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Of Courage and Leaving Safe Harbors

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If the health care system in the United States is to be sustainable, dramatic changes that result in better outcomes, lower costs, and improved quality are needed. As the largest group of health care providers, successful change will depend, in part, upon nursing practitioners, leaders, visionaries, advocates, and educators who are courageous enough to make difficult decisions and to follow through with actions. This philosophical inquiry addresses the nature of courage, types and motivations for courageous actions, and the complex psychological manifestations of thinking courageously. The inquiry concludes with educational and practical goals to promote proper use of courage in clinical practice. **Key words:** *courage*, *ethics*, *humility*, *virtue ethics*, *virtues*

CHANGE is not synonymous with progress. As the health care system in the United States transforms, progress occurs only if nurses in practice, in leadership, and in nursing education are courageous enough to ensure progress as the future unfolds. Courageous nurse professionals make changes toward realizing a more just, cost-effective, and sustainable health care system—or resist if health care change is contrary to progress or is unethical.

Courage as a desired human quality has a long history. Stories of courage or the lack of it have thrilled and fascinated listeners. Shakespeare's *Hamlet*, a tragedy that is just as relevant today, tells of Hamlet's struggle to muster enough courage to confront the murderer of his father. Displays of courage in real life also capture human interest as in the case of British nurses who work in war zones[1] or a doctor who, risking his own life, surgically removed an armed bomb from the live body of a fallen soldier.[2]

Contrary to the generally held belief that courageous acts are dramatic and uncommon, incidences of people who act courageously are frequent and rarely as dramatic as foiling a bank robbery or confronting a corrupt senator. The man who faces his death from cancer or the woman who finally breaks away from her abusive husband are examples of courage quietly lived out in everyday life. Professional nurses who refuse to take gifts from pharmaceutical companies, who advocate for a patient's safety, or who take risks to change an inferior practice are displaying acts of courage.

Courage is the ability to face the fear, acknowledge it, and live through it. Courage is a human trait or virtue that is, in a broad sense, the ability of an individual or group to overcome actual or perceived threat or loss in order to achieve another outcome. Courage is an instrumental virtue, which means that it strengthens us to speak out and act on the basis of our beliefs even when those beliefs are unpopular. Courage is the moral centering that enables us to either resist and stand firm on moral convictions or to change despite risks and danger. Professional literature is replete with nursing principles, codes, and

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standards, but these ideals for the nurse are only empty words if they are not implemented in practice.

If courage is essential to professional practice, how can the profession be assured that nurses will be brave and act courageously? Some authors claim that courage can be taught,[3,4] and that it should be a competency within leadership education.[5] Research suggests that professional moral courage is inherent and is cultivated through practice by role models and supportive others, thus suggesting that basic education may have a lesser impact on nurturing courage.[4,5] Whether courage is innate or cultivated socially, courage is not often acknowledged as important in nursing education and practice.[6]

Scholarly work toward theoretical conceptualization or research on courage in practice is sparse in the nursing literature.[4,7] In this inquiry we present a review of courage that is informed by literature and will raise awareness of how courage is instrumental to nursing practice. The scope, types or applications, motivations for courageous actions, and the experience of being courageous are discussed. The final section is devoted to goals in integrating courage within education and practice.

HISTORICAL FRAME OF COURAGE

Long before the philosopher Aristotle conceptualized courage in his writings around 350 BC, the archetype of the courageous hero was well established. Aristotle framed courage as one of the cardinal virtues. A virtue is a quality of character that when used properly leads to good ends and is a demonstration of moral excellence in the individual who uses it. A person who is courageous has repeatedly used courage in the right way in particular situations such that he has habituated it; acting courageously has become a natural response. A person is courageous when he demonstrates repeated good use of a virtue that is "sustainable"[8] over time and not by individual acts of courage. In other words, someone who is courageous demonstrates this virtue as a life pattern.

