

How can we increase courage and confidence in nursing?

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According to the American Association of Colleges of Nursing, there are 5.2 million registered nurses in today's healthcare systems with a ratio of 4.3 to 1 nurses to doctors in the United States according to the Organization for Economic Co-operation and Development. Nurses are a large and essential part of our healthcare system and are confronted with moral challenges every day. According to Ted Thomas, author of *Moral Courage and Intelligent Disobedience*, "Acting on one's obligations, morals, and convictions is necessary for moral courage". Nursing is a female-dominant career. In the past, women have been undermined in the workforce and some of that can still be seen today as a lot of women feel undervalued and unappreciated in their workforce. When nurses are discouraged and don't feel confident, it significantly impacts the healthcare system. A decrease in our nursing employment would mean doctors would have decreased efficiency. A 15% deduction according to the American Academy of Family Physicians. Nursing also necessitates courage. Courage to face patients in dire conditions. Courage to treat dangerous patients. Courage to treat friends and relatives. Through simulation and diversity training, confidence and its byproduct, courage, can be increased to improve nurses' ability to confront challenges, develop psychomotor skills, and improve quality of care and outcomes.

Confidence is a component of courage. Nelson Goud is a professor at the School of Education at Indiana University-Purdue University Indianapolis. "Courage: Its Nature and Development", published in *The Journal of Humanistic Counseling, Education and Development* in 2005, discusses the development of courage through a psychological lens and philosophical lens. Nelson Goud quotes Aristotle saying "He who faces and fears the right things for the right motive and in the right way and at the right time, and whose confidence is similarly right, is courageous". This provides confidence as a component of courage through the philosophical

lens. The mention of including both fear and confidence, in balance, as courageous demonstrates the need for fear and confidence in situations requiring courage. In addition, Goud later states that a “person dominated by cowardice has an excessive degree of fearfulness and is deficient in confidence” as well as “flight and avoidance are the key responses of the cowardly”. This further illustrates the necessity of balancing confidence and fear as components of courage and gives insight into possibilities for applications of confidence.

Confidence increases performance in economic and social settings in addition to clinical decision-making. Dr. Ad de Jongh is a psychologist and professor at the University of Amsterdam. His research includes treatment methods for anxiety disorders as well as post-traumatic stress disorders. “Linking employee confidence to performance: A study of self-managing service teams”, published in 2006 in the *Journal of the Academy of Marketing Science*, aims to find the connection between employee confidence and performance for self-managing teams delivering financial services. Dr. Ad de Jongh states that “collective confidence beliefs positively influence team members’ motivation and the coordination of their actions”. This demonstrates the positive effects of confidence in the context of collaborating with others. It also illustrates the importance of a positive work environment to promote confidence among other things for greater productivity of members. In addition, Confidence also has a direct correlation with performance. Dr. Pablo Briñol is a researcher and teacher from the University Autonoma de Madrid and The Ohio State University and published his study, “Self-validation theory: Confidence can increase but also decrease performance in applied settings”, in the *Spanish Journal of Psychology* in 2023. It talks about self-validation theory and how confidence serves as validity to people’s thoughts and how it contributes to academic performance, performance in sports, and performance in general. The study tests 4 hypotheses, determining the

correlation between team efficacy and service revenues, group potency and time, team efficacy and service quality, and group potency and perceived service quality. The results found that there was no significant relation between group potency and perceived service quality but supported the connection between team efficacy and service revenues. For example, Briñol states that “the incidental confidence that emerges from feeling powerful can validate people’s goals of either competition and cooperation”. This reinforces the idea that confidence can exemplify traits necessary in collaborative environments such as nursing. In addition, within the social context, he includes that “participants’ SE (Self-Efficacy) beliefs were more associated with performance in social domains when confidence was relatively high rather than low” showing the connection between self-beliefs and connections in social activities demonstrating the importance of confidence in collaboration settings such as nursing.

Increased confidence and courage also play a role in nurse-patient relationships. Dr. Charlotte Brun Thorup is a research manager and consultant at University College Northern Denmark with a Ph.D. in psychology. Her study, “Care as a matter of courage: Vulnerability, suffering and ethical formation in nursing care”, was published in the *Scandinavian Journal of Caring Sciences* in 2011, aims to explore the vulnerability and suffering of nurses and how it influences their ethical considerations and their ability to provide care when exposed with patients who have undergone similar situations. The study consisted of 23 nurses and conducted interviews with open-ended questions about vulnerability, suffering, patient interactions, moral responsibility, feelings, and sensitivity. Thorup found that “In the nurses’ experience, patients are vulnerable and suffering in their meeting with carers and the hospital system. They saw this vulnerability and suffering as an exposed, fragile, and raw sensitivity, which they experience as an insistent appeal for help”. This demonstrates the delicate relationship between patient and

nurse where both parties are vulnerable to each other, establishing trust. In addition, Thorup discusses how “Ethical formation is a development process that takes time” and “A nurse must be confident of her completeness as a human being equipped with the necessary sensitivity to be able to relate to the patient’s suffering in professional care”. This connects to the necessity of diversity in nursing to better connect with patients from diverse and unique backgrounds. She also discusses that “certainty and knowledge enhance nurses’ courage and improve their confidence in making their own decisions”. This relates to simulations and increased confidence where increasing a nurse anesthetist’s confidence has a positive influence on their motor abilities and provides a unique outlook showing that confidence also has a play in moral courage and its applications.

