Antecedents of Ethical Decision Making by physician assistants and nurse practitioners: validation of instruments and their application
Kuilman, Luppo

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CHAPTER 6

Summarizing Discussion and Future Research Directions
6.1 Background of the conducted PhD research

The studies being presented in this doctoral thesis concern research being completed in the context of a PhD track. The aims of the PhD research were to assess antecedents of (un)ethical conduct among Physician Assistants and Nurse Practitioners since this has not been attempted before, neither in the Netherlands nor globally. However, for doing so, first the necessary indicators for the constructs of the FCM, moral disengagement, and perceived behavioral control had to be both translated or developed and consequently validated. All in order to assess them as appropriate antecedent, explanatory variables towards ethical conduct. Regarding this (un)ethical conduct as examined in this doctoral research, two novel constructs are also introduced to the international pile of literature regarding (un)ethical decision-making, namely that of ‘reporting reprehensible conduct’ and ‘yielding to pressure.’

In this summarizing discussion, the main findings of the studies are made explicit and suggestions will be made for future research possibilities. Next to that, based on the main findings, the practical relevancies will be highlighted as an impetus for furthermore enriching PA and NP training regarding assumed ethical conduct and correspondingly the awareness of being confronted with moral issues after graduation.

6.2 Summary of main findings

In this paragraph brief descriptions will be given regarding the main outcomes of the separate studies as reported in Chapter 2, Chapter 3, Chapter 4, and Chapter 5.

In Chapter 2, the outcomes of a validation study are reported (L. Kuilman, Jansen, Mulder, Middel, & Roodbol, 2020-a). With the initial plan of modifying and validating a context-specific version of the Moral Sensitivity Questionnaire the findings turned out to be completely different from those anticipated at the start of the study. Whereas Lützén et al. maintained their claim of the MSQ measuring six dimensions of moral sensitivity (Lützén, Evertzon, & Nordin, 1997), in the study conducted for this Ph.D. research by both exploratory as also confirmatory factor analysis, there was no reason to maintain this theory for the instrument used among the included samples. Instead, I extracted and confirmed two novel scales that measure two types of attitude, namely those of a morally deliberate attitude (MSQ-DELIB) and that of a paternalistic attitude (MSQ-PATER). Both scales show good construct validity and
appropriate mean inter-item correlation coefficients show adequate homogeneities. Whereas upfront it was expected to possess a modified MSQ as an indicator of the construct of moral sensitivity with the FCM, I now have two separate indicators that might be proxies for indicating morally (in)sensitive attitudes. For this, I conducted a subsequent study to assess the predictive value of both scales. The results of that study are reported in Chapter 5.

In Chapter 3, the usefulness of the Dutch version of the Defining Issues Test was determined as an indicator for the construct of moral reasoning/judgment in the FCM (Raaijmakers, Engels, & Van Hoof, 2005). For this, in the performed study, I investigated whether the construct of moral reasoning is a function of the personality meta-trait Stability and the construct of moral disengagement (Kuilman et al., 2019). The personality meta-traits, Stability, and Plasticity are based on the big five personality traits and were introduced as higher-order personality factors (Digman, 1997). In the study reported about in my doctoral thesis in Chapter 3, the meta-trait Stability reflects the extent to which an individual is consistent in motivation and avoids social interactions and disruptions in mood, while Plasticity reflects the extent to which a person actively searches for new and rewarding experiences, or explores and engages flexibly with novelty, both intellectual and social. With the tenability of the hypothesized model, by applying structural equation modelling, it is proven that Stability indeed is a significant predictor and that moral disengagement has a mediating effect on the relationship between Stability and moral reasoning. Plasticity did not exert a direct effect on moral reasoning. In retrospect, an important achievement is that with this study, the personality meta-trait Stability has been introduced in the scholarly field of ethical decision-making research.

In Chapter 4, I tested and found that the newly introduced concept of Ethics Advocacy, as a source of moral motivation being the third component in the FCM, explains whether an individual will have the propensity of reporting reprehensible conduct (RRC). Ethics Advocacy entails the extent to which healthcare professionals consider it important for attention to be paid to the ethical aspects of care within their organization and during patient contact. In this study it was found that a high degree of EA only predicts RRC at a time once an individual has a high perceived control (L. Kuilman, Jansen, Mulder, & Roodbol, 2020-b). This was found by including the newly introduced construct of “Behavioral Control targeted at Preventing Harm” (BCPH) as a moderator in the hypothesized model. That is, BCPH strengthens the relