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Nurse Educator Perspectives on Undergraduate Nursing Curriculum and Moral Courage Development

April Ciesielski
Walden University

Walden University

College of Education

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April Ciesielski

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Walden University
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Abstract

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MSN, Wilkes University, 2016

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Dissertation Submitted in Partial Fulfillment

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Abstract

Newly licensed nurses may enter the profession without the tools to cope with morally distressing events in the workplace. Experiences of moral distress at work negatively affect physical, emotional, and psychological wellbeing, and effects of moral distress on new nurses may result in job dissatisfaction, burnout, and abandonment of the profession. The specific problem is that undergraduate nursing students are entering the professional field experiencing moral distress. In this study, nurse educators' perspectives regarding how undergraduate nursing curriculum addresses the topic of moral distress and strategies and skills that can enhance moral courage were explored. The conceptual framework comprised Kidder's ethical decision-making and Kirkpatrick's evaluation models. Two research questions were used to guide this basic qualitative research involving nurse educators' perspectives regarding how current undergraduate curriculum addresses the topic of moral distress and strategies to practice skills associated with moral courage. Eight nurse educators teaching in an undergraduate nursing program at a university in northeastern Pennsylvania were interviewed, and data analysis was conducted to identify themes and patterns. This study revealed nurse educators address the topic of moral distress and strategies to enhance nursing students' moral courage development despite scarce content in the curriculum by Commission on Collegiate Nursing Education. The study contributed insights regarding the connection between moral courage and persistence in nursing academics and could thus lead to positive social change for nurse education.

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Chapter 1: Introduction to the Study

Nurses commonly experience moral distress in their daily practice (Chen et al., 2018). Moral distress arises when a nurse fails, due to external or internal constraints, to respond in a morally correct manner during a distressing situation (Bong, 2019). Negative physical and psychological consequences arise from experiencing morally difficult situations in the nursing profession (Morley, 2018). This gap in practice is evident at the local study site, a single undergraduate nursing program at a university in northeastern Pennsylvania: The nursing department chair on April 28, 2021, said 1.86% of undergraduate nursing students who graduated within the last 4 years stopped practicing. As the national nursing shortage persists, exploring moral distress and new nurse retention in clinical settings shows potential for positive social change.

In the context of the global COVID pandemic, nurses have had to adjust to the following: (a) unprecedented patient-to-nurse workloads, (b) infrequent or confusing communication, (c) unsupportive or uncivil patients, management, and coworkers, (d) decreasing professional autonomy and less individual empowerment, (e) disparity of compensation, (f) lack of resources, (g) less safety and increased job stress, and (h) record high job dissatisfaction, all of which can worsen if they are exposed to morally challenging events in clinical settings (Bickhoff et al., 2017). Repeated experiences involving moral distress in professional settings have resulted in nurses abandoning the profession (American Nurse Association [ANA], 2018). Preparing nursing students to be morally courageous and equipping them with interprofessional skills necessary to interact

with experienced and tenured healthcare staff before entering the professional field may help new nurses remain in the profession despite moral challenges.

The national attrition rate of newly graduated nurses is highest within the nursing profession: 30% of newly graduated nurses leave their position within the first year of practice, and 57% leave in their second year (Sandler, 2018). Young et al. (2020) said the COVID-19 pandemic has decreased nurse retention rates, especially among novice nurses. Young et al. said lack of support from managers and colleagues, unsafe work environments, and the obligation to care for critically ill patients are contributing factors for leaving the profession. Naturally, novice nurses who work in a supportive work environment are more likely to remain in the profession compared to those working without support. Encouraging nursing students to examine their personal, professional, and organizational values while in educational environments may help them act bravely during distressing events (Gibson, 2018).

Jameton (1984) defined moral distress as "when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action" (p. 6). Newly graduated nurses are particularly affected by moral distress before entering clinical environments as licensed nurses due to their exposure while working as students in these environments (Krautscheid et al., 2017). Nurses who experience moral distress may describe feeling guilt, anger, depression, sorrow, nightmares, anxiety, powerlessness, helplessness, frustration, or loss of self-worth (Wenwen et al., 2018). Kovner et al. (2017) said 4.6% of new nurses leave within their first 2 years of the

profession due to the psychological effects of moral distress. Bickhoff et al. (2017) said nursing students reported that they lack knowledge and the ability to act courageously, increasing their dissatisfaction with the profession.

Nurses working in their early years of practice often feel they lack the personal confidence, professional knowledge, and effective skills to act with moral courage; A nurse educator on July 10, 2019, said this may cause new professionals to remain silent during ethically distressing situations. Nurses who act with moral courage can respond to wrongful acts with confidence and determination. Nursing students do witness unethical behaviors while working in clinical environments; therefore, learning how to verbally advocate for the correct action is paramount to education they receive before they enter the profession as newly licensed nurses (Bickhoff et al., 2017). Moral courage is a valuable characteristic for new nurses to prevent further moral distress in the nursing profession (ANA, 2017).

A better understanding of how the undergraduate nursing curriculum contributes to students' ability to build moral courage could bridge the gap in existing literature involving how curriculum prepares them to act with moral courage during morally distressing events. There is a gap in practice involving undergraduate nursing students' experiences with moral distress and their ability to act with moral courage. Insights from the present study could result in implementation of an undergraduate nursing curriculum that will address building moral courage; when nurse educators address undergraduates' experiences with moral distress, it "can mitigate the effects of moral distress, enhance the

ethical environment in which they practice, and improve the quality of healthcare" (Rushton et al., 2017, p. 6).

Results from this study may promote positive social change in the nurse education profession. Preparing novice nurses to enter the healthcare profession with a clear understanding of moral courage could alleviate some of the burdens and stresses new nurses experience in clinical rotations. Increasing instructional time and assessment activities involving moral distress could positively impact professional retention rates and improve job satisfaction in hospitals. Possessing skills and knowledge to act courageously at the start of their careers may help newly graduated nurses reduce negative physical and psychological effects of moral distress and set the precedent for the nursing profession to advance the concept of moral courage (Gibson, 2018).

This chapter includes background information about moral distress, its effects on undergraduate nursing students, and current curriculum standards outlined by the Commission on Collegiate Nursing Education (CCNE) for undergraduate nursing programs. It also includes the problem, purpose of the research, and a review of key terms used throughout the study. I review assumptions, scope and delimitations, limitations, and the significance of this study, followed by a summary.

Background

Nurses commonly experience moral distress; however, undergraduate nursing students also experience moral distress during their academic training (Bickhoff et al., 2017; Bordignon et al., 2019; Gibson, 2018). It is crucial to prepare nursing students to

enter the profession with moral courage in terms of securing improved patient outcomes and the wellbeing of nursing professionals (Rushton, 2016).

Bordignon et al. (2019) defined moral distress as the occurrence of negative feelings individuals have when they know they should react to an event in a morally correct manner but fail to do so because of constraints imposed by their institution or leadership. Nursing students feel restricted to act ethically and morally during troublesome times due to feeling inadequate within their student roles. Bickhoff et al. (2017) said nursing students frequently witness morally distressing events while working in clinical environments; however, they choose to remain silent to avoid disapproval from licensed nurses. Few studies have explored how nurse educators can instruct students on moral distress and its prevention despite the evident problem. Nurse educators have an essential role in terms of preparing students to cope with the moral distress they will inevitably experience in the profession.

Newly graduated nurses have been identified as the most vulnerable population of healthcare professionals affected by moral distress (Bong, 2019). Melnyk (2020) said reasons newly licensed nurses experience moral distress and why they intend to leave the profession include poor communication, unsupportive or uncivil management of coworkers, lack of autonomy or empowerment, disparity of rewards, lack of resources, high workloads, job stress, and job dissatisfaction. The younger generation of new nurses is at the highest risk of leaving the profession and accounts for 33% of those who depart (Registered Nursing, 2020). Job dissatisfaction stems from understaffing, emotional

exhaustion, and poor patient safety (Sasso et al., 2019). The American Nurse Academy (ANA, 2018) said the nursing profession had an occupational shortage crisis that worsens nurse job dissatisfaction. Bong (2019) said the nursing shortage is predicted to continue through 2025, meaning stressors involved with high patient-to-nurse ratios, increased turnover among nursing staff, and low nurse retention will persist. Newly graduated nurses are particularly affected by the current shortage and experience moral distress at higher rates than experienced nurses (Krautscheid et al., 2017).

Moral distress not only affects nurses but the entire interprofessional team. Holtz et al. (2018) found that when other disciplines of the healthcare team, such as physicians, social workers, and chaplains, experience moral distress and fail to act with moral courage, this can negatively impact patient care and working environments. Uncertainty remains involving how undergraduate nursing students are prepared in academic settings to face the moral distress they will encounter during practice (Holtz et al., 2018).

The Commission on Collegiate Nursing Education (CCNE), the autonomous accrediting body of the American Association of Colleges of Nursing (AACN), currently ensures baccalaureate and graduate nursing programs are meeting curriculum quality standards set forth by the AACN. The CCNE creates curricular and competency essentials that accredited nursing programs are required to include in didactic and clinical components of the program. Standard III specifically addresses program quality, curriculum, teaching, and learning practices:

> The curriculum is developed in accordance with the program's mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching and learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters the achievement of expected student outcomes. (CCNE, 2018, p. 13)

Nurse educators teaching in an undergraduate nursing program are responsible for delivering to their students the curriculum and ensuring competencies that the CCNE mandates. Successful students can then sit for their National Council Licensure Examination (NCLEX) and then advance to earn a license to practice in their respective field. There are currently nine essentials for undergraduate nursing curriculum and competencies. The CCNE (2018) defined essentials as "the curricular elements that provide the framework for baccalaureate nursing education" (p. 10). Each essential involves core knowledge and competencies licensed nurses must possess to practice competently and safely. When new nurses are not provided opportunities to practice skills associated with interprofessional communication, moral distress could lead to inaction and silence and in turn negatively impact patient safety in hospital settings.

Problem Statement

The problem is that the undergraduate nursing students are entering the professional field experiencing moral distress. How the current undergraduate nursing curriculum addresses the topic of moral distress or strategies and skills to assist nursing

students in terms of enhancing moral courage was explored. Nurse education accreditation requires that the curriculum involve professionalism and professional values of undergraduate nursing students (CCNE, 2020). Nursing students learn about ethical behaviors one must possess in practice, such as acting with altruism, human dignity, and integrity; however, undergraduate programs, including the research site, are not specifically required to address issues of moral distress that affect the nursing profession or strategies to assist undergraduate nursing students in terms of building moral courage (CCNE, 2020).

According to van Wijlen (2017), academic environments and professional training that nursing students receive is an area of interest when exploring how undergraduate nursing students can become prepared to enter the professional field with ethical decision-making skills. Sasso et al. (2016) said undergraduate nursing students are taught necessary knowledge and skills needed to practice as nurses. Using the undergraduate nursing curricula to address coping strategies for moral distress, students can effectively address moral distress and begin to cultivate a culture of nurses who are prepared with the knowledge, skills, and abilities to act with moral courage (van Wijlen, 2017).

During the educational process, nurse educators can provide interprofessional communication skills development to enhance students' preparedness to cope with moral distress so that communication strategies are taught before students enter the professional field (van Wijlen, 2017). In this study, I explored perspectives of nurse educators teaching in a single undergraduate nursing program at a university in the northeastern

United States, focusing on how the undergraduate nursing curriculum addresses the topic of moral distress and strategies and skills that can enhance moral courage.

Purpose of the Study

The purpose of this study was to explore nurse educators' perspectives regarding how the undergraduate nursing curriculum addresses the topic of moral distress and strategies and skills that can enhance moral courage. To address the study problem, I used a basic qualitative design. Merriam and Tisdell (2016) said using the basic qualitative design can assist researchers in terms of gaining an in-depth understanding of a phenomenon or topic of interest. Exploring participants' feelings, attitudes, perceptions, and thoughts about a phenomenon or topic can help researchers make sense of what is occurring. van Wijlen (2017) said nursing curricula that address moral distress and introduce strategies to build moral courage can prepare nursing students to cope effectively when morally distressing situations occur.

When nursing students are exposed to morally distressing events in clinical environments and are taught by nurse educators to respond with moral courage, direct instruction may enhance their moral competency. Pachkowski (2018) said undergraduate nursing students experience moral distress that is similar to licensed nurses practicing in the field. Nurse educators' roles in terms of addressing moral distress that affects nursing students and being proactive when preparing them to act with moral courage is lacking in educational environments. Nursing students who then enter the professional field with

tools and strategies that support their ability to act with moral courage are valuable (Gibson, 2018).

Research Questions

The purpose of this study was to explore nurse educators' perspectives regarding how the undergraduate nursing curriculum addresses the topic of moral distress and strategies and skills that can enhance moral courage. This study was guided by the following research questions:

RQ1: What are nurse educators' perspectives regarding how the current undergraduate nursing curriculum prepares students to cope with moral distress?

RQ2: What are nurse educators' perspectives regarding how the undergraduate nursing curriculum can prepare students to cope with moral distress?

Conceptual Framework

The conceptual frameworks used for this study were Kidder's ethical decision-making model for ethical development and Kirkpatrick and Kirkpatrick's evaluation model for the academic setting. The Kirkpatrick model has been applied to evaluate academic performance in educational settings. It involves how learning and evaluation of trainings can be effective using four levels of learning: reaction, learning, behavior, and results. Each level is specific to how the learner perceives, acquires, applies, and implements knowledge gained and how it is used in the workplace. The Kirkpatrick model is valuable for the present study in terms of understanding how undergraduate

nursing students can successfully learn to acquire skills to act ethically and bravely when challenged with moral distressing experiences in the clinical setting.

Kidder's ethical decision-making model suggests individuals consciously decide to respond ethically or unethically depending on three significant factors: ambiguity, exposure, and loss (Kidder, 2005). If an individual can endure the consequences of ambiguity, exposure, and loss, then the individual can act with moral courage. However, Kidder also found that individuals lack confidence to act bravely during stressful events and tend to remain silent. Individuals are hesitant to become mentally and morally vulnerable to others, and therefore do not respond. The fear of losing a job position and financial stability affects potential to act with courage when challenged with ethical dilemmas. Kidder's model can be used to explore how nurse educators can strengthen students' ethical decision-making skills and foster behaviors of courage. Bickhoff et al. (2017) found that when confronted with ethical dilemmas such as observing poor practice, nursing students remain silent. They also found that nursing students reported wanting to fit in as the reason they chose to remain silent despite knowing the right thing to do (p. 81). This behavior persists even when newly graduated nurses enter the professional field.

Nursing students are confronted with morally distressing situations during their clinical experience; however, many lack moral courage during morally distressing times and remain silent when it would be better to speak up (Bickhoff et al., 2017). Nursing students reported that they closely observe behaviors of registered nurses during clinical

experiences and model those behaviors (Bickhoff et al., 2017). Nursing students observe the behaviors of practicing nurses and witness the consequences of their actions; these observations may eventually direct observers' future thoughts and behaviors, causing them to mimic what they observed (Wulfert, 2018).

I explored how undergraduate nursing curriculum can prepare students to cope with moral distress. Nursing students apply theoretical knowledge learned in the classroom in clinical environments, where they practice their skills, implement critical thinking abilities, and demonstrate professional responsibility and integrity. Students are exposed to professional environments where they work alongside licensed nurses in the field, learning from them by observing and following instructions as they deliver patient care.

Nature of the Study

Qualitative research involves gaining an in-depth understanding of a phenomenon or topic of interest by exploring feelings, attitudes, thoughts, perceptions, and experiences of participants (Merriam & Tisdell, 2016). The aim of using a basic qualitative research design was to understand participants' perspectives regarding the phenomenon of interest. This approach can inform practice and provide an enhanced understanding of the phenomenon.

Eight nurse educators from one university in northeastern Pennsylvania were recruited for this study. I interviewed volunteers in a private setting at the university or virtually using Google Meet. Both face-to-face and virtual interviews were conducted via

an open-ended semi structured format, and corresponding interview questions were used to learn about participants' professional experiences, identify key elements of their knowledge involving how the nursing curriculum addresses moral distress, and explore their teaching experiences involving moral courage. I recorded and transcribed interviews and then identified themes and patterns in the data.

I analyzed all interview transcripts and identified participants' statements that answered each research question. I developed a cluster of themes from participants' statements. After analyzing statements and themes, I wrote structural descriptions that provided a deeper understanding of participants' perspectives regarding the phenomenon.

Definitions

Because the following terms and phrases may be used differently, understanding how they apply to the nursing profession and how they are deployed in this dissertation is necessary.

Burnout: Feelings of emotional exhaustion, discouragement, and apathy toward the nursing profession (Shokrpour et al., 2021).

Clinical setting: Facility, such as a hospital, where students practice, experience, and observe nursing skills (Cowen et al., 2018).

Interprofessional team: A group of healthcare professionals from diverse healthcare fields who work together to reach a shared goal for patients (Whitehead et al., 2015).

Job dissatisfaction: Sense of feeling displeased with work or work environments (Sasso et al., 2019).

Moral courage: The ability to act according to one's convictions and do right despite condemnation by others (Numminen et al., 2017).

Moral distress: Failure to respond in a morally correct manner during a distressing situation due to external and internal constraints (Bong, 2019).

Assumptions

Three assumptions proved meaningful to this study. I assumed participants represented the nurse educator population and had knowledge about how undergraduate nursing curriculum addresses moral courage. The second assumption was that nurse educators in this study discussed and addressed the required ethics curriculum set for the program by the CCNE. The third assumption was that participants were truthful during interviews. All participants were volunteers with the option to withdraw from the study at any time, without ramifications.

Scope and Delimitations

The scope of this study involved exploring perspectives of nurse educators regarding how the undergraduate nursing curriculum addresses interprofessional communication skills to enhance moral courage. I interviewed eight nurse educators from one northeastern Pennsylvania university that offers a baccalaureate nursing program; interviews took place in person or virtually over 3 months and involved using a semi-

structured format. Interview questions were specific to the research questions for this study.

The purpose of this study was to explore nurse educators' perspectives regarding how undergraduate nursing curriculum addresses the topic of moral distress and strategies and skills that can enhance moral courage. I addressed that the undergraduate nursing curriculum does not teach the topic of moral distress and strategies and skills that can assist nursing students to enhance moral courage. There were two delimitating factors guiding this study. Participants in this study worked at one university in northeastern Pennsylvania and taught in the same baccalaureate nursing program. The second delimitating factor was that results of this study can be generalizable to nurse educators who teach in undergraduate nursing programs throughout the US and who have a minimum of 5 years of teaching experience in undergraduate nursing programs. Nurse educators for this study were males and females from one university; all participants were between 30 and 60 years old and held a master's or doctoral degree in nursing. Excluded from this study were nurse educators who did not teach in an undergraduate nursing program in the academic setting, had less than 5 years of experience, or held administrative positions. This study may be applicable to educational programs in other healthcare disciplines and graduate nursing programs.

Limitations

Limitations of a study are weaknesses that are out of the researcher's control, and three were associated with this study. Limitations were recognized and avoided, so the

outcome of the study was not affected. The first limitation was that participants may not represent the larger population of nurse educators. The second limitation was that participants varied in terms of teaching experience and knowledge of the undergraduate nursing curriculum: each taught different levels of the curriculum in the program, had different employment statuses (full-time or part-time), and had different levels of education. The third limitation related to potential biases that may exist in this study is I am employed at the university where this study will be conducted. This may limit generalized results, although I remained mindful of any personal bias. I reviewed and restructured all interview questions to avoid posing any leading questions, and during the interview process, I allowed participants to answer questions without influence. When I took notes during interviews, I reported only participants' responses.

Significance

This research makes an academic contribution to nurse educators teaching in undergraduate programs across the US, as understanding how the undergraduate nursing curriculum addresses strategies for students in terms of building moral courage prompts changes in the nursing curriculum. The research also contributes by exploring an existing gap in practice regarding how the undergraduate nursing curriculum can address students' ability to enter the profession with moral courage. Finally, insights regarding how undergraduate nursing students can build moral courage may guide the implementation of new teaching strategies into the nursing curriculum.

Results may also promote positive social change among nurse educators: nurses are challenged daily to provide care to dying patients, deal with unsafe staffing levels, and work with limited access to resources. However, they continue to work quietly despite these stressors. Continuous exposure to these factors contributes to nurses' moral distress, leading to job dissatisfaction and abandonment of the profession. If newly graduated nurses enter the profession with moral courage, positive patient care outcomes, increased new nurse retention rates, and better job satisfaction can be achieved (Pachkowski, 2018). Gibson (2018) said nurses who enter the profession with moral courage are empowered to promote trusting relationships with their patients, act with compassion and hopefulness, and advocate for patient safety when necessary. Teaching undergraduate nursing students to use moral courage when confronted with morally challenging situations can prevent negative consequences moral distress has on nurses and patient care. Gibson said new nurses who act with moral courage upon entering the field can set the precedent for future nursing professionals and enrich the concept of moral courage.

Summary

The nursing shortage requires academic leadership in the nursing profession to ensure high-quality orientation for new healthcare professionals. Ongoing shortages and related insufficient staffing have increased stress in clinical work settings. These stressors lead to moral distress and contribute to new nurses leaving the profession (Krautscheid et al., 2017). Newly graduated nurses are entering the nursing profession who are

unprepared to cope with job-related stressors, making these novice nurses vulnerable to moral distress (Bong, 2019).

I assumed nurses who enter the profession and were prepared to handle stressors with moral courage remained in the profession. Licensed nurses who had practiced for an extended time were complacent and silent when challenged with moral distressing events. New nurses recognize moral challenges and stress. Exploring the undergraduate nursing curriculum as it relates to building moral courage may lead to a better understanding of how to prepare student nurses to act with moral courage upon entering the profession.

Chapter 2 includes the relevance of the study problem and purpose for researching this topic. It also includes an in-depth review of existing literature and implications for further research.

Chapter 2: Literature Review

Scholars have defined moral distress and addressed its effects on the nursing profession and nursing students; however, how the undergraduate nursing curriculum can prepare students to develop moral courage before entering the professional field remains unknown. Thus, there remains a gap in practice regarding how the undergraduate nursing curriculum approaches moral courage development. The purpose of this study was to explore nurse educators' perspectives regarding how the undergraduate nursing curriculum addresses the topic of moral distress and strategies and skills that can enhance moral courage. This chapter includes a review of existing literature focused on the concepts of moral distress and moral courage and their effects on nurses, undergraduate nursing students, and other healthcare professionals. How the undergraduate nursing curriculum addresses moral courage and how educators can assist students in developing it before entering the professional field are discussed. Finally, I address how this study will lead to important contributions to positive social change in the field.

Literature Search Strategy

A literature review was conducted on research related to moral distress and moral courage in the nursing profession and in the healthcare profession education and their effects on nursing students working in a clinical setting. Due to the gap in practice regarding how the undergraduate nursing curriculum addresses moral courage development, I expanded the review to include nurses' and nursing students' experiences with moral distress and moral courage. I targeted articles published between 2015 and

2021 and included a few older articles because of their significance in terms of defining and describing concepts and their effects on the nursing profession.

I accessed relevant search engines including CINAHL, PubMed, and Medline and limited search results to English language content and peer-reviewed full-text articles and books. I used the following key words: *moral distress*, *moral courage*, *nurse job dissatisfaction*, *moral distress in undergraduate nursing students*, *moral courage in the undergraduate nursing curriculum*, and *nurse educators and moral courage*, *moral distress in nursing*, *moral distress among the interprofessional team*, *moral courage in nursing*, and *undergraduate nursing curriculum*.