The nature of virtues, and of courage conceptualized as a virtue in the Aristotelian sense, is that individuals can be taught and guided in their use of virtues like courage to become morally excellent. As Putman[9(p2)] tersely claimed, "Habits {repeated good use of virtues}are the building blocks of character."

Education and the eclipse of character development

During the last few decades of the 20th century, work in ethics and education, and subsequently in practice, took a dim view of virtue ethics and character development. Virtues and character development were also viewed as religion related and therefore omitted as credible areas of dialogue.[6,10] For educators as well as nurses in practice, reference to character traits was avoided because such action was often interpreted as judgmental. Educators prepared students academically and rested almost exclusively on student capacity to demonstrate cognition-based behaviors. Students were rarely dismissed because of lack of integrity but rather for unsafe practice. Virtues and the idea of character development in education were marginalized and the social view of professional development and practice dominated.[6] Professionalism and development of character became a "naïve nostalgia" as Erde[11] suggested. Courage is the substance of sentimental anecdotal stories, not of the technologically savvy contemporary professional.

Instrumental value of courage

Care or compassion is the only character trait or virtue that has escaped nostalgic sentimentalism and has had serious conceptual development. Walston[12] understood the importance of courage when she envisioned nursing as both caring and courage. But while caring has become central to the discourse on nursing, courage remains an almost hidden part of practice. Qualitative research[13] supports the power of courage as a "driving

force behind courageous acts."[13(p35)] Courage is what gives the nurse power to speak and act.

DEFINITIONS AND TYPES OF COURAGE

Courage comes from the Latin "cor" that means heart. Phrases like "lion hearted" and "take heart" may be derivations from the word's origin.[14] In a broad sense there are 2 essential elements nested in the meaning of courage: the ability to face danger instead of withdrawing or the willingness to act on one's beliefs. In both cases, the action is taken for the purposes of a good outcome.[8,9,14] Sometimes courageous action facilitates change, whereas at other times courageous action is a call to stand firm in one's decisions; it is the difference between trepidation and intimidation.

The literature on courage identifies 3 distinct types of courage that represent different circumstances, motives for acting courageously, and often differences in what is perceived as a good outcome. Each of the 3 types of courage is not mutually exclusive and may, in some situations, be indistinguishable, but for conceptualization these types can be applied.

Physical courage

Physical courage is the confidence in the face of fear of perceived or actual physical harm. The difference between courage and doing one's duty has often been difficult to determine, as if courage is not needed for a fireman to attempt to rescue a child from a burning building or for the nurse to work in high crime areas. Physical courage may be seen in the military hero, a bystander who attempts to save a person who is drowning, or the child who stands up to the school bully.

There appear to be 2 distinct types of physical courage: rational and natural.[4] Rational physical courage occurs when the agent deliberates and develops a level of confidence or expectation of safety. In other words, the agent determines how likely he is to "survive the battle."[15] The difference between an optimistic and a courageous person is, according to Aristotle, the degree of confidence. The optimistic person will flee if he sees real danger, whereas the courageous person faces the threat and knowing that there is a greater goal than personal harm.[15] Natural courage is thought to have an instinct element with no significant forethought of danger, as the man who drowns attempting to save another drowning person, or the mother who sacrifices for her child.[16]

In the true sense of balance and fitting use of a virtue, we look to an example of how physical courage could be applied inappropriately. Excessive and inappropriate use of courage is described as foolhardy,[15] macho or masculine aggressiveness,[8] shooting from the hip,[4] and reckless[4] among other descriptors. At the other end of the spectrum of inappropriate use of courage, persons who are judged to lack courage in particular situations may be said to exhibit timidity or cowardice. "Cowardice" comes from the Latin word for "tail" and is expressed in the idea of someone slinking away after being beaten.[14]

Moral courage

Moral courage is acting on a proper ethical orientation. Purtilo[3] has the most helpful and versatile definition of moral courage as it can apply not only to professionals who have special duties to recipients of care, to society, and to their respective disciplines but also to people who are not professionals. Moral courage is, according to Purtilo,[3(p3)] the . . . "readiness for voluntary action in situations that engender realistic fear and anxiety in order to uphold something of great moral value." Moral courage in the workplace encompasses 3 aspects: professional integrity in practice,[7,8,17] leadership,[18] and advocacy or whistleblowing[19,20] rather than remain complicit in ethically questionable situations.

