Author's response to reviews

Title: Development process and initial validation of the Ethical Conflict in Nursing Questionnaire

Authors:

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Author's response to reviews: see over
Dear Mr. Adrian Aldcroft,

We are most grateful for your reviewer’s useful comments. Please, find below the detailed modifications we have made and the answers to the questions you have posed.

1. Editorial Requests

Following your editor’s team suggestion, in the section of research method, we have added the information about the ethical committees that gave their authorization for the research: the Clinical Research Ethics Committee of Ciudad Sanitaria Bellvitge and the Clinical Research Ethics Committee of Hospital Clinic de Barcelona, on page 9.

2. Questions raised and modifications suggested by Ms. Freda Ganz PhD

Major compulsory revisions

1. As the reviewer requires, we have included figure 1 which shows the theoretical model of research so as to facilitate understanding. (Background, page 4).
2. The ICN ethical code was not used as part of the structure of ECNQ-CCV. As we mention in the section “Item generation”, the ICN ethical code was used to identify those articles which could be implicated in each of the scenarios considered in the instrument and to check the infringement of the values and ethical principles in the nurse’s ethical code.
3. We have revised the English language in the information content of Table 1 and we have added data which was missing in our first issue by mistake.
4. Following Ms. Ganz Ph. D’s recommendation, we have removed Table 4.

Minor Essential Revisions:

1. At Ms. Ganz Ph.D’s proposal, we have added two explanatory figures to the ECNQ-CCV, one on the definition of types of ethical conflict, and another one about the relationship between the areas of ethical conflict described in the article and the questionnaire scenarios. We believe that these two figures add more information, as suggested.
2. Along the same lines as detailed in the previous point, the ECNQ-CCV scenarios which describe potentially conflicting situations among team members (scenarios 9, 12, 15 and 17) relate to the conflict area “interprofessional relationships”.
3. As Ms. Ganz Ph. D’s indicates, it is very likely that the non-expert reader will not need the data detailed in Table 2 in order to understand the manuscript. However, we have decided to keep it as peer reviewer Ms. Finegan Ph. D considers it to be relevant and has requested more information regarding it (section C).
4. Following Ms. Ganz Ph. D’s recommendation, we have removed Figure 1, scree plot.
5. Following Ms. Ganz Ph. D’s recommendation, we have removed Figure 2, frequency histogram for the distribution of IEEC.

Discretionary Revisions

1. As it is indicated in the section of method, about the questionnaire, validity of the content and pilot test, the expert members of the committee formulated contributions
and suggestions during the validation of content, which were taken into consideration by the researchers.

3. Questions and modifications suggested by Ms. Colleen Varcoe Ph.D.

Major compulsory revisions

1. Following Ms. Varcoe Ph.D’s suggestions, we have incorporated the tag “critical case version” to the name “Ethical Conflict in Nursing Questionnaire” and, as a result, the ensuing acronym is ECNQ-CCV.

2. Indeed, the adaptation of the ECNQ to other clinical contexts requires a selection process of typical conflict situations and the generation of specific scenarios. We think that adding to the ending ECNQ-CCV the figures about the areas of ethical conflict and the scenarios related, together with the analysis model, provide fundamental information that enables the adaptation of the ENCQ to other clinical contexts.

3. As Ms. Varcoe Ph.D. requests, the variable “ethical conflict exposure index” is explained briefly on page 5 and more at length on page 8. The figure of the model for ethical conflict analysis has also been included (Figure 1), which improves the understanding of this variable. Admittedly, the concept of the exposure to conflict as such is not present in the literature about the subject; this is the reason why it is thoroughly developed in the method.

Minor Essential Revisions

1. Following Ms. Varcoe PhD’s suggestions, we have included the information about the limitations of the study at the end of the results section; there, we highlight the aspects about the characteristics of the sample and the initial metric analysis.

2. We have edited the sentence as Ms. Varcoe PhD suggests: “Neither have we found any studies that take into account the absence of moral conflict as a positive perspective inside a model”.

3. Indeed, the percentage of participants was high. We attribute this participation to various reasons. Firstly, a considerable amount of time was devoted to visit each of the heads of nursing in the ten participating facilities and to the heads of nursing in the two hospitals involved in order to explain the characteristics of the research. Secondly, together with the ECNQ-CCV, detailed information about the research was included, as well as instructions to fill the ECNQ. Finally, the participating professionals were given a gift when answering the completed ECNQ, consisting of published documents on bioethics and intensive nursing. Subsequently, the results and their theoretical significance were explained in some sessions in each hospital centre.

4. With respect to the information requested by Ms. Varcoe PhD regarding the characteristics of the sample, taking into account some articles analyzing similar population, we can affirm that our study sample presents very similar characteristics to that of another Spanish study published in an international magazine with impact factor (Losa-Iglesias ME, Becerro de Bengoa R, Salvadores-Fuentes P: The relationship between experiential avoidance and burnout syndrome in critical care nurses: A cross-sectional questionnaire survey. International Journal of Nursing Studies 2010, 47:30-7). Regarding to the age of the sample’s subjects, we observe that it is somewhat younger than the one analysed in other international research (Cavaliere TA, Dowling D: Moral distress in Neonatal Intensive Care Unit RNs. Adv Neonatal Care 2012, 10:145-156; Glasberg LA, Eriksson S, Dahlqvist V, Lindahl E, Strandberg G, Söderberg A: Development and initial validation of the stress of conscience questionnaire. Nurs

5. As a result of Ms. Varcoe PhD’s suggestion, we have modified the text in “Moral indifference describes the stance of an individual who neither shows interest in nor takes a position on a matter of ethical concern”.