Conceptual Framework

The conceptual frameworks for this study were Kidder's ethical decision-making model and Kirkpatrick's evaluation model. Both were chosen to explore the problem of newly graduated nursing students entering the professional field without being prepared to cope with morally challenging events they will encounter.

Kidder (1995) said individuals consciously decide to respond ethically or unethically to moral distressing events depending on three significant factors: ambiguity, exposure, and loss. If an individual can endure the consequences of these factors, he or she can act with moral courage. However, Kidder found that individuals lack the confidence to act bravely during stressful events and tend to remain silent; they are hesitant to become vulnerable, mentally, and morally, to others, and therefore do not

respond. The fear of losing job position and financial stability affects individual intent to act with courage when challenged with ethical dilemmas.

The Kirkpatrick evaluation model includes four levels for evaluating learning outcomes in academic settings: reaction, learning, behavior, and results (Kirkpatrick & Kirkpatrick, 2009). Each level is specific to how the learner perceives, acquires, applies, and implements knowledge and how it is used. The model can be used to understand how undergraduate nursing students can acquire tools and skills necessary to respond ethically in clinical settings and how nurse educators can evaluate the effectiveness of their teaching.

When using the four levels of the Kirkpatrick evaluation model, the learner can navigate among the four levels to successfully gain and apply knowledge. The reaction level involves learners' thoughts about how education and training are relevant to daily practice. The learning level involves three aspects of learning: skill-based, cognitive, and attitudinal. After training, the individual demonstrates increased knowledge of content and sees improvements in terms of future performance. Cognitive learning outcomes are associated with acquisition of knowledge, skill-based learning outcomes which are related to skills, and attitudinal learning, which involves goals, motivation, and attitudes that learners gain or change because of education. The behavior level involves how the learner applies changes in behaviors because of education. Finally, the results level involves how successful education proves to be; this can be measured in terms of

behavioral and attitude changes, performance skills, and overall improved outcomes demonstrated by learners.

Kidder's ethical decision-making model has been used to demonstrate principles of moral courage and explain why some individuals decide to act with moral courage, but others do not. Baker (1997) found that students learn how to make ethical decisions once taught to recognize an ethical dilemma. When students can recognize an ethical dilemma, the next step is to gather facts involving the event and consider the responsibility to act ethically. Before responding to an unethical event, students must consider what is right or wrong and consider consequences of their actions, then justify their decisions and actions after reflecting on their responses. Baker also found that students who engage with their instructors in classroom deliberation about ethical decision case studies developed necessary skills to make ethical decisions in the workplace.

Alsalamah and Callinan (2021) used the Kirkpatrick evaluation model to assess the effectiveness of educational trainings in academia for teachers and demonstrate outcomes of those trainings. Trainers identified strengths and weaknesses of trainings by applying the four levels of the model and saw learning improvements in learners' work and behaviors; moreover, trainees were able to verbalize their perceptions of trainings. Using a holistic educational approach allows learners to be active participants in the learning process and helps evaluators gain insights regarding the effectiveness of training (Alsalamah & Callinan, 2021). Nursing students who learn and replicate positive behaviors of their nursing mentors can have a profound effect on the profession;

improvements in terms of how nurses act, respond, and communicate during distressing events may alleviate the burden of moral distress they experience and in turn promote positive social change for the nursing profession.

Literature Review Related to Key Variables and Concepts

Moral Distress

Jameton (1984) said nurses experience moral distress when unethical care is delivered to patients, and they feel restricted to act ethically due to internal and external constraints. Wilkinson (1987) said negative psychological feelings develop in nurses who feel restricted from responding ethically to an unethical event. In this study, I defined moral distress as the failure to respond in a morally correct manner during a distressing situation due to external and internal constraints.

Moral Distress in the Nursing Profession

Chen et al. (2018) said moral distress in nursing can originate from ethical dilemmas nurses experience in clinical settings. Nurses are challenged with making ethical decisions in practice while caring for their patients. Moral distress arises when nurses feel obligated to act against their moral values and perform duties that compromise their moral beliefs. Institutional constraints on nurses in the clinical setting, such as limited access to resources, insufficient time to perform duties, a high-pressure environment, inadequate staff, and critically ill and terminally ill patients are some factors that cause nurses to experience moral distress (Bong, 2019; Rushton, 2017). Chen et al. also discovered that nurses are not well educated on how to handle ethical dilemmas

in a clinical setting; therefore, when confronted with ethical dilemmas, they feel powerless to act ethically. The institutional constraints and pressures on nurses also cause them to act against their ethical values and result in moral distress.

The ANA (2015) described moral distress as damaging to a nurse's moral integrity. An inability to preserve one's ethical values while practicing enhances feelings of moral distress. Institutional constraints can also prevent nurses from acting ethically correct, despite knowing the right course of action, and result in moral distress. Barkhordari-Sharifabad et al. (2017) used the phrase *ethical distress* in place of moral distress when exploring nurse leaders' perspectives on problems of ethical leadership. When nurses were forced to behave in a way that opposed their ethical beliefs due to organizational pressures, they experienced uneasiness. Dudzinski (2016) described moral distress as a feeling of powerlessness. Nurses have a sense of moral responsibility in their actions; however, when nurses do not act on that sense of righteousness due to powerlessness, it results in moral distress.

Brown (2018) determined moral distress is experienced when the nurse can identify moral wrongdoing but does not act in a morally correct manner; this scenario is a major factor of nurse burnout. Vincent et al. (2020) reported that when confronted with barriers in the clinical environment that prohibit the nurse from taking the correct course of action, that nurse feels helpless. According to McAndrew et al. (2016), moral distress occurs when a nurse is asked to complete a task that compromises personal moral beliefs.

The global pandemic challenged nurses to work in a complex and dangerous environment and often without adequate support from leaders and colleagues; this resulted in compromised patient care. When nurses compromise patient care due to institutional constrictions, it can cause or increase feelings of moral distress (Chen et al., 2018). Today's nurses are challenged to work in an ever-changing healthcare environment and face an increased workload. Poor communication and lack of collaboration between the healthcare team and supervisors, lack of concern for the healthcare team, and bullying from leaders and supervisors are factors related to moral distress and have contributed to job abandonment (Vincent et al., 2020). Nurses feel inferior and powerless when working in an environment without support and guidance from their institutional colleagues and leaders. Chen et al. also found that nurses, particularly less experienced nurses, face a greater risk of moral distress and feel obligated to adhere to the institutional norms of remaining silent during a moral distressing event.

Nurses experience moral distress in clinical practice when their ethical values are compromised by internal and external factors in the professional field. Leadership in the clinical environment may be perceived as unsupportive to staff, and this leads to more reports of moral distress than in environments that do enjoy leadership support (Chen et al., 2018; Rather et al., 2015; Woods et al., 2015). Woods et al. found that 30%–40% of participants in a study attributed these factors to an accumulation of moral distress: (a) management pressures and economic restrictions on nurses to deliver suboptimal patient

care; (b) inadequate continuity of care between the healthcare team; (c) novice and unsafe staff; and (d) requirement to provide futile care to patients. These contributing factors are consistent throughout the literature (Rathert et al., 2015; Rushton et al., 2017; Wenwen et al., 2018; Woods et al., 2015).

As front-line workers, nurses experience moral distress when providing direct patient care in the work environment and when continuing medical care that originated with other healthcare professionals (Morley, 2018). Nurses often feel powerless to respond with courage to unethical events and to medical decisions made by other healthcare members; therefore, they remain silent, despite knowing the correct moral action to take. The failure to act with moral courage during unethical events results in nurses developing the negative psychological and physical effects that moral distress can cause. The phenomenon of moral distress not only affects nurses but other healthcare professionals; the next section of this literature review discusses how the interprofessional team experiences moral distress in the work environment and its effects on the broader healthcare team.

Moral Distress Among the Interprofessional Healthcare Team

Morley (2018) revealed that the phenomenon of moral distress has been extensively explored not only among nurses but also among other healthcare professionals. These include physicians, advanced registered nurses (APRNs), respiratory therapists, social workers, clergy, and dieticians (Vincent et al., 2020). The interprofessional healthcare team experiences moral distress in the work environment due

to the proximity in which they work while caring for critically ill patients. Some contributing factors are providing futile care to patients, a decrease in communication and cooperative decision making among healthcare professionals, and ethical conflicts that arise among the team. In fact, Corradi-Perini et al. (2021) determined that a lack of communication and clarity among the interdisciplinary team is typical in the clinical setting and are significant factors for moral distress, across all healthcare disciplines.

When moral distress affects the interprofessional healthcare team, it can lead to burnout in each profession, poorer patient outcomes, and medical errors (Epstein et al., 2019). Vincent et al. (2020) explored interprofessional healthcare teams' perspectives on why moral distress occurs, and the common factor was "a consequence of their practice environment including patient care decisions, team and unit dynamics, or system factors that created barriers in providing safe patient care" (p. 1459).

The feelings of moral distress among the interprofessional team derive from the same factors that nurses experience, including institutional constraints, a complex healthcare environment, feelings of insecurities and intimidation between professions, and lack of communication and support from colleagues and supervisors (Vincent et al., 2020). McCarthy and Monteverde (2018) discovered that moral distress is increasing among all healthcare professions due to the challenges of a complex healthcare environment and financial constraints relative to delivering safe, quality patient care.

Professional bodies and educational institutions can be proactive in addressing moral distress and its effects and in combatting the issue to protect healthcare

professionals' health and well-being (McCarthy & Monteverde, 2018). The recommendation for all healthcare professionals to engage in education about fighting moral distress is warranted to reduce the effects it poses on the interprofessional team in the work environment (Vincent et al., 2020). Although the definition of moral distress and its effect on nurses and the healthcare team have been discussed in the literature, the effects of moral distress on undergraduate nursing students have not (Morley, 2018; Morley et al., 2017). The next section of the literature review discusses moral distress and undergraduate nursing students.

Moral Distress in Undergraduate Nursing Students

Krautscheid et al. (2017) observed that undergraduate nursing students are affected by moral distressing events just like licensed nurses; however, less information exists in the literature about moral distress and undergraduate nursing students. Bong (2019) found undergraduates do experience moral distress while working as students in the clinical setting, just like licensed nurses; this experience means that newly graduated nurses may enter the professional field with existing internal and external stress and conflict. Studies have shown that new nurses who developed that moral distress while working in the clinical environment as students provided lower quality patient care faced compassion fatigue, had disinterest for the profession, elected to work fewer hours, left their employer, and abandoned the nursing profession completely (Kelly, 1998; Krautscheid et al., 2017). Bong estimated that 30% of newly graduated nurses left the profession within one year because of moral distress.

Krautscheid et al. (2017) explored senior-level undergraduate nursing students' experiences with moral distress in the clinical setting. The researchers found that nursing students experience moral distress while working in the clinical area but did not act on those feelings. Nursing students associate feelings of moral distress with witnessing substandard care and medication errors, seeing the disrespectful treatment of patients, having limited access to resources and little time to complete tasks, and sensing the power of physicians over nurses (Krautscheid et al., 2017; Sasso et al., 2016). Nursing students who observe unethical events during their clinical experience often do not respond with moral courage because of several factors; Krautscheid et al. identified some as students' lack of authority to speak up against wrongdoing because they were just students; students' desire to protect the relationship with a clinical instructor; students' sense that they were too inexperienced to voice concerns or questions; and students' lack of knowledge about how to speak respectfully and professionally to others when they witness wrongdoing. Just like experienced nurses, nursing students witness moral challenges in the clinical environment; moreover, students experience the same feelings of powerlessness, helplessness, anxiety, frustration, sadness, and guilt due to experiences of moral distress. The experience of moral distress on a nursing student and its effects have been found to inhibit the learning process (Renno et al., 2018).

