21	3	30	2. Taking immediate action to provide standard care	9	64	6	60
3. To provide unbiased service	3	21	3	30	3. Intervening to prevent further quality of care infringements	7	50	4	40
4. Sympathy	2	14	2	20	4. Mentally supporting patients	5	36	4	40

Note (N<sub>1</sub>=total number of incidents in each category; N<sub>2</sub> = total number of participants in each category)

### **2.2 Outcomes of substandard quality of care**

From the critical incident of Substandard Quality of Care, the themes of the outcomes of actions of moral courage were identified: (1) *Patient's perception of quality of care* (14 incidents, 100% from 10 participants, 100%), and (2) *Gain trust from patients* (3 incidents, 21% from 3 participants, 30%) (Table 6).

**Table 6**

*Frequency and Percentage of the Outcomes of Moral Courage Responding*

*Substandard Quality of Care (n<sub>1</sub>= frequency of incidents in category; n<sub>2</sub>=number of participants in category) (N<sub>1</sub>= 14; N<sub>2</sub>= 10)*

Critical incident	Outcomes	n <sub>1</sub>	%	n <sub>2</sub>	%
1. Substandard quality of care	1. Patient's perception of quality of care	14	100	10	100
	2. Gain trust from patients	3	21	3	30

Note (N<sub>1</sub>= total number of incidents in each category; N<sub>2</sub> = total number of participants in each category)

Critical incidents of Substandard Quality of Care in the experience of nursing students were explored. Some sample statements are below that include descriptions of the situation, reasons, actions of moral courage, and the outcomes of moral courage.

### **Critical Incident: Substandard quality of care**

#### **Example incident 1: (C30)**

*“There was a male patient who came in with an open wound, 20 x 20 cm. at his right upper leg. The wound needed to be cleaned twice a day. I found out that the wound was not in a good condition and the gauze had come off. It was smelly and the pus was seeping through. He (the patient) told that a nursing assistant came to dress*

*the wound, but the wound's condition was not good. He did not dare to ask for help from the nurse. He has no relatives."*

**Reason for taking action of moral courage** *(To benefit the patient in receiving standard care)*

*"I wanted the wound to be healed, hoping that he would be better soon. I thought that the nurses should have taken better care than this, although they had high workload and were very busy. I thought that it was our duty to clean and dress the wound until the wound was clear enough."*

**Action of moral courage** *(Enhancing quality of care)*

*"I told the nurse that the wound was not cleaned and smelled bad. I told the nurse that the patient needed the nurse to clean his wound, but he did not dare to ask, he did not want to bother the nurse. I wanted to do my duty in providing standard and high quality of care. After that, my friend and I took immediate action by volunteering to do the dressing for the patient."*

**The outcome of moral courage** (*Patient's perception of quality of care, Gain trust from patients*)

*"I felt good. At least the patient was given adequate care that met his need and made him satisfied with the care received. The wound was better. The patient trusted nursing students because he received quality of care."*

**Example incident 2: (C22)**

*"The patient was homeless with no relatives. Sometimes, he was manic so he was restrained on his bed. His bed and clothes were quite dirty and smelly."*

**Reason for taking action of moral courage** (*Moral duty to provide quality of care, To provide unbiased service, and Sympathy*)

*"I could not stand to see the patient sleeping on his smelly waste and he did not receive standard care and I was not happy to witness his condition because I felt a lot of pity for the patient. In addition, I kept to my duty of quality care and awareness of the patient's discomfort. Moreover, I had a responsibility to treat every patient equally."*

**Action of moral courage** (*Taking immediate action to provide standard care*)

*“My friend and I bathed him changed his clothes and the bedding, but we were careful of his mental state. After that, I fed him, but he was not aware of what was going on.”*

**The outcome of moral courage** (*Patient’s perception of quality of care*)

*“I was happy to help the patient who received standard care. I was proud of what I had done, although the patient was manic. The patient was not under my care, but I could not ignore him. I thought that what I had done was merit making.”*

**Example incident 3: (C32)**

*“I was assigned to attend to the severe burns of a male patient. He was burnt severely. It was so painful when his wound was being cleaned. The doctor ordered the use of Pethidine before cleaning and dressing the wound. However, the nurse thought that there was no need to give it to him. The Pethidine, as he had been in the hospital for many days. When the nurse cleaned his wound, he expressed severe pain.”*

**Reason for taking action of moral courage** (*Moral duty to provide quality of care, Sympathy*)

*“I felt so sorry for the patient. I learnt from the nursing college that there are a lot of nerves under the skin. The patient must be in pain. I was so sorry and empathized with the patient. I was very sympathetic and I thought that I maintained my duty in advocacy to provide quality of care to the patient. ”*

**Action of moral courage** (*Intervening to prevent further quality of care infringements*)

*“I told the nurse that the patient complained that it was so painful and it was impossible to endure the pain during the procedure.”*

**The outcome of moral courage** (*Patient’s perception of quality of care*)

*“She believed me and she did not ignore my concerns. Then she stopped dressing and gave Pethidine to the patient. I responded to the patient’s needs and maintained the quality of care.”*

### **3. Lack of Adequate Information**

#### ***3.1 Moral reasons and actions of moral courage***

The third theme of critical incident regarding moral problems in this study was Lack of Adequate Information. The themes of the reasons that encouraged the

actions of moral courage were: (1) *Perception of patient's need for advocacy* (7 incidents, 58% from 6 participants, 75%), (2) *Right decision based on right information* (4 incidents, 33% from 4 participants, 50%), (3) *Information influence compliance and relationship* (4 incidents, 33% from 4 participants, 50%), and (4) *Patients' right to information* (4 incidents, 33% from 4 participants, 50%). The actions of moral courage in this incident were composed of: (1) *Notifying health care team about patient's needs* (7 incidents, 58 % from 7 participants, 88 %), (2) *Encouraging patients and their relatives to speak up* (4 incidents, 33% from 4 participants, 50%), (3) *Acting as mediator between patient and health team by good communication* (3 incidents, 25% from 3 participants, 38%), and (4) *Giving complete information to patient within the scope of the nursing student's role* (3 incidents, 25% from 2 participants, 25%) (Table7).

**Table 7**

*Frequency and Percentage of Reasons and Actions of Moral Courage Responding to Lack of Adequate Information ( $n_1$ = frequency of incidents in category;  $n_2$ =number of participants in category) ( $N_1= 12$ ;  $N_2= 8$ )*

Moral Reasons	$n_1$	%	$n_2$	%	Actions of Moral Courage	$n_1$	%	$n_2$	%
1. Perception of patient's need for advocacy	7	58	6	75	1. Notifying health care team about patient's needs	7	58	7	88
2. Right decision based on right information	4	33	4	50	2. Encouraging patients and their relatives to speak up	4	33	4	50
3. Information influence compliance and relationship	4	33	4	50	3. Acting as mediator between patient and health team by good communication	3	25	3	38
4. Patients's right to information	4	33	4	50	4. Giving complete information to patient within the scope of the nursing student's role	3	25	2	25

*Note ( $N_1$ = total number of incidents in each category;  $N_2$  = total number of participants in each category)*

### 3.2 Outcomes of Moral Courage Responding to Lack of Adequate

#### *Information*

From the critical incident of Lack of Adequate Information, four themes of the outcomes of moral courage were identified: (1) Patient's needs are met (5 incidents, 42% from 5 participants, 63%), (2) *Patient's rights are maintained* (5 incidents, 42% from 4 participants, 50%), (3) *Maintaining duty following the nursing student's role* (4 incidents, 33% from 4 participants, 50%), and (4) *Gain trust from patients* (3 incidents, 25% from 2 participants, 25%) (Table 8)

**Table 8**

*Frequency and Percentage of the Outcomes of Moral Courage Responding to Lack of Adequate Information (n<sub>1</sub>= frequency of incidents in category; n<sub>2</sub>=number of participants in category) (N<sub>1</sub>= 12; N<sub>2</sub>= 8)*

Critical incident	Outcomes	n <sub>1</sub>	%	n <sub>2</sub>	%
1. Lack of adequate information	1. Patient's needs are met	5	42	5	63
	2. Patient's rights are maintained	5	42	4	50
	3. Maintaining duty following the nursing student's role	4	33	4	50
	4. Gain trust from patients	3	25	2	25

Note (N<sub>1</sub>= total number of incidents in each category; N<sub>2</sub> = total number of participants in each category)

Critical incidents of Lack of Adequate Information in the experience of nursing students are detailed in some sample statements below that include

descriptions of the situation, reasons and actions of moral courage, and the outcomes of moral courage.

### **Critical incident: Lack of Adequate Information**

#### **Example incident 1: (C1)**

*“The patient came to see the doctor with a wound on his left ankle. He had been treated with antibiotics for a while, but his wound was still inflamed. This patient was so worried about his symptoms and the treatment. The health care team tried to explain something to him, but he still didn’t understand some points. He was so worried whether his leg might be amputated or not.”*

#### **Reason of moral courage (Patients’s right to information)**

*“The patient looked very unhappy and was so worried about his illness. This made him unable to sleep sometimes. I tried to help him because it was my duty in solving the patient’s problem and the patient’s right to receive information. I felt sorry for him. Likewise, if I were sick, I’m sure I would like the health care team to explain to me about my condition too.”*

**Action of moral courage** *(Notifying health care team about patient’s needs, Giving complete information to patient within the scope of the nursing student’s role)*

*“I tried to let the health care team know about the patient’s concern about his condition and that he needed more information. In addition, I tried to give that patient more information about his symptoms by giving complete information to the patient within the scope of the nursing student’s role, so I did the best I could in my role.”*

**The outcome of moral courage** (*Patient’s need are met, Patient’s rights are maintained*)

*“The health care team gave information to him again after they had perceived the patient’s need, so the patient’s rights were upheld. The patient’s level of worry decreased a bit.”*

**Example incident 2: (C9)**

*“The patient had a peptic ulcer and also was anemic, so he was receiving blood intravenously. The patient had an allergic reaction and had difficulty in breathing, and was puffing and sweating a lot. The nurse provided him with an oxygen mask but his condition had not improved. The doctor decided to put him on a respirator. Everyone was focused only on the patient. His relatives were panicking and cried out loudly for a period of time because they did not know what was going on.”*

**Reason of moral courage** (*Patients' right to information*)

*"I felt very sorry for the relatives and wanted to help. I know that giving information to the patients and their relatives was the health professional's role. I was aware of the patient's right to receive information."*

**Action of moral courage** (*Giving complete information to patient within the scope of the nursing student's role*)

*"I went to talk to her and consoled her. I tried to explain the condition to his relative with my limited nursing student knowledge. I tried to explain, as much as I could to her regarding the treatment procedure of patient by giving complete information to patient within the scope of the nursing student's role. Therefore, I had performed my duty to the best of my ability."*

**The outcome of moral courage** (*Maintained duty following the nursing student's role*)

*"The relatives crying decreased and they were clear about the treatment procedure. I was proud of my action that made them feel less stressed. I felt satisfied with myself because I maintained duty following the nursing student's role. At least I could help those persons to feel better."*

**Example incident 3: (C46)**

*“There was a female patient 75 years of age at the female medical ward. She had been in the hospital for 3 months. She had SLE and TB. Moreover, she had got sepsis. The doctor diagnosed that she had multiple organ failure. The relatives had been advised by the medical team regarding her symptoms, but this had not been clear. Sometimes they did not understand about the symptoms of the patient.”*

***Reason of moral courage (Information influence compliance and relationship)***

*“I was also assigned to take care of this case. I knew that the son and daughter of the patient had hoped that she would get better. I thought that it was the duty of the health care team to tell the patient’s family about the symptoms of the patient which would be of benefit to the patient and her family because of information influence compliance and relationship including upholding the patient’s rights. If I ignored this problem; it would be a bigger problem in the future.”*

***Action of moral courage (Acting as mediator between patient and health team for good communication)***

*“I reported to the nurse that the relatives did not have enough information from the health team and they had not understood clearly. The relatives did not respond to their problem, so I was acting as a mediator between the patient and health team for good information.”*

**The outcome of moral courage** (*Patient's right are maintained*)

*“There was a talk between the case doctor, the head nurse and the relatives for mutual understanding, so I was proud in maintaining the patient's rights.”*

**4. Lack of Concern for the Patients' Needs****4.1 Moral reasons and actions of moral courage**

The fourth critical incident was Lack of Concern for the Patients' Needs. There were two reasons consisting of: (1) *Perception of moral duty to provide care specific to patients' needs* (9 incidents, 100 % from 6 participants, 100%), and (2) *Respect for patient autonomy* (5 incidents, 56% from 5 participants, 83%). The themes of actions of moral courage were: (1) *Responding to the patient's needs in accordance with patient's rights* (9 incidents, 100% from 6 participants, 100%), and (2) *Encouraging patients and their family to voice their concerns* (5 incidents, 56% from 5 participants, 83%) (Table 9).

**Table 9**

*Frequency and Percentage of Reasons and Actions of Moral Courage Responding to Lack of Concern for the Patients' Needs (n<sub>1</sub>= frequency of incidents in category; n<sub>2</sub>=number of participants in category) (N<sub>1</sub>= 9; N<sub>2</sub>= 6)*

Moral reasons	n <sub>1</sub>	%	n <sub>2</sub>	%	Actions of moral courage	n <sub>1</sub>	%	n <sub>2</sub>	%
1. Perception of moral duty to provide care specific to patient's needs	9	100	6	100	1. Responding to the patient's needs in accordance with patient's rights	9	100	6	100
2. Respect for patient autonomy	5	56	5	83	2. Encouraging patients and their family to voice their concerns	5	56	5	83

Note (N<sub>1</sub>= total number of incidents in each category; N<sub>2</sub> = total number of participants in each category)

#### **4.2 Outcomes of Moral Courage Responding to Lack of Concern for the Patients' Needs**

Outcomes of moral courage in this incident were composed of: (1) *No negative consequence* (5 incidents, 56% from 5 participants, 83%), (2) *Patients achieved solution to their concerns* (5 incidents, 56% from 5 participants, 83%), (3) *Pride in performing the nursing student's role* (3 incidents, 33% from 3 participants, 50%), and (4) *Gain trust from patients* (3 incidents, 33% from 3 participants, 50%) (Table 10).

**Table 10**

*Frequency and Percentage of Outcomes of the Moral Courage Responding to Lack of Concern for the Patients' Needs ( $n_1$ = frequency of incidents in category;  $n_2$ =number of participants in category ( $N_1= 9$ ;  $N_2= 6$ ))*

Critical incident	Outcomes	$n_1$	%	$n_2$	%
1. Lack of Concern for the Patients' Needs	1. No negative consequence	5	56	5	83
	2. Patients achieved solution to their concerns	5	56	5	83
	3. Pride in performing the Nursing student's role	3	33	3	50
	4. Gain trust from patients	3	33	3	50

*Note ( $N_1$ = total number of incidents in each category;  $N_2$  = total number of participants in each category)*

Critical incidents of Lack of Concern for the Patients' Needs in the experience of nursing students were explored. Some sample statements are below that include descriptions of the situation, reasons, actions of moral courage, and the outcomes of moral courage.

### **Critical Incident: Lack of Concern for the Patient's Needs**

#### **Example incident 1: (C41)**

*"There was a male patient, 55 years of age. He regularly took alcohol and was addicted to it. He had an abdominal distention. It was stained and hardened. He had jaundice, prominent liver and limb swelling. The patient had severe abdominal*

*pain and he screamed with pain. I could not stand seeing the patient in such excruciating pain.”*

**Reason of moral courage** (*Perception of moral duty to provide care specific to patient’s needs*)

*“I felt sorry for the patient. I wanted to help him to the best of my ability according to the nurses’ roles and responsibilities. It was the patient’s right, he deserved it. I needed to perform my duty and responded by providing care specific to patient’s needs as best as I could.”*

**Action of moral courage** (*Responding to the patient’s needs in accordance with patient’s rights*)

*“I rushed to tell the nurse that he was in tremendous pain. The nurse came to have a look and said, “Wait for the doctor.” After 15 minutes, I went to tell the nurse one more time. Therefore, I took a pressure gauge and oxygen measure. I then asked the nurse again what medicine we could give him to help him feel more comfortable. I took care of that patient as best as I could until he felt less pain. I maintained my duty to provide care specific to patient’s needs because I would rather do something to help him than leave him in severe pain.”*