Moral courage differs from physical courage because, as Pellegrino and Thomasma[8] conceptualize it, fortitude may

be required. Fortitude is the ability to resist caving in; it often requires being played out over time.[8] Moral courage and holding fast to one's commitment may fly in the face of social norms or powerful institutions or persons.

In situations involving moral courage, harm is often not perceived as physical but rather spiritual and mental.[17] Real personal threats may be the loss of a job, punishment, shunning, loss of promotions, or even physical threats. Although Gordon[21] presented nurses' stories of advocacy that generally have happy endings, Richardson[22] told a story that ended bitter-sweet.

Richardson[22] was physically attacked by a patient in the hospital while at work. When she pursued criminal charges against the perpetrator, she was not supported by the hospital in which she worked. She described her plight:

> I went from ER Nurse of the Year and an exemplary employee to a problem employee. The administration tried to wrongfully discipline me . . . I realized that I had to fight not only for myself but for other nurses.[22(pp89-90)]

Richardson's[22] story illustrates a commitment to not only herself but something bigger than her suffering in this particular situation. She persisted, as a person who demonstrated fortitude over the long months of a legal battle; the assailant was ultimately convicted for the crime. Her fortitude persisted beyond the legal proceeding and Richardson later worked to pass laws to protect nurses and other health care workers from workplace violence.

Psychological courage

Psychological courage is an ability to overcome or stand on commitment when the fear is a loss of the self that results in psychic instability or personal identity destabilization.[9] Psychological courage is needed for people to overcome their confrontation with illness, disability, psychiatric diseases, compulsive or destructive habits, and even death.

The person who faces loss of self experiences depression or demoralization. Wein[14] identified demoralization as a psychological syndrome that is distinct from depression. Demoralization is characterized by loss of spirit or courage such that the sufferers are disappointed in themselves, bewildered, lose meaning and purpose, and are thrown into a state of confusion. If untreated demoralization ultimately leads to a desire to die.[14]

Treating demoralization may vary according to the reason for the response. For example, in psychiatry, some forms of treatment emphasize a renewal of self-determination, personal respect,[23] and forgiveness. Overcoming disorders that are linked to fear like phobias as exhibited by obsessive-compulsive disorders and psychological servitude as seen in codependency, are clearly related to a mustering of courage and strengthening of self-efficacy.[23] Destructive disorders like hoarding, exercise addition, sex addiction, or substance abuse eclipse and distort the desire for more healthy personal goals like work or healthy family relationships, and are also treatable by facing the fear of instability, mustering energy to change, and sticking to it once begun.

The elderly are also at risk for demoralization because they face severe illnesses, isolation, disability, and death. Wein[14] describes overcoming through hope, and the ability to "live by the courage of one's convictions in the face of adversity . . . being able to overcome the threat of diminished self-esteem and self-valuation."[14(p41)]

COURAGEOUS VOYAGERS

What occurs internally when one chooses to act courageously? From 3 published qualitative studies[5,13,22] and other literature sources, we have constructed a sense of what might be experienced by individuals who act courageously. The stories that we reviewed varied greatly in their descriptions of the nurses' awareness of their internal struggles. Some anecdotal stories were superficial accounts

of actions and outcomes, whereas others revealed a deep internal awareness of feeling and thought of the storyteller.

We chose a series of metaphors revealed in the readings to draw a picture of the internal world, revealing what individuals might experience as they act courageously. The metaphors used by the readings of research and of the references are clustered around a maritime motif. In a way, this clustering adds cohesion to understanding courageous experiences.

