<center>主 論 文</center>

Moral distress, moral courage, and career identity among nurses:
A cross-sectional study

（看護師の道徳的苦悩、道徳的勇気、および、キャリア・アイデンティティ：

横断的研究）

[緒言(Background)]

Nursing in the 21st century has evolved with changes in values and fundamental philosophy. As the medical professionals acknowledge, nurses play a significant role in patient care. In addition, nursing is currently in the public eye with 2020 marking the bicentennial of Florence Nightingale's 200th birth anniversary and the COVID-19 pandemic, which has raised public awareness of the need for an accomplished and adequate nursing workforce. However, nurses typically have little impact on health care policy, and some of the more outdated stereotypes of nursing that still exist involve them only performing tasks such as dispensing medicine to patients or assisting in personal hygiene. This can influence nurses' career identity and even their intention to change occupations. Over time, nurses' perceptions of nursing professional roles have changed, and a positive and flexible career identity has become essential for high-level performance. Therefore, it is critical for nursing managers to develop and implement interventions to improve career identity among nurses.

[対象と方法(Objectives and Methods)]

To investigate the relationship between moral distress, moral courage, and career identity, and explore the mediating role of moral courage between moral distress and career identity among nurses. A convenient sample of 800 nurses was recruited from two tertiary care hospitals between February and March 2022. Participants were assessed using the Moral Distress Scale-revised, Nurses' Moral Courage Scale, and Nursing Career Identity Scale.

[結果(Results)]

This study was conducted with 781 nurses of whom 774 were female (99.1%). The average age of the nurses was 33.22 years (SD = 7.22). The average duration of employment at the hospital was 11.16 years (SD = 7.91). More than half of the participants had undergraduate degrees (87.2%) and were married (64.9%).

In general, participants showed moderate to high levels of career identity (mean = 116.51; SD = 22.372). The overall score for moral distress was low (mean = 54.55; SD = 45.27), and moral courage was high (mean = 82.02; SD = 16.19).

The correlation analysis showed that moral distress was negatively correlated with career identity ($r = -0.230$, $p < 0.01$) and moral courage ($r = -0.117$, $p < 0.01$), and moral courage was positively correlated with career identity ($r = 0.589$, $p < 0.01$).

Moral distress predicted career identity ($\beta = -0.230$, $p < 0.01$) in Step 1. In Step 2, moral distress also predicted moral courage ($\beta = -0.117$, $p < 0.01$). When both moral

distress and moral courage were considered for the prediction of career identity, the standardized regression coefficient for the relationship between moral courage and career identity decreased from $\beta = -0.230$ to -0.163 ($p < 0.01$).

Table 1 shows the path coefficients of the direct (-0.081) and indirect (0.033) effects of moral distress on career identity and suggests that moral courage partially mediates the relationship between the two.

Table 1. Mediating effect of moral courage between moral distress and career identity

Model pathways	Estimated effect	95%CI	
		Lower	Upper
Direct effect			
Moral distress→moral courage	-0.042	-0.074	-0.016
Moral distress→career identity	-0.081	-0.112	-0.046
Moral courage→career identity	0.787	0.667	0.911
Indirect effect			
Moral distress→moral courage→career identity	-0.033	-0.060	-0.012

CI: confidence interval.

*Empirical 95% confidence interval does not overlap with zero

[考察(Discussion)]

The average score indicated a moderate to high level of career identity among nurses. This may be a result of the increase in public recognition and changing view of nurses and the nursing profession; nurses feel more valued at work. Nursing career identity is a crucial component in clinical practice that positively influences not only nurses, but also patient care and other healthcare professionals, that is, how nurses value their work and the experience it brings them may impact patient care, work engagement, and their intention to leave. Previous studies demonstrated that providing nurses to with professional activities and support for their education contributes to career identity. Therefore, nursing managers should devise strategies to improve nurses' career identity.

At present, the average score of moral distress among nurses is lower than that of Italian and Iranian nurses, but higher than that reported in a previous study in China. The reasons for the lower moral distress among nurses in China, compared with other countries, may lie in different cultural settings, organizational contexts, and personal characteristics of the sample. Chinese hospitals tend to provide nurses with a positive ethical climate for practice, which results in lower moral distress. However, the higher moral distress in this study as compared to a previous study in China may be caused by burnout. A cross-temporal meta-analysis found that Chinese nurses' burnout increases gradually over time. Many studies have demonstrated that higher burnout is correlated with higher moral distress, suggesting that healthcare managers should gain further insight into this issue. Additionally, COVID-19 patient volumes and personal protective equipment workarounds also increase moral distress.

This study demonstrates that moral distress is negatively correlated with career

identity. Moral distress is a widespread phenomenon that adversely affects nurses. Shen et al. found that when nurses suffer from moral distress, they may question and feel powerless about their work and doubt its value, which could reduce their career identity. Hence, to increase nurses' career identity, their moral distress should be decreased. Hospital managers should create and maintain a desirable ethical climate, and enhance nurses' ethical awareness and knowledge.

This study revealed high moral courage among nurses. This is possibly because research on moral courage is increasing, and nurses' moral awareness and sensitivity have improved. Nurses recognize the value of standing up for what they think is right, no matter how challenging that may be. Moreover, moral courage has been called a virtue, making it desirable to be morally courageous, including for nurses. The universal goal of nursing is to care for the patient, embodying principles such as treatment without discrimination and provision of quality care. Therefore, when nurses encounter moral problems in clinical work, courage and understanding its implications are critical. Managers should be committed to providing moral support to promote nurses' morally courageous behavior.

Moral courage was positively correlated with career identity. To the best of our knowledge, despite certain studies' indirect hints, no study has explicitly explored the relationship between these two variables. For example, Lindh et al. emphasized that morally courageous nurses were confident in ethical situations, which supported them in overcoming obstacles in their careers. Numminen et al. revealed that the positive outcomes of moral courage include personal and professional development, and empowerment. With moral courage, nurses can improve their own well-being at work and develop their careers. Therefore, moral courage may positively affect nurses' career identity.

Moral courage partially mediates the relationship between moral distress and career identity in nurses. Moral distress is described as the psychological imbalance when nurses find themself failing to do the right thing, and it is a major problem in the profession. As a professional virtue, courage would enable nurses to speak out against inappropriate regulations and unacceptable practices. Nurses may not experience moral distress if they have enough moral courage, which provides the best opportunity to form and shape career identities.
[結論(Conclusion)]

By paying attention to nurses' moral distress and courage, healthcare providers can contribute to the development of effective interventions to improve career identity, and subsequently performance, among nurses.