**The outcome of moral courage** (*Pride in performing the Nursing student's role*)

*“The patient had less pain. He might have felt that there was someone taking care of him. After having the pain killers, the patient felt better. I cared for him until the pain diminished. I was glad that I could help. The nursing teacher once said that we have to care for the patient holistically. I was proud of myself in upholding the nursing student's role by performing my duty as best as I could. I should respond to the patients needs and he achieved a solution to his concern.”*

**Example incident 2: (C59)**

*“There was a foreign male patient whose boss brought him to the hospital. He had alcoholic symptoms. He yelled like he was out of his mind. Thus the nurses had to restrain him. Likely, he was manic. He was a foreigner who could not understand our language. The patient yelled like a crazy man.”*

**Reason of moral courage** (*Perception of moral duty to provide care specific to patient's needs*)

*“I felt sympathy for him. I wanted to help him. I needed to take good care of him. I felt sorry for him deep down in my heart. I perceived moral duty to provide care specific to patient's need and I must maintain quality of nursing care too.”*

**Action of moral courage** (*Responding to the patient's needs in accordance with patient's rights*)

*"My friend and I volunteered to care of the patient, although he yelled like he was out of his mind. My friend and I helped him in responding to the patient's needs and we were aware of our moral duty in maintaining the patient's rights"*

**The outcome of moral courage** (*Pride in perform the Nursing student's role, Gain trust from patients*)

*"I was proud to perform the nursing student's role. Moreover, I felt satisfied and happy as I helped the patient to recover. He trusted me. I could help the patient to achieve his need."*

## **5. Privacy and Confidentiality Violation**

### ***5.1 Moral reasons and Actions of moral courage***

The last critical incident in the experience of nursing students was Privacy and Confidentiality Violation. The themes of the reasons that encouraged the actions of moral courage were: (1) *Moral duty to maintain patient privacy* (7 incidents, 100% from 5 participants, 100%), and (2) *Perceived advocacy role* (4 incidents, 57% from 4 participants, 80%). The actions of moral courage in this incident were composed of: (1) *Taking action to maintain patient privacy* (5 incidents, 71% from 5 participants,

100%), and (2) *Advocating to protect patient privacy* (5 incidents, 71% from 5 participants, 100%) (Table 11).

**Table 11**

*Frequency and Percentage of Reason and Actions of Moral Courage Responding to Privacy and Confidentiality Violation* ( $n_1$ = frequency of incidents in category;  $n_2$ =number of participants in category ( $N_1= 7$ ;  $N_2= 5$ ))

Moral reasons	$n_1$	%	$n_2$	%	Actions of Moral Courage	$n_1$	%	$n_2$	%
1. Moral duty to maintain patient privacy and confidentiality	7	100	5	100	1. Taking action to maintain patient privacy and confidentiality	5	71	5	100
2. Perceived advocacy role	4	57	4	80	2. Advocating to protect patient privacy and confidentiality	5	71	5	100

Note ( $N_1$ = total number of incidents in each category;  $N_2$  = total number of participants in each category)

## **5.2 Outcomes of Moral Courage Responding to Privacy and Confidentiality Violation**

From the critical incident of Privacy and Confidentiality Violation, three themes of the outcomes of moral courage were identified: (1) *Patients privacy and confidentiality are protected* (5 incidents, 71% from 5 participants, 100%), (2) *Feeling happy to help others* (4 incidents, 57% from 4 participants, 80%), and (3) *Gain trust from the patients and their family* (4 incidents, 57% from 4 participants, 80%) (Table 12).

**Table 12**

*Frequency and Percentage of the Outcomes of Moral Courage Responding to Privacy and Confidentiality Violation ( $n_1$ = frequency of incidents; $n_2$ = persons)( $N_1$ = 7;  $N_2$ = 5)*

Critical incident	Outcomes	$n_1$	%	$n_2$	%
1. Privacy and Confidentiality Violation	1. Patients privacy and confidentiality are protected	5	71	5	100
	2. Feeling happy to help others	4	57	4	80
	3. Gain trust from the patients and their family	4	57	4	80

*Note ( $N_1$ = total number of incidents in each category;  $N_2$  = total number of participants in each category)*

Critical incident of Privacy and Confidentiality Violation experienced by nursing students were explored. Some example statements are below that include descriptions of the situation, reasons, actions of moral courage and outcomes.

### **Critical Incident: Privacy and Confidentiality Violation**

#### **Example incident 1: (C47)**

*“While the wound was being dressed by my friend, I noticed that the son of the patient tried to take a lot of photos, including taking a photo of my friends and their name badges too. He did that without any permission. I noticed that my friends were not happy with that, but they didn’t say anything”*

**Reason of moral courage** (*Perceived advocacy role*)

*“I thought this relative was violating the privacy of another person and the patient. I thought, I must do something for the protection of the privacy of the patient and others. Moreover, it was also my duty to advocate for the patient. More importantly, I had learned ethics, and I knew about privacy.”*

**Action of moral courage** (*Advocating to protect patient privacy and confidentiality*)

*“I should let my supervisor know that, I thought. I told my instructor about that situation. We then tried to talk to the relative that doing such a thing was violating the patient’s and the health providers’ privacy. My instructor asked for him to delete all the photos he took.”*

**The outcome of moral courage** (*Patients privacy and confidentiality are protected*)

*“He deleted his photos. He also said he was so sorry for that. My experience was that this case helped me understand about the patient’s privacy and roles of nurses. I did the right thing rather than overlook it without doing anything.”*

**Example incident 2: (C54)**

*“There was a female patient, 45 years of age, she was unconscious. The health professional tried to check her vital signs by calling her, shaking her body, but*

*there was no response. It was an emergency situation, so she decided to lift the patient's blouse to test deep pain on the patient's chest, thus exposing the patient's breast."*

**Reason of moral courage** (*Moral duty to maintain patient privacy and confidentiality*)

*"I felt sorry for her. Even it was in emergency, the patient's privacy must be protected. Importantly she was a Muslim so I have my duty to maintain patient privacy and confidentiality."*

**Action of moral courage** (*Taking action to maintain patient privacy and confidentiality*)

*"I drew the curtain to protect the patient's privacy. I tried to cover her up swiftly. I tried to protect the patient from a violation of privacy."*

**The outcome of moral courage** (*Patients privacy and confidentiality are protected*)

*"I was able to cover the patient up and protect her from a violation of privacy. Moreover, I was maintaining the patient's rights and my duty."*

## **Discussion**

This study explored the critical incidents of moral problems in nursing practice experienced by nursing students. Their reasons and actions of moral courage responding to those critical incidents in nursing practice, as well as the outcomes from their actions of moral courage were examined. The critical incident analysis technique (CIT) of Flanagan was used in this study.

### **Critical Incidents Involving Ethical Problems**

There were 50 participants from five colleges with 63 incidents. The critical incidents of this study were composed of five themes: (1) Compromised Patient Safety with two sub-themes, Compromised patient safety by others and Compromised patient safety by self, (2) Substandard Quality of Care, (3) Lack of Adequate Information, (4) Lack of Concern for the Patient's Needs, and (5) Privacy and Confidentiality Violation. The details were discussed as follows:

1. Compromised Patient Safety was the most frequent critical incident of moral problem in nursing practice experienced by nursing students. This is in contrast with patient safety that represents the quality of nursing care by reducing errors of nursing care and patient harm as well as it is indicators of quality of nursing care. Hee-Eun, Yeongsuk and Hee-Young (2017) mentioned that patient safety means the prevention and protection from injuries stemming from health care processes. Likewise, Dennis (2004) defined patient safety as any unintended or unexpected incidents which could have or did lead to harm for patients. Therefore, it is a very

important duty of healthcare professionals to maintain patient safety. In the same vein, Salminen, Stolt, Metsamaki, Rinne, Kasen, and Leino-Kilpi (2016) reported that patient safety was one indicator of standard of nursing care. Nurses and health professionals must have a high level of competency in caring without patient harm.

However, compromised patient safety is still a big problem in many countries including Thailand because in the real situation there are many factors that compromised patient safety such as 1. Humans lack of knowledge and technical skills, exhaustion, error of care and workload and 2. Breakdown of teamwork, such as poor communication (White, 2012).