Lines in the sand

Some accounts of courage, particularly moral courage, suggest that individuals are motivated to act often because of a particular incident that goes beyond a self-imposed moral limit. The limits may be imposed by one's personal moral compass or through knowledge of nursing standards of care/ethical codes.[13] The metaphors of "lines in the sand,"[14] a "tipping point," last straw, or "bottom line"[5] hit the limits of tolerance for the nurse and result in the final snap to action. Thiadens' personal report[24] illustrated how she reacted to a physician's statement that nothing could be done for a patient's lymphedema:

> . . . nobody can live with an arm that size--not able to pick up grocery bags or her grandchildren . . . I immediately started looking for answers.

When one reaches the tipping point but fails to act, nurses may feel the sting and shame of moral distress. Moral distress is the result of incongruence between what one believes to be right and one's actions.[25] Clancy[4] borrowed the term "good coward" as one who identifies and proposes to act but never goes through with it. Moral distress[26] likely sets in when one realizes the damage done and regrets one's own impotency to act.

Imagine the staff registered nurse who is caring for the 6-year-old child in the pediatric intensive care unit. A highly charged, intense, and intimate setting for caring for ill children evokes a myriad of responses to day-to-day experiences. The nurse experiences moral distress because she disagrees with the plan of care, but feels she cannot risk losing her job by raising questions. Moral distress sets in motion possible damage to the nurse's sense of integrity and identity as well as possibly compromising the care of patients.[27]

Firing the cannons

There is a clear difference between having a desire to act and making a decision to follow through with action. Once the decision to act is made, even before the action is underway, there is a decisiveness and finality of deliberation, a commitment to action. The final decision is an overcoming of the risk and potential harm to self in deference to something greater than self. There is a renewed excitement and exhilaration—perhaps from the pride of doing the right thing, or perhaps from the sense of empowerment that determining a clear future course of action brings.

Once a decision to act is made, courage is mustered to act. The nurse who has chosen to act does so through courage; he or she is transformed to overcome rather than overlook, to advocate rather than abandon, and to speak out rather than remain silent.

Putman[9] claimed that courage is built up and that at a moment of impetuousness occurs when one releases fear of self-harm to respond within a larger context of the situation. Before the ship leaves the safe harbor there is a moment of elation and celebration; metaphorically there is a firing of cannons. Individuals who act courageously bask in their ability to overcome fear in favor of doing what they believe to be the right thing.

Leaving safe harbors

Acting or speaking out courageously will take one out of the "safe harbor" as described by Renner[26] and into uncharted areas or areas of anticipated rougher seas. There is a time at which one is aware of the potential harm, shame, or violence that may result from speaking or acting against an established or

evident perceived wrong; a sense of coming out of protection and choosing to take the risk of harm. This is truly a sense of danger and of "feeling the fear" but doing it anyway. Judy Schaefer[28] gave an exquisitely sensitive account of her physical response to fear, of sensing the potential risk:

> My hands were shaking, so I clasped them behind my back. Perspiration was already pooling in the small of my back. My unscented deodorant was failing my underarms. I had just put my new job at risk. I loved this job. I needed this job.[28(p40)]

Riding the waves

A tug of feelings also occurs in situations that require courage. Calm, confidence, and fear are described as occurring simultaneously and at differing times. The participants in Spence and Smythe's[5(p49)] research described the feeling as if one had . . . "stepped off a cliff," whereas at other times one "takes heart" and feels the strength of his conviction. It is, as these authors suggest, a sense of feelings that . . . "both fuels and drains the body."[5(p49)] The moral challenge, as Andre[29] claimed, is a paradox of "accepting our fallibility and at the same time struggling against it."[5(p59)] Certainly the troughs of uncertainty and swells of assurance, like waves, indicate that we are in proper orientation with ourselves and our world. Courage, at its best as a virtue, is the middle ground between arrogance and timidity.

The 4 metaphorically illustrated psychological responses: lines in the sand, cannon salute to a courageous decision, leaving safe harbors, and riding the waves tell us how we might expect to experience courageous responses to life's issues whether it be advocating for others, leading in change, maintaining a practice of moral excellence, or acknowledging our own shortcomings.

