Adapting and Validating the Brazilian Edition of the Moral Distress Measure for Healthcare Practitioners within the Framework of Palliative Care

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Introduction

Palliative care is an essential component of healthcare, focusing on enhancing the quality of life for patients with life-limiting illnesses and their families. Healthcare professionals working in palliative care settings face unique challenges that can lead to moral distress, a phenomenon that occurs when they perceive a misalignment between their moral values and the care they provide [1]. Recognizing the importance of understanding moral distress in palliative care, a group of researchers in Brazil has adapted and validated the Measure of Moral Distress for Healthcare Professionals (MMD-HP BR) to assess moral distress in the Brazilian context.

This article explores the adaptation and validation process of MMD-HP BR and its significance in the field of palliative care in Brazil.

Understanding moral distress in palliative care

Moral distress is a complex and often distressing emotional response experienced by healthcare professionals when they encounter situations that challenge their moral and ethical values. In palliative care, these professionals often find themselves in morally complex situations, such as making decisions about pain management [2,3], withdrawal of life support, and determining the goals of care. The moral distress experienced in these situations can have a significant impact on the well-being of healthcare providers and, ultimately, on the quality of care provided to patients and their families.

The Measure of Moral Distress for Healthcare Professionals (MMD-HP) is a widely recognized tool for assessing and quantifying moral distress among healthcare professionals [4]. However, it is essential to adapt and validate such instruments in different cultural and healthcare contexts to ensure their accuracy and reliability.

Adapting the MMD-HP for Brazil: The process of adapting and validating the MMD-HP for the Brazilian context (MMD-HP BR) involved several steps [5]. Researchers worked meticulously to ensure the tool would be culturally relevant and capable of accurately capturing the moral distress experienced by Brazilian healthcare professionals in palliative care.

Translation and back-translation: The initial step involved translating the original MMD-HP into Portuguese, the official language of Brazil. After translation, the tool was back-translated into English to verify the accuracy and consistency of the Portuguese version.

Expert panel review: An expert panel, consisting of professionals in palliative care and measurement tools, reviewed the translated version for content validity. Any discrepancies or concerns were addressed to ensure the tool's relevance in the Brazilian context [6].

Cognitive interviews: To assess the tool's comprehensibility and cultural relevance, cognitive interviews were conducted with a group of healthcare professionals working in palliative care in Brazil. Their feedback helped refine the language and content of the MMD-HP BR.

Psychometric testing: The adapted tool was then administered to a sample of healthcare professionals working in palliative care in Brazil. Psychometric testing, including reliability and validity assessments, was conducted to determine the tool's accuracy in measuring moral distress.

Significance of MMD-HP BR in palliative care: The adaptation and validation of MMD-HP BR hold significant importance for the field of palliative care in Brazil. By having a culturally appropriate and reliable tool to measure moral distress, healthcare professionals can better identify and address the moral challenges they face [7]. This, in turn, can lead to improved patient care, reduced burnout among healthcare providers, and better support systems to help professionals cope with moral distress [8-10]. Furthermore, the MMD-HP BR allows for research on moral distress in the Brazilian context, which can inform policies and interventions to alleviate distress among healthcare professionals in palliative care settings.

Conclusion

Adapting and validating the Brazilian version of the Measure of Moral Distress for Healthcare Professionals (MMD-HP BR) is a significant step forward in understanding and addressing moral distress in the context of palliative care in Brazil. This tool not only provides a means to quantify moral distress but also paves the way for research and interventions that can enhance the well-being of healthcare professionals and the quality of care for patients along with their families. By recognizing and addressing moral distress, the palliative care community in Brazil takes a critical step towards improving the end-of-life care experience for all involved.

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Conflict of Interest

Author declares no conflict of interest.

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