Newly graduated nurses are entering the professional field without the knowledge and tools needed to act with moral courage, and the feelings of moral distress experienced as a student linger throughout their professional lives. Nursing students

witness disrespect between the healthcare team and toward patients. Nursing students sense the nurse's inability to advocate and see the lack of support from leadership and supervisors in the clinical setting. These encounters in the clinical setting and observing the acceptance of such unethical actions by their colleagues, prompt students to "embrace practices that are role-modeled" and to see that the "status quo culture is preserved" (Krautscheid et al., 2017, p. 317). Nurse educators can teach nursing students how to respond to unethical events that occur in the clinical environment and equip them with the tools needed to respond with moral courage. Fourie (2016) identified moral distress as one factor in the broader healthcare environment that contributes to dissatisfaction among workers and a cause of poor staff retention. Moral distress is also found to be a burden on the nurse workforce, as nurses are especially susceptible to moral distress because of their role in healthcare.

Despite the ample literature on moral distress and its known effects on nurses, Rushton et al. (2017) asserted that there has been little progress in finding a solution. Moreover, the concern with moral distress is expected to increase due to a growing, and more complex, healthcare system. If methods to decrease or eliminate moral distress among nurses are not realized, additional and detrimental effects on the present critical shortage in the profession will persist, and the profession already faces a challenge of filling registered nurse vacancies. According to the Bureau of Labor Statistics, 1.2 million registered nurse positions will need to be filled between 2014 and 2022 (Grant,

2016). This research may contribute to a solution for decreasing or eliminating moral distress experienced in the nursing profession.

Moral Courage in Nursing

Because nurses are responsible for patients who may be unconscious or unable to advocate for themselves, nurses must act with moral integrity (Monroe, 2019). The nursing profession is currently challenged to care for patients with more complex health problems, master evolving technology, and manage both an increased workload and additional responsibilities. Monroe's results suggested that nurses struggle with conflicts in the workplace that relate to remaining vigilant to both their professional and ethical values. According to Storaker et al. (2017), nurses' ethical and professional values are compromised because of moral dilemmas that lead to moral distress; this, in turn, results in a decrease in patient care quality and negative personal consequences. Moral courage is a vital trait for any nurse (Bickhoff et al., 2017); those who possess it can confidently and ethically respond during an unethical event, despite the negative consequences they may face from their institution, colleagues, or supervisors. Nurses who act with moral courage are committed to their moral, ethical, and professional values.

Moral Courage in Undergraduate Nursing Students

Undergraduate nursing students practicing in the clinical setting are observing, retaining, and modeling behaviors of the licensed nurses they shadow. According to Horsburgh and Ippolito (2018) individuals learn from observing others. At the same time the nursing students are experiencing morally distressing events, they are also modeling

the nurses' behaviors and responses to those events. Despite a student nurse's knowledge about the correct course of action, Bickhoff et al. (2017) found student nurses did not act with moral courage and reported reasons such as fear of consequences from the nursing preceptor, concern about a lack of knowledge and confidence to be morally courageous, and desire to avoid disapproval from the nursing staff or nursing preceptor. Nursing students often experience unethical events in the clinical setting, and when they fail to question these unethical events—and fail to act with moral courage—they experience ongoing moral distress.

Pachkowski (2018) found that undergraduate nursing students in the United States are not receiving appropriate ethics education despite the clear requirements and that those who do receive sufficient ethics training, in the classroom and clinical setting, were more successful when dealing with an unethical event. Those students acted with confidence, responsibility, and professionalism and coped better with the events than those without the proper education and training. Students who did not receive the education and training in ethics education, specifically when responding to unethical events, reported feeling unprepared and challenged when dealing with these events after graduation (Chao et al., 2017). Nursing students who are not properly educated enter the nursing profession with existing moral distress and are ill-prepared to face future moral distressing events in the professional setting. Therefore, these new nurses are at a greater risk of leaving the nursing profession early on in their careers.

Undergraduate Nursing Curriculum

Undergraduate nursing programs are accountable to the content mandated by the accrediting body, CCNE; the CCNE currently requires nine essentials for undergraduate nursing programs to follow and teach in their classroom and clinical teaching, each of which must be fulfilled in the curriculum to maintain accreditation. Nurse educators can expand on each topic within the essentials and teach students related topics. These nine essential curricular elements encompass content on "patient centered care, interprofessional teams, evidence-based practice, quality improvement, patient safety, informatics, clinical reasoning/critical thinking, genetics and genomics, cultural sensitivity, professionalism, and practice across the lifespan in an ever-changing and complex healthcare environment" (CCNE, 2020, p. 3). Essential VIII is designed to educate undergraduate nursing students on professionalism and professional values. The curriculum includes education on the ethical behavior a nurse must possess in practice, such as acting with altruism, human dignity, and integrity; however, it does not require undergraduate nurse educators to specifically address the issues of moral distress that affect the profession. Undergraduate nursing students are currently not required to receive content in the classroom or clinical environment regarding strategies that can combat moral distress, such as moral courage.

The AACN is known as the voice of nursing academics. This national organization sets the professional standards for nursing academics. The AACN is autonomous of the accrediting body, CCNE; however, the AACN is an influencer that

guides the nursing curriculum toward including certain content. According to AACN (2020) nursing educators should be proactive and begin the process of crisis prevention, instead of crisis intervention, with nursing students. The goal of this strategy is to prevent nursing students from experiencing depression, burnout, anxiety, stress, and other destructive behaviors. The AACN further determined that nursing students will face workplace burnout, increased clinical demands, inadequate patient-staffing ratios, extended work hours, inadequate function in interprofessional teamwork, unclear scope of practice, and inefficiency of technology, is reaching extreme highs. These challenges are causing concerning health issues that are affecting nurses mental and physical well-being. These challenges, all related to moral distress, cause nurses to make medical errors and compromise patient care (AACN, 2020). The AACN has determined that nurse educators can prepare nursing students to enter the profession with the skills to confidently address these increasing challenges.

Undergraduate nursing students are prepared to graduate with the skills and knowledge to deliver safe patient care using the patient centered care framework, utilize clinical judgment and reasoning, possess skills that address caring for complex patient illnesses, assume accountability for oneself, delegate to other healthcare team members, deliver care in a variety of settings to a diverse population through their lifespan, and continue ongoing professional development (CCNE, 2020). Teaching the professional integrity and ethical responsibility nurses must possess is another requirement that the CCNE mandates for the undergraduate nursing curriculum; however, it is unknown how

instructors are preparing students to address the ethical challenges and distressing events that occur in the healthcare environment (Grace, 2018).

Interprofessional Education Collaboration (IPEC) is another required component of the undergraduate nursing curriculum, and it consists of four core competencies that nurse educators must implement: values and ethics for interprofessional practice, roles, and responsibilities; interprofessional communication; and teamwork (Fleming & Willgerodt, 2017). The healthcare disciplines represented by the IPEC team are dietitians, dentists, nurses, physicians, social workers, therapists, and pharmacists, and IPEC practice was established to promote teamwork and interprofessional collaboration, improve communication between providers, and increase patient safety and patient care outcomes. IPEC education has executed a positive impact on students' perceptions of (a) their role in healthcare, (b) other professionals' roles in healthcare, and (c) the importance of communication and teamwork to quality patient care (Dyess, et al., 2019; Guraya & Barr, 2018; Tran et al.; 2020; Williams, 2020).

Pachkowski's study (2018) revealed that the undergraduate nursing curriculum only requires a minimal amount of education on ethics; this limited exposure for undergraduates is one factor that explained why nursing students enter the profession unprepared to respond with moral courage to unethical events. Responding to unethical events requires the nursing student to act with confidence, knowledge, and professionalism; it also requires the student to think critically throughout the distressing event and to respond with moral courage. This will result in better patient outcomes

despite internal institutional consequences with which nurses are challenged. Nurses who act with moral courage can also alleviate the negative effects that moral distress causes.

Monroe (2019) found that nurses who engage in post-licensure ethics education were more likely to (a) preserve their professional values, (b) act with moral courage, (c) experience a decrease in moral distress, and (d) remain in the nursing profession longer, and with more gratification. The more nurses are exposed to ethics education and are supported by mentors, colleagues, and administrators to be morally courageous, the stronger feelings they harbor toward their professional values. Monroe also claimed that these nurses achieved better patient outcomes. Staff retention is a significant factor in preserving patient safety; therefore, increasing nurses' confidence and ability to make ethical decisions and to act with moral courage have been shown to decrease moral distress among nurses and increase nurse retention rates (Grace et al., n.d.).

The ANA (2017) has recognized that preparing nursing students to enter the profession with the tools and abilities to act courageously during a distressing event is an important role that nurse educators in the academic arena play. The healthcare setting is evolving as nurses—and the entire healthcare team—face challenges in complex patient cases, technology, and interdisciplinary collaboration. Educating undergraduate nursing students to act with moral courage while in the academic field and clinical environment can prepare them to enter the field with that same confidence (Nash et al., 2016). Incorporating curriculum content in the undergraduate programs that addresses the acquisition of moral courage—while students are in the process of learning, retaining,

and modeling behaviors—is essential in decreasing moral distress and fostering a morally courageous workforce of nurses (Gibson, 2018).

Moral distress is of paramount concern in the nursing profession; the CCNE is beginning to identify it as an issue and is working toward combating its negative effects. Currently, there is no CCNE mandate requiring that undergraduate nursing curricula address moral distress and assist students in learning how to act with moral courage; however, the CCNE is working toward a solution so nursing students can enter the professional field able to navigate distressing events and avoid the effects moral distress imposed on the profession (Morley, 2018).

Summary and Conclusions

Undergraduate nursing students' education is foundational to securing a long, successful professional career. Preparing undergraduate nursing students to handle adversity and ethical dilemmas and challenges in the professional field is crucial in building moral courage (Gibson, 2018). The nursing profession involves daily ethical dilemmas, especially when patients are too ill or otherwise unable to advocate for themselves. Nurses must align with the best interests of their patients and provide safe, quality care. If nurses feel overwhelmed, overpowered, fearful, and unsupported by their institution, colleagues, and administration, nurses may experience moral distress and dissatisfaction with the profession.

Researchers have noted that nurses entering the profession with the tools to act with moral courage during an unethical event have (a) greater patient outcomes, (b)

increased job satisfaction, and (c) higher retention rates (Monroe, 2019). The role of nurse educators in preparing undergraduates learning in the clinical setting to enter the professional field with a sense of courage and ethical obligation—to their patients and themselves—is imperative to building a culture of morally courageous nurses. Limited research exists on how nurse educators can assist undergraduate students to build moral courage while in clinical and academic settings (Gibson, 2018). The present research may help nurse educators at the university study site better understand how they can prepare undergraduate students to enter the professional field with moral courage.

In this section, I defined commonly used terms and reviewed current literature on the topics of moral distress in nursing, undergraduate nursing students, and interprofessional healthcare teams, as well as moral courage in nursing and the undergraduate nursing curriculum. I explained the significance of the research problem, defined and expanded on the conceptual frameworks used in this research, and explained their relevance to my study. In Chapter 3, I address the research design and rationale, and I as well as methodology and data collection processes.

Chapter 3: Research Method

The purpose of this basic qualitative study was to explore nurse educators' perspectives regarding how the undergraduate nursing curriculum addresses the topic of moral distress and strategies and skills that can enhance moral courage. In this chapter, I describe the research design, rationale, and questions, and explain my role as researcher. Next, I explain the methodology, procedures for participant recruitment and participation, and data collection methods. Finally, I discuss steps taken to maximize trustworthiness and ethical soundness of research. The phenomenon of interest for this study is how nurse educators can use the undergraduate nursing curriculum to assist undergraduates in terms of gaining skills needed for ethical decision making. Participants in this study are nurse educators who teach in an undergraduate nursing program.

