








Relationship between moral courage and clinical competencies among psychiatric nurses

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ABSTRACT

Introduction: The nature of psychiatric departments creates many different challenges for nurses, especially in the field of ethical aspects of patient care. Nurses need moral courage to provide basic care to avoid possible unethical acts.

Objective: This study was conducted with the aim of determining the relationship between moral courage and clinical competence among psychiatric nurses in 2024.

Material and methods: This descriptive-analytical cross-sectional study was conducted with 211 psychiatric nurses. The samples were selected via the census method. The data were collected via three questionnaires: (1) demographic information, (2) the Sekerka moral courage questionnaire and (3) the clinical competence questionnaire of Mohtashmi psychiatric nurses. The data were analyzed via SPSS 25.

Results: The findings revealed a positive and significant correlation between “moral courage” and “clinical competence” ($p < 0.001$, $r = 0.55$). Among the demographic variables, the t-test revealed that the only variable related to participation in specialized psychiatric nursing courses was moral courage ($p = 0.027$) and clinical competence ($p = 0.002$).

Conclusion: The results of this study revealed that participation in a specialized psychiatric nursing course is significantly related to moral courage and clinical competence. Therefore, it is recommended that nursing managers and policymakers increase their moral courage by increasing the clinical competence of psychiatric nurses, in addition to improving the quality of nursing care.

Keywords: ethics, psychiatric nurse, moral courage, clinical competence, nursing ethics

INTRODUCTION

The nursing profession, as a specialized science and care art, has various clinical qualifications, and having skills such as ethical decision-making and courage to face ethical challenges in patient care is considered an essential component [1, 2].

Moral courage is a very valuable element of human rights and is recognized as an important characteristic and professional qualification in nursing care [3, 4]. Moral courage is acting courageously on the basis of one's moral principles and values even in the event of negative consequences for the individual [5]. First, this concept was introduced by Florence Nightingale in nursing [6]. When a nurse is unable to act according to the correct ethical practice, moral courage helps her to do her best to reach her ultimate goal regardless of the consequences, and she considers ethical principles and does the right thing [7, 8].

Owing to the different conditions of psychiatric departments, nurses in these departments face many ethical challenges that can affect their professional performance [9,

10]. Some of the most important challenges are the lack of ability or limitations in individual decision-making, lack of insight into the disease, the possibility of harming oneself or others, and establishing a difficult relationship between the nurse and the patient [11].

Over time, nursing care has undergone changes for several reasons, such as the increase in the number of patients, the reduction in the number of nurses, the specialization of the role of nurses, and the expansion of technologies used in nursing care, and nursing care has become more complex than in the past [12]. Therefore, the quality of nursing care is more important than it was in the past. In this context, the clinical competence related to this concept has been emphasized [13]. A nurse's clinical competency, as a concept that reflects the effective activity of the nurse in her profession, is a combination of knowledge, clinical skills and attitudes that are more specific to psychiatric nurses, such as therapeutic communication and mental health skills [14, 15].

According to the above, the nature of psychiatric departments is different from that of other departments; therefore, nursing care is also different in these departments,

and nurses must provide high-quality care [16-19]. It is necessary to provide high-quality nursing care with clinical competence specific to psychiatric departments, but the nature of psychiatric departments creates many different challenges for nurses, especially in the field of ethical aspects of patient care [20, 21]. Nurses need moral courage to provide basic care to avoid possible unethical acts [22]. If nurses in psychiatric departments want to provide quality care on the basis of specialized knowledge and clinical skills, they must be able to face these ethical challenges and make acceptable ethical decisions [23, 24]. Additionally, some studies have reported that moral courage is a concept that seems to be related to the clinical competence of psychiatric nurses [25-27]. On the other hand, on the basis of the research team's search, no study has specifically investigated the relationship between moral courage and the clinical competence of psychiatric nurses. Therefore, this study was conducted with the aim of determining the relationship between moral courage and clinical competence among psychiatric nurses in 2024.