As the health care system in Thailand is rapidly changing, health care such as new technology and advanced treatment, encourage increasing safety problems for patients. Moreover, nurse professionals and health professionals in Thailand have a heavy workload that motivates carelessness, exhaustion and mistakes, which affect patient safety. In addition, new nurses and nursing students in particular have less experience, skill and knowledge, which negatively affect patient safety in nursing practice (Kunaviktikul et al., 2001). In addition, Anders, Srisuphan, Chontawan, Nuntasupawat and Pumarporn (2001) reported that changes in the Thai health care system due to economic crisis impacted related costs and quality of care. Whereas, rapid increases in patient population increase the workload of nurses and health professionals.

In particular, the outcomes of patient safety were negatively affected. In addition, this still affects nurses and nursing students in various ways such as moral distress and loss of confidence, guilt, and regret, which impacted the quality of nursing care and meant they suffered in their work (Meurier, Vincet & Parmar, 1997).

Crigger and Meek (2007) mentioned that lack of patient safety affects the system also as it discredits the reliability of nursing care and health service. As nurses and nursing students are the largest group of health care professionals, patient safety is highly relevant to nursing practice. This highlights their key roles in enhancing patient safety in health care. Hence, they are prepared with adequate knowledge and technical skills to maintain patient safety and protect patients from harm. Gordon, Darbyshire and Baker (2012) mention that nursing education has a core duty of preparing technical skills and knowledge to prevent compromises in patient safety. Therefore, nursing students must be aware of the importance of cultivation of patient safety before they graduate.

2. Substandard quality of care was the second most frequent critical incident involving moral problems experienced by nursing students in this study. It has negative effects on the patient, most significantly for patients and their families who receive harm from nursing care due to low quality or substandard quality of care. Whereas, the standard of nursing care still is an indicator of the creditability of nursing care in Thailand, Thai nursing care continues to have a role in determining how these goals achieve quality of care standards. The standard quality of care in Thailand has been defined as consisting of staffing levels and patient outcomes that respond to the physical, psychological, emotional, social and spiritual needs of patients. Moreover, it still measures standards of nursing care that depend on satisfaction with information, pain management, symptom management and nursing personnel (Anders et al., 2001).

Kenward, Whiffin, and Sealek (2017) mentioned that substandard quality of care makes the patients feel insecure about the health care service. According to

Nantsupawat, Nantsupawat, Srisuphan, Kunaviktikul, Wichaikhum, Aunguroch & Aiken, 2011) substandard quality of care occurs when health care services do not follow quality of care standards such as mistakes in patients' identification, pressure sores, and medication errors. Conversely, Lubbe (2014) reported that standard quality of care enhances patient's safety and wellbeing, both physiologically and psychologically. Although nursing education aims to cultivate a sense of awareness of standard quality of care and commitments in their duty to maintain standard quality of care, there are many factors which contribute to this such as workload, exhaustion, boredom, and lack of knowledge and experience. These factors impact quality of care standards, so this issue is still problematic to the healthcare system and nurses need to constantly be aware of this issue.

3. Lack of adequate information was the third common incident. This is very important for patients and their family because it helps them in decision making, choice of treatment and cooperation between the patients and health care team. Moreover, adequate information also improves relationships by exchanging information, ideas and feelings (Pena Acuna, Moreno Lucas, & Blanco Diez, 2015). Moon Sook and Sun-Mi (2011) mentioned that provision of adequate information is the core skill of nurses and healthcare professionals in the workplace as it contributes to building good relationships and cooperation, and decreases suits. Chapelain, Morineau and Gautier (2015) mentioned that patients need adequate information because it can enhance their decision making and subsequently decrease their anxiety in their treatment, cures and care. This is especially true for emergency situations when patients and their families need adequate information to give clear verification for urgent treatment cures (Al-Amin, Makarem, & Canose, 2016; Batch & Windsor,

2015; Robinson, Gorman, Slimmer, & Yudkowsky, 2010). On the other hand, Brown (2016) reported that information failure is still a major issue in health care as it is dependent on factors such as the communication ability, perceived background of the patient, and time.

In Thailand, satisfaction with information is one of the qualities of care indicators. This has been a problem in nursing practice despite its importance to the quality of nursing. It is widely known that adequate information provides the best possible outcomes to patients. Hence, nurses need to increase their awareness and ability to effectively provide information through the development of appropriate competencies concerning effective transmission of information. Therefore, their actions will then follow the ethical principle of autonomy and truth telling.

4. Lack of Concern for the Patients' Needs was the fourth critical situation in this study. It is a common moral concern in practice, where the healthcare professional did not adhere to the patient's needs or denied the patient's wants, resulting in negative effects and patients' dissatisfaction. Yet, patients' needs are still parts of the patient's rights (Laukkanen, Suhonen, & Leino-Kilpi, 2016). Similarly, Giordano (2003) mentioned that lack of concern for the patients' needs means failure to properly maintain the patient's need or not being able to respond to the patients' needs, which results in treatment from a physician or undesired care. However, the patients' needs are part of the patient's rights and the duty of nurse professionals.

5. Privacy and Confidentiality Violation was the last critical incident examined in this study. Privacy is a fragile of feeling of a person that is an essential aspect of an individuals' freedom and used to show others respect. Experiencing privacy violation carries negative effects for the patients as well as violating their

human rights. The patients frequently reported feeling distressed and upset if they experienced privacy violation. Moreover, failure to protect their privacy also causes embarrassment for patients and their family (Kang & Glassman, 2010). Confidentiality is of the utmost importance to patients and has traditionally been held in high esteem by health care professionals. The patient's right to confidentiality is supported in law. Patient confidentiality is a vital attribute of professional practice that protects patients' rights. It is related with ethics and law. Moreover, privacy and confidentiality are rightly, a serious issue for human beings.

In Thailand, it is clear that ethical considerations could be involved in the principle of privacy and confidentiality including protecting against violation of privacy and confidentiality. This could be carried out through creation of ethical guidelines concerning the privacy and confidentiality of the patient including elements such as keeping information and the individual's social identity. In addition, privacy and confidentiality also respect patient's rights (Hongladarom, 2009)

### **Reasons of Moral Courage**

The nursing students demonstrated actions of moral courage in dealing with critical situations in nursing practice. Their actions depended on their moral reasons. In this study, their reasons included:

1. Obligation to protect patients' rights. Nursing students were aware of patient safety and prevention of further harm including respect for privacy and confidentiality. This is associated with nursing education in Thailand, which promotes protection of the patients to be free from harm by maintaining patient safety and

respecting privacy and confidentiality. Therefore, the health care system is invested to make sure that healthcare professionals must maintain patient safety by maintaining standards of care and the professional's role. For these reasons, nursing education included patient safety and awareness of privacy and confidentiality early in the curriculum and integrated it with practice subjects by cultivating an essential role in patient safety and awareness, along with the moral duty of the privacy and confidentiality of patients, including protecting patient's rights (Kunaviktikul et al., 2001; Reid & Bromiley, 2012).

2. Moral duty to provide quality of care. Killam, Mossey, Montgomery, and Timmemans (2013) mentioned that nurses must be aware of quality of care and patient safety as part of their duty because they demonstrate responsibility in their work and respect of the patients' rights. In support of this, Meurier, Vincent and colleagues (1998) mentioned that healthcare professionals were obligated to maintain the quality of care and patient's safety as an important part of their duties, which represents the flourishing of a person's thinking. Similarly, Watson and Hillman (2010) stated moral duty presents the competence in a professional's growth and effectiveness in their work, so they must have commitment to their moral duty by maintaining the quality in their work (Chesrry, 2013). Watson and Hillman (2010) explained that persons committed their moral duty by presenting their own attitudes, beliefs, and values in their work. Moreover, moral duty was cultivated in the nursing curriculum and integrated with nursing subjects, so nursing education must be cultivating moral duty to ensure patients are free from harm and maintaining quality of care before they graduate. Therefore, the reasons of nursing students in this study

showed their thinking was beneficent, which is one of the moral principles in nursing ethics.

3. Empathy was one of the reasons stated by nursing students. When nursing students were faced with moral problems in nursing practice, they felt empathy that encouraged their actions of moral courage. Empathy is defined as the identification of their own experiences in the object's feeling or participation by recognizing their state of feeling or mind. Moreover, it is a sign of the general level of sensitivity of the individual person depending on a person's innate characteristics. Therefore, empathy is the greatest value of a nurse's contact with the patient, encouraging both their duty and responsibility, thus, it positively influences nurses' work standards (Marcysiak, Dabrowska and Marcysiak, 2014).