Research Design and Rationale

I used a basic qualitative design for this study, as using such a design to explore participants' perspectives about a phenomenon allows the researcher to gain an understanding of a phenomenon of interest (Merriam & Tisdell, 2016). According to Merriam (2009), a basic qualitative design is an effective way to explore a phenomenon in an educational setting, and this design has been used to understand effective strategies, techniques, and practices educators rely on in academic environments. The purpose of using a basic qualitative design is not to explore participants' feelings, attitudes, and beliefs but rather gain insights about their experiences, as well as meanings of those experiences. Those beliefs, attitudes, and feelings may emerge during the data collection

process; however, the researcher's role is to focus more on reported experiences (Merriam, 2009).

Research Questions

The following research questions guided this research at the university study site:

RQ1: What are nurse educators' perspectives regarding how the current undergraduate nursing curriculum prepares students to cope with moral distress?

RQ2: What are nurse educators' perspectives regarding how the undergraduate nursing curriculum can prepare students to cope with moral distress?

Exploring nurse educators' perspectives regarding how the undergraduate nursing curriculum prepares students to cope with moral distress may better prepare nursing students to act with moral courage when faced with ethical dilemmas.

Role of the Researcher

When conducting qualitative studies, the researcher must act as both participant and reporter. For this study, I planned and conducted one-on-one interviews; thus, during the interview process, I had direct contact with participants. I made digital audio recordings with permission from participants, and each interview was transcribed verbatim.

The qualitative study design may lead to bias; therefore, I addressed participant and research bias before the data collection process. To address participant bias, interview questions were open-ended, which encouraged each participant to tell their story. Using open-ended questions allowed participants to share their experiences and

respond to questions as they chose. I ensured all interview questions were phrased in a manner that made each participant feel accepted and unthreatened, and I attempted to build a rapport with each participant. I maintained neutrality during interviews and did not disclose any personal thoughts or feelings.

To address research bias, I completed transcripts for each interview and did not omit or change any data. While analyzing data, I maintained a focused and unbiased mind, and I transparently reported data. This helps readers sense the thoroughness of the research design and made clear any personal biases I may harbor. I did not ask any leading questions and kept all interview questions clear and simple, avoiding words that could introduce bias.

I hold no authority over participants. I was the sole researcher and conducted my own recordings and transcriptions of each interview. I did not offer any gifts to participants for their input. I obtained signed and written consent forms for each participant before starting interviews and held these forms in a secure locked cabinet in my home.

Data collection began after applying for and receiving full Institutional Review Board (IRB) permission from the university where the study was conducted. After receiving that university's IRB approval, I applied for and received Walden University IRB approval (see Appendix A).

Methodology

Interviews were conducted using open-ended semi structured questions to elicit responses from participants and obtain details about their experiences. I chose participants from a university study site. I conducted face-to-face individual interviews at the university study site in a private secure room. An alternative plan was in place for interviewing participants in response to the COVID-19 pandemic affecting the US. If participants did not feel safe in face-to-face interviews due to COVID-19, I invited them to request a virtual interview via Google Meet.

Google Meet is a video chat platform; individuals who have an existing Gmail account may use it free of charge. All participants in this project had a Gmail account through the university where the study took place. Google Meet provides an individual meeting code for each participant; it is 10 characters long with 25 characters in the set. Privacy measures include the following: anonymous users are not allowed to join meetings, participants are not allowed to join the meeting more than 15 minutes in advance of the scheduled meeting time, and only users included on the calendar invite may enter without an explicit request to join the meeting. Moreover, Google Meet requires that any participants not included on the calendar invite must ask the host to allow them to join, and that request must be granted by the meeting organizer. Finally, only the meeting host can admit participants not included on the calendar invite. Notably, the meeting organizer has easy access to all security controls, such as muting and

removing participants, and only he or she can directly remove or mute participants within a meeting. Any user of Google Meet can report abusive behavior in meetings.

A separate invitation was sent to each participant's Gmail account one week before the participant's requested interview date and time (see Appendix B). The link to join the virtual meeting for this study was individualized for that date and time and offered once the Google meeting was set. I recorded each interview, and each participant had to first consent to a recording before beginning the interview.

Procedures for Participant Recruitment, Participation, and Data Collection

Participants were nurse educators from the university study site. I used purposive sampling to recruit eight nurse educators; this allowed me to pick participants from a common background and gather those who share common characteristics (Ravitch & Carl, 2016). The participants' employment positions varied from full-time to part-time to adjunct nurse educators. All participants were actively teaching undergraduate nursing students in the clinical area and had a minimum of 5 years of teaching experience in an undergraduate nursing program.

Interviewing only nurse educators working in an undergraduate nursing program enabled me to focus solely on undergraduate students and the undergraduate curriculum and on how nurse educators can use the curriculum to assist students in building moral courage. I used the following inclusion criteria to recruit participants for this study:

- Participants must be actively teaching in the undergraduate nursing program at the university study site.

- Participants must have a minimum of 5 years of teaching experience in an undergraduate baccalaureate nursing program.
- Participants must be teaching undergraduate nursing students in the clinical environment.
- Participants must be able to read, understand, and speak English.

To conduct a qualitative study, the researcher must reach saturation via the interview process (Merriam & Grenier, 2019). Saturation can occur by using five to 30 participants. According to Rubin and Rubin (2012), saturation occurs when there is no new information being collected from the participants. I obtained each nurse educator's contact information from the chair of the nursing department at the university where the study took place. I sent the recruitment email to all possible participants; that correspondence provided the inclusion criteria, the purpose of the study, and interview method options (see Appendix C); then, I reviewed the first 10 participants who responded, with the plan to accept the first 10 who met the selection criteria. I continued to review all participants until I found participants that met the selection criteria.

I relied on an interview protocol to maximize uniformity when interviewing each participant and to maintain a similar structure for each interview (Appendix D). Troncoso-Pantoja and Amaya-Placenia (2017) found that implementing an interview guide can assist researchers in maintaining consistency and remaining focused throughout the process.

I used a total of nine interview questions, with the potential of using follow-up questions, that aligned with the main research questions foundational to this study. The interview questions assisted in understanding nurse educators' thoughts, perceptions, and experiences related to how the current undergraduate nursing curriculum addresses moral distress and how the undergraduate nursing curriculum can prepare students to become morally courageous.

A researcher must follow procedures to maintain validity throughout the interview and data collection processes. Ravitch and Carl define reflexivity as the act of displaying any biases during the study (2016). Ravitch and Carl also asserted that journaling could help qualitative researchers be more aware of any presumptions in play as they conduct research, so I kept a journal of my thoughts, feelings, fears, and reflections to maintain transparency during data collection and analysis.

The interview questions used in this study aligned with the main research questions, the phenomenon of interest studied, and the conceptual frameworks used. All interview questions were open-ended to elicit responses from the participants and obtain insights from nurse educators about how the undergraduate nursing curriculum can be used to assist students in acquiring moral courage. Table 1 shows the guiding research questions for this study and displays how each research question aligned with the interview questions.

Table 1

Alignment of Research Questions with Interview Questions

Research question	Interview question
Research Question 1: What are nurse educators' perspectives on how the current undergraduate nursing curriculum prepares students to cope with moral distress?	How do you define moral distress? How do you define moral courage? Has there ever been a time when you felt powerless to act on behalf of your patient because of moral distress? If yes, please describe. Do you feel the current complex, ever-changing clinical environment healthcare disciplines work in contributes to moral distress? Please explain. Have you ever had a student witness a moral distressing event while in the clinical setting? If yes, please describe the event and how it was handled.
Research Question 2: What are nurse educators' perspectives on how the undergraduate nursing curriculum can prepare students to cope with moral distress?	Do you think nurse educators can assist undergraduate nursing students to learn the skills to make ethical decisions in the clinical setting? Please explain why or why not. Do you have direct experience teaching on the topic of moral distress to undergraduate nursing students? If so, please describe. Do you feel the current undergraduate nursing curriculum addresses the topic of moral distress? Please explain why or why not. How can the nursing curriculum be utilized to assist students to learn the skills to act with moral courage in the clinical environment?

After I received IRB approval from Walden University and the university study site, I accessed the study site's website to collect the names and email addresses of all nurse educators working in the nursing department. I obtained these names and email addresses from the chair of the nursing department. Next, I sent a recruitment email to all potential participants (see Appendix C); in that correspondence, I listed the criteria for participating in the study. I followed the study site university's policies on recruitment of participants via that school's recruitment template.

In a basic qualitative design, the researcher can collect data by interviewing participants via one-on-one interviews or focus group interviews. For this study, I used semi structured, one-on-one, face-to-face interviews with qualifying participants. Due to COVID-19, an alternative plan was in place: participants who felt unsafe meeting in person were invited to request a virtual interview via Google Meet, lasting 90 min. Face-to-face interviews were conducted on the study site campus in a private reserved room. I notified participants via email that they had qualified to join the study and offered them dates, times to request a face-to-face or virtual interview. After confirmation of the meeting details, I forwarded each participant a letter of participation.

I took notes and recorded each interview. I secured the digital recordings and transcriptions in a folder on a password-protected personal computer and the notes in a locked place in my home. I transcribed each recording in the privacy of my home and reviewed my notes a minimum of four times. Self-evaluation is part of the interview review process: researchers can self-evaluate by asking themselves questions about the

flow of the conversation and if the researcher's responses to questions posed by the participant were addressed appropriately (Rubin & Rubin, 2012). Once I completed the transcription and self-evaluation, I began to code and categorize each interview, seeking themes and intersections among them. Finally, I created a chart to document identified categories, codes, and themes among the data collected (Creswell & Poth, 2017).

Data Analysis Plan

The data analysis process was a continuous task. I transcribed each interview separately within 48 hours of completion. Next, I used member checking to validate the coding process (Creswell & Poth, 2017) by emailing each participant their respective interview recording and requesting validation before I started the coding process. If after reviewing the recording a participant reported a discrepancy, I made the appropriate changes. After coding, I again studied the transcription then recoded it to narrow down the number of codes. I then identified the descriptive themes among the codes and defined them (Engle, 2015).

Creswell (2015) advised when analyzing a large amount of data to reduce it down to having 30–50 codes, and Engle (2015) asserted that doing the second level of coding ensures trustworthiness in the researcher and eliminates repetitive codes. Thus, I continually referred to my interview notes and listened to the transcriptions to seek out additional themes. Next, I built a chart displaying all identified codes, categories, and themes.

Trustworthiness

Qualitative research calls for four levels of trustworthiness in research: credibility, dependability, confirmability, and transferability. These levels of trustworthiness enable the qualitative researcher to demonstrate that all measures were taken to maximize the trustworthiness of the research process, display transparency, ensure the authenticity of the data collected, and validate the value of the study (Merriam & Tisdell, 2016).

I used the member checking method to achieve credibility: to ensure accuracy, each participant received a recording and transcription of the completed interview for review. Korstjens and Moser (2018) define dependability as the process by which the researcher must ensure the data collected from participants represents their original expressed point of view. Dependability is the process by which the researcher displays transparency throughout the entire research study (Korstjens & Moser, 2018). I inform the readers of this study about how each step of the research process was conducted. This will allow any researcher to replicate this study if chosen. Confirmability helps other researchers understand how the study was relevant to the target phenomenon and maintains accuracy with the data collected (Korstjens & Moser, 2018). I conducted an extensive literature review on the phenomenon studied and kept all research records and collected data in a secure place.

Korstjens and Moser also explained that transferability is achieved once the researcher supplies readers with a detailed description of the study participants and the methods used to collect data from them. I included participant inclusion criteria and listed

the interview questions used in the study. I reported any changes from the interview guide questions that occurred while interviewing each participant.

Ethical Procedures

Ravitch and Carl (2016) found that qualitative researchers must be rigorous in their study and int urn ensure participants feel confident and safe in their participation. The researcher must explain the purpose of the study to the participants and ensure confidentiality. To maintain anonymity, I assigned numbers to each participant (e.g., Participant 1, Participant 2), and I did not conduct any interviews until I had participant consent in hand. I provided participants with contact information for the university study site in the event they wanted to discuss the interview process. Before their participation, I informed all participants of their right to withdraw from the study at any time, without repercussions. All documents and audio recording obtained would be destroyed of any participant who withdrew from the study.