MATERIALS AND METHODS

Design of the Study

This cross-sectional descriptive study was conducted between February and April 2024. The participants in this study were nurses working at Razi Psychiatric Hospital affiliated with the University of Social Welfare and Rehabilitation Sciences in Tehran City, the capital of Iran. The reason for choosing this hospital was that Razi Psychiatric Hospital is the largest specialized center for providing psychiatric services and care in Iran. This hospital was established in 1918 and is known as one of the oldest hospitals in Iran. All the nurses working in this hospital (except for the nursing manager and supervisor) who met the inclusion criteria for inclusion in the study were investigated via the census sampling method. The inclusion criteria were a master's degree in psychiatry nursing or a nursing expert who has completed psychiatry courses and has one year of experience. Finally, 240 nurses were examined.

Data Collection

The data were collected via three questionnaires: (1) demographic information, (2) the Sekerka moral courage questionnaire, and (3) the clinical competence questionnaire of Mohtashmi psychiatric nurses.

The demographic information questionnaire included 10 questions related to age, sex, marital status, work history in general and in Razi Hospital, type of employment, education, current position, history of participation in a nursing ethics course, and history of participation in specialized psychiatric nursing courses.

The Sekerka moral courage questionnaire consists of 15 questions that are used for scoring on a five-point Likert scale. The questions are categorized into five dimensions: "moral agency, multiple values, endurance of threat, going beyond compliance, and moral goals". Each dimension of the questionnaire has three questions. For this scale, the lowest score on the whole questionnaire is 15, indicating minimum moral courage, and the highest score is 75, indicating maximum moral courage [28].

The clinical competence questionnaire of Mohtashmi psychiatric nurses contains 36 items, which are used for scoring

Table 1. Socio-demographic characteristics of the psychiatric nurses (n = 211)

Variable	M (SD)	n (%)
Age	38.45 (8.42)	
Gender	Female	125 (40.8)
	Male	86 (59.2)
Education	Bachelor's degree	191 (90.5)
	Master's degree	20 (9.5)
Marital status	Single	169 (80.1)
	Married	42 (19.9)
Type of employment	Formal	122 (57.8)
	By contract	80 (37.9)
	Compulsory service	9 (4.3)
Current position	Nurse	199 (94.3)
	Head nurse	12 (5.7)
Work history in general	1 to 6 years	52 (24.6)
	7 to 12 years	64 (30.3)
	13 to 18 years	30 (14.2)
	19 years & more	65 (30.8)
Work history in Razi hospital	1 to 6 years	103 (48.8)
	7 to 12 years	37 (17.5)
	13 to 18 years	32 (15.2)
Nursing ethics course participation	Yes	178 (84.4)
	No	33 (15.6)
Psychiatric nursing courses participation	Yes	192 (91.0)
	No	19 (9.0)

Note. M: Mean & SD: Standard deviation

on a five-point Likert scale. This questionnaire measures the clinical competence of psychiatric nurses in two general parts with 8 items and a specific part with 28 items. The obtained scores are a minimum of 36 and a maximum of 180. Nurses who receive 0-25% (72-36) of the maximum score are at a low or weak level, nurses who receive 25-50% (73-108) of the maximum score are at an average level, nurses who receive 50-75% (109-144) of the maximum score are at a good level, and nurses who receive 75-100% (145-180) of the maximum score are at a very good level of clinical competence [19].

Data Analysis

Data analysis was performed via SPSS25 software. The normality of the data distribution was examined via the Kolmogorov-Smirnov test ($p > 0.05$). Data were analyzed with descriptive statistics, including frequency distributions, means and standard deviations, and inferential statistics, including independent t-tests, ANOVAs, and Pearson's correlation coefficients.

RESULTS

Among the 220 distributed questionnaires, 211 were correctly completed by the nurses and then analyzed. The mean and standard deviation of the age and work history of the nurses were 38.45 ± 8.42 and 13.55 ± 8.24 , respectively. Most of the nurses were male (59.2%), had a bachelor's degree in nursing (90.5%), were married (80.1%), and had a history of participating in psychiatric nursing courses (91%) (Table 1).

