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Distilling the Antecedents and Enabling Dynamics of Leader Moral Courage: A Framework to Guide Action

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Intelligent, robust and courageous nursing leadership is essential in all areas of nursing, including mental health. However, in the nursing leadership literature, the theoretical discourse regarding how leaders recognise the need for action and make the choice to act with moral purpose is currently limited. Little has been written about the cognitions, capabilities and contextual factors that enable leader courage. In particular, the interplay between leader values and actions that are characterised as good or moral remains underexplored in the nursing leadership literature. In this article, through a discursive literature synthesis we seek to distill a more detailed understanding of leader moral courage; specifically, what factors contribute to leaders' ability to act with moral courage, what factors impede such action, and what factors do leaders need to foster within themselves and others to enable action that is driven by moral courage. From the analysis, we distilled a multi-level framework that identifies a range of individual characteristics and capabilities, and enabling contextual factors that underpin leader moral courage. The framework suggests leader moral courage is more complex than often posited in theories of leadership, as it comprises elements that shape moral thought and conduct. Given the complexity and challenges of nursing work, the framework for moral action derived from our analysis provides insight and suggestions for strengthening individual and group capacity to assist nurse leaders and mental health nurses to act with integrity and courage.

INTRODUCTION

As morally complex and personally challenging work environments, modern health care organisations generate substantial

ethical challenges. Factors such as cost containment, managerialism and increasing performance targets create pressured environments. This is compounded by ongoing calls for workforce restructure and organisational reform. These issues contribute to an environment where personal integrity, patient needs and managerial versus professional clinical priorities are often in conflict (Conroy, 2007). For many nurses, including those working in mental health settings, bureaucratic organisational work contexts constrain nurses' capacity to enact personal morality and display moral strength (Cleary & Horsfall, 2013). There is also considerable literature suggesting espoused organisational values or missions are not necessarily enacted in healthcare organisations (Jackson, Hutchinson, Peters, Luck, & Saltman, 2013). Recent large-scale care failures in the National Health Service in the United Kingdom have raised concern about the ethos of public administration (Hutchinson & Jackson, 2014). Added to this, for many nurses, their workplace is experienced as negative or hostile (Jackson et al., 2010) and frequently at odds with personal and professional ethical codes (Hutchinson & Jackson, 2015). Nurses report high levels of moral distress (Austin, Bergum, & Goldberg, 2003), with reported correlations between increased moral distress and transactional leadership styles (de Veer, Francke, Struijs, & Willems, 2013). Similarly, nurse managers report high levels of moral distress arising from the administrative dilemmas and situations of conflict they face in their daily work life (Ganz, Wagner, & Toren, 2015). In these types of environments, organisational and financial priorities may conflict with personal and professional ethical codes. As a consequence, both clinicians and managers may find themselves in situations where raising concern is not tolerated, or where turning a 'blind eye' to ethical breaches is normalised. In these contexts, raising concern or initiating reparative action

can be personally challenging or risky. There is evidence that nurses who raise concerns in these types of environments report a high risk of retribution and negative personal consequences, such as impeded career advancement (Jackson et al., 2014). To meet these challenges and foster a climate that enables and sustains ethical behaviour, nurse leaders must develop the capacity for high levels of personal behavioural integrity. It is also imperative that leaders seek to foster a social climate that enables nurses to remain true to their values, particularly in personally challenging or risky situations.

A substantial body of theoretical evidence exists on ethics in healthcare, and considerable attention has been given to theorising and investigating the individual and contextual factors that support pro-ethical judgement and behaviour among health professionals (Cleary & Horsfall, 2013). Yet, little is known about what motivates individual leaders beyond personal moral judgements towards pro-ethical behaviour. In nursing contexts, sparse attention has been given to understanding the individual and environmental factors or characteristics that give rise to ethical leader behaviour. Although a number of leadership models specify leaders should act in-line with espoused values or display courage and virtuous behaviour in situations of personal risk (Wong & Page, 2014), no framework for moral courage and action has been developed to guide nurse leaders.

In recent decades, the increasing interest in ethical leadership has resulted in a series of leadership theories that attempt to articulate leader behaviours and characteristics said to typify ethical or value-driven leadership (Hernandez, Eberly, Avolio, & Johnson, 2011; Stanley, 2008). Leadership research and theory has also focussed much attention on ethical or value-driven models of leader behaviour, and the qualities that enable value-based conduct. In nursing discourses, much attention has been given to transformational and authentic leader models. However, we argue that neither of these understandings of leadership go sufficiently beyond individual character traits or personal values to provide insight into how leaders might enact moral behaviour in difficult or personally adverse situations, or the nature of cognitive or emotional processes or organisational relationships that might underpin leader moral courage.

In this article, we focus on the concept of leader moral courage to explore how leaders act for moral purpose in situations of personal risk or in ways that are not self-interested (Hannah, Avolio, & Walumbwa, 2011). Our aim is to move beyond simple understandings of leader moral courage as a feature of individual character and leadership style. In setting out a more nuanced framework for leader moral courage, we draw attention to leader ethical capacities and cognitions, as well as the enabling contextual factors that move leaders toward principled action. In nursing, deep understanding is crucial, as ethical failures of nursing leadership impact unfavourably on employees and lead to poor treatment and care outcomes. Failures of ethical leadership have been highlighted in reports into incidences of neglectful nursing practice. These reports have drawn links to failures in ethical leadership (Hutchinson & Jackson, 2014)

and have noted that most start with relatively small employee failures. Over time, these failures grow on a scale proportional to the failure in ethical leadership (Francis, 2010; Garling, 2008).

THE CONCEPT OF ETHICAL LEADERSHIP AND MORAL COURAGE

Even though ethical or unethical behaviour can occur at all levels of an organisation, leaders have considerable influence in shaping the moral climate of organisations. Through their actions, leaders signal what is acceptable and role model how to respond to pressures and challenges (Grahek, Thompson, & Toliver, 2010). Ethical leader behaviour is recognised to play a key role in shaping fair work environments (Lindy & Schaefer, 2010). There is evidence that, through their actions, ethical leaders model how difficult and challenging moral issues can be managed (Reed, Vidaver-Cohern, & Colwell, 2011), thereby influencing the moral tone and character of the workplace and workforce (Bulutlar & Unler Oz, 2009; Trevino, Brown, & Hartman, 2003; Zhu, Riggio, Avolio, & Sosik, 2011). From an employee perspective, managers represent and embody the organisation, with managers functioning as ‘the lens through which employees view the company’ (Trevino & Nelson, 2011, p. 310). Given the influence of leaders, considerable attention has been given to understanding the nature of ethical leadership. We define ethical leadership as the art of making decisions and acting to uphold fundamental values, while at the same time guiding and influencing others to achieve ethical standards.

Leader behavioural integrity – the consistency between ethical values and action – is recognised as an important factor in establishing trust and behavioural integrity within organisations (Palanski & Yammarino, 2011). The trust that flows from leader behavioural integrity not only exerts an important influence on the ethical behaviour of employees, it also influences outcomes, such as work satisfaction, organisational citizenship behaviour and employee retention (Palanski & Yammarino, 2011). In health care, the impact of ethical leadership extends beyond benefits to organisational climate and employees, to include improved service to patients (Stewart, Wyatt, & Conway, 2011). This suggests that leader behavioural integrity is pivotal in sustaining ethical and productive work climates, and achieving optimal healing environments for patients.

When personal or situational forces tend towards actions that are unethical, or not reflective of organisational values and mission, taking action that preserves espoused values and mission requires a particular form of leadership. It has been suggested that the manner in which leaders respond to these types of ethical pressures reflects their previous experience, individual personality traits and their knowledge of ethical principles (Murray, 2010). A distinction has also been made between moral awareness and the willingness or tendency to act in-line with this awareness (Trevino et al., 2003).

Showing leadership in difficult situations, particularly those that require action that is not self-interested or that may incur a

personal cost or risk, requires courage. Rest's four-component Leadership Moral Courage Framework defines courage as having sufficient perseverance to follow through the intention to behave morally and overcome personal and situational obstacles to action (Rest et al., 1986). In the same way, courage has been described as the will to persist in the face of risk, fear or opposition to achieve good and to make worthy, difficult or non-self-serving outcomes (Harbour & Kisfalvi, 2012; Trevino et al., 2003). For leaders, moral courage has been defined as the 'fortitude to convert moral intentions into actions despite pressures from either inside or outside the organization to do otherwise' (May, Chan, Hodges, Avolio, 2003, p. 255). Four traditional moral virtues (prudence, justice, fortitude and temperance) are noted to be universal moral competencies for leaders (Sanchez-Morales & Cabello-Medina, 2013).

For the purpose of this article, we define leader moral courage as: worthy actions taken by leaders in support of fundamental values that are enacted in the face of actual or potential personal risk or cost. We posit that a reliance on traits and characteristics as the foundation of leader moral courage is insufficient to ensure moral decisions and actions, particularly in complex contexts or situations of personal risk. The healthcare environment is increasingly complex and substantial evidence suggests that even people of sound moral character can disengage personal values in difficult circumstances (Moore, Detert, Treviño, Baker, & Mayer, 2012) or choose a path of action that does not align with their espoused values (Bulutlar & Unler Oz, 2009; King & Scudder, 2013; Prasad & Prasad, 1998). To guide action, we propose a richer understanding of the antecedents and enabling dynamics of leader moral courage is required.

