Development and content validation of a questionnaire to assess moral distress among social workers in long-term care facilities

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ABSTRACT

Objective: Despite the significance of ethical issues faced by social workers, research on moral distress among social workers has been extremely limited. The aim of the current study is to describe the development and content validation of a unique questionnaire to measure moral distress among social workers in long-term care facilities for older adults in Israel. **Methods**: The construction of the questionnaire was based on a secondary analysis of a qualitative study that addressed the moral dilemma of social workers in nursing homes in Israel. A content validation included review and evaluation by two experts, a cognitive interview with a nursing home social worker, and three focus groups of experts and the target population. **Results**: The initial questionnaire consisted of 25 items. After the content validation process the questionnaire in its final version, consisted of 17 items and included two scales, measuring the frequency of morally loaded events and the intensity of distress that followed them. **Conclusions**: We believe that the questionnaire can contribute by broadening and deepening ethics discourse and research, with regard to social workers' obligation dilemmas and conflicts.

Introduction

The moral conflict of social workers who face conflicting obligations to their clients versus the management is reflected in the theoretical literature (Dolgoff, Harrington, & Loewenberg, 2011) as well as in qualitative studies. Social workers tend to perceive the needs and demands of the organization as conflicting with their clients' needs because they are derived from regulations and bureaucratic considerations (Hyde, 2012; Papadaki & Papadaki, 2008) or from commercial and reputation interests (Lev & Ayalon, 2015; Lonne, McDONALD, & Fox, 2004)

This obligation conflict might be exacerbated among social workers in long-term care facilities (LTCFs) for older adults, especially nursing homes, due to the total characteristics of these institutions (Lang, Löger, & Amann,

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2007; Thomas, 2004). These total features are often expressed by the desire for conformity and obedience (Solomon, 2004) and by a drive toward functional efficiency, which is characterized by a rigid daily routine, a lack of privacy and autonomy, and limited choice opportunities (Angelelli, 2006; Harnett, 2010). These features could potentially weaken the power of the residents when facing the management and staff (Nelson, 2000). The imbalance in resources between the residents and the management/staff can make it difficult for social workers to act in accordance with their primary obligation to the residents (Allen, Nelson, & Netting, 2007; Allen, Nelson, Netting, & Cox, 2007; Fogler, 2009; Lev & Ayalon, 2015, 2016).

A concept that might be relevant to this kind of obligation conflict, is moral distress. This concept includes two essential elements: the existence of a moral phenomenon and an inconvenient psychological response to this phenomenon (Fourie, 2015; Jameton, 1984). The purpose of the present study is to describe the development and the first step of validation of a unique questionnaire to measure moral distress among social workers in LTCFs in Israel.

Moral distress

Moral distress was first introduced in the nursing literature. It relates to situations where a nurse has difficulties acting in accordance with professional morals due to institutional constraints and restrictions (Jameton, 1984). Wilkinson (1988), following a qualitative study, has indicated that institutional restrictions can be both objective and perceived. In addition, she emphasized the psychological implications of moral distress, reflected in the negative emotions of anger, frustration, and guilt, as well as psychological disequilibrium (Wilkinson, 1987). Corley, Elswick, Gorman, and Clor (2001) also expanded the moral distress definition, describing it as "the painful psychological disequilibrium that results from recognizing the ethically appropriate action, yet not taking it, because of such obstacles as lack of time, supervisory reluctance, an inhibiting medical power structure, institutional policy, or legal considerations" (Corley et al., 2001), pages 250–251).

By contrast, Epstein and Hamric (2009) emphasized that the focus of moral distress is not ethical but psychological. Accordingly, moral distress appears when the values of the worker are violated. This violation might damage the moral integrity of the worker. Furthermore, the accumulation of morally distressful events, coupled with an organizational environment characterized by ethical difficulties, communication difficulties, or leadership difficulties, leads to the creation of a moral residue. This moral residue takes place in a situation where the worker defeats his or her values and compromises his or her moral identity. This process might have negative psychological implications (e.g., anxiety and distress) as well as negative

professional implications (e.g., burnout and avoidance from patients) (Epstein & Hamric, 2009; Webster & Baylis, 2000).

A significant conceptual extension emerged in a study by Kalvemark et al. (2004), which explored moral distress among healthcare professionals. They suggested that moral distress occurs not only in situations where the healthcare professional acts against his or her professional judgment but also in situations when he or she acts in accordance with it, but, in doing so, clashes with regulations. This implies that moral distress could be a result of any situation in which the actions of the healthcare professional lead to a violation of an obligation either to the management or to the clients (Kälvemark et al., 2004).

The most widely used instrument to measure moral distress is the Moral Distress Scale (MDS) developed by Corley et al. (2001). This scale explores the frequency and intensity of 38 items which reflect moral problems faced by nurses (Corley et al., 2001). The MDS scale has been the basis for many studies and was shortened or modified for use with different healthcare professions (Hamric & Blackhall, 2007).

Moral distress and social work

Despite the significance of ethical issues faced by social workers, research on moral distress among social workers has been extremely limited (Brazil, Kassalainen, Ploeg, & Marshall, 2010; Bruce, Miller, & Zimmerman, 2015; Whitehead, Herbertson, Hamric, Epstein, & Fisher, 2015). In addition, very few studies have identified social workers as a unique group that experiences moral distress differently from nurses, and as such, requires its own scale for the purpose of assessing moral distress (Houston et al., 2013; Mänttäri-van der Kuip, 2016).

The lack of research on moral distress among social workers is unexpected, given the significant ethical component inherent in the social work profession (Weinberg, 2009). However, unlike the nursing profession and other health professions which usually tend to involve life-and-death dilemmas, the ethical dilemmas faced by social workers tend to be less dramatic, tangible, or concrete (Weinberg, 2009). Therefore, they are not reflected in the existing scales which are mostly intended to measure moral distress among healthcare professionals in general and nurses in particular (Corley et al., 2001; Hamric & Blackhall, 2007).

The present study

This article describes the development and the first step of validation of a unique questionnaire to measure moral distress among social workers in LTCFs in Israel. The items on the questionnaire were extracted from a qualitative study on the obligation dilemma of nursing home social workers (Lev & Ayalon, 2015,
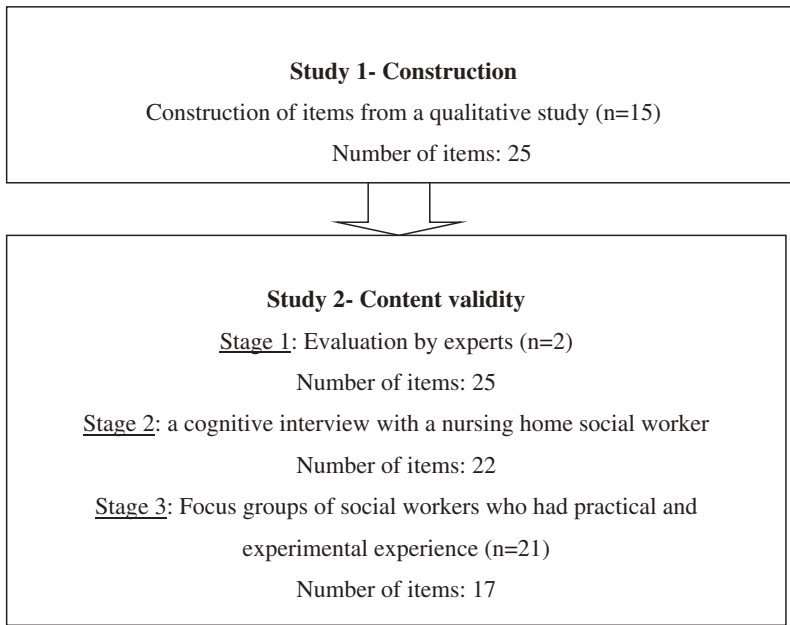
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┌─────────────────────────────────────────────────────────┐
│                  Study 1- Construction                  │
│     Construction of items from a qualitative study (n=15)│
│                  Number of items: 25                     │
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┌─────────────────────────────────────────────────────────┐
│                Study 2- Content validity                 │
│          Stage 1: Evaluation by experts (n=2)            │
│                  Number of items: 25                     │
│  Stage 2: a cognitive interview with a nursing home social worker │
│                  Number of items: 22                     │
│  Stage 3: Focus groups of social workers who had practical and   │
│              experimental experience (n=21)              │
│                  Number of items: 17                     │
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Figure 1. Summary of research design.

