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The Moral Courage of Newly Recruited Intensive Care Unit Nurses: A Qualitative Study Based on Taylor's Emancipatory Reflective Diaries

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Abstract: *Objective*: Nursing practice is a moral endeavor that requires nurses to possess the courage to uphold their ethical positions. In the intensive care unit (ICU) environment, newly hired nurses may face ethical dilemmas due to a lack of moral courage. This study aims to investigate the current state of moral courage among newly hired nurses in ICUs in China and to explore strategies for enhancing their moral courage. *Method*: The Taylor's emancipatory reflective model was employed to collect reflective journals from newly hired ICU nurses, which were then analyzed using the traditional content analysis method. *Results*: A thorough analysis of the reflective journals revealed four key themes: (1) the current state of moral courage; (2) scenarios requiring moral courage; (3) factors influencing moral courage; and (4) strategies for enhancing moral courage. *Conclusion*: This study elucidates the current state of moral courage among newly hired ICU nurses in Southwest China and proposes corresponding enhancement strategies; the findings provide valuable references for nursing educators and administrators in developing targeted interventions, while also highlighting the importance of fostering a supportive work environment and its connection to clinical practice. Understanding the moral courage of newly hired ICU nurses and its influencing factors enables nursing administrators to implement tailored interventions, alleviate their professional ethical pressures, and ultimately improve patient care quality.

Keywords: Intensive care unit; Novice nurses; Moral courage; Reflective journal; Taylor's emancipatory reflection model

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1. Introduction

The Intensive Care Unit (ICU) represents a highly challenging healthcare environment. Its stringent demands for resuscitation efforts, complex multidisciplinary collaboration, and frequent ethical dilemmas impose rigorous requirements on nurses' moral sensitivity and proactive approach [1,2]. With the rapid advancement of medical technology, ICU nurses are increasingly confronted with ethical conflicts, such as withdrawing life support, providing palliative care to terminally ill patients, and navigating ethical dilemmas [3]. For

novice nurses, these pressures are particularly severe, as they must not only adapt to this high-intensity work environment but also address complex ethical issues [4].

New nurses often face ethical dilemmas due to insufficient experience and conflicts in values, which may lead to compassion fatigue, decision-making anxiety, and an increased risk of leaving their profession [5]. Studies have shown that more than 20% of newly registered nurses have intentions to leave their jobs [6,7]. If newly hired nurses lack the ability to effectively manage ethical issues, they may resort to avoidance strategies, thereby gradually undermining their professional identity [8].

In this context, moral courage has become an essential quality. Moral courage embodies the core values of nursing practice, independent thinking, upholding justice, and safeguarding patients' rights. The International Council on Nursing (ICN) updated its "ICN Nurses' Ethical Code" in 2021, providing guidance for nurses' ethical practice [9]. In China, researchers have also investigated relevant factors associated with moral courage and the effects of the ethical climate on psychiatric nurses [10]. However, there remains a gap in the literature: no studies have specifically explored the moral courage of newly recruited ICU nurses in China. This study employs a reflective journal method based on Taylor's emancipatory reflection model, aiming to support nurses in conducting critical reflection on their clinical experiences, thereby identifying issues and formulating improvement plans [11]. Therefore, this study seeks to investigate the current state of moral courage among newly recruited ICU nurses in Southwest China, as well as the influencing factors and strategies for enhancing it.

2. Methods

This study employs a qualitative descriptive design to explore the current state of ethical courage among newly hired ICU nurses, the relevant influencing factors, and potential methods for enhancing this quality.

2.1. Participants

This study was conducted at a tertiary hospital in a prefecture-level city in Sichuan Province, China. The participants included 15 newly hired ICU nurses. Inclusion criteria: first-time graduates in nursing; completion of the initial six-month ICU rotation; and voluntary consent to participate. Exclusion criteria: nurses whose first rotation position was not in the ICU; nurses who had not graduated for the first time; and those who withdrew before completing the study.

2.2. Data collection

The study objectives and procedure were clearly explained to all participants, and informed consent was obtained from them. Following approval by the Ethics Committee, researchers conducted two training sessions covering the Taylor Reflective Model and reflective journal writing techniques. Over the six-month period spanning from October 2024 to March 2025, the researchers collected reflective journals from 15 nurses and performed an analysis of these journals.

2.3. Data analysis

This study employed a content analysis approach. Two researchers independently read each diary entry multiple times to identify and code words and phrases relevant to the research objectives; subsequently, they categorized these codes based on their similarities and differences to construct sub-themes. Through an in-depth analysis of 90 diary entries, the research team collaboratively refined and ultimately finalized the

thematic framework until consensus was reached.

2.4. Ethical considerations

This study was approved by the Ethics Committee of Deyang People's Hospital in Sichuan Province, China. Participation is voluntary, and participants have the right to withdraw at any time.

3. Results

A total of 15 registered nurses participated in the study, comprising 10 females and 5 males; their mean age was 21.93 years. The majority held a bachelor's degree, with 2 participants being married. **Table 1** presents the demographic characteristics of the participants.

Table 1. Demographic characteristics of participants

Participants	Sex	Age	Educational status	Marital status
1	female	20	Associate Degree	single
2	female	22	baccalaureate	single
3	the male sex	23	baccalaureate	single
4	female	21	Associate Degree	single
5	female	24	baccalaureate	single
6	female	21	Associate Degree	single
7	the male sex	23	baccalaureate	married
8	the male sex	22	baccalaureate	single
9	female	25	master's degree	married
10	female	24	baccalaureate	single
11	female	19	Associate Degree	single
12	the male sex	20	Associate Degree	single
13	female	22	baccalaureate	single
14	female	22	baccalaureate	single
15	the male sex	21	Associate Degree	single

Through an in-depth analysis of the reflective journal entries, four overarching themes were identified (see **Table 2**).

Table 2. Themes and sub-themes of moral courage among newly recruited ICU nurses

Theme	Sub-theme
The Current State of Moral Courage	
Scenarios requiring moral courage	Overmedicalization
	Conflict with patient autonomy
Factors influencing moral courage	Individual-related factors
	Organize relevant matters
	socioculture
Methods for enhancing moral courage	Continuous Nursing Ethics and Death Education
	The Role of Ethical Role Models in the Nursing Field
	Improving the organizational ethical climate

3.1. Current state of moral courage

Among the initial 15 reflection journals, 7 described moderate levels of moral courage, 5 indicated lower levels, and only 3 reported higher levels; in contrast, among the final 15 journals, 7 were rated as "high", 7 as "moderate", and only 1 as "low". Overall, reflective journal writing helped enhance the moral courage of newly enrolled ICU nurses, with all participants recognizing that further improvement is still needed.

Thirteen nurses recorded that upon their initial entry into the ICU, they felt apprehensive due to the critical condition of the patients and the complexity of the equipment; furthermore, although they had received nursing ethics education, they had never encountered the concept of "moral courage".

3.2. Situations requiring moral courage

The study has identified two major scenarios in which demonstrating moral courage is necessary: overmedicalization and conflicts with patient autonomy.

3.2.1. Overmedicalization

For a small number of terminally ill patients, excessive interventions (such as repeated endotracheal intubations) have been described as prolonging suffering without any substantial benefit. Records indicate that physicians may order unnecessary examinations for terminally ill patients; "The physician asked me to accompany a terminally ill patient with extensive cerebral infarction for a CT scan, which was entirely unnecessary" (Participant 3).

3.2.2. Conflicts with patient autonomy

In such scenarios, the patient's autonomy is often subject to collective decision-making by family members, which may conflict with the patient's personal wishes. As one nurse remarked: "Some patients with impaired consciousness are unable to make decisions regarding their treatment—what kind of care they receive is entirely up to their families. I find these patients quite pitiful; we should respect the patient's own wishes, but it is difficult to follow their preference in this situation. Perhaps, when patients are in good health, they could communicate more with family members and reach a consensus on their treatment preferences for critical situations, which could be a viable approach." (Participant 9)

3.3. Factors influencing moral courage

3.3.1. Individual-related factors

This category comprises three subcategories: personal experiences, educations, and role modeling.