Our aim in undertaking this synthesis was to usefully conceptualise from the literature, an integrated understanding of the characteristics of leader moral courage. Initially, we searched the literature on nursing, moral courage and leader courage. We scrutinised Scopus, CINAHL, Medline, Academic Search, PsycInfo, Psy Articles and ERIC databases to identify manuscripts that detailed specific aspects of leader moral courage. Employing inductive content analysis of relevant manuscripts, a framework that details the defining activities and characteristics leader moral courage was distilled. We anticipate the resultant framework will provide a useful tool for nurse leaders in sustaining ethical and productive work climates, and achieving optimal healing environments for patients.

DISTILLING THE ANTECEDENTS AND ENABLING DYNAMICS OF LEADER MORAL COURAGE

If one accepts that leader moral courage operates in the space between recognising the need for good or just action and taking the decision to act in the presence of risk or adversity (particularly personal risk) to uphold standards and principles (Hernandez et al., 2011), then it is important to understand the antecedents, enabling capabilities, and social and contextual mediators of moral courage. In the following sections of this article,

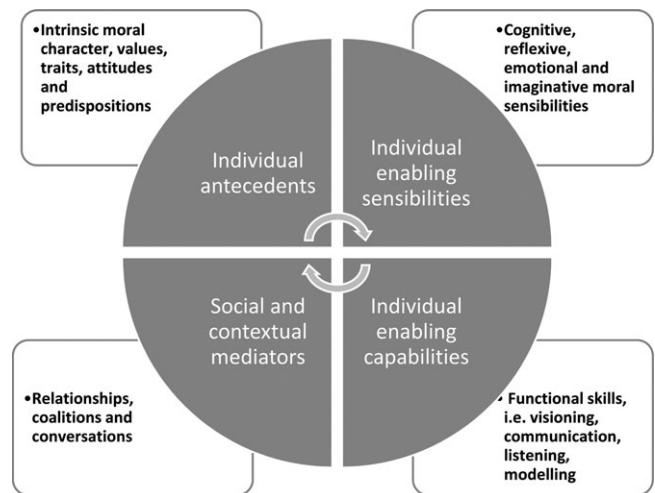


FIGURE 1. Leader Moral Courage Framework – components.

we examine the various components of the Leadership Moral Courage Framework we have distilled from the literature (Figure 1). The framework provides insight into the various leader capabilities and sensitivities that shape moral thought and conduct, and the nature of moral resourcefulness and social supports that influence leader moral courage.

Individual Antecedents

The first component of the Leadership Moral Courage Framework relates to individual level traits, character and predispositions that function as antecedents of moral courage. Much attention has been afforded to character and value-based approaches to leadership. With the character, values and traits of leaders thought to influence their capacity to perceive ethical challenges, leaders draw upon these personal traits and characteristics to inform ethical reasoning, decision-making, action and relationships (Sosik & Cameron, 2010). These antecedents comprise (1) leader intrinsic moral character, values, traits and predispositions of leaders and (2) leader attitude – a focus on service and stewardship.

Leader Intrinsic Moral Character, Values, Traits and Predispositions

Virtue ethics has been a central approach to understanding leader and business ethics, with considerable attention given to understanding the traits of character related to moral leader behaviour. As an antecedent of moral courage, features of individual leader character and values are thought to provide internalised moralities that sustain personal moral identity and provide the capacity to value honesty and integrity, treat others with dignity and respect and motivate leaders toward action that is ethically reasoned (Russell & Stone, 2002). Further, it has been postulated that this 'inner moral compass' provides the ethical commitment from which courage grows (Kidder, 2005, p. 3), providing the capacity to draw upon values, such as

concern, respect, honesty, integrity and fairness in making decisions or taking ethical action (Hernandez et al., 2011; Stanley, 2008). Similarly, traits such as empathy, valuing and appreciating others, openness, transparency and trustworthiness, are also said to be more evident in leaders who display behavioural integrity (Stanley, 2008; Trevino et al., 2003).