COURAGE IN NURSING PRACTICE

Courage is a complex psychological phenomenon that maintains one's moral center in nursing practice. There are several areas that are specifically identified in the literature that may be particularly challenging to the nurse professional and require strength of will and character to muster courage to carry through with the best actions. Leadership, everyday practice, advocacy and professional wrongdoing are discussed in relation to courage and its application.

Leadership

Courage in leadership always includes or implies a decision, and the necessary precondition of that decision is a sense of *willingness*. Porter O'Grady and Malloch[18] connect the notion of courage with the *willingness to lead*. Fear, apathy, self indulgence and skepticism are the enemies of willingness and can effectively stop the leader from exercising the will to lead. However, courage cannot be applied in isolation in a leadership situation. The courage to be willing requires a transformational view of both the human condition and of the workplace,[30] equipping the leader with a view of the world that includes the passion, self-discipline, and energy to employ courage in a way that demonstrates carefully considered action and reflects a courageous spirit.

Maintaining professional practice

Both psychological courage and moral courage are certainly dramatic and can be part of life changing events, but are also part of what is evident in everyday living[5]–that one should not take the easy path or 'go along to get along'. It takes courage to go the extra mile, to identify a situation that compromises patient care or to speak out up when end of life wishes are not respected. It may be tempting to short cut and take risks but for the individual courage that moves one to not compromise but do the best for the patient, colleagues, the profession, and common good of society. Jensen and Lidell's qualitative study[13] of conscience in nurses indicated that nurses use their knowledge to inform their conscience, and that in turn drives nurses

to courageous acts. Nurse participants in the study perceived their conscience as the reason for responding in a way that honors the social expectations of discipline members and internally valued ideals and is the right thing to do.

Advocacy and whistle-blowing

Courage is needed to respond as an advocate. Nurses can be advocates in patient care, in response to larger social and/or political needs and to expose unethical practices within institutions or workplaces (whistle-blowing). Whistle-blowing is a form of advocacy. The word advocacy describes what is already an important part of the professional role in most disciplines.[19] Advocacy is well established as a fundamental expectation within the discipline of nursing. By advocacy we mean a person who pleads or supports another. In the care of individual patients or communities it is for a particular situation or type of situation. A wrongdoing has not necessarily been committed.

Situations in which the nurse challenges decisions made by a professional colleague are particularly difficult. Marion Phillips[31] after forty-some years of nursing wrote a wonderful story of patient advocacy in which she assisted a new resident to change his aggressive plan of care with palliative care for a woman suffering with incurable cancer. Her wise philosophy of courage and humility rings true for nurses at any stage of their professional life.

> . . . we must not forget the impact we can have on our colleagues and the patients and families in our care. Sometimes we have to take a risk and go in a direction that may not feel comfortable. Even after all these years, I continue to learn and grow with each experience. And in this situation, I used my white hair to show my advantage[31(p73)].

Wrongdoing in nursing practice

Of all the nursing practice issues strongly linked to courage, nurse professionals who look critically at their own practice, take responsibility for the shortcomings, and are brave enough to take proper actions to remediate are perhaps the bravest of all. Actually there are two virtues that work together for reconciling unprofessional behavior.

Humility is an orientation virtue through which an individual is enabled to look at her attitude, accomplishments, professional practice, and her relationships to others and the world in a realistic way. She does not think too highly or lowly of herself, sees herself as fallible as any human being is, yet is able to show proper compassion towards herself. If we acknowledge and accept our own shortcomings, we are better prepared to understand and forgive the shortcomings in others.[32] Andre[29] describes mistake making and its consequences as a paradox. "This fundamental paradox creates the challenge of accepting our own fallibility and at the same time struggle against it."[29(p59)] Davis describes the dilemma of self evaluation and the ethical course of response that should be universally taken in response to error.