For nursing society, empathy has an effect on the positive attitude of nurses because it is important for durable interaction between nurses and patients. Nurses' have an important role in caring for patients and their family. Empathy affects nurses' attitudes by elevating the level of standard care administered to patients. Therefore, empathy is important for nurse's attitudes in caring (Alkan, 2017).

4. Honesty is the fourth of reason of nursing students because it is an important characteristic of nurses and nursing students. It shows responsibility by accepting their own mistakes and notifying the health care team to solve problems. Nurses identified honesty as including three reasons: (1.1) honesty is a prerequisite for good care, (1.2) dishonesty has negative effect on reliability (1.3) honesty encourages the standard of nursing care in areas such as patient safety.

Honesty is an important ethical characteristic of a nurse. It relates to accountability in providing nursing standards. Therefore, nurses must consistently

demonstrate honesty in their practice. Singhapakdi et al., (2000) explained that religion contributes to values such as honesty and commitment to integrity which become rules of social engagement. Buddhists believe that as honesty is given importance in Buddhist teachings, it enhances persons and is demonstrated through moral behavior.

### **Actions of moral courage**

1. Providing information in respect for patient's rights was the first theme of moral courage. It means exhibiting thoughtful deliberation, demonstrating actions and rationally thinking about the situation and the pros and cons of a contemplated action. Moreover, nurses must give the correct information and check the patient really does understand including information about their condition and care. The nurse must know the provided information has been beneficial for the patients because if the patients do not know about their treatment, they will feel awkward and non-cooperative in care treatment, in addition to harming the patient-care relationship causing a decrease trust. Therefore, their actions follow the ethical principle of autonomy and truth telling.

2. Enhancing quality of care. In the real situation there are also many other factors that affect quality of care such as neglect by healthcare professionals and lack of experience. Beauchamp and Childress (2013) asserted that preventing further harm contrast non quality of care. Therefore, nurses ought not to inflict harm on patients through their practice by maintaining quality of care. The nursing education curriculum gives importance to maintaining quality of care (Robert & Bullough,

2011). Moreover, Kitiyadisai (2005) mentioned that the Buddhist approach to patients being free from harm from the Buddha's teachings is especially conducive to the protection from harm from others. Thus, this is an important factor enhancing quality of care that decreases harm to patients. Their actions are related to beneficence which is one of the moral principles of nursing.

3. Notify health care team about patient's need. Nursing students demonstrated advocacy in the interest of patients. According to Fry and Johnstone (2008), advocacy is one of the ethical concepts in nursing practice. Advocacy is pleading in favor of supporting a case, person and group. Patient advocacy is vital to practice of ethical nursing as it demands nurses support well-being advancement and promote patients' rights and interests. Nurses have commitment to do what is right for patients by advocating for patients. Therefore, education is the foundation of practice in preparing nursing students to have knowledge and advocacy skills in nursing and an advocacy role for nursing (Goodman, 2014).

4. Responding to the patient's need in accordance with patient's rights. In Thailand, most people are Buddhists who believe in goodness, usually give empathy and sympathy, and respond to the patient's need that depends on right action (Runkawatt, Gustafsson & Engstrom, 2013). People who follow the Buddhist doctrine are commitment to goodness, so they have a good attitude such as responding to the patient's need.

5. Taking action to maintain patient privacy and confidentiality. Meurier, Vincent and colleagues (1998) mentioned that healthcare professionals were obligated to maintain patient privacy and confidentiality that present respect for the patient. Moreover, it is part of the duty of a healthcare professional.

### **Outcomes of moral courage**

The outcomes of moral courage were positive and negative, which likely depended on the unique factors in each situation and the differences in the ability of nursing students. Overall their actions were in accordance with nursing student's role and the maintenance of their moral duty through their actions of moral courage concerning non-maleficence, and the benefits, privacy and confidentiality of patients. According to Sekerka and Bagozzi (2007) actions of moral courage demonstrate a persons' obligation to ethical values and the principles that define the right action. It involves the conscious reflection of one's desires to act righteously with others by following ethical principles. In the same vain, Lachman (2010) mentioned that actions of moral courage are the willingness to stand up for the right actions in a critical situation and the commitment to see it through based on moral principles despite perceiving actual risks. The outcomes of moral courage in this study represented 2 parts, positive or negative outcomes, for example they could not motivate health professionals following their awareness concerning moral problems so they experienced negative feelings such as low self-esteem, frustration, depression, guilt. The outcomes of moral courage in this study included:

1. Quality of care is positive a outcome of patients and nursing profession because it is related to the standard of their work including knowledge and skill. Patients satisfied about nursing care received quality of care.

2. Patient safety. Nursing students maintained patient safety by preventing harm and being aware of the patient rights, which were beneficial to patients, increasing the good image of nursing profession.

3. Patient's needs are met that is benefit patients. Patients received their need by nursing students upholding the patient's rights. Moreover, as a result the nursing profession received trust from patients and their family.

4. Gain trust from patients. Patients are satisfied with nursing service and they have a good attitude so they cooperate in nursing care, their treatment and improve their relationship as positive outcomes of nursing students and the nursing profession. According to Bell & Duffy, (2009) trust presents the good relationship between the patient and nurse. It is particularly about the relationship between the nurse and patients; Patients trust the nursing profession if they receive the standard nursing care. Therefore, patients' trust is a consequence of standard nursing service and nursing behavior.

The outcomes of these situations represented the successful exchange of these moral problems in nursing practice, although there were many factors that influenced the problems such as organizational structure, environment, culture, individual attitudes, and knowledge and skills, but they were intended to solve these problems by wishing for good outcomes. These outcomes of moral courage in this situation were beneficial for the patients, nursing students and nursing profession. Therefore, moral courage is essential with nursing students. Robert and Bullough (2011) stated that ethics education was very important as it encourages the thinking and behavior of nursing students by cultivating, developing and promoting ability in solving moral problems in nursing practice by understanding the nurses' role concerning nursing ethics principles. Therefore, nursing education should design ethics education in nursing curricula to emphasize enhancing moral courage and promoting moral

courage in nursing students when they are faced with moral problems in nursing practice.

### **Summary**

This study reported moral problems of critical incidents in nursing practice faced by nursing students and their demonstrated actions of moral courage towards moral problems in nursing practice. Health care in Thailand and many other countries needs to establish quality of care and awareness concerning compromised patient safety by promoting quality of care. The actions of moral courage by the nursing students showed intervention to prevent harm to the patient according to their moral duty. The second most frequently reported critical situation was substandard quality of care. The third critical situation was lack of adequate information, where the patients or their families received ineffective communication, giving rise to incorrect perceptions. The fourth critical situation was lack of concern for the patient's needs as failing to properly maintain the patient's condition and ignoring their needs. The last critical situation was privacy and confidentiality violation. Nursing students protected the privacy of the patients.

From the results of this study, the nursing students demonstrated actions of moral courage in dealing with moral problems in nursing practice. Their actions of moral courage in this study were based on good reasoning which followed nursing ethics principles such as beneficial, non-maleficence, and privacy and confidentiality. Therefore, nursing students demonstrated the benefits for patients. Nursing education

must show awareness in promoting moral courage in nursing students before they graduate.

## **Chapter 5**

### **Conclusions and recommendations**

This chapter concludes the findings of the study and elucidates implications and recommendations for the future utilization of study findings. The implications are detailed according to their relevance to nursing practice, nursing education, and further research.

#### **Conclusions**

This study aimed to study critical incidents involving moral courage, to describe underlying reasons for actions of moral courage and to identify the outcomes of moral courage. Participants were third year nursing students at Nursing Colleges in Southern Thailand. Most of the participants were female (45 out of 50, 90%). Forty participants were Buddhist (40 out of 50, 80%) and the rest identified as Muslim (10 out of 50, 20%). The majority were 21 years old (31 out of 50, 62%), followed by 20 years old (8 out of 50, 16%), and 22 years old (7 out of 50, 14%). The critical incident technique of Flanagan (1954) was used to explore critical incidents regarding moral problems experienced by nursing students.

The results revealed five critical incidents including: (1) Compromised Patient Safety with two sub-themes consisting of (1.1) Compromised Patient Safety by Others and (1.2) Compromised Patient Safety by Self, (2) Substandard Quality of Care, (3) Lack of Adequate Information, (4) Lack of Concern for the Patients' needs, and (5) Privacy and Confidentiality Violation.