The findings showed that psychiatric nurses have a moderate level of moral courage, so the average score of their total moral courage was 59.67 ± 7.59 . Additionally, among the dimensions of the moral courage, the moral agency dimension had the highest score, and the moral goal dimension had the lowest score. On the other hand, the "clinical competence" of

Table 2. Mean (M) and standard deviation (SD) of moral courage and clinical competence and its dimensions

Variable	M	SD
Moral courage	59.67	7.59
Moral agency	12.68	1.76
Multiple value	11.89	1.86
Endurance of threat	11.85	1.97
Going beyond compliance	11.67	1.85
Moral goal	59.67	7.59
Clinical competence	147.50	20.37
General clinical competence	32.47	5.34
Specialized clinical competence	115.02	16.03

Table 3. Correlations between moral courage and its dimensions with clinical competency and its dimensions

Variable	CC		General CC		Specialized CC	
	r	p	r	p	r	p
Moral courage	0.55	0.001	0.36	0.001	0.55	0.001
Moral agency	0.45	0.001	0.20	0.003	0.50	0.001
Multiple value	0.38	0.001	0.23	0.001	0.40	0.001
Endurance of threat	0.41	0.001	0.30	0.001	0.42	0.001
Going beyond compliance	0.43	0.001	0.34	0.001	0.44	0.001
Moral goal	0.46	0.001	0.36	0.001	0.46	0.001

Note. CC: Clinical competence

Table 4. Relationships between moral courage and clinical competence with participation in psychiatric nursing courses

Variable	Moral courage		Clinical competence	
	t	p	t	p
Participation in psychiatric nursing courses	-2.231	0.027	-3.165	0.002

psychiatric nurses was at a “very good level”. The mean and standard deviation of the overall clinical competence score of the nurses were 147.50 ± 20.37. Additionally, among the dimensions of clinical competence, specialized competence had the highest score (Table 2).

The findings indicated a positive and significant correlation between “moral courage” and “clinical competence” (p < 0.001, r = 0.55). Additionally, the correlation results of the moral courage dimensions and the clinical competence dimensions revealed a significant and positive relationship (p < 0.05) between all the dimensions of moral courage and the clinical competence dimensions (Table 3).

Among the demographic variables, the t test revealed that the only variable related to participation in specialized psychiatric nursing courses was moral courage (p = 0.027) and clinical competence (p = 0.002) (Table 4).

DISCUSSION

This study was conducted with the aim of determining the relationship between moral courage and clinical competence in psychiatric nurses in 2024. The results of the study revealed that there is a positive and significant relationship between moral courage and clinical competence; thus, increasing the level of clinical competence of nurses can increase their moral courage. In fact, psychiatric nurses need to have moral courage to provide effective care to patients with psychiatric disorders to improve their clinical competence. In other words, a psychiatric nurse has clinical competence in patient care when

he or she considers ethical principles in decisions, and the requirement for this decision is moral courage.

In this context, the results on nurses working in critical care units also revealed a positive and significant statistical relationship between moral courage and the clinical competence of nurses [24]. It was reported that a significant relationship between moral courage and the psychological empowerment of nurses, in which competence was considered one of the dimensions of empowerment [4]. It was also stated that scientific and professional competencies play a role in the formation of the courageous behavior of nurses; in other words, scientific and moral competence is one of the prerequisites for moral courage in nurses [7]. Additionally, it was stated that one of the characteristics of capable nurses is moral courage. These nurses are able to perform nursing care in stressful and complex situations, accept criticism and play a role in their work and professional position without fear [29]. These nurses can accept their responsibilities and make brave decisions. This finding is especially important in psychiatric departments because moral dilemmas are common in psychiatric departments. Most of these problems arise because the existence of mental disorders results in many patients being unable to make decisions for themselves and depending on the treatment team [30].

The moral courage of the nurses was above the moderate level. The findings of the study in [24] also showed that the level of moral courage of nurses working in intensive care units was greater than the moderate level, which was in line with the results of the current study. Additionally, the results of the study in [31] on nurses working at Baqiyatullah Hospital revealed that most participating nurses have a high level of moral courage, which is in line with the results of the present study. In [28], the moral courage of nurses was reported to be favorable. However, in [32], the level of moral courage of nurses was reported at an average level. However, in [33], the level of moral courage in health environments was reported to be low, and job uncertainty was reported as one of the factors influencing this level. Different factors can affect the moral courage of nurses, such as managerial and organizational factors.

