Reviewer’s report

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

Version: 1 Date: 14 January 2013

Reviewer: Colleen Varcoe

Reviewer’s report:

1. Is the question posed by the authors well defined?
   Yes - excellent

2. Are the methods appropriate and well described?
   Yes, well done

3. Are the data sound?
   Yes

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Yes

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   Yes

6. Are limitations of the work clearly stated?
   No, the paper would benefit from a clearer statement of limitations

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   Yes – excellent literature review

8. Do the title and abstract accurately convey what has been found?
   No, see comment

9. Is the writing acceptable?
   Excellent

Major Compulsory Revisions

This paper represents an important development in the measurement of ethical conflict that is long overdue. I concur with the authors that a unique, important feature of the measure is the variable of ‘exposure’. However, first, I think that the measure must be renamed. Like Corely’s MDS, this measure is based on critical care scenarios and critical care nurses. Hence the name of the measure should reflect this. The MDS has, as the authors note, been adapted by many researchers, and in many cases this has led to miss-measurement. That is, the types of ethical conflicts common in critical care have not been found in other
contexts, and researchers have failed to articulate what conflicts are more prevalent in other settings. Of course this misapplication is not the responsibility of the authors, but I think that been clear that this is not a measure that encompasses all nursing is important. The authors may choose to bracket ‘critical care’, or indicate that it is a ‘critical care version’.

Related, the procedures and the scenarios are carefully described so that adaptation might be undertaken. The authors note in their conclusion that further research is required to expand to larger samples and broader types of critical care units. I think they might add their recommendations for expanding beyond critical care. Would they recommend following their process in its entirety? My concern is that once published, because many of the scenarios are common across many nursing contexts, the measure will be truncated by excluding those scenarios that do not apply, once again setting common critical care scenarios as the starting point. I think that the careful work to generate common scenarios should be repeated in other contexts.

Second, as noted a most important feature of this measure is the variable of ‘exposure’. However, the problem is not explained in the literature review, and thus this important feature of the measure may be buried, as it is not clearly explained until page 8. I suggest that the authors add a brief explanation of the problem that has plagued research on moral conflict – particularly moral distress. Previously researchers have not distinguished between infrequent, intensely disturbing conflicts and frequent but perhaps less disturbing conflicts.

Minor Essential Revisions

Related to the concern above, the paper would benefit from a brief paragraph clearly stating the limitations.

The sentence “Neither have we found any studies that take into account the presence or absence of moral conflict as a variable worth considering” is confusing. It becomes clear later that the authors mean that they have not found the absence of moral conflict (due to lack of exposure, or moral indifference) considered as a variable. However, as it is written, it sounds as though they are negating the entire body of research which is, of course, concerned with ‘presence’. Further, just because studies have not measured it, does not mean that it was not considered ‘worth considering’. A suggested rewording is:

“Neither have we found any studies that take into account the absence of moral conflict due to lack of exposure, or moral indifference.”

The authors obtained a remarkable response rate – how was this accomplished? Are the demographics of the sample roughly similar to the population of critical care nurses in Spain?

The sentence “Moral indifference describes the individual who neither shows interest in nor takes a position on a matter of ethical concern” should read “Moral indifference describes the STANCE OF AN individual who neither shows interest in nor takes a position on a matter of ethical concern”, or similar – it describes an attitude, stance or position, not an individual.
The 13 ‘areas’ describing the grouping of scenarios are not entirely clear. The ‘areas’ are so broad as to not be very meaningful. For example ‘patient’s interests’ could encompass anything. From scenario #10, my guess is that the area was ‘clashes with patient interests’. Some of these areas should be described more accurately, including patient interests, procedures and treatments, teaching tasks etc. Further description of the process of grouping scenarios would be helpful, particularly for replication. What criteria were used, and were the authors intending that the groupings be mutually exclusive?

It should be made clear why the authors judged the results of the pilot suggested no substantial changes should be made. When 22-28% percent did NOT think that the instrument had sufficient scope and clarity, why was this ignored? Where any changes made?

Discretionary Revisions
This paper is exceptionally well written and well proof read. There are minor improvements/corrections needed:
• Put the abbreviation ‘PCA’ the first time principle components analysis is used
• In the final paragraph ‘different types of critical care unitS’ should be plural.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests' below