In seeking to understand how leader character and virtues influence leadership styles, considerable attention has been given to transformational and exemplary forms of character-based leadership. In these styles of leadership, it is theorised that leaders display values such as honesty, respect, dignity and fairness (Groves & LaRocca, 2011; Kouzes & Posner, 2000). Another values-based form of leadership is the theory of ‘authentic leadership’ (Luthans & Avolio, 2003). This model characterises leaders as knowing their own personal values and beliefs and acting upon these beliefs in their relationships with others. An alternative value-driven leadership model is that of ‘worthy leadership’. In this model, worthy leader characteristics include personal integrity and ethics, organisational integrity and courage, humility, gratitude and forgiveness (Grahek et al., 2010). It is theorised that these leaders demonstrate the ability to ‘guide, direct, or influence people in a way that has great merit, character, and value’ (Thompson, Grahek, Phillips, & Fay, 2008, p. 366).

Leader Attitude – A Focus on Service and Stewardship

In theories of leadership, servant leadership is described as a style of leadership that focusses upon serving and developing others (Jackson, 2008). The service attitude is about leaders taking personal responsibility to serve the interests of others (Hernandez et al., 2011). Service to others is reflected in leader moral obligations that are not grounded in self-interest (Hernandez et al., 2011), and are instead, focussed on the common good (van Dierendonck & Nuijten, 2011). Reed et al. (2011) identified moral integrity as a feature of servant leadership, with integrity demonstrated through leader behaviours, such as inspiring trust, admitting errors, displaying transparency and honesty, rebuffing manipulation or deceit and valuing honesty over profit. As a future oriented form of moral agency, stewardship is a form of caretaking that is focussed on the present, while taking concern for the future (Hernandez et al., 2011). Reflecting the future oriented intentions of stewardship in the model of worthy leadership, it is theorised that leaders take accountability not only for their own behaviour but also the character of the organisation (Grahek et al., 2010).

In responding to ethical challenges, both decisions and behaviours can have long-lasting effects and future benefits or harmful consequences. For leaders, stewardship is a concern for current and future moral responsibility (Russell & Stone, 2002), with leaders focussed on preserving and promoting what is ‘intrinsically valuable’ in any given context (Sinnott Murphy, 2009, p. 40). In foregrounding collective concerns and focussing attention beyond immediate issues, toward a concern for duty and obligation, courageous leaders can enact a focus on service

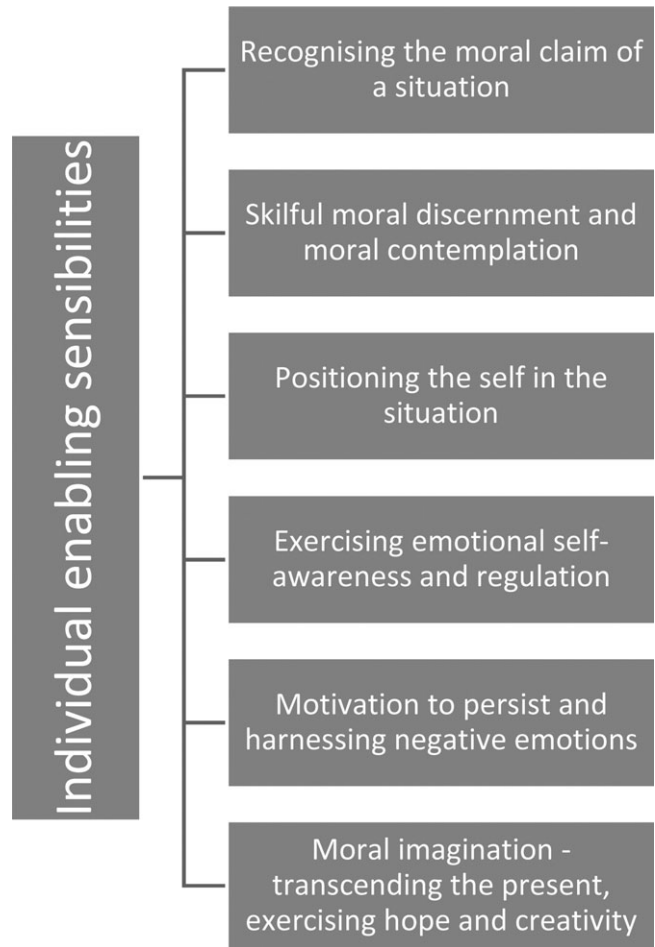


FIGURE 2. Individual-level enabling sensibilities.

and stewardship to meet this challenge (Dennis & Bocarnea, 2005; Jackson, 2008; Russell & Stone, 2002).