Most nurses tend to perform ethical care. The existing real and mental obstacles, including management systems, force people to suppress the desire to perform ethical action before performing it and prefer to remain immune from its negative effects. On the other hand, increasing the level of awareness of nurses from ethical principles and increasing ethical sensitivity, removing organizational obstacles such as punishment and dismissal for courageous behaviors, and encouraging nurses to conduct open discussions about ethical issues and challenges can play an effective role in expanding nurses’ courageous behaviors [32]. The presence of encouraging organizational and management factors, the place of service, which is psychiatry wards, and the participation of most of the nurses in research in nursing ethics courses (84.4%) may be among the reasons for the high level of courage. be ethical in the current study.

The findings showed that psychiatric nurses have a very good level of clinical competence. These results are consistent with the results of the study in [34] on nurses working in psychiatric departments, where most of the nurses reported their level of clinical competence to be very good. Additionally, in [35], approximately 70% of nurses had good clinical competence. In [19], the majority of psychiatric nurses rated

their level of clinical competence as very good. The results of these studies highlight the high level of clinical competence of psychiatric nurses.

Among the reasons for this finding are the existence of appropriate educational programs, the existence of quality improvement programs, the evaluation of the quality of services provided in hospitals, and the existence of quality in-service training programs. Additionally, since psychiatric nurses are mostly responsible for the care of patients with psychiatric disorders, there is a possibility of creating unpredictable and complex conditions during the care of these patients, which provides an opportunity for nurses to improve their skills [19]. In the present study, approximately 91% of the nurses had a history of participating in specialized psychiatric nursing courses, which may be one of the reasons for the favorable level of clinical competence of psychiatric nurses. Other reasons for this finding can be related to the work history in general and the work history in Razi Psychiatric Hospital of the Nurses participating in this research (13.55 and 10.17, respectively). In fact, more experienced nurses are better at adapting to different situations and are expected to have greater competence.

A significant relationship was observed between participation in the psychiatric nursing specialty course and the moral courage score such that the nurses who participated in these courses had higher moral courage scores and multiple values and beyond dimensions than did those who did not participate. They had gained from submission. In this context, it was reported that the acquisition of scientific and professional qualifications is related to an increase in courageous behavior [7].

No significant relationships were observed between the other demographic variables and moral courage. In [4], no significant relationships were reported between marital status, education level, employment status, or position and moral courage, but a significant relationship was observed between age and work history with moral courage. In [28], no significant relationships were observed between age and marital status, education degree, or participation in ethics and moral courage seminars, but work experience had a positive and statistically significant relationship with moral courage. With increasing age and work history, an individual's experience in work and professional situations also increases, which can lead to an increase in moral courage [1]. One of the reasons for the absence of a significant relationship between age and work history with moral courage in the current study is the participation of young nurses with little work experience in the current study, which may have moderated the effects of these variables.

Among the demographic variables, only participation in specialized psychiatric nursing courses had a significant relationship with clinical competence in such a way that the nurses who participated in these courses had greater clinical competence. Holding courses related to psychiatric nursing can transfer up-to-date knowledge regarding the care of people with mental disorders to nurses and thus improve their clinical competence level.

One of the limitations of this study was the use of a self-reported method to complete the questionnaires. Additionally, the emotional and mental states of the nurses could have affected their answers, which could not be controlled by the researchers. The next limitation is that the present study was conducted only on psychiatric nurses working at Razi

Psychiatric Hospital in Tehran, which limits the generalizability of the results.

CONCLUSION

There was a positive relationship between moral courage and clinical competence. The level of clinical competence of the majority of nurses participating in the study was very good. The level of moral courage of nurses was also moderate. Additionally, the results of the study showed that participation in a specialized psychiatric nursing course has a significant relationship with moral courage and clinical competence. Therefore, it is recommended that nursing managers and policymakers increase their moral courage by increasing the clinical competence of psychiatric nurses, in addition to improving the quality of nursing care.

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Declaration of interest: No conflict of interest is declared by the authors.

Data sharing statement: Data supporting the findings and conclusions are available upon request from the corresponding author.

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