2016). They were adapted based on the theoretical and empirical definitions of moral distress by measuring both the frequency of morally loaded events and the intensity of distress that followed them (Corley, Minick, Elswick, & Jacobs, 2005; Fourie, 2015). In this article, we describe the first two studies in the construction of the new questionnaire. See Figure 1 for details.

Study 1: The development of a questionnaire to assess moral distress among social workers in long-term care facilities

Introduction

The study described the development of a unique questionnaire to assess moral distress among social workers employed in LTCFs in Israel. The items of the questionnaire were extracted from a qualitative study on the obligation dilemma of nursing home social workers (Lev & Ayalon, 2015, 2016). They were adapted based on the theoretical and empirical definitions of moral distress by measuring both the frequency of morally loaded events and the intensity of distress that followed them (Corley et al., 2005; Fourie, 2015).

Method

Sample

The sample of the study included 15 social workers employed in nursing homes in Israel (Lev & Ayalon, 2015, 2016). The participants were located

through the Israeli Ministry of Health website. For reasons of accessibility, the interviewees in the study were selected from the Tel Aviv metropolitan area and the Sharon region. The identification of the study population was based on maximum variation sampling (Patton, 1990). The heterogeneity of the study was evident in a number of areas. Eight nursing homes were privately owned and seven nursing homes were publicly owned. Three interviewees had less than 1 year of experience, 10 had between one and 10 years of experience and two had over 20 years of experience. Of the 15, eight interviewees were the sole social workers in their institution, whereas the remaining seven worked for a social services agency. Most of the interviewees (n = 13) were women. All the participants were Jewish. Of these, 11 were born in Israel and four were immigrants from the former Soviet Union and from Anglo-Saxon countries.

Study procedures and analysis

The preliminary study was conducted using semi-structured, in-depth interviews to facilitate an understanding of the complex subjective experiences and perceptions of the interviewees (Fontana & Frey, 2000). The study was approved by the ethics committee of the authors' university. The interviews focused on the obligation dilemma of social workers in nursing homes by questioning the interviewees' perceptions about their main roles in the institution, their difficulties, and conflicts, as well as sources of support available for them. All interviewees signed an informed consent form, recognizing their choice as to how much information to reveal, and their prerogative to abort the interview at any time. The duration of the interviews ranged from one hour to an hour and a half. All interviews were recorded and transcribed.

For the purpose of building a questionnaire to assess moral distress among LTCF social workers, we conducted secondary analysis of qualitative data. According to this method, the focus of the primary study transcends the purpose of examining new empirical theoretical or methodological questions that go beyond the focus of the original study (Heaton, 2004). Following this definition, in the present study we used subcategories, which were found in the preliminary study (Lev & Ayalon, 2015, 2016), as a basis to identify moral phenomena which can potentially lead to moral distress, as suggested in the theoretical definitions of the construct (Fourie, 2015; Jameton, 1984; Kälvemark et al., 2004).

Unlike the open coding approach (Creswell, 2007) which was employed in the preliminary analysis (Lev & Ayalon, 2015, 2016), the construction of the items for the present questionnaire was based on a typological analysis (Given, 2008). Accordingly, data were analyzed on the basis of a predetermined typology (Given, 2008), which was derived from the theoretical definitions of moral distress (Fourie, 2015; Jameton, 1984; Kälvemark et al., 2004). Three themes were identified and determined as the organizing framework. The first theme related to respondents' perceptions of the ethical behavior of the management

or staff, as well as the relationships between these perceptions and respondents' perceived inability to act in accordance with their obligation to the residents. The two other themes related to respondents' perceptions of the way they acted in situations in which their obligation to the residents was threatened by conflicting obligation to the management. The second theme addressed perceived actions in accordance with the obligation to the management and staff, whereas the third theme addressed perceived actions in accordance with the obligation to the residents.

Once the three themes were identified, sub-themes were reviewed carefully, and those that related to one of the three themes were selected. Similarities and differences between the categories were explored. Subsequently, the identified categories were reconstructed to create new subcategories, which represent different aspects of the moral phenomenon that can potentially lead to moral distress (Given, 2008). In the next stage, these categories were shortened and adapted to the present tense to serve as items in the questionnaire.