Individual Enabling Sensibilities

The second component of the Leadership Moral Courage Framework relates to individual-level enabling sensibilities (see Figure 2). These enabling sensitivities are constituted by cognitive, reflexive, emotional and imaginative moral sensibilities. It has long been held that careful discernment and reasoned contemplation are essential elements of moral decision-making (Kohlberg, 1986; Rest et al., 1986). Another hallmark of moral courage is the skilful combination of reason with a courageous mindset and a resilient capacity for action (Raffel, 2011, p. 101). Together, these provide the enabling sensibilities that underpin a capacity for moral courage. These sensibilities are tempered through emotional regulation and imaginative capacity.

Recognising the Moral Claim of a Situation

Morally courageous individuals do not turn away when faced with difficult or challenging moral situations; instead they will acknowledge the moral claim of the situation (Daft, 2014). To

acknowledge the moral claim of a situation requires an awareness of one's moral consciousness and the ability to think in moral terms. This requires sufficient moral intelligence and moral awareness to differentiate ethical values and principles inherent in any given situation, and recognise when one or more of these are at risk (Lachman, 2010). Sensitivity to the value-laden dimensions of events, and, an awareness of the need for decision-making grounded in ethics and justice, are essential to this process (Hernandez et al., 2011; Trevino et al., 2003).

Skilful Moral Discernment and Moral Contemplation

To decide a path of action and act with moral courage in situations of competing interests and risk requires that leaders make a conscious effort to develop skilful moral discernment. This type of discernment involves the ability to evaluate complex situations and make judgements in light of a 'reflexive understanding of the human condition' (Trauffer, Bekker, Bocarnea, & Winston, 2010, p. 177). Foregrounding the moral dimensions of a situation requires the capacity to weigh self-interest against the moral principles and demands of a given situation (Gunia, Wange, Huang, Wang, & Murnighan, 2012; Haidt & Joseph, 2006; Lachman, 2010). Empirical evidence suggests that this type of personal moral contemplation develops moral resolve and moral fortitude (Christensen, Barnes, & Rees, 2007). Through this contemplation process, individual leaders can refine the capacity to invoke internal personal moral arguments 'in order to make good judgments that serve the greater whole' (Trauffer et al., 2010, p. 176).

Situating-the-Self in the Situation

It is said that moral courage comes from a deep understanding of the self and the capacity to make decisions about the type of ethical action most in-line with one's personal moral identity (Hannah, Avolio, & May, 2011). In addition to the capacity to fully attend to the ethical challenges of a situation, moral courage requires leaders to situate-the-self through a resolute form of self-knowledge and self-insight that provides the 'courage to be' (Harbour & Kisfalvi, 2014, p. 510). Such comportment requires self-knowledge and perceptual readiness through which the moral claim of a situation can be foregrounded (Sinnott Murphy, 2009). Situating-the-self in a situation is also likely to enhance moral ownership over a situation and, in turn, increase the likelihood that one will take action to influence a situation (Hannah, Avolio, & May, 2011).

Three moral habits of mind – recognising the moral claim of a situation, skilful moral discernment and moral contemplation, and positioning-the-self in the situation – are deliberative cognitive capacities that form the quality of prudence (see Figure 3) (Moore et al., 2012). The more developed this prudence, the more likely it is that a leader will be sensitive to the existence of an ethical problem, define it correctly, consider alternatives and be motivated toward action. Evidence suggests that individuals are less likely to make self-interested or immoral decisions if they think carefully about the moral choices faced and avoid



FIGURE 3. Cognitive capacities that form the quality of prudence.

immediate action (Gunia et al., 2012; Shalvi, Eldar, & Bereby-Meyer, 2012). Bringing prudence to decision-making results in decisions that are not ill-considered, and are instead, cognisant of concern for ethics, justice and equity, while also providing attention to current and future moral responsibility (Jackson & Daly, 2011).

Exercising Emotional Self-awareness and Regulation

The capacity for moral courage requires emotional awareness and an understanding of one's emotional motivational state when responding to an ethical challenge (Dsekerka & Bagozzi, 2007). Courageous leaders are not impulsive or imprudent; they require sufficient emotional intelligence to recognise and respond to their own emotions and ensure these emotions do not skew decision-making (Hutchinson & Hurley, 2013). Furthermore, if leaders are to maintain a focus on service and stewardship, they require well-developed emotional self-regulation (Baumer, Halmburger, & Schmitt, 2013; Vitell, King, & Singh, 2013). Through emotional awareness and regulation it is possible for leaders to learn to avoid the urge to respond to emotions with fast decisions, and instead, ensure that emotional responses to a situation do not overwhelm their capacity for critical discernment (Gunia et al., 2012; Sinnott Murphy, 2009). To gain a clear and focussed perspective on a given situation, particularly during difficult periods, requires the capacity to read one's emotional signals and then regulate negative emotions to allow for an assessment of the situation (Groves & LaRocca, 2011). The challenge for leaders is to employ emotions to inform rather than overwhelm their capacity for reason and judgement.