**1. Compromised Patient Safety** was the most common incident (21 out of 63 incidents, 33.3% / 21 out of 50 participants, 42%) including two sub themes: (1.1) *Compromised patient safety by others* (12 out of 63 incidents, 19 % / 12 out of 50 participants, 24%), and (1.2) *Compromised Patient Safety by Self* (9 out of 63 incidents, 14.3 % / 9 out of 50 participants, 18%).

**1.1 Compromised patient safety by others** (12 out of 63 incidents, 19 % / 12 out of 50 participants, 24%).

Moral reasons in response to *Compromised Patient Safety by Others* were: (1) *Obligation to protect patient's rights* (12 out of 12 incidents, 100 % / 10 out of 12 participants, 83 %), (2) *Moral duty to provide patient safety* (12 out of 12 incidents, 100 % / 6 out of 12 participants, 50 %), and (3) *Empathy* (9 out of 12 incidents, 75 % / 6 out of 12 participants, 50 %).

The actions of moral courage supported by those moral reasons included: (1) *Providing information in respect for patient's rights* (8 out of 12 incidents, 67% / 8 out of 12 participants, 67%), (2) *Intervening to prevent further harm to the patients* (7 out of 12 incidents, 58% / 7 out of 12 participants, 58 %), and (3) *Encouraging patients and their family to voice their concerns* (5 out of 12 incidents, 42% / 5 out of 12 participants, 42 %).

Outcomes of moral courage affected by actions of moral courage were: (1) *Learning from other's mistakes* (7 out of 12 incidents, 58% / 7 out of 12 participants, 58%), (2) *Quality of care* (4 out of 12 incidents, 33% / 4 out of 12 participants, 33%), (3) *Patient safety* (4 out of 12 incidents, 33% / 3 out of 12 participants, 33%), and (4)

*Dissatisfaction from others* (2 out of 12 incidents, 17% / 2 out of 12 participants, 17%).

**1.2 Compromised patient safety by self** (9 out of 63, 14.3 % from 9 participants, 18%).

Moral reasons in response to *Compromised Patient Safety* by Self were: (1) *Honesty* (8 out of 9 incidents, 89% / 8 out of 9 participants, 89%), (2) *Awareness of patient safety* (7 out of 9 incidents, 78% / 7 out of 9 participants, 78%), and (3) *Moral duty to provide patient safety* (6 out of 9 incidents, 67% / 6 out of 9 participants, 67%).

Actions of moral courage supported by those moral reasons included: (1) *Declaring own mistakes* (9 incidents, 100% from 9 participants, 100%), (2) *Notifying health care team to solve the problems* (9 incidents, 100% from 6 participants, 100%), and (3) *Intervening to prevent further harm to patients* (5 incidents, 56% from 5 participants, 56%).

Outcomes of moral courage affected by actions of moral courage were: (1) *Learning from own mistakes* (8 out of 9 incidents, 89% / 7 out of 9 participants, 78%), (2) *Quality of care* (5 out of 9 incidents, 56% / 5 out of 9 participants, 56 %), (3) *Patient safety* (3 out of 9 incidents, 33% / 2 out of 9 participants, 22%), and (4) *Gain trust from patients* (2 out of 9 incidents, 22% / 2 out of 9 participants, 22%)

**2. Substandard Quality of Care** was the second most common incident (14 out of 63, 22.2% / 10 out of 50 participants, 20%).

Moral reasons in response to Substandard Quality of Care were: (1) *Moral duty to provide quality of care* (13 out of 14 incidents, 93% / 8 out of 10 participants, 80%), (2) *To benefit the patient in receiving standard care* (3 out of 14 incidents, 21% / 3 out of 10 participants, 30%), (3) *To provide unbiased service* (3 out of 14 incidents, 21% / 3 out of 10 participants, 30%), and (4) *Sympathy* (2 out of 14 incidents, 14% / 2 out of 10 participants, 20%).

Actions of moral courage supported by these moral reasons included: (1) *Encouraging quality of care* (11 out of 14 incidents, 79% / 6 out of 10 participants, 60%), (2) *Taking immediate action to provide standard care* (9 out of 14 incidents, 64% / 6 out of 10 participants, 60%), (3) *Intervening to prevent further quality of care infringements* (7 out of 14 incidents, 50% / 4 out of 10 participants, 40%), and (4) *Mentally supporting patients* (5 out of 14 incidents, 36% / 4 out of 10 participants, 40%).

Outcomes of moral courage affected by the actions of moral courage were: (1) Patient's perception of quality of care (14 out of 14 incidents, 100% / 10 out of 10 participants, 100%), (2) *Gain trust from patients* (3 out of 14 incidents, 21% / 3 out of 10 participants, 30 %).

**3. Lack of Adequate Information** was the third incident found in this study (12 out of 63 incidents, 19.1% / 8 out of 50 participants, 16%)

Moral reasons in response to Lack of Adequate Information were: (1) *Perception of patient's need for advocacy* (7 out of 12 incidents, 58% / 6 out of 8 participants, 75%), (2) *Right decision based on right* (4 out of 12 incidents, 33% / 4 out of 8 participants, 50%), (3) *Information influence compliance and relationship* (4 out of 12 incidents, 33% / 4 out of 8 participants, 50%), and (4) *Patients's right to information* (4 out of 12 incidents, 33% / 4 out of 8 participants, 50%).

The actions of moral courage supported by these moral reasons included: (1) *Notifying the health care team about patient's needs* (7 out of 12 incidents, 58 % / 7 out of 8 participants, 88 %), (2) *Encouraging patients and their relatives to speak up* (4 out of 12 incidents, 33% / 4 out of 8 participants, 50%), (3) *Acting as a mediator between the patient and health team by good community* (3 out of 12 incidents, 25% / 3 out of 8 participants, 38%), and (4) *Giving complete information to patients within the scope of the nursing student's role* (3 out of 12 incidents, 25% / 2 out of 8 participants, 25%).

Outcomes of moral courage affected by actions of moral courage were: (1) *Patient's need are met* (5 out of 12 incidents, 42% / 5 out of 8 participants, 63%), (2) *Patient's rights are maintained* (5 out of 12 incidents, 42% / 4 out of 8 participants, 50%), (3) *Maintaining duty following the nursing student's role* (4 out of 12 incidents, 33% / 4 out of 8 participants, 50%), and (4) *Gain trust from patients* (3 out of 12 incidents, 25% / 2 out of 8 participants, 25%).

**4. Lack of Concern for the Patients' Needs** was the fourth incident experienced by nursing students (9 out of 63 incidents, 14.3 % / 6 out of 50 participants, 12%).

Moral reasons in response to Lack of Concern for the Patients' Needs were: (1) *Perception of moral duty to provide care specific to patient's needs* (9 out of 9 incidents, 100% / 6 out of 6 participants, 100%), (2) *Respect for patient autonomy* (5 out of 9 incidents, 56% / 5 out of 6 participants, 83%), The actions of moral courage supported by these moral reasons included: (1) *Responding to the patient's needs* in accordance with patient's rights (9 out of 9 incidents, 100 % / 6 out of 6 participants, 100%), (2) *Encouraging patients and their family to voice their concerns* (5 out of 9 incidents, 56% / 5 out of 6 participants, 83%).

Outcomes of moral courage affected by actions of moral courage were: (1) *No negative consequence* (5 out of 9 incidents, 56% / 5 out of 6 participants, 83%), (2) *Patients achieved solution to their concerns* (5 out of 9 incidents, 56% / 5 out of 6 participants, 83%), and (3) *Pride in performing the nursing student's role* (3 out of 9 incidents, 33% / 3 out of 6 participants, 50%), and (4) *Gain trust from patients* (3 out of 9 incidents, 33% / 3 out of 6 participants, 50%)

**5. Privacy and Confidentiality Violation** was the last incident experienced by nursing students (7 out of 63, 11.1% from 5 participants, 10%)

Moral reasons in response to Privacy and Confidentiality Violation were: (1) *Moral duty to maintain patient privacy* (7 out of 7 incidents, 100% / 5 out of 5 participants, 100%), and (2) *Perceived advocacy role* (4 out of 7 incidents, 57% / 4

out of 5 participants, 80%). Actions of moral courage in this incidence were composed of: (1) *Taking action to maintain patient privacy and confidentiality* (5 out of 7 incidents, 71% / 5 out of 5 participants, 100%), and (2) *Advocating to protect patient privacy and confidentiality* (5 out of 7 incidents, 71% / 5 out of 5 participants, 100%)

Outcomes of moral courage affected by actions of moral courage were: (1) *Patients privacy and confidentiality are protected* (5 out of 7 incidents, 71% / 5 out of 5 participants, 100%), (2) *Feeling happy to help others* (4 out of 7 incidents, 57% / 4 out of 5 participants, 80%), and (3) *Gain trust from the patients and their family* (4 out of 7 incidents, 57% / 4 out of 5 participants, 80%).