I completed the oral defense of my proposal then applied for IRB approval from both the university study site and Walden University. I obtained a letter of cooperation from the chair of the undergraduate nursing program at the study site; this permitted me to use the nurse educators as participants (see Appendix E). I also submitted the required course completion of the Collaborative Institutional Training Initiative program to Walden University and the university study site. I did not begin any data collection until IRB approval was granted by both Walden University and the university where this study was conducted. I provided a copy of any risks that the participants may encounter during

the interview process. No interviews took place until consent was received from the participants.

I sent each participant the transcription of their interview. Each participant's name and university where this study was conducted is kept confidential, and to mask the participant identify, I assigned each participant a number for use of identification for records and reporting the data collected. I secured all data and will keep it for 5 years in a private, locked, secure cabinet in my home. I ensured there are no additional copies of the audio recordings.

Summary

The purpose of this study was to explore nurse educators' perspectives on how the undergraduate nursing curriculum addresses the topic of moral distress and the strategies and skills that can enhance moral courage. Participants included nurse educators teaching undergraduate students at a university in northeastern Pennsylvania. I used a basic qualitative design and conducted semi structured face-to-face or virtual interviews. I relied on an alternative plan to use Google Meet, due to COVID-19, to accommodate participants who did not feel safe meeting in person. I kept confidential the identity of each participant and did not reveal the name of the university study site. All participation was voluntary and required written consent with the option to withdraw at any time. To maintain trustworthiness, I kept all data and records in a safe, secure location in my home, and I explained every activity and procedure.

Chapter 4 includes information about how data were collected and then analyzed. Study results and how trustworthiness was maintained throughout the research process are described.

Chapter 4: Results

The purpose of this basic qualitative study was to explore nurse educators' perspectives regarding how the undergraduate nursing curriculum addresses the topic of moral distress and strategies and skills that can enhance moral courage. I chose a basic qualitative design with open-ended semi-structured interview questions to gain an understanding of participants' feelings, perceptions, and thoughts about the target phenomenon. Collected data were analyzed based on two guiding research questions:

RQ1: What are nurse educators' perspectives regarding how the current undergraduate nursing curriculum prepares students to cope with moral distress?

RQ2: What are nurse educators' perspectives regarding how the undergraduate nursing curriculum can prepare students to cope with moral distress?

Setting

This chapter includes information about the recruitment process, study settings, interview process, and data collection and analysis procedures. I recruited currently employed nurse educators from one university in northeastern Pennsylvania for this study. A recruitment email (see Appendix C) was sent after I received permission from the department chair of the nursing program, and all correspondence with educators was conducted via email. Eleven nurse educators responded to the invitation to participate in the study, and I chose eight who met study criteria. During the time of data collection, COVID-19 precautions were in place, so participants could choose an in-person or virtual interview; as a result, six interviews were conducted virtually and two in person. I held

virtual interviews in my home office with a closed door to ensure privacy and confidentiality; participants spoke with me during nonworking hours from their homes, also behind closed doors to ensure privacy. I conducted in-person interviews at the university study site during nonworking hours and behind closed doors to maintain confidentiality.

Data Collection

On September 10, 2021, and before beginning recruitment or data collection, I received approval from the study site university's IRB; the approval number was 2021-E035 (see Appendix A). Next, I submitted IRB approval to the Walden University IRB for review, which was granted on September 24, 2021; the approval number was 09-24-21-0747874. I then emailed a recruitment letter (see Appendix C) on September 26, 2021, to all nurse educators currently teaching in the undergraduate nursing program at the university study site. From the candidate pool of 11 respondents, I chose nine. All participants taught in the undergraduate nursing program at the university study site, had a minimum 5 years of teaching experience in an undergraduate baccalaureate program, taught undergraduate nursing students in clinical environments, were willing to participate in the study after reading the emailed consent form, and were able to read, understand, and speak English. Notably, two respondents did not meet the minimum years of teaching experience requirement, and I excluded them. I emailed the consent form to the nine participants and then scheduled dates and times for each interview. One

of the nine respondents failed to reply to the consent form to confirm a meeting, so I sent a second email to inquire; however, I received no reply.

Due to COVID-19, I offered participants the option of in-person or virtual interviews, and six participants chose to meet virtually. I sent a Google Meet invite (see Appendix B) to each participant to confirm agreed-upon meeting dates and times. The remaining two participants requested in-person interviews and were given a location for their requested date and time. All interviews were conducted outside of working hours. All participants were made aware they could withdraw at any time during the study without any negative consequences from the university where this study was held. Participants understood this was strictly voluntary, and I offered no incentives.

Virtual interviews took place outside of working hours; I conducted them alone and behind closed doors, free of distractions in a private home office. Once each participant was virtually present for the interview, I requested permission to record the interview, and each participant agreed. In-person interviews also took place in a private secure office behind closed doors and during nonworking hours. Before beginning each interview, I sought permission to record via voice recorders, and each participant agreed. I asked all participants the same nine questions (see Appendix D), along with any necessary clarification questions. I asked participants to take their time and be descriptive when answering questions. I remained an active listener and took notes in addition to recording. After completing interview questions, I invited each participant to add anything further; no participant wished to do so. Each interview took approximately 35–

45 minutes, and at the conclusion, I thanked them for their time and encouraged them to request a copy of the recording for review, if desired. I stored all recordings and notes in a locked cabinet in my home and locked corresponding emails in a password-protected personal computer. I will retain data for 5 years.

Data Analysis

I used content analysis to analyze collected data and identify themes. According to Miriam and Tisdell (2016), the researcher should begin by reading data several times before beginning to analyze the data; therefore, I began by repeatedly listening to each voice-recorded interview and then transcribing it into written words to identify common words and phrases. I highlighted these common words and phrases and separated them by participant and interview question, and then created columns on poster paper to determine themes from found codes. During the first attempt, after all interviews were coded and themed, I identified 52 keywords and phrases. Next, I reread transcriptions to ensure nothing was missed or misinterpreted during this first attempt. Finally, I studied revealed codes and themes along the two guiding research questions and conceptual framework to eliminate irrelevant codes and themes.

I completed a second round of coding to identify appropriate themes that aligned with guiding research questions and conceptual frameworks then added a column for identified themes and relevant codes. Four themes emerged from RQ1, and two themes emerged from RQ2. These themes are shown in Table 2 and Table 3.

Table 2

Themes from RQ1

Research question	Theme
What are nurse educators' perspectives on how the current undergraduate nursing curriculum prepares students to cope with moral distress?	Theme 1: Ethical conflicts "Moral distress to me would mean that you're put into a situation where the situation is going past your ethical beliefs or the set standard of ethics where the decision-making process is going against your standards." Theme 2: Having a voice "If they see something that's questionable, to be able to have the courage to recognize that and to come forward about it." Theme 3: Common occurrence, constraints "When you feel frustrated that you can't do anything." Theme 4: Direct patient care, bullying, silence "The bullying that goes on in the clinical area and students having to experience that bullying."

Table 3

Themes from RQ2

Research question	Theme
What are nurse educators' perspectives on how the undergraduate nursing curriculum can prepare students to cope with moral distress?	Theme 5: Open-ended discussion in the classroom and clinical setting "I think it should be both in both didactic and in a clinical setting." Theme 6: Instructor responsibility "I definitely think that's the

	responsibility of an instructor to walk the students through it."

Results

Six themes emerged from eight interviews with nurse educators currently teaching in an undergraduate program. Themes aligned with the two guiding research questions and conceptual frameworks for this study.

Theme 1: Ethical Conflict

The first interview question was: Define the term moral distress. The emergent theme from all eight participants was ethical conflict. In fact, all participants used the word "ethical" in their definition of moral distress. Participant 2 responded by stating, "Moral distress to me would mean that you're put into a situation where the situation is going past your ethical beliefs or the set standard of ethics where the decision-making process is going against your standards." Participant 5 answered by stating, "Moral distress to me is something like a situation where a nurse feel is ethically wrong." Each participant's definition of moral distress resembled Bong's (2019) definition of something that arises when a nurse fails, due to external or internal constraints, to respond in a morally correct manner during a distressing situation.

Theme 2: Having a Voice

The second interview question was: Define the term moral courage. All eight nurse educators similarly defined moral courage. Participant 3 defined moral courage as "if they see something that's questionable, to be able to have the courage to recognize that and to come forward about it." Each participant answered this question without

hesitation, and a couple of the participants offered a personal experience from their time working in the clinical environment, reflecting, and voicing concern about not having acted with moral courage. Their reasons for inaction ranged from a lack of support from the team or a fear of consequences from management. Participant 6 reflected on a specific occasion when she was caring for a patient and spouse who had lost their newborn. The couple requested a priest to baptize their newborn, and Participant 6 called the priest, as requested; she was told it was too late at night and that the priest would visit the next morning. Participant 6 expressed that she felt powerless because "He said, 'No, I'll come in the morning.' So, I felt powerless because I couldn't help these people."

Theme 3: Common Occurrence

The third interview question was: Has there ever been a time when you felt powerless to act on behalf of your patient because of moral distress? If yes, please describe. Seven of the eight participants answered "Yes" to this question, and all described a negative experience while caring for a patient in the clinical setting. Participant 1 described an event in which a patient "went to the intensive care unit." She continued, "In the meantime, I had six other patients to care for. So, one patient may have not gotten their bed bath that day. I worked day shifts at the time, because my priority was the person going to the intensive care unit. So, I mean, that's pretty much like when you feel frustrated that you can't do everything." Participant 4 described feeling powerless during one event: "One thing that stands out to me was seeing a child being restrained and at that time, the staff that was restraining them were saying things to the

child that were not appropriate." Participant 2 stated, "Well, I have several times, actually just this weekend." All nurse educators but one narrated an event that made them feel powerless and displayed feelings that the related event remained bothersome to them.

The fourth interview question was: Do you feel the current complex, ever-changing clinical environment healthcare disciplines work in contributes to moral distress? Please explain. All but one participant conveyed that the clinical environment indeed contributes to moral distress. Participant 3 responded by stating, "I do, because I feel especially now with the pandemic, nurses are suffering a great deal of moral distress and I think part of the reason is because of the shortage of nursing." Participant 2 answered by stating, "One hundred percent, it does." Participant 5 responded, "Yes, I do. Because I feel that with how many patients and everything else that we must do we're always so busy and everything, that a lot of times what we feel we should be able to do more for that patient." Most nurse educators felt the healthcare environment is commonplace where moral distress occurs. Unlike the seven nurse educators who displayed feelings of common occurrence of moral distress due to the complex environment in which they work, Participant 7 stated, "No, I believe having interprofessional education has decreased stress among healthcare professionals."

Theme 4: Direct Patient Care, Bullying, and Silence

Interview question 5 was: Have you ever had a student witness a moral distressing event while in the clinical setting? If yes, please describe the event and how it was handled. All eight nurse educators reported experiences with this, and a theme of

witnessing or experiencing bullying between nurses and inadequate delivery of patient care emerged as the reasons why students had such encounters of moral distress. The nurse educators expressed concern over their students' experiencing moral distress as novice nurses. Most nurse educators also expressed concern over the students' willingness to remain silent despite being encouraged to speak about the experience. Participant 2 said, "Well, I have, but they wouldn't talk about it." Participant 8 stated, "Yes, it occurs often in the clinical setting." P1 said:

> Well, in psych, it happens more often than probably in medical surgical, and I think it's because of the communication piece. When you have an aide or another staff member who talks down or talks inappropriately to a patient or another staff member, I think that makes students feel small, because they feel they can't do anything in that moment and it's not a good environment for teaching or wanting to work there for the students.