> If we've ever done anything wrong, unknowingly, we can pray that our patients might forgive us. If we do make an error, we can admit it and ask our patients directly to forgive us.[33(p19)]

Courage is essential for facing up to professional wrongdoing. If one follows through with the proper course of action: disclosure, apology and makes amends, a reduction of shame and renewed sense of personal respect will follow. Failure to follow through with a disclosure and proper response of mistakes may lead to moral distress.[25,34] There is some evidence that failure to address errors results in residual pain and shame,[35] what is also known as moral residue.[35]

Use courage well

Courage works to motivate one to action: moral courage requires resisting fear of harm and taking perceived correct moral action. Some authors believe character traits to be innate while others believe that one can learn to develop and use character traits or virtues more wisely.

The research on advocacy and courage[5,36] suggests that nurses learn to act as advocates or courageously in practice through modeling, on the job situations and through experience not associated with educational experiences. However, there are disciplines or institutions that currently teach courage by first orienting their members to ethical behavior and also how to respond courageously. Those disciplines like firefighters, police, and the military are highly regulated and emphasize development of traits like moral and/or physical courage as part of the job.[7] These ordinary men and women become transformed into brave soldiers, police, or firefighters.[4]

Nursing education

If character traits can be enhanced or developed, then the first change in education should be reframing education to one that does not primarily and exclusively educate students to be conduits of knowledge and rule followers but rather educates students for self-transformation.[6,37,38] Education of character will be deliberately and consistently part of curricula. The following goals for courage may be helpful in curriculum building:

1. *Adopt a useful conceptualization of courage for education*. Courage is conflated into other terms and there has been no clear conceptualization. Courage is related to conscience and advocacy, but is clearly not identical to them. Conscience is moral knowing whereas advocacy is using courage to act as a professional. The conceptualization of courage is now being reestablished and there is, according to Putman,[9] a new language and context for understanding it.
2. *Increase awareness of courage in faculty and students*. Students can be helped to identify courageous acts. Use of historical figures, recorded incidences, and examples observed in clinical or other real-life situations are rich and frequent. The focus of the educator may be knowledge oriented and fail to showcase courageous incidences or people. However, student clinical experiences that display courage should be identified and affirmed.[3]
3. *Educate students to use courage in contextually proper ways*. Educating for the proper context is significantly different from the first goal. Examples of too little use of courage, as with weakness of the will or aggressive or rash behavior that demonstrate improper use of courage should be identified. Use of simulations and role-play may also be instructional.
4. *Give practical guidelines for what to expect and how to manage fear.* The answer, according to Clancy,[4] does not lie in more courage, but rather the ability to control fear. Lachman[17] suggests cognitive reframing and self-soothing. These guidelines should not be conflated into stress management but be taught within a frame of what to do when one takes on adversity. In other words, educating nursing students to anticipate that they will experience situations of conflict that will call upon moral centering and inner courage.

Practicing with courage

The current health care system in the United States is poised for dramatic changes over the next few decades. Practicing nurses, as those who are often the first ones sensitive to situations that require moral courage and honest self-reflection, may uncover a need to strengthen the ability to act courageously. Although improving ethical knowledge and ethical decision making may help one's clarity in making an ethical decision, it may have limited value in the individual development of courage.

Lachman,[39] who has extensively written on courage, explained how the *individual* may apply general strategies for moral courage and presented an acronym[17,39] to actualize courage in practice. C is for courage, O for

ethical obligations, D is danger management, and E is the expression of courage.

Mentoring of nurses by ethicists, researchers, and other established nurses in the practice setting has also been encouraged as a way to cultivate courage.[40] A third way of advocating courage development in practice is through *creating workplace settings*[41] in which administration is receptive to individuals or groups who offer alternatives or resist change in favor of better options. Those who support courageous acts by others and validate those actions actively acknowledge the presence of courage in practice.

SUMMARY

Future health care innovation and change depends, in part, upon foundational qualities of its practitioners. This inquiry affirms courage as a virtue in nurse professionals that is not only essential for good nursing practice but also instrumental for the pursuit of change in practice and health care delivery.

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