Results

The questionnaire in its initial version included 25 items, which were related to the three identified themes. Accordingly, 15 items were related to the perceived ethical behavior of the management and staff and their ramification on the social workers, five items were related to actions of the social workers in accordance to their obligation to the residents, while the last five items were related of the social workers to actions in accordance with their obligation to the management and staff.

Following the definition of moral distress, which emphasizes the existence of a moral phenomenon and a psychological response to this phenomenon (Fourie, 2015; Jameton, 1984), the questionnaire included two scales. The first scale assessed the occurrence of a moral phenomenon and its frequency, and the second scale assessed the occurrence of distress in response to the phenomenon and its intensity. For each item, both frequency and intensity were examined. The frequency scale ranged between "0- Not at all," "1-Less than once in the last 6 months," "2-a few times in the last 6 months," "3-Every month," "4-Every week" and "5-Every day". The intensity scale ranged from "0-Not at all" and "5-High intensity".

Study 2: Content validation of a questionnaire to assess moral distress among social workers in long-term care facilities

Introduction

This study described the first stage of the validation of the questionnaire. Following the development of an initial version of the questionnaire, content

validity by both experts and social workers employed in LTCFs was established in order to assess the relevance and the representativeness of the questionnaire to the particular purpose (Haynes, Richard, & Kubany, 1995). Content validity was established in three stages: a) A review and evaluation by two experts in the field of aging and LTCFs and in research methods; b) A cognitive interview with a nursing home social worker; c) Focus groups of social workers who had practical and experimental experience.

Method

For the first stage of content validity, the questionnaire was evaluated separately by two experts from academia. The first expert (who is the second author) specializes in the field of aging and LTCFs as well as in research methods. The second expert specializes in development and evaluation of measurement scales. The two experts were asked to give their opinion on the overall structure of the questionnaire as well as on the items.

For the second stage of the content validity, a cognitive interview (Willis, 2004) was conducted with a nursing home social worker. The nursing home social worker had a master's degree and two and a half years of experience.

The interview was conducted by the first author. The interviewer relied on cognitive interviewing techniques (Willis, 2004), while exploring cognitive and social processes related to the questionnaire. According to this technique, each item in the questionnaire was discussed separately, exploring aspects of comprehensiveness, clarity and relevance to the concept of moral distress. Additionally, issues of social desirability, given the sensitivity of the topic, were explored. The structure, the order of the items, and the clarity of the instructions given to respondents were reviewed. During the meeting, the interviewer documented all comments that emerged.

For the third stage, the revised questionnaire was discussed in focus groups which consisted of 21 social workers who had practical and experimental experience. The first focus group consisted of 16 research students. Twelve participants were doctoral students, whereas the other four were graduate students. Most of the participants (n = 12) were women. All the participants were Jewish and all were born in Israel. All the research students had practical experience as social workers in varied positions, but not as social workers in LTCFs. Their practical experience has contributed to the content validity of the questionnaire, as the students found the issues and dilemmas discussed as being partially related to their work experience. They also contributed as methodological experts because of their familiarity with research methods as part of their PhD and master's requirements.

The focus group was moderated by the first author and was conducted, using cognitive interview techniques. The moderator encouraged an open

and associative discussion promoting social processes which contributed to the elucidation of cognitive and social-motivational issues (Jobe, 2003; Morgan, 1996).

The two following focus groups consisted of the target population of social workers in LTCFs in order to enhance the relevance and representativeness of the questionnaire and to enrich and expand the body of knowledge on moral distress among social workers in LTCFs (Vogt, King, & King, 2004). The participants in these two groups were five social workers from Tel Aviv metropolitan area and the Sharon region who worked in nursing homes and old age homes. All of the participants were women and were identified through snowballing technique. The participants were divided into two groups, differentiated by the kind of LTCF and the seniority of the participants. The first group consisted of three nursing home social workers. All of the participants had more than 20 years of seniority. Two participants had a bachelor's degree and one participant had a master's degree. The second group consisted of two old age home social workers. The participants in this group had between 1 and 3 years of experience. Both were graduate students.