Several nurses noted that positive clinical experiences can strengthen moral courage, whereas negative experiences can weaken it. As newcomers, they have limited experience and limited decision-making authority; however, they also demonstrate exceptional adaptability. "I firmly believe that my moral courage is rooted in my past experiences. During my internship, I cared for a terminally ill patient, which enabled me to understand the needs of patients during their final moments of life. This has inspired me to continue practicing such actions". (Participant 2)

New nurses may find it challenging to identify appropriate ways to address ethical dilemmas, or they may be reluctant to speak up out of fear of being marginalized. Smooth communication between healthcare providers and mutual respect can foster moral courage. "During ward rounds, the doctors proactively seek my opinion; this makes me feel trusted and strengthens my moral courage". (Participant 8)

Family education exerts a dual influence: a democratic environment fosters self-confidence, whereas an authoritarian approach may suppress expression. “From a young age, I was required to obey my parents and teachers. After entering the workforce, I naturally believed that I should follow the instructions of superiors and doctors without question, even if their decisions might be incorrect” (Participant 11).

Nursing ethics education varies significantly across different institutions; some institutions do not offer this course at all, or provide very few credits for it, often resulting in teaching that remains superficial. “The ‘Nursing Ethics’ course at my institution only covers abstract principles and lasts only four weeks, leaving insufficient time for in-depth study” (Participant 7).

The clinical experience of instructors is crucial. Instructors with extensive clinical experience can elucidate abstract concepts through case studies, thereby enhancing understanding. “Our lecturer is an ICU head nurse who often draws upon specific ICU scenarios to prompt me to engage in deep reflection, indirectly bolstering my moral courage” (Participant 2).

Role modeling, specifically the demonstration of moral courage, serves as an important form of mentorship for newly hired ICU nurses. The moral courage of clinical instructors or other senior nurses can serve as a vital form of guidance. A positive mentor–trainee relationship can actively foster moral courage. “A senior nurse in my department would not hesitate to oppose a physician’s inappropriate behavior, regardless of their professional title; she emphasized: ‘What is correct is correct, and what is incorrect is incorrect; these principles remain unchanged.’” (Participant 6)

3.3.2. Organizational factors

Organizational factors influencing moral courage in this study were classified into the subcategories of routine work in the ICU, organizational culture and ethical climate, and hierarchical structures.

The routine ICU work was defined by frequent encounters with life-and-death situations and recurrent ethical conflicts. Participants identified the constant confrontation with life-and-death scenarios as a defining feature of ICU practice. Patients often present with critical, rapidly changing conditions, placing exceptionally high demands on nurses’ clinical expertise. ICUs are equipped with complex medical devices. “The patient’s condition was unstable; high doses of vasoactive drugs were required to barely maintain his blood pressure. However, by the afternoon, he had passed away.” (Participant 1)

Ethical conflict refers to a moral dilemma arising from incompatible values among stakeholders, specifically between physicians and nurses, healthcare providers and patients, and patients’ family members. “The ICU is both a fortress of treatment and a cage of fate. Many patients may survive, but they lose the core meaning of life. I hope that in my final moments, I will not leave in such a manner.” (Participant 4)

The organizational culture and ethical climate refer to the moral atmosphere and the prevailing level of ethical practice within the departmental nursing work environment. A supportive environment fosters moral courage, whereas a repressive culture may suppress it. Physician–nurse relationships often exhibit characteristics of subordination rather than collaboration. “When my mentor and physician disagreed on whether an end-of-life patient should undergo so many invasive procedures, the head nurse did not support her. This left me feeling isolated.” (Participant 5)

The healthcare hierarchy reflects the professional power dynamics within hospitals, where physicians hold greater authority than nurses, and nurses are generally expected to comply with physicians’ orders without objection. “Physicians believe that nurses should execute instructions without question, which makes

me feel undervalued as a professional." (Participant 12)

Paternalistic decision-making, shaped by sociocultural norms, reflects the influence of patriarchal ideology. This mindset affects both nurse–physician and nurse–patient relationships. "Family members often say: 'I don't know how to make a choice; you are an expert—please tell us what to do.' However, they may completely overlook the patient's actual condition." (Participant 3)

3.3.3. Socio-cultural background

Approximately half of the participants mentioned the culture of filial piety. Family members often view active life-sustaining interventions as an expression of filial devotion, yet fail to recognize that allowing a patient to die with dignity is also a form of filial piety. "The son was hesitant about whether to sign a 'Do Not Resuscitate' (DNR) order. He hoped his mother will recover, but also did not want her to endure excessive pain during her final moments" (Participant 4).

"The family members of Patient X insisted on demanding extensive intervention, disregarding medical advice, despite having witnessed the patient undergo numerous invasive treatments." (Participant 15)

3.4. Methods for enhancing moral courage

Participants proposed several methods to enhance moral courage, primarily including: consistently conducting nursing ethics and death education; the role of ethical role models in nursing practice; and improving the organizational ethical climate.

3.4.1. Nursing ethics and death education

New nurses emphasized the need for continuous nursing ethics education that encompasses both academic training at school and professional development during practice. "Instructors teaching nursing ethics should incorporate more case studies to help us better understand ethical principles." (Participant 2)

In Chinese culture, "death" is often regarded as a taboo. If nurses fail to understand the attitudes of patients and their families toward death, their own anxiety may be exacerbated. "Avoiding discussions about death may adversely affect the patient's quality of life. Therefore, it is essential to strengthen public education on death to foster a correct understanding of life and death." (Participant 10)

3.4.2. The role of ethical role models in nursing practice

Nearly half of the nurses indicated that role models provide a feasible pathway for cultivating moral courage. They believe that developing moral courage is more challenging than acquiring professional expertise; ethical role models can help them internalize this abstract concept. "I witnessed my mentor speaking out on behalf of patients' rights, and subsequently practicing repeatedly after work, hoping to cultivate the courage to stand up for patients in the future" (Participant 8).

3.4.3. Improving the ethical climate within healthcare settings

The ICU should not only adopt advanced technologies but also serve as a sanctuary for safeguarding the dignity of life. ICU healthcare professionals must maintain a balance between technological proficiency and humanistic care, the quantity of lives with the quality of life, and curative interventions with the acceptance of death. Department administrators should cultivate a supportive environment that promotes interprofessional collaboration, demonstrates compassion toward all patients, and ensures dignified end-

of-life care for terminally ill individuals “I hope our department can provide end-of-life patients with a comfortable and private setting, enabling family members to offer peaceful companionship during the final moments of their lives” (Participant 4).

4. Discussion

This study investigated the moral courage of newly hired ICU nurses in Southwest China. The findings revealed that participants’ moral courage increased from an initial low-to-moderate level to a moderate-to-high level by the end of the study, highlighting the significant role of reflective journals in transforming nursing practice. Reflective journals serve as a bridge between theory and practice, enabling nurses to critically examine their own behaviors [11,12].

In this study, most nurses did not initially have a clear understanding of “moral courage” when entering the ICU. Through logbook recording guided by the Taylor model, they were able to reflect on their own experiences and deepen their understanding of moral courage. Both personal experiences and educational backgrounds significantly influence moral courage: positive experiences can strengthen it, whereas negative experiences may weaken it. The organizational environment also plays a crucial role. The barriers identified in this study include heavy workloads, a harmful organizational culture, and a hierarchical structure; addressing these issues requires creating a collaborative and supportive environment, fostering interdisciplinary collaboration, and establishing open channels for ethical discussion [13].

5. Conclusion

The findings of this study indicate that the moral courage of newly hired ICU nurses in Southwest China generally falls within a moderate to high range. The study identified three major dimensions influencing this group: individual-related factors, organizational-related factors, and socio-cultural-related factors. Strategies for enhancement include implementing continuous nursing ethics education, the ethical role models, and fostering a supportive organizational ethical environment. These findings provide valuable guidance for nursing educators and administrators in designing targeted interventions, ultimately aiming to improve overall nursing quality.

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