Motivation to Persist and Harnessing Negative Emotions

Learning to harness emotions, such as fear, anger, shame, anxiety, discomfort and ambiguity (Sekerka, Bagozzi, & Charnigo, 2009), requires that leaders elevate themselves above personal concern, towards what has been termed 'virtuous self-control' (Baumeister & Exline, 1999, p. 1167). Through this form of self-control, it is postulated that leaders can learn to manage the negative emotions and moral distress associated with the need to act with integrity and moral courage in difficult situations. It has also been suggested that leaders can learn to use the negative emotions generated in ethically challenging situations as cues for prudent decision-making (Kidder, 2005). As a strategy for recognising emotions and emotional signals that may indicate a need for courageous decisions or actions, Harbour and Kisfalvi (2014, p. 510) advocate that leaders learn to employ 'reflective pause' when faced with difficult emotions. Reflective pause involves the prudence to recognise negative emotions as a cue to pause and evaluate claims and viewpoints, rather than taking action in response to emotions.

Moral Imagination – Transcending the Present, Exercising Hope and Creativity

Similar to entrepreneurship, moral courage in decision-making and action requires imagination, hope and creativity (Bucholz & Rosenthal, 2005). Moral imagination is founded upon the sensibilities we have canvassed thus far, which provide sufficient moral identity, moral self-efficacy and moral self-confidence (Hannah, Avolio, & Walumbwa, 2011). Moral imagination is the creative capacity for envisioning new narratives and possibilities in difficult or risky situations. Overcoming the present and its challenges to bring forward a future that is daring, risky or imaginative requires the capacity to exercise hope and creativity for the future. While at the same time, charting a course through present risk (Trauffer et al., 2010).

Individual Enabling Capabilities

In addition to individual-level character and values that function as antecedents and individual-level enabling sensibilities, the third component of the Leader Moral Courage Framework identifies a range of individual-level functional capabilities and skills that enable leader moral courage (Bass & Steidlmeier, 1999).

Voice, Visioning, and Modelling

Leadership literature is replete with discussion on vision as an effective feature of leadership. The theory of exemplary leadership highlights leader behaviours that challenge others, inspire a shared vision, model the way (communicating principles and vision) and encourage the heart (behaviours that model and encourage positive emotions to inspire others) (Kouzes & Posner, 2000). McCloughen, O'Brien and Jackson (2010) frame 'vision' as a product of imagination, suggesting that a fundamental quality of leaders is having a purposeful professional vision

that provides direction for the future. For leaders focussed upon moral integrity and moral futures, visioning new possibilities can be a means of connecting the present with a future that sustains moral conduct.

Listening and Communication

Listening and communication enable leaders to maintain a dialogue within the organisation regarding ethical thought and action. While much is written in the leadership literature on the importance of communicating vision, equally important, particularly during times of weakened trust, is open communication and frank conversation. Enacting moral courage through communication involves the use of language that heightens moral ownership of situations (Hannah, Avolio, & Walumbwa, 2011), while avoiding sanitising language and euphemisms that mask the human consequences or costs of actions.

Social and Contextual Mediators of Leader Courage

Thus far, we have addressed individual decision-making and the personal capabilities and functional skills required for ethical decision-making and moral courage. Building further upon this understanding, we now turn to consider the influence of the social environment in the fourth component of the Leader Moral Courage Framework. We propose that the individual sensibilities and capabilities outlined thus far can be bolstered by social and contextual mediators. For leaders to enact moral courage requires action to sustain morally habitable relationships, conversations and social environments that sustain moral courage.

Forming Integrity-promoting Relationships

The social environment plays an important role in reducing vulnerability to situational factors that can erode the capacity to sustain personal ethical standards, particularly in difficult situations (Comer & Vega, 2005). In environments characterised by relational support and trust, moral courage is more likely, as trust engenders a sense of personal obligation (Hernandez et al., 2011). Drawing upon the work of Emile Durkheim, Haidt and Kesebir (2010) have noted that morality builds and binds; it ties people together. Furthermore, the capacity for moral courage is fortified through trust: trust in oneself, trust in future possibilities and trust in others (Hernandez et al., 2011). For leaders, the support and trust of like-minded colleagues is an important strategy for sustaining courageous action. Having the support and trust of others reduces isolation and supports risk-taking (Edmonson, 2010). Such relationships can also provide affirmation, respect and validation, along with a network of moral expertise and moral role models who can assist in challenging situations and support the development of new insight (Haidt & Kesebir, 2010). Through building coalitions of like-minded individuals likely to enact and support moral courage, leaders can create safe spaces to nurture moral development and moral actions (Edmonson, 2010).