### **Strengths of the study**

This study highlights new knowledge on moral courage of nursing students because it is the first study regarding moral courage of nurses and nursing students in Thailand.

### **Implications and Recommendations**

The implications and recommendations for moral problems and moral courage in nursing practice experienced by nursing students in nursing colleges in Southern Thailand: Critical incident technique are presented as follows:

### **Nursing education**

Moral courage is very important for nurses in solving moral problems in nursing practice. Thus, they must be prepared to have moral courage as nursing students. Therefore, nursing education should design ethics education in nursing curricula to emphasize enhancing moral courage by various learning strategies such as provision of ethics knowledge in classrooms to strengthen the ethic's background of students before their clinical practice, exposing students' to ethical problems in real situations as part of their clinical practice and promote the learning environment to support student's actions of moral courage.

### **Nursing research**

Since, there has been no study of moral courage in nursing students in Thailand, the findings of this study are essential for future studies regarding moral courage of nursing students. Studies could involve suggested reasons why nursing students did not act with moral courage in nursing practice, development and evaluation of the moral courage scale for nursing students, comparisons of moral courage in nursing students in different years, and development of interventions to enhance the moral courage of nursing students.

**Summary**

Moral courage is an important ability of nursing students for solving moral problems in nursing practice that benefits patients, nursing students, and nursing professionals. Therefore, it can be utilized to strengthen nursing education, and research related to moral courage for nursing students.

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## Appendix A

### Informed –Consent Form

#### การพิทักษ์สิทธิผู้ให้ข้อมูล

#### เรียน ผู้ให้ข้อมูล

ดิฉัน นางอรอนงค์ รองสวัสดิ์ นักศึกษาปริญญาเอก หลักสูตรปรัชญาดุษฎีบัณฑิต สาขาการพยาบาล (นานาชาติ) คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ มีความประสงค์ที่จะทำวิทยานิพนธ์เรื่อง “ปัญหาจริยธรรมและความกล้าหาญทางจริยธรรมในการปฏิบัติการพยาบาลของนักศึกษาพยาบาลในวิทยาลัยพยาบาลในภาคใต้: เทคนิคการวิเคราะห์เหตุการณ์สำคัญ” (**Moral Problems and Moral Courage in Nursing Practice of Nursing Students in Nursing Colleges, Southern Thailand: Critical Incident Technique**) ซึ่งวิทยานิพนธ์นี้ได้้นำกระบวนการและผลลัพธ์จากการวิเคราะห์เหตุการณ์สำคัญ โดยมีรองศาสตราจารย์ ดร.อรุณญา เขาวลิตผู้ช่วย เป็นอาจารย์ที่ปรึกษาวิทยานิพนธ์ ในการทำวิทยานิพนธ์ครั้งนี้ ดิฉันมีความประสงค์สัมภาษณ์นักศึกษาพยาบาลที่มีประสบการณ์ในการแสดงความกล้าหาญเชิงจริยธรรมในการปฏิบัติงานบนหอผู้ป่วย

จึงใคร่ขอความร่วมมือจากท่านในการสัมภาษณ์เป็นรายบุคคล โดยขออนุญาตบันทึกเทประหว่างการสัมภาษณ์ ข้อมูลที่ได้จะเก็บไว้เป็นความลับและนำเสนอโดยใช้นามสมมติ ทั้งนี้ระยะเวลาในการสัมภาษณ์ สถานที่ ตลอดจนความพึงพอใจในการให้ข้อมูลขึ้นอยู่กับความสะดวกของท่าน หากระหว่างการให้ข้อมูล ท่านไม่พร้อมที่จะให้ข้อมูลหรือท่านปฏิเสธการให้ข้อมูล ท่านสามารถออกจากกรวิจัยได้ตลอดเวลา ผู้วิจัยขอรับรองว่าการเข้าร่วมหรือการไม่เข้าร่วมในการวิจัยในครั้งนี้ จะไม่มีผลกระทบใดๆ ต่อท่านและหน่วยงานของท่าน ตลอดจนบุคคลที่ท่านเกี่ยวข้อง

ดิฉันขอขอบพระคุณที่ท่านได้กรุณาให้ความร่วมมือในการให้ข้อมูลในการวิจัยครั้งนี้

ลงชื่อ

ลงชื่อ

(.....)

(.....)

ผู้ให้ข้อมูล

ผู้วิจัย

## Appendix B

เอกสารหมายเลข 1

## Screening questionnaire

ความกล้าหาญเชิงจริยธรรมของประสบการณ์นักศึกษาพยาบาลขณะปฏิบัติงานบนหอผู้ป่วย

## ส่วนที่ 1 ข้อมูลส่วนบุคคล

คำชี้แจง กรุณาทำเครื่องหมาย / หน้าข้อความและเติมคำในช่องว่างที่กำหนดให้

- 1 ..... (1)ชาย ..... (2) หญิง
- 2 อายุ.....ปี
- 3 ศาสนา  
..... (1) พุทธ ..... (2) อิสลาม ..... (3) คริสต์ .....(4) อื่นๆ
- 4 รหัสนักศึกษา.....เบอร์ โทร.....

## ส่วนที่ 1 ข้อมูลเกี่ยวกับประสบการณ์การเผชิญประเด็น/ปัญหาจริยธรรม

5. ท่านมีสถานการณ์ที่ท่านประทับใจซึ่งเกี่ยวข้องกับประเด็นหรือปัญหาทางจริยธรรม ขณะที่ท่านปฏิบัติงานบนหอผู้ป่วย ซึ่งท่านมีส่วนร่วมในสถานการณ์ในครั้งนั้น และที่สำคัญท่านยังคงจำสถานการณ์นั้นได้ดีไม่เคยลืมเลือน ตลอดจนท่านสามารถเล่าให้ผู้อื่นฟังได้อย่างละเอียดแม้สถานการณ์นั้นจะล่วงเลยมาแล้ว

..... (1)ไม่มี

..... (2) มี

..... (3) มากกว่าหนึ่งเหตุการณ์

## 5.1 ท่านมีเหตุการณ์หรือสถานการณ์ดังต่อไปนี้

..... (1) การให้ยาแก่ผู้ป่วย ผิดชนิด/ ผิดขนาด/ ผิดวิธี/ ผิดเวลา

..... (2) การรักษาพยาบาลไม่เป็นไปตามมาตรฐาน

..... (3) การเปิดเผยความลับของผู้ป่วย

..... (4) การขัดแย้งระหว่างผู้ป่วยกับทีมสุขภาพ

..... (5) การขัดแย้งระหว่างทีมสุขภาพ เช่น แพทย์กับพยาบาล เป็นต้น

..... (6) การจัดสรรทรัพยากรในการดูแลผู้ป่วยไม่เป็นธรรม

- ..... (7) ผู้ป่วยถูกละเลยการดูแลเอาใจใส่จากทีมสุขภาพ
- ..... (8) การละเลยในความเป็นเอกลักษณ์ของผู้ป่วย เช่น การไม่  
ขออนุญาตในการทำหัตถการ เช่น การให้สารน้ำ การ  
ให้ยา การเจาะเลือด เป็นต้น, การไม่อธิบายแนว  
ทางการรักษา ซึ่งผู้ป่วยไม่ทราบแนวทางการรักษา ซึ่ง  
ผู้ป่วยไม่สามารถเลือกหรือไม่เลือกรับการรักษา, การ  
ตัดสินใจแทนผู้ป่วยโดยผู้ป่วยไม่ยินยอม เป็นต้น
- ..... (9) ทีมสุขภาพพุดจาหยาบคายต่อผู้ป่วยและญาติ
- ..... (10) อื่น ๆ ระบุ.....
- .....
- .....
- .....