The two focus groups were moderated by the first author. In addition to exploring the clarity of the items, the instructions, and the structure of the questionnaire, the participants were asked about the content of the items and were encouraged to reflect how much these moral conflicts were present in their work experience. Additionally, the participants were asked about moral conflicts they have experienced that were not reflected in the current questionnaire. During the meeting, the moderator documented all of the comments that emerged.

The rationale for relying on a small number of social workers in these two groups stemmed from the sensitivity of the subject and the expectations for high levels of involvement among study participants. The small number of participants allowed for enough time and opportunity for each of the respondents to reply and provide feedback on the questionnaire. At the same time, it also encouraged by respondents to reach a consensus concerning certain aspects of the questionnaire (Morgan, 1997).

Results

In the first stage, based on the experts' suggestions, the frequency scale was changed from indicating specific frequencies to a more abstract scale: "0- Not at all," "1-Seldom," and "5-Often" and leaving the remaining categories with no label. The intensity scale was changed by adding the label "1-low intensity" in order to make the scale more comprehensible.

In the *second stage*, following the comments of the nursing home social worker, the authors made changes to the questionnaire. These changes included the reformulation of two items in order to clarify them so that

they more precisely reflect the work experience of LTCFs' social workers. Two items were omitted: The item: "I felt that the management and staff do not perceive the role of an old age home social worker as legitimate," was omitted, because it was perceived as too extreme. The item "I felt that I did not have sufficient capacity to prevent the entry of residents into an old age home, which in my opinion they do not fit into this frame," was omitted, because many LTCFs social workers do not participate in admission committees. Additionally, four items, which related separately to management and staff, were consolidated to two items which addressed both. Finally, one item was added: "I felt that in situations of suspected abuse, the management acted based on motives which were not to the best interests of the resident." This item was reported as a common phenomenon in her work experience which was not reflected in the questionnaire.

In the third stage, following the comments from the focus groups, the authors made substantial changes to the questionnaire, reflected in reformulation of 19 items. Three items were omitted because they did not relate directly to moral distress (" I felt that the management and staff did not perceive the role of the social worker in an old age home as meaningful; I felt that the manner in which the management and staff perceive my role is different from the way I perceive it; and I found it difficult to find a balance between different demands on the part of the old age home, the family and the staff"). One item was omitted: "I felt that the institution's management does not enable me to act in the best way for the residents" because it was too abstract and could describe a normative situation". Another item: "In order to avoid direct confrontation with the management of the institution, I have used indirect ways to protect the residents", because the meaning of "indirect ways" is not clear and focused enough and can be interpreted in different ways. Finally, two items were omitted because they were perceived as less relevant to the areas of responsibility and to the work experience of LTCFs social workers ("I felt that I had no ability to prevent the transition of residents from one department to another, when the transition seemed to me as contradicted their favor"; and-" I felt criticism from management when I advocated to residents or family"). One item was re-segregated into two sentences relating separately to management and staff. One item was added: "I felt criticism from the staff when I advocated for families and/or residents" because it described a moral conflict that was seen as missing in the preliminary list of items. Additionally, the term "old age home" was changed to "institution" throughout the questionnaire in order to include the full range of LTCFs. The term "management" was changed to "institution's management" in order to clarify the context. Finally, according to the groups' comments, changes in the structure and the instructions of the questionnaire were made in order to improve clarity.

In its final version, the questionnaire consists of 17 items which describe perceptions or actions related to possible conflictual situations for social

workers in LTCFs. The items in the questionnaire represent the three themes, which were derived from the theoretical definitions of moral distress (Given, 2008). The first theme, which related to the perceived ethical environment and its implications on respondents' perceived inability to act in accordance with their obligation to the residents, is represented by six items (e.g., "I felt that in situations of suspected abuse towards residents, the management acted only superficially and not to purposefully eradicate the violence"). The second theme, which related to the perceived actions of the social workers in accordance with their obligation to the management and staff, is represented by five items (e.g., "I acted in a way which has been in contradiction to my professional beliefs due to pressures by the institution's management"). The last theme, which related to the perceived actions of the social workers in accordance with their obligation to the residents, is represented by four items (e.g., "I confronted the institution's management when I perceived its conduct as being in contradiction with the best interests of the residents") (see table 1).