Theme 5: Open-Ended Questions, Classroom and Clinical Setting

Interview question 6 was: "Do you think nurse educators can assist undergraduate nursing students to learn the skills to make ethical decisions in the clinical setting? Please explain why or why not. Interview Question 7 was: Do you have direct experience teaching on the topic of moral distress to undergraduate nursing students? If so, please describe. All participants answered these questions in a similar way. Participant 5 said, "I do, especially if they're in the clinical setting, and they do see a nurse doing something wrong or they didn't learn that way, I take them aside in post conference and discuss."

Participants 5 and 2 answered by expressing they do teach their students about moral distress in the profession while in the clinical environment. Participant 4 stated, “Yes, I do. But especially I think a lot of our post conferences, like, talking about it.” All the nurse educators expressed that taking the time to discuss ethical decision-making skills is an appropriate and vital component of education in both clinical and classroom settings. The role of reflection with nursing students after an event that could cause moral distress could be included as a recommendation to nurse educators in clinical settings.

Theme 6: Instructor Responsibility

The eighth interview question was: Do you feel the current undergraduate nursing curriculum addresses the topic of moral distress? Please explain why or why not. Overall, the participants expressed that the subject of moral distress is taught but not in a structured way. Participant 9 responded, “This topic is introduced in philosophy and weaved throughout the entire curriculum. It is also discussed in their senior year when teaching ethics of the nursing profession just maybe the term moral distress is not used.” Participant 3 said:

> I basically feel that we probably do that on our own. I don’t think it’s something that is addressed or built into the curriculum. And, you know, that’s worrisome, because we need to prepare them in every way that we possibly can, and I don’t think that it’s built into the curriculum enough.

Participant 5 offered, “It should be both in the didactic and in clinical; I mean, even in the classroom, there could be situations that come up, whatever you’re dealing with.”

The final interview question was: How can the nursing curriculum be used to assist students to learn the skills to act with moral courage in the clinical environment? Participant 2 replied, “I believe they have the individual educator pull out the context, what to emphasize. So, I think it’s educator-based upon how well you take the material and tailor it to your students’ needs.” This perspective aligns with the current practice of nurse educators implementing teaching on the topic of moral distress with their nursing students. Maedland et al (2021) found undergraduate nurse educators are devoting time during class to discuss students’ readiness to cope with moral distress in the clinical setting. Teaching strategies such as reflective journaling aids students to express their experiences with moral distress and allows for open discussions where students reflect and learn methods that can assist them to become prepared to respond and cope when encountering an ethical dilemma. Participant 3 stated, “I definitely think that it is the responsibility of an instructor to walk the students through it.” Each of the nurse educator participants reflected on teaching students about moral distress and actions students could take to deal with these experiences. Moreover, all the participants asserted that providing strategies for acting with moral courage was the responsibility of the nurse educator. When answering this question, all participants admitted that they teach this concept to students, on their own without guidance or via required curricular content.

Evidence of Trustworthiness

Qualitative research requires four levels of trustworthiness: credibility, dependability, confirmability, and transferability. Each level was displayed throughout

this research study and data collection process and analysis. To demonstrate credibility, I offered each participant the opportunity to review the interview recording for accuracy. I conveyed dependability by informing the readers of my step-by-step processes, which can aid in replication. The included literature review on the phenomenon of how nurse educators can use the undergraduate nursing curriculum to assist students in gaining skills to make ethical decisions ensured confirmability. Finally, I ensured transferability by including a description of study participants and inclusion criteria, as well as details about how the data was collected, analyzed, and secured.

Summary

This chapter includes data findings culled from semi-structured one-on-one interviews with nurse educators teaching in an undergraduate program and provided a deeper understanding of nurse educators' perspectives on the undergraduate nursing curriculum and moral courage development. Each participant was asked the same set of nine interview questions. The collected data were coded to identify themes that aligned with the two guiding research questions and conceptual framework for this study.

The findings revealed that nurse educators teaching in an undergraduate nursing program define the phrases moral distress and moral courage in similar language. Participants saw moral distress as an ethical conflict and moral courage as having a voice to speak up when one does not agree with others' actions. All the nurse educators shared similar perspectives on the questions about moral distress in the clinical environment, stating that moral distress often originates in interpersonal bullying and supervisory

constraints in the workplace. Each nurse educator shared individual experiences of feeling powerless when working in the clinical setting; powerless colleagues are unlikely to escalate moral distress reports which remain undocumented.

When asked about witnessing their students' experiences with moral distress in the clinical setting, all participants recalled events when students had experienced it then explained how they as an instructor addressed it. Most of the educators declared that they attempted to discuss the event with the student; however, some students would not discuss the event with their instructor. All participants appeared to have concern that moral distress occurs with their students in the clinical setting. The interview questions related to how nurse educators can use the existing curriculum to address the topic of moral distress. I also wanted to understand if nurse educators play a role in assisting students to make ethical decisions in the clinical setting during a moral distressing event. Saturation in data collection was revealed as all participants answered similarly, each expressing that the instructor must address the topic of moral distress, especially in the clinical setting and during an event that precipitates a moral issue, either during patient care or among the professional staff.

All participants expressed that the current nursing curriculum does address ethics in nursing; however, the curriculum does not address the topic of moral distress and strategies to respond to it. Each voiced a sense of responsibility on the part of the instructor to openly discuss moral distress with students. The nurse educators also conveyed the importance of devoting time during clinicals and class to discuss the topic

of moral distress with students, despite this topic being excluded from the curriculum. Some of the participants further expressed that nurse educators are their students' role models, and they should teach by modeling moral courage. All eight participants responded similarly to the last interview question about whether the curriculum can assist nursing students to learn to act with moral courage and that the nursing instructor must seize moments to teach to the topic of moral courage and act as a role model for students.

All participants identified moral distress as a common occurrence for students working in the clinical setting and agreed that nurse educators must address the topic of moral distress. Moreover, participants noted a responsibility to introduce students to strategies that could help them act with moral courage, despite the concept being only vaguely articulated in the nursing curriculum. In Chapter 5, I discuss how this study can inspire future research as well as my reflections on conducting this research.

Chapter 5: Discussion, Conclusions, and Recommendations

Chapter 5 includes interpretations of findings, limitations of the study, recommendations, implications, and conclusions based on interviews. The purpose of this study was to explore nurse educators' perspectives regarding how the undergraduate nursing curriculum addresses the topic of moral distress and strategies and skills that can enhance moral courage. Findings suggest that implementing education, in both classroom and clinical settings, on the topic of moral distress and strategies undergraduate students can use to manage morally distressing events may positively impact their professional experiences and in turn create positive change in the profession. This research contributes to the practice of nursing and informs nurse educators teaching in undergraduate programs about the need to address moral distress, as well as strategies to respond with moral courage.

Interpretation of the Findings

The purpose of this basic qualitative study was to explore nurse educators' perspectives regarding how the undergraduate nursing curriculum addresses the topic of moral distress and strategies and skills that can enhance moral courage. I used purposive sampling to recruit eight nurse educators as participants, each of whom shared perspectives regarding how the current undergraduate nursing curriculum addresses moral distress and teaching strategies that can enhance moral courage. I conducted face-to-face and virtual interviews, dependent on each participant's preference regarding the ongoing pandemic, and I recorded and transcribed each interview. Transcriptions were

repeatedly reviewed and analyzed to identify themes and patterns as they emerged from the two guiding research questions. The following section includes a discussion of how study findings contribute to the practice of nurse education. Via data analysis, I identified six themes that emerged from participants' consideration of the two guiding research questions, and the following themes are discussed: ethical conflicts, having a voice, common occurrences and constraints, patient care, bullying and silence, open-ended discussions in classroom and clinical settings, and instructor responsibility.

Ethical Conflict

Ethical conflict was one clear theme among participants when defining the phrase moral distress. Jameton (1984) found that moral distress occurs when an individual knows the ethical way to respond during an unethical event but decides not to act in accordance with personal beliefs because of potential negative consequences. Bordignon et al. (2019) defined it as the occurrence of negative feelings in individuals who know they should react in a morally correct manner but fail to because of constraints imposed by the institution or leadership. Holtz et al. (2018) asserted that when representatives from the broader healthcare team, such as physicians, social workers, and chaplains, experience moral distress and fail to act with moral courage, it can have a negative impact on patient care and the working environment. Bong (2019) found that the failure to respond in a morally correct manner during a distressing situation is due to external and internal constraints. Participants in this study have experienced moral distress while

practicing in the clinical setting, and each reported that it stems from facing unsupportive management, dealing with understaffing, and witnessing futile care given to patients.

Having a Voice

Having a voice emerged as a theme when I asked participants to define the phrase moral courage. The act of moral courage is the ability to speak up despite possible consequences from colleagues or management, and study participants believed that strength and an ability to express oneself during ethical conflicts best define moral courage. Several participants shared experiences involving conflict within the profession and how they chose to respond. Participants' definition and experiences align with Kidder's ethical decision-making model of moral courage in that individuals consciously decide to respond ethically or unethically dependent on whether the individual can endure the consequences of ambiguity, exposure, and loss (Kidder, 2005). Overall, participants claimed that having a voice and knowing how to use it were imperative when working in healthcare.

Common Occurrences and Constraints

When I asked study participants about feeling powerless as a nurse practicing in a complex environment, themes of common occurrences and constraints emerged. Nurse educators share moral distress and facing restrictions due to internal and external constraints in response to unethical events. Constraints derive from fear of negative consequences from management, lack of support from colleagues, and fear for one's reputation (Pajakoski et al., 2021). Participants shared experiences involving

powerlessness and helplessness and discussed feelings of frustration and guilt. All but one participant voiced frustration about working in a complex work environment where a nursing shortage and the pandemic have increased moral distress constraints. Participant 7 believed that interprofessional education has strengthened colleagues and moral distress is decreasing because of this education.

van Wijlen (2017) said during the educational process, nurse educators can provide interprofessional communication skill development to enhance student readiness to cope with moral distress; thus, communication strategies can be taught to students before they enter the professional field. When nursing students engage in interprofessional education during their academic years, Homeyer et al. (2018) found students possess positive attitudes toward the profession and respect for their colleagues and engage in teamwork. These students are more likely to have confidence in their roles when delivering patient care with other disciplines and have increased communication skills.

Direct Patient Care, Bullying, and Silence

Themes related to patient care, bullying, and silence emerged when participants responded to inquiries about their students experiencing moral distress in the clinical setting. Each participant shared a story about students experiencing moral distress and how the student dealt with it. According to Kidder (2005), individuals who lack the confidence to act bravely during stressful events tend to remain silent, hesitant to become mentally and morally vulnerable to others. This aligns with responses I received, as each

participant admitted having seen students intimidated and fearful to speak up despite witnessing wrongdoing involving patient care and bullying among colleagues. Participants also shared concerns about their students experiencing distress early on in their careers. Bickhoff et al. (2017) said nurses witness unethical behaviors in clinical environments; therefore, nursing students must learn to verbally advocate for correct actions. This is paramount to undergraduates' education before entering the profession as newly licensed nurses.

Open-Ended Discussions in the Classroom and Clinical Setting

One theme was identified among participant responses to interview questions 6 and 7. I wanted to understand if participants had any direct experience teaching about the topic of moral distress to undergraduate nursing students. While most participants described the need for nurse educators to take the time to discuss the topic of moral distress, few participants described being able to model skills necessary to respond to unethical events that commonly occur in the clinical setting. Participants claimed to specifically address topics of moral distress and moral courage during clinicals.

The participants also judged the classroom setting as a place where these topics should be presented, and some claimed to share personal experiences with students in the classroom to query them about how the situation could be handled. Moreover, all participants said they openly discuss potential ethical conflicts and strategies to respond to distressful events. Pachkowski (2018) found that discussion of moral distress that affects students and a proactive approach to preparing them to act with moral courage is

lacking in the curriculum, and all participants in this study recognized that gap. The participants acknowledged that nursing students are not equipped with the skills and knowledge to act with moral courage.