Engaging in Challenging Conversations

Moving beyond solitary forms of moral reasoning, conversation is an important component of moral courage. Conversation can facilitate ethical decision-making by creating shareable moral meaning and providing opportunity through dialogue to contest taken-for-granted narrative and practices (Gunia et al., 2012). The mutual reciprocity that occurs through such conversations offers the opportunity to strengthen individual moral capacity, generate moral narratives and improve the moral habitability of the environment (Gunia et al., 2012). Research has confirmed that dialogue with others at higher levels of cognitive moral development, promotes new insight and moral growth and development (Hannah, Avolio, & Walumbwa, 2011). Edmonson (2010) has suggested that nurse leaders create physical spaces where challenging conversation can occur, and where leaders can learn from each other and engage in honest and courageous conversations.

DISCUSSION

The Leader Moral Courage Action Framework we have distilled from the literature (Figure 4) extends Rest's (1986) four component model of moral courage. Rest identified the capabilities of interpretation, moral judgement, giving priority to moral judgements, and perseverance to follow through with moral action. Similarly, Sekerka, Bagozzi, & Charnigo (2009) described five dimensions of professional moral courage: moral agency, multiple values, endurance of threats, going beyond compliance and moral goals. The Leader Moral Courage Action Framework suggests that the moral competence through which moral courage is enacted is a synthesis of knowledge, virtues, skills, attitudes and abilities that are acquired through a reflexive mindset, self-knowledge and experience. Ethical knowledge and education are not always positively associated with moral awareness or moral action (Kish-Gephart, Harrison, & Trevino, 2010). Instead, knowledge must be combined with values and other moral sensibilities, capacities and attitudes to provide sufficient competence, prudence and habit of mind to enable moral courage. The more developed the cognitive, reflective and emotional capacities and sensibilities outlined in the framework, the more likely it is that leaders will recognise an ethical challenge, explore it sufficiently and then formulate moral choices and actions. Another important contribution of the framework is the specification of moral resourcefulness that derives from moral motivation, moral imagination and relationships and conversations that nurture and sustain moral discourses.

Attention to the social work climate and strategies leaders can employ to enable moral agency, is vital for leadership in nursing. Constraints stemming from the organisation and funding of health care can be antithetical to nurses' conceptions of care. When nurses are unable to deliver quality care due to organisational constraints, the resultant moral distress and injustice perceptions can seriously challenge individual integrity (Vanderheide, Moss, & Lee, 2013). These issues are clearly rel-

evant for mental health nurses and nursing leadership. Mental health nursing, as other forms of nursing, involves decisions about whether to act or not, with both having ramifications for patients, clinicians and leaders. However, mental health nursing is based on relationships, and while an individual may act with integrity when working in close relationships with patients, if the integrity of others is at variance, then the individual's integrity may be tested (Cleary & Horsfall, 2013). There continues to be ample evidence that nurses do not always feel they can practice in accordance with what they believe is right or compassionate. Unfortunately, the outcomes of these dilemmas often result in nurses leaving the profession, or succumbing to pressure that subverts their moral compass and their capacity for work engagement, creating substantial issues for nurse leaders.

The phenomenon of new and heightened ethical challenges in clinical practice is well documented in the literature, along with calls for attention to development of enhanced ethical decision-making capacities in registered nurses (Peter, Lunardi, & Macfarlane, 2004; Rodney, Doane, Storch, & Varcoe, 2006; Grady et al., 2008). Research on nurses' moral decision-making in mental health contexts describes how moral sensitivity can be weakened in self-defensive work climates (Lu'tze'n & Ewalds-Kvist, 2013). This situation is aggravated when organisational cultures are self-protective, rules based, unsupportive or unable to change, leading to a sense of powerlessness and little capacity among nurses to influence issues, particularly those that create ethical dilemmas (Atabay, Çangarli, & Penbek, 2015; Ulrich et al., 2010). It has also been reported that, in pressured work contexts, the language of compassion among mental health nurses can be subsumed by a focus on time pressures and organisational tensions (Crawford, Gilbert, Gilbert, Gale, & Harvey, 2013).

Clinical leaders in mental health organisations require various competencies. Given the ethical demands and difficulties inherent in mental health nursing, the capacity to manage moral challenges is a vital leader competence (Gabel, 2012). The Leader Moral Courage Action Framework draws attention to the importance of leader action directed towards shaping ethical workplace climates. It highlights the relational nature of the moral-work environment and the place of leader moral courage in creating moral communities and a morally habitable work environments. The emotional responses and moral resourcefulness detailed in the framework for action provide guidance for leaders in developing in themselves and their protégés morally resilient personal and social relationships. Leader attention to sustaining moral resourcefulness may be one strategy to address the level of moral distress experienced in the mental health nursing workforce.