The questionnaire includes both the frequency and the intensity of the distress that followed these moral dilemmas. The frequency scale ranged between "0- Not at all," "1-Seldom," and "5-Often," leaving the remaining categories with no label. The intensity scale ranged between "0-Not at all," "1-Low intensity," and "5-High intensity," leaving the remaining categories with no label. The questionnaire was administered in Hebrew. For the present article the questionnaire was back translated to English. According to this quality assessment method, the questionnaire was translated from the source language to the target language, and then was translated back from the target to the source language, by two independent translators. The correspondence between these measures suggests that the target version is equivalent to the source language forms (Brislin, 1970)

Discussion

The goal of the present pioneering research is to describe the first step of construction and validation of a questionnaire to assess moral distress among LTCFs social workers. *Study 1* described the development of the questionnaire, based on secondary analysis of a qualitative study, whereas *study* 2 described the content validation of the questionnaire, based on expert evaluation, cognitive interviews and focus groups.

The uniqueness of the term "moral distress" is reflected in the fact that it does not describe an abstract feeling, but a feeling which is embedded within a specific occasion (Jameton, 1984). Thus, it is assumed that the more a moral distress questionnaire is focused on a specific profession and a specific work environment, the higher its validity will be. Following this assumption, the uniqueness of the current questionnaire is reflected by the fact that

Table 1. Moral distress questionnaire- division into themes.

Themes		
perceived ethical environment and its implications on respondents' perceived inability to act in accordance with their obligation to the residents	Perceived actions of the social workers in accordance with their obligation to the management and staff	Perceived actions of the social workers in accordance with their obligation to the residents
3. There were situations in which I felt that my professional obligation to the residents was in contradiction with the financial interest of the institution	1. I acted in a way which has been in contradiction to my professional beliefs due to pressures by the institution's management	2. I confronted the staff when I perceived their behavior as being in contradiction with the best interests of the residents
5. I had difficulty handling, in a professional manner, situations of suspected abuse towards residents, due to the lack of cooperation or opposition by the staff	13. I acted in a way which was in contradiction with my professional beliefs due to concerns of losing my job	4. I acted in a manner which I perceived as being in the best interests of the residents, even when it was in contradiction with the demands of the institution's management
6. There were situations in which I felt that the interest of the institution's management was in contradiction with the interest of the residents	15. I felt that in my professional work, I have been more driven by the financial considerations of the institution than by considerations for the best interests of the residents	9. I confronted the institution's management when I perceived its conduct as being in contradiction with the best interests of the residents
7. I felt that in situations of suspected abuse towards residents, the management acted only superficially and not to purposefully eradicate the violence		17. I acted in a way which I perceived as being in the best interests of the residents, even when it was likely to hurt my future employment
8. I felt that my personal and environmental resources have not been adequate in order to protect the residents' rights		
10. I felt that I have not had sufficient capacity to influence the imposition of sanctions on a worker who behaved in an inappropriate way towards residents		
11. I felt that I do not have sufficient capacity to work to find an alternate framework for residents, even though in my professional opinion an institutional framework is not suitable for them, due to the opposition of the institution's management		
12. I felt that there has been an expectation of me to conceal or to give false information in situations where there is suspicion of abuse		
14. I felt criticism from the staff when I advocated on behalf of family members and/or residents		
16. I had difficulty handling, in a professional manner, situations of suspected abuse towards residents, due to lack of cooperation or opposition by the institution's management		

instead of adjusting available questionnaires to a specific target population, the new questionnaire was built and validated on the basis of qualitative interviews and focus groups with the target population. The use of qualitative methods promoted the building of a questionnaire which can authentically reflect the unique dilemmas and conflicts faced by LTCF social workers in Israel (Fontana & Frey, 2000; Strauss & Corbin, 1990; Vogt et al., 2004).

The items in the current questionnaire can be divided into two main categories: Items that generally described the conflict of interest between the residents and management and staff, and thus can be relevant to other professions as well, and items which specifically described experiences that tend to be unique to social workers, such as handling cases of suspected abuse and advocating for the residents. The unique content of the present questionnaire distinguishes itself from other moral distress questionnaires, which tend to focus mostly on dilemmas related to medical issues like life-saving actions for dying patient, patients' informed consent to medical interventions and nurse-physician relationships (Corley et al., 2005; Hamric & Blackhall, 2007). This uniqueness of content highlights the importance and necessity of a questionnaire which is intended specifically to assess moral distress among social workers.