Simulation and diversity training increase courage, and confidence, and improve patient outcomes. Priscilla Aguirre is a CRNA and an assistant professor at the University of Maryland School of Nursing. “The Impact of High-Fidelity Simulation on Nurse Anesthesia Students’ Knowledge, Self-Confidence, and Psychomotor Skills”, published in the *American Association of Nurse Anesthesiology Journal* in 2023, discusses the correlation between high-fidelity simulation and its impacts on confidence and fine motor performance. Simulation, as described by Aguirre, “is a strategy that bridges didactic and clinical skills and improves the healthcare provider’s knowledge, self-confidence, and psychomotor skills [and] can contribute to decreased medical errors, increased patient safety, and improved overall quality of healthcare”. This publication uses a single group and tests them before and after to collect data on gaps in knowledge, self-confidence, and psychomotor skills among SRNAs during intubation. The results found that “there was a statistically significant increase in knowledge ( $P = < .001$ ) and self-confidence ( $P = < .001$ ) on safe donning and doffing of powered air-purifying respirators for

emergent intubation”. This demonstrates the necessity of having confidence in the context of anesthesiology nursing as well as provides a potential solution to increasing confidence among anesthesia nurses, as well as other healthcare professions through the use of simulation.

In addition to simulation, diversity training is also a viable method of increasing courage. Professor Stephen Tee is the associate dean of education from King’s College London and a registered mental health nurse with a decade of clinical experience with acute and long-term mental health problems. “Achieving culturally competent Mental Health Care: A mixed-methods study drawing on the perspectives of UK nursing students”, published in *Perspectives in Psychiatric Care* in 2021, discusses the use of cross-cultural competency among UK mental health nurses to increase and develop confidence in everyday practices. Tee discusses different multicultural movements such as the Black Lives Matter movement as a call to the need for increased diversity in the workplace and high number of refugees in developed countries and the need to provide equitable healthcare in those areas especially to reduce disparities. For example, he states “There was also a lack of confidence expressed in understanding health- or illness-related cultural knowledge or theory or how this might be used in assessing and identifying individual care needs based on this understanding” in the context of the relationships between the health and culture of the clients and to identify the patient’s needs when the patient is from a diverse cultural background. This research provides a possible area for improvement in increasing the confidence of nurses as well as improving patient outcomes in diverse settings.

Moral courage is necessary for positive patient outcomes. Dr. Ted Thomas is the Director of the Department of Command and Leadership in the U.S. Army Command and General Staff College at Fort Leavenworth, Kansas. Ira Chaleff is the president of Executive Coaching and Consulting Associates in Washington, DC. “Moral Courage and Intelligent Disobedience”,

published in the *InterAgency Journal* in 2017, discusses the military need for courage and the implications of the high-stakes contractual agreement between the military and the conscriptant. The article takes the definition of moral courage from William Miller, stating “Miller makes the case that ‘moral courage is lonely courage.’ It risks being isolated and singled out for painful personal consequences such as ridicule, rejection, and loss of job and social standing”. In addition, the article also states that “Acting on one’s obligations, morals and convictions is necessary for moral courage”. In the context of nursing, the requirement for moral courage, and action, necessitates confidence in the Nurse’s training and abilities where without confidence in their abilities, nurses wouldn’t have the courage to question orders that are dangerous for the patient. This is a possible area where increased diversity training and simulation can lead to stronger patient-nurse relationships and more accurate procedures to further improve patient outcomes.

Moral courage also decreases burnout rates and moral distress. Sara Lofti-Bejestani is a psychiatric nursing student holding a master's degree from the School of Nursing & Midwifery at Shahid Beheshti University of Medical Sciences in Tehran, Iran. “Is there any relationship between nurses’ perceived organizational justice, moral sensitivity, moral courage, moral distress, and burnout?”, published in *BMC Nursing* in 2023, delves into the correlation between moral courage and burnout among nurses. The study involved 500 participants employed in mental health wards. Data was collected on moral courage, moral sensitivity, moral distress, and burnout. Moral distress, as defined by Bejestani, refers to “a psychological and emotional response to situations that go against one's moral principles” in addition to being strongly associated with burnout. Additionally, moral sensitivity is characterized as “an awareness of how one's actions may affect others, particularly in understanding the moral implications of one's

decisions in various nursing situations." Bejestani's findings revealed a direct relationship between moral courage, moral sensitivity, and moral distress. This suggests that individuals with higher moral sensitivity and moral courage may experience increased moral distress in response to situations conflicting with their moral principles. This increases the need for increased moral courage, and by component, confidence to act per one's morals and decrease moral distress and burnout as a byproduct to create an environment that supports nurses' well-being.

However, moral courage implies that nurses may need to disobey orders in certain situations as found in "Moral Courage and Disobedience". In the context of nursing, this may include disobeying a doctor's orders out of concern for the patient despite the disparities in training. Although this seems rare, resident doctors are legally allowed to work 80-hour weeks according to the Accreditation Council for Graduate Medical Education. In addition, Pnina Weiss from the Section of Pediatric Respiratory Medicine and Medical Education at Yale University School of Medicine states that "extended work shifts adversely impacted the quality of care, interactions with patients, and staff, and resulted in significant medical errors". This shows that the long hours that doctors-in-training have to work impairs their ability to think critically in high-stakes situations which may lead to situations where the nurse has to redirect patient treatment for the safety and wellbeing of everyone involved.

In conclusion, through simulation and diversity training, confidence and its byproduct, courage, can be increased to improve nurses' ability to confront challenges, and develop psychomotor skills, and improve the quality of care and outcomes. The requirement for moral courage, and action, also necessitates confidence in the Nurse's training and abilities, where increased diversity training can lead to stronger patient-nurse relationships to improve outcomes further. Despite the implication of changed nurse-physician power relationships regarding patient



safety and decisions, the necessity for nurses to be fail-safe in extreme situations where physicians are in sub-optimal working conditions requires increased confidence in their skills and courage to be able to provide the best patient experience.

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