6. ท่านมีบทบาทส่วนสำคัญในสถานการณ์สำคัญในครั้งนั้นหรือไม่

- ..... (1) ไม่มี
- ..... (2) มี

7. ท่านได้แสดงบทบาทของท่านต่อสถานการณ์นี้อย่างไร

- ..... (1) นั่งเงียบแต่รู้สึกต่อต้านภายในใจ
- ..... (2) ไม่พูด แต่แสดงปฏิกิริยาไม่พอใจ
- ..... (3) พูดแสดงความคิดเห็นบางส่วน
- ..... (4) พูดและแสดงบทบาทสำคัญต่อสถานการณ์ในครั้งนั้น

8. ท่านรู้สึกอย่างไรในการแสดงพฤติกรรมของท่านต่อสถานการณ์สำคัญในครั้งนั้น

- ..... (1) ไม่น่ากระทำเลย
- ..... (2) จำเป็นต้องทำเพราะสถานการณ์บังคับ
- ..... (3) เฉย ๆ
- ..... (4) ต้องทำเพราะหน้าที่ความรับผิดชอบ
- ..... (5) ภูมิใจที่ได้กระทำ แม้ว่าท่านจะรับรู้ถึงผลกระทบด้าน  
ลบ ก็ท่านยังคงมั่นคงต่อการกระทำ

9. ท่านได้รับผลกระทบต่อสถานการณ์นั้นอย่างไร

- ..... (1) ได้รับผลกระทบด้านลบ เช่น การลงโทษ, โดยแยกออกจากกลุ่ม, ซึมเศร้า, ร้องไห้, ผิดหวัง และเสียใจ เป็นต้น
- ..... (2) ไม่ได้รับผลกระทบใด ๆ
- ..... (3) ได้รับผลกระทบด้านบวก เช่น ได้รับความชื่นชมจากบุคคลอื่น, ภาควิโมจิในตัวเอง, เป็นที่ยอมรับของสังคม เป็นต้น

10. หลังจากเสร็จสิ้นสถานการณ์ในครั้งนี้ท่านรู้สึกอย่างไร

- ..... (1) ทุกข์ใจไม่สบายใจอยู่ช่วงเวลาหนึ่ง
- ..... (2) เฉย ๆ
- ..... (3) รู้สึกภูมิใจที่ได้กระทำต่อสถานการณ์ในครั้งนั้น แม้ว่าท่านได้รับผลกระทบด้านลบก็ตาม

11. หากท่านต้องเจอสถานการณ์ที่มีประเด็นหรือปัญหาทางจริยธรรมอีกในอนาคต ท่านจะ  
ทำอย่างไร

- ..... (1) ไม่ข้องเกี่ยวกับอีก แม้ว่ามีผลกระทบต่อใครก็ตาม
- ..... (2) หลีกเลี่ยงการแสดงบทบาทใดๆ เสียบไว้ดีที่สุด
- ..... (3) แสดงบทบาทหากจำเป็นจริง ๆ อย่างหลีกเลี่ยงไม่ได้
- ..... (4) แสดงบทบาทต่อสถานการณ์ที่มีประเด็นหรือปัญหาทางจริยธรรม โดยท่านต้องประเมินแล้วว่า ผลการกระทำของท่านจะไม่เกิดผลลบต่อตัวท่าน
- ..... (5) มุ่งมั่นตั้งใจที่แสดงบทบาทต่อสถานการณ์ที่มีประเด็นหรือปัญหาทางจริยธรรม แม้ว่าตัวเองจะรับรู้ว่าอาจได้รับผลกระทบด้านลบ แต่ยังคงยืนหยัดและเต็มใจที่จะกระทำ



## Appendix C

### Individual interview guides

#### แบบสัมภาษณ์ ความกล้าหาญเชิงจริยธรรมของประสบการณ์นักศึกษาพยาบาลวิทยาลัยพยาบาล ขณะฝึกปฏิบัติงานบนหอผู้ป่วย

คำชี้แจง ผู้วิจัยจะใช้แบบสัมภาษณ์นี้เป็นแนวทางในการสัมภาษณ์ประสบการณ์ความกล้าหาญเชิงจริยธรรมของนักศึกษาพยาบาลวิทยาลัยพยาบาลภาคใต้ของประเทศไทยขณะฝึกปฏิบัติงานบนหอผู้ป่วย ซึ่งประกอบด้วย 4 คำถาม ดังต่อไปนี้

#### ประสบการณ์การแสดงความกล้าหาญเชิงจริยธรรมเชิงจริยธรรมของนักศึกษาพยาบาลวิทยาลัย พยาบาลภาคใต้ ของประเทศไทย

##### แนวคำถามในการสัมภาษณ์

1. กรุณาเล่าถึงรายละเอียดของเหตุการณ์ที่ท่านมีประสบการณ์ในการแสดงความกล้าหาญทางจริยธรรมเมื่อท่านได้ขึ้นฝึกปฏิบัติการพยาบาลบนหอผู้ป่วย
2. ท่านแสดงออกอะไร ต่อเหตุการณ์ในขณะนั้น
3. เหตุผลใดที่ทำให้ท่านแสดงออกเช่นนั้น
4. ผลลัพธ์ที่เกิดขึ้นจากการแสดงออกของท่านมีอะไรบ้าง

## Appendix D

### Approval Ethics From

แบบฟอร์มขอหนังสือรับรองการผ่านการประเมินงานวิจัยด้านจริยธรรม

คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์

เรื่อง ขออนุญาตรับรองการผ่านการประเมินงานวิจัยด้านจริยธรรม

เรียน ประธานกรรมการบัณฑิตศึกษา คณะพยาบาลศาสตร์

ข้าพเจ้า นาย/นาง/นางสาว...อรอนงค์ รุ่งสวัสดิ์.....รหัสนักศึกษา.....5510430001.....

นักศึกษาหลักสูตร ....หลักสูตรปรัชญาดุษฎีบัณฑิต.....สาขา.....สาขาวิชาการพยาบาล(นานาชาติ).....

กำลังดำเนินการทำวิทยานิพนธ์เรื่อง.....ปัญหาจริยธรรมและความกล้าหาญทางจริยธรรมในการปฏิบัติการ

พยาบาลของนักศึกษาพยาบาลในวิทยาลัยพยาบาลในภาคใต้: เทคนิคการวิเคราะห์เหตุการณ์สำคัญ โดยมีอาจารย์ที่

ปรึกษาวิทยานิพนธ์หลัก คือ.....รองศาสตราจารย์ ดร.อรัญญา เชาวลิต..... ได้สอบโครงร่างวิทยานิพนธ์แล้ว

เมื่อวันที่ ...8 สิงหาคม 2558.....มีความประสงค์ขอหนังสือรับรองการผ่านการประเมินงานวิจัยด้านจริยธรรม

จึงเรียนมาเพื่อโปรดพิจารณาดำเนินการในส่วนที่เกี่ยวข้องต่อไป จะเป็นพระคุณยิ่ง

ลงชื่อ

(.....)

นักศึกษา

วันที่ ...7...../.....ตุลาคม...../.....2558.....

โทรศัพท์มือถือ : 0867479144

อีเมลล์ : Kannonrad\_P@hotmail.com

ลงชื่อ.....

(...รองศาสตราจารย์ ดร.อรัญญา เชาวลิต...)

อาจารย์ที่ปรึกษาวิทยานิพนธ์

วันที่ ...7...../.....ตุลาคม...../.....2558.....

ชื่อนักศึกษา ( ..... )

เบอร์โทรศัพท์.....

อีเมลล์.....

วันที่..... เดือน ..... พ.ศ.....

หมายเหตุ\*\* นักศึกษาต้องแนบเครื่องมือวิจัยพร้อมแบบฟอร์มฉบับนี้ทุกครั้ง\*\*

## VITAE

**Name** Mrs. Onanong Rongsawat

**Student ID** 5510430001

### **Educational Attainment**

Degree	Name of Institution	Year of Graduation
Master of Nursing Science (Adult Nursing)	Prince of Songkla University	2005
Diploma in Nursing and Midwifery (Equivalent to Bachelor of Science in Nursing)	Boromarajonni Colleague of Nursing, Lampang	1998

### **Scholarship Awards during Enrolment**

1. Scholarship provided by Praboromarajchanok Institute for Health Workforce Development.

2. The dissertation grant, Faculty of Graduate School, Prince of Songkla University

### **Work - Position and Address**

Register Nurse (Teaching), Boromarajonani College of Nursing, Songkhla,  
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