Following the definition of moral distress which emphasizes both the existence of a moral phenomenon and an inconvenient psychological response to the phenomenon (Fourie, 2015), the current questionnaire includes two scales which separately assess the frequency of the moral phenomenon and the intensity of distress associated with it. In order to assess moral distress more precisely, a third scale, which represents the multiplication of the frequency score and the intensity score of each item separately is required (Hamric & Blackhall, 2007).

Limitations

The present article provides the first comprehensive step in the development and validation of the new questionnaire, based on qualitative methods. The second step of validation, which includes psychometric properties, internal reliability, and construct validity by relying on a survey design, has been elaborated in a separate article (Authors own, 2016).

Following the definition of moral distress, the present questionnaire focuses on obligation dilemmas, expressed in conflicting obligations of the social worker to the clients and to the management and staff. Yet, obligation dilemmas can be wider and include other kinds of conflicting obligations that are not reflected in the present questionnaire, like obligations to different family members (Dolgoff et al., 2011; Feng, Chen, Fetzer, Feng, & Lin, 2012; Lev & Ayalon, 2015). In addition to the obligation dilemmas, there are two main groups of moral dilemmas that were described in the theoretical and

empirical literature in social work, and are not reflected in the present questionnaire. These are: dilemmas arising from conflicting values (Dolgoff et al., 2011), like individualism versus paternalism (Wu, Tang, Lin, & Chang, 2013) or beneficence versus nonmaleficence (Feng et al., 2012), and dilemmas arising from cultural diversity which are reflected in differences in values between the social worker and the clients (Dolgoff et al., 2011; Katiuzhinsky & Okech, 2014). Therefore the present questionnaire does not reflect the whole range of moral dilemmas that may be relevant to the work experience of LTCF social workers, but rather is focused on a unique part of these dilemmas.

Another limitation of the present questionnaire is reflected in the fact that all items are long and unidirectional. This might cause a response bias, when early items trigger the response pattern (Tourangeau & Rasinski, 1988). Furthermore, the significant moral component that is embedded in the questionnaire might elicit a social desirability bias, as the respondents might respond in a manner that is viewed favorably by others (Paulhus, 1991). However, because of the nature of the questionnaire, which examines moral phenomena and the distress that followed them, we could not formulate items in a positive direction. It is important to note that this is similar to other moral distress scales (Corley et al., 2001; Hamric & Blackhall, 2007). Future research might use social desirability scales for control purposes (Paulhus, 1991).

In addition, the present moral distress questionnaire is based on a self-report, mono-method approach. Exploring the perceptions and attitudes of other professionals in LTCFs or the residents themselves as well as adding other measurement tools, including direct observations, could enrich our understanding of moral distress among LTCFs social workers.

Applications to research and practice

Although the purpose of the questionnaire was to assess moral distress in LTCF social workers, the items of the questionnaire tend to focus less on older adults and more on the total nature of the LTCF. Therefore, the questionnaire could potentially be adjusted to social workers employed in institutions that are characterized as having "total" features, like boarding schools and institutions for people who suffer from cognitive, physical or mental disabilities. The questionnaire will be less suitable for the assessment of moral distress among social workers who work in other facilities, like welfare departments and hospitals. This is because of the wide diversity of settings in which social workers work, which make it necessary to develop and validate specific scales to assess ethical stress among social workers (Fenton, 2015). In contrast, the nursing profession is characterized by less diversity in employment settings and, therefore, moral distress questionnaires tend to be general and relevant to the varied forms of employment settings of nurses (Corley et al., 2001).

We believe that the questionnaire will contribute by broadening and deepening ethics discourse and research with regard to social workers' obligation dilemmas and conflicts, in an era in which rules, regulations and bureaucratic considerations, as well as commercial and reputation interests of the organization, make it increasingly more challenging for social workers to act in accordance with their obligation to their clients (Lev & Ayalon, 2015, 2016; Lonne et al., 2004; Papadaki & Papadaki, 2008). Ethics discourse and research are important in an era where neoliberalism and privatization have spread globally and are responsible for a transition of social services from governmental ownership to public and private ownership (Carey, 2006; Liljegren, Dellgran, & Höjer, 2008).

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