Instructor Responsibility

All participants cited instructor responsibility when asked for their perspective on how the current curriculum addresses moral distress and how it can better assist students in learning how to act with moral courage in the clinical environment. Moreover, all participants expressed that they do discuss the topic and the skills needed to respond appropriately, but they do so without guidance from the current undergraduate curriculum. That said, these participants claimed to teach independently on the topic of moral distress and how to respond confidently when confronted with ethical conflict, sensing it is their responsibility to prepare students to cope with ethical conflict before entering the profession. One participant stated, “It’s our duty to our future nurses.” Gibson (2018) found that new nurses who act with moral courage upon entering the professional field can set a precedent for the future profession to enrich the concept of moral courage.

Limitations of the Study

This study was subject to four limitations that relate to challenges inherent to recruitment and scheduling. The first limitation related to recruiting nurse educators at only a single university where the inclusion criteria narrowed the pool of participants. Once I determined which participants who responded to the recruitment email met the

inclusion criteria, and once those educators agreed to participate, it proved challenging to schedule private interviews due to the participants' workload. One participant failed to confirm an interview despite follow-up reminder emails. I had to schedule interviews, both face-to-face and virtual, around each participant's availability. The second limitation was that all participants teach at the same university, and the third was that I am currently employed at the same university; I have no authority over any of the participants. The fourth limitation concerned methodological limitations associated with notetaking and transcription. I reviewed the notes numerous times as I transcribed each participant's interview to ensure accuracy then triple-checked the notes and transcriptions to confirm correct coding. I did this three times to identify themes and patterns.

Future Recommendations

The results of this study aid undergraduate nurse educators in recognizing the need to address moral distress and moral courage in both classroom and clinical settings. Nurse educators who openly discuss ethical conflicts that occur in the clinical setting and assess students' skills to respond with moral courage can prepare students to enter the profession with the confidence to defend their ethical values. It is recommended that future studies explore how moral distress affects undergraduate nursing students in the clinical setting. This information could assist in gaining a deeper understanding of moral distress and its effects on the profession. In addition, more studies are needed to examine how moral distress and moral courage are addressed in academic settings across a variety of healthcare disciplines.

Conclusion

The purpose of this basic qualitative study was to explore the perspectives of nurse educators on how the undergraduate nursing curriculum addresses the topic of moral distress and the strategies and skills that can enhance moral courage. The findings related to implementing education on the topic of moral distress and teaching strategies for how to respond with moral courage are significant for undergraduate nursing students in both the classroom and clinical environments. Nursing students' acquisition, before entering the professional field, of the skills needed to act with moral courage in response to morally distressing events can eliminate the effects moral distress has on nurses.

The study findings confirm that undergraduate nursing students experience moral distress while in the clinical setting and that the students lack the readiness to act with moral courage. The current undergraduate nursing curriculum does not address the topic of moral distress or provide clear and actionable strategies for building moral courage; however, nursing instructors recognize the need to address these topics with their students. The results of this study show that undergraduate nursing students do experience moral distress, just as licensed nurses do. Being in the role of a student did not prevent exposure to bullying and students in clinical settings are witnessing unethical patient care. By acknowledging these common factors through case study or discussion prompt, reflection on what causes feelings of moral distress in students could have a positive effect on the clinical environment. Moreover, student concerns are not easy to escalate as some feel compelled to remain silent due to their lack of experience in the

field, fear of consequences from other nurses, and their sense of belonging in the profession. Nurse educators who engage in conversation with their nursing students when they experience moral distress and discuss skills and strategies to promote moral courage may have a positive effect on students' future response during an ethically challenging event.

The results of this study revealed that undergraduate nurse educators feel a responsibility to address the topic of moral distress and to teach students strategies for responding with moral courage in the classroom and clinical settings, even though these topics are not included in the current undergraduate nursing curriculum. These findings may help undergraduate nurse educators scaffold information about moral distress into class and clinical curriculum, and to openly discuss the topic of moral distress and explicitly describe effective strategies for building moral courage. Implementing these discussions in undergraduate nursing programs and preparing students to enter the professional field with evidence-based practices to navigate moral distressing events may promote a morally courageous culture of nurses; this in turn could decrease the emotional and physical effects moral distress has on nurses and increase nurse retention rates. Enhancing awareness of moral distress in the professional daily work of nursing professionals could increase interprofessional communication towards more equitable clinical settings.

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Appendix A: IRB Approval Letters

MARYWOOD UNIVERSITY EXEMPT REVIEW COMMITTEE Immaculata Hall, 2300 Adams Avenue, Scranton, PA 18509 DATE: September 10, 2021 TO: APRIL CIESIELSKI FROM: Marywood University Exempt Review Committee STUDY TITLE: [1805782-2] Nurse Educator Perspectives on Undergraduate Nursing Curriculum and Moral Courage Development MU ERC #: 2021-E035 SUBMISSION TYPE: Amendment/Modification ACTION: APPROVED APPROVAL DATE: September 10, 2021 NEXT REPORT DUE DATE: September 10, 2022 EXEMPT CATEGORY: 45 CFR 46.104 (d)(2)(ii) Thank you for your submission of an Amendment/Modification to your Exemption Request for this research study. Marywood University's Exempt Review Committee has APPROVED your request for an Exemption. The project meets the criteria defined by federal regulations for an Exemption and involves minimal risk to participants. All research must be conducted in accordance with this approved submission. We have applied the ERC's approval stamp to your final informed consent form and email recruitment message, which we have uploaded with this letter in IRBNet. The stamp must appear on versions shared with subjects wherever possible. If it is not feasible to use the stamped versions online, please ensure that the language in the transmitted versions is identical to the stamped versions. Please also note that: • A CLOSURE REPORT FORM is due upon completion. If not closed by September 10, 2022, a CHECK-IN REPORT FORM will be required by that date instead. - 1 - Generated on IRBNet • Any REVISION to the protocol must be submitted to and

approved by the ERC prior to initiation. • All DEVIATIONS from the described protocol, UNANTICIPATED PROBLEMS or SERIOUS ADVERSE EVENTS must be reported immediately to this office. • All NON-COMPLIANCE issues or COMPLAINTS regarding this study must be reported to this office. The appropriate forms for any of the reports mentioned above may be found on our website or in IRBNet's Forms Library, found after creating a follow up package and then clicking the Designer button on the left menu. If you have any questions, please contact the ERC at 570-348-6211, x. 2418 or irbhelp@marywood.edu. Include your study title and MU ERC number in all correspondence with this office. Thank you and good luck with your research!

Dear April Ciesielski,

This email is to notify you that the Institutional Review Board (IRB) confirms that your study entitled, "Nurse Educator Perspectives on Undergraduate Nursing Curriculum and Moral Courage Development," meets Walden University's ethical standards. Our records indicate that the site's IRB agreed to serve as the IRB of record for this data collection. Since this study will serve as a Walden doctoral capstone, the Walden IRB will oversee your capstone data analysis and results reporting. The IRB approval number for this study is 09-24-21-0747874, which expires when your student status ends.

This confirmation is contingent upon your adherence to the exact procedures described in the final version of the documents that have been submitted to IRB@mail.waldenu.edu as of this date. This includes maintaining your current status with the university and the oversight relationship is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, this is suspended.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB materials, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained on the Tools and Guides page of the Walden website: https://academicguides.waldenu.edu/research-center/research-ethics/tools-guides

Doctoral researchers are required to fulfill all of the Student Handbook's Doctoral Student Responsibilities Regarding Research Data regarding raw data retention and dataset confidentiality, as well as logging of all recruitment, data collection, and data management steps. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.
Both students and faculty are invited to provide feedback on this IRB experience at the link below:
http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d

Sincerely,
Libby Munson
Research Ethics Support Specialist
Research Ethics, Compliance, and Partnerships
Walden University
100 Washington Avenue South, Suite 1210
Minneapolis, MN 55401
Email: irb@mail.waldenu.edu
Phone: (612) 312-1283
Fax: (612) 338-5092

Appendix B: Confirmation Email of Date, Time, Place for Interview

Subject line: Confirmation of Interview

Dear:

Thank you for volunteering to participate in my research study. I am confirming (will insert the date, time, location here or Google Meet invite) that you requested for the interview. If anything arises and you need to change your date and time of this confirmed interview, please contact me.

I look forward to our upcoming interview. Should you have any questions or concerns prior to the interview please contact me.

Thank you,

April Ciesielski

E-mail: ciesielski@maryu.marywood.edu

Telephone: 570-955-7728

Appendix C: Recruitment Letter Email

Subject Line: Nurse Educators Needed for Participation

Dear Nurse Educator:

My name is April Ciesielski, and I am a doctoral student at Walden University. I am conducting a research study. Its purpose is to explore the perspectives of nurse educators about how the undergraduate nursing curriculum addresses the topic of moral distress, and the strategies and skills that can enhance moral courage.

You are invited to participate in the study if you qualify. To qualify, you must be actively teaching in the undergraduate nursing program at the university where the study will be conducted, have a minimum of 5 years teaching in an undergraduate baccalaureate nursing program, be teaching undergraduate nursing students in the clinical environment, and can read, understand, and speak English language. The research will take place at Marywood University in the Center for Natural and Health Science building, Room 321R or virtual via google meeting. It will take about 60 minutes.

Benefits may include an academic contribution to nurse educators teaching in undergraduate nursing programs throughout the U.S. Exploring what education undergraduate nursing students are receiving in the academic setting to build moral courage may assist in understanding how the undergraduate nursing curriculum can prepare student nurses to act morally courageous upon entering the profession. The insights gained from this study may result in undergraduate nursing programs implementing teaching strategies into the nursing curriculum on how undergraduate nursing students can build moral courage.

This study has been approved by Marywood University's Exempt Review Committee.

Sincerely,

April Ciesielski
Email: ciesielski@maryu.marywood.edu

Appendix D: Interview Protocol

Semi-structed Interview Guide

Time: 45-60 minutes

Goal: To elicit participants feelings, experiences, and perspectives on each question asked during the interview to gain a deeper understanding on the phenomenon studied.

Introduce myself and the purpose of the study

Begin asking interview questions and ask follow-up questions, allowing time for participant to answer each question completely.

1. How do you define moral distress?
2. How do you define moral courage?
3. Has there ever been a time when you felt powerless to act on behalf of your patient because of moral distress? If yes, please describe.
4. Do you feel the current complex, ever-changing clinical environment healthcare disciplines work in contributes to moral distress? Please explain.
5. Have you ever had a student witness a moral distressing event while in the clinical setting? If yes, please describe the event and how it was handled.
6. Do you think nurse educators can assist undergraduate nursing students learn the skills to make ethical decisions in the clinical setting? Please explain why or why not.

7. Do you have direct experience teaching on the topic of moral distress to undergraduate nursing students? If so, please describe.
8. Do you feel the current undergraduate nursing curriculum addresses the topic of moral distress? Please explain why or why not.
9. How can the nursing curriculum be utilized to assist students to learn the skills to act with moral courage in the clinical environment?

Appendix E: Letter of Cooperation

Department of Nursing | Center for Natural and Health Sciences

January 8, 2021

Dear Doctoral Committee:

The purpose of this letter is to inform you that I give April Ciesielski, Walden University doctoral student, permission to conduct research at Marywood University's undergraduate nursing program for her doctoral dissertation, "Nurse Educator Perspectives on Undergraduate Nursing Curriculum and Moral Courage Development."

Specifically, she has access to the following:

1. Marywood University's undergraduate nursing program nurse educators.
2. Access to Marywood University's undergraduate nurse educators work email addresses.
3. Semistructured interviews, face-to-face or virtual via Google Meet, will take place with Marywood University's nurse educators currently teaching in the undergraduate nursing program.

Thank you,

Theresa Tulaney

Theresa Tulaney, PhD, RN, GCNS
Associate Professor of Practice
Chair of Nursing, Respiratory Therapy, and Health Services Administration
Director of Nursing
Marywood University 2300 Adams Ave.
Scranton, PA 18509
Phone: 570-348-6275