6. We believe that the inclusion of the figure about the areas of ethical conflict in the ECNQ-CCV helps to better understand the process of the scenario development and its interpretation. It will also contribute to future response.

7. In relation to the pilot test, a text with information referring to the 22-28% of remaining subjects has been added.

**Discretionary revisions**

1. We have included the abbreviation PCA for “the first time principle component analysis is used”.

2. We have included an “s” in the sentence “different types of critical care units”.

**4. Questions and modifications suggested by Ms. Joan Finegan Ph.D.**

**Major compulsory revisions**

1. Regarding the measure of moral state, we think that the inclusion of the theoretical model’s figure (Figure 1) and the explanatory figure about definition of types of ethical conflict (Ms.Ganz PhD’s proposal) in ECNQ-CCV clarifies the measure of the variable “type of ethical conflict”.

2. The assessment of this variable is made from descriptive analysis and its interrelation with the index of exposure to ethical conflict. As psychometric aspects of ECNQ-CCV as such were not detailed in this manuscript, but they were detailed in our research, we hope to present them in future papers we intend to develop.

3. Along the same line as detailed in the background part, Corley’s MDS (2001), Kälvermark-Sporrog’s MDQ (2006) and Glasberg’s SCQ (2006) focus primarily on moral distress and stress of conscience. The differential input of ECNQ-CCV is the fact that measures simultaneously four variables (frequency, degree, type and exposure) that are often in an ethical conflict in nursing. The concept of “exposure to ethical conflict” and the fact of jointly considering different types of ethical conflict from Jameton (1986) and Wilkinson (1989) represent a novelty.

4. Indeed, as noted in the review of our work, the total questionnaires analyzed were 205 of which 164 were completed. Missing values appearing in some questionnaires correspond to situations or scenarios that were not common to any of the nurses evaluated, so there were no cases of items left unanswered. The analysis of the distribution of the items is completely at random and there were not items answered less than others. Some statistical analyses were performed exclusively on completed questionnaires, based on multivariate approaches and techniques, for example, estimates of reliability are more robust and consistent with this type of approach. Moreover, various possibilities were studied for the treatment of missing values in the sense of using simulation techniques, widely known. However, as in the case of mean value as estimator, a undesired effect occurred in the sense of reducing considerably the observed variability in the distribution of the items involved without substantially improving the reliability values and being sufficiently high (.88). Similarly, no missing values are treated through simulation techniques. Therefore, the situation with unanswered items were, in all cases, unusual situations for an specific nurse and the results of simulation procedures don’t imply or especially improve the total amount of
information. In consequence, the restoring of missing values was not a reasonable approach in order to assume the statistical artefact included in all simulation techniques.

5. We agree with the proposed revision in the sense that the generation of a one-dimensional structure can cause an effect of response bias. It should be noted that the internal consistency is very high so the social desirability effect should be very consistent in the vast majority of nurses evaluated and it allows such high alpha. However, taking into account the suggestions of the review we have added an additional analysis by CFA to identify the setting of a factor structure that improves the limitations of Harmen’s single-factor test reported by Podsakoff et al. (2003). Unidimensional CFA results have been incorporated in the text to indicate the feasibility of the proposal.

6. Regarding the correlation of ECNQ-CCV with other scales, our intention was to develop a new model and an instrument, and study the initial properties. We were not confident enough about its psychometric properties until we took the analysis. Once we knew the reliability, content validity and internal consistency our intention in the future is to study the correlation with other similar scales, providing more data about the properties of the ECNQ-CCV.

Minor points

1. As a result of Ms. Finegan PhD’s suggestion, we have specified on page 10 that the change in value of Cronbach α of .871 to .881 is produced by removing the item (Table 2). These values are less than overall α = .882.

2. As Ms. Finegan PhD’s indicates, high reliability which is not always impressive. For interpretation of data, we consider in our research the recommendation of Nunnally (1978) and Graham and Lilly (1988) on the alpha values in instruments used on clinical settings.

3. Before sending the manuscript to the Journal, we perform the translation Spanish-English-Spanish to see if there were differences or difficulties in understanding the scenarios or definitions of the types of ethical conflict. The test showed that when re-translating, the meaning was the same.

Finally, we are most grateful for your reviewer’s useful comments and we thank to the BMC Medical Ethics Journal the opportunity to make changes in the manuscript. We hope that you will find our revised manuscript suitable for publication and we look forward to hearing from you at your earliest convenience.

Yours sincerely,

Anna Falcó-Pegueroles, PhD, MHSc, RN

Barcelona (Spain), 24th February 2012