INTRODUCTION

Moral distress is a complex, multi-factorial experience that is often described as a personal or collective response to challenging situations in healthcare (Larsen et al., 2016). It arises when nurses feel conflicted about their professional role and the values they hold. Nursing experiences, laws, and regulations can also contribute to moral distress (Cleary, 2015). This study aimed to investigate the prevalence and factors associated with moral distress among nurses working in the North-West Province, South Africa.

AIM

The aim of this study was to develop and validate an instrument to measure moral distress in the clinical setting among nurses in the North-West Province.

RESEARC DESIGN AND METHODOLOGY

This research used Benner and Stephens' (1982) model of instrument development as a theoretical framework. In order to attain the aim of the study, the following objectives were set: To develop an instrument to measure moral distress in the clinical setting; to validate the instrument; To conduct qualitative research to explore the experience of moral distress among nurses; To develop an instrument to measure moral distress in the clinical setting; To validate the instrument.

METHOD

The research process was divided into phases:

Phase One: Planning

- Conducted an integrative literature review to identify antecedents, consequences, attributes, and empirical indicators of moral distress.
- Conducted interviews to explore professional nurses' experiences of moral distress to develop an instrument to measure moral distress in professional nurses.

Phase Two: Construction

- Developed a qualitative instrument using exploratory interviews.
- Completed a qualitative evaluation and conducted correlation testing.

Phase Three: Validation

- Conducted a pilot study according to the development stages.
- Administered the developed instrument to the participants.

DATA ANALYSIS

The data were analyzed using descriptive statistics and inferential statistics. The Cronbach's alpha coefficient was used to assess the internal consistency of the instrument. The mean and standard deviation were calculated for each subscale.

RESULTS

In Table 1, the Cronbach's alpha coefficient for the Moral Distress Scale was 0.88, indicating high internal consistency. The mean and standard deviation of the subscales were calculated. The results showed that the instrument was reliable and valid.

CONCLUSION

In conclusion, current available instruments are based on specific situations and therefore limit their use in some clinical settings. During this research, an instrument was developed to measure moral distress regardless of the clinical setting. This instrument was developed through an integrative literature review and semi-structured interviews. The antecedents, attributes, empirical indicators, and consequences of moral distress were identified and a definition for moral distress was proposed. The attributes of moral distress were used as the subscales of the Moral Distress Instrument, thus making the instrument relevant to be used in any clinical setting.

REFERENCES


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