Mental health nursing needs resilient leadership that is grounded in an ethic of care. Yet, sparse attention has been given to leader courage in mental health contexts, or the interplay between leader values and actions (Holm & Severinson, 2010). Understanding leader moral courage as something mediated through social relationships and resourcefulness pro-

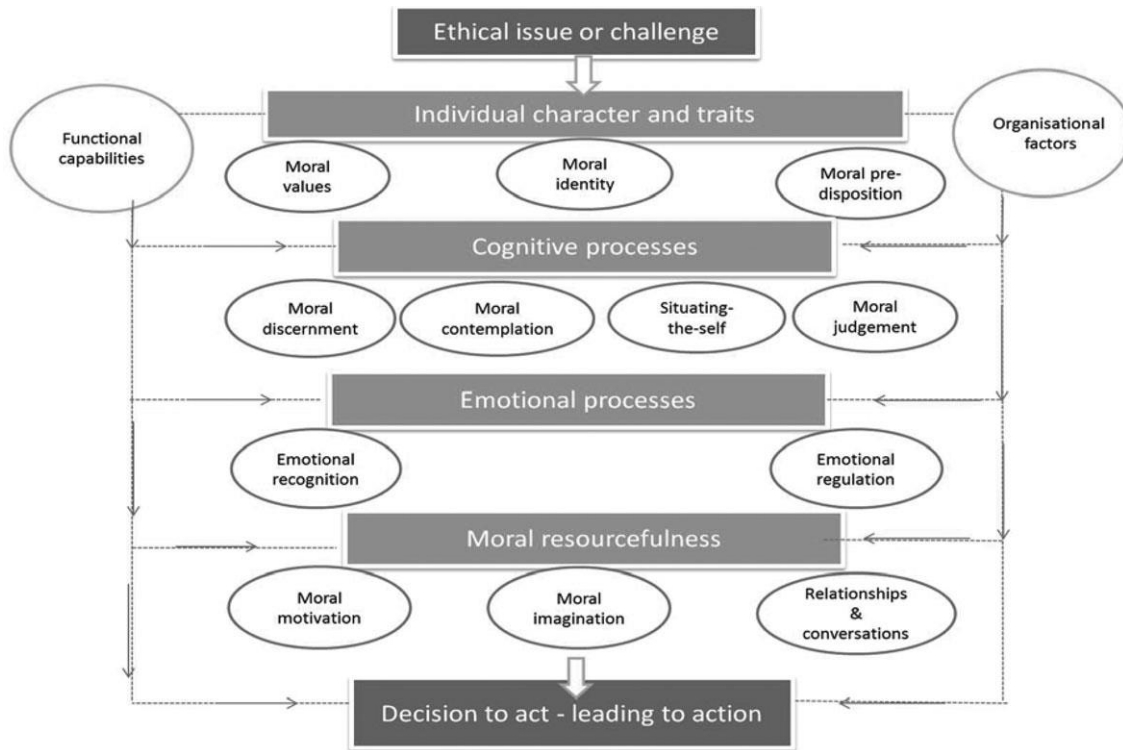


FIGURE 4. Leader Moral Courage Action Framework.

vides important insight into how the profession may address workplace factors that work against the enactment of integrity. Considering there is growing concern for the moral dimensions of the nursing workplace and recognition that distress results to both nurses and patients when the social–moral climate is deficient, the framework proposed has utility for nurse education. By distilling a framework for leader moral courage and action, we have provided a template to guide nurses in developing the necessary skills, sensibilities, capabilities and relationships that will enable positive action and change. Through specifying the various sub-components and constructs that make up the concept of leader moral courage, it is possible for clinical nurses and leaders to identify and bolster their personal capacities and practices to foster moral courage.

CONCLUSION

In this article, we sought to articulate a deeper understanding of leader moral courage. Our aim was to move beyond widely held views which position moral courage as a feature of individual character or leadership style. In carving out a richer interpretation, we have drawn attention to a range of individual characteristics and capabilities, as well as the enabling contextual factors that underpin the capacity for leader moral courage. We posit these factors function synergistically to assist leaders to recognise the need for action and move beyond intention toward principled action. Given the complexities and challenges

of mental health nursing, the framework provides guidance for nurse leaders as they seek to enhance within themselves the capacity to respond with integrity and moral courage, while at the same time guiding and enabling others to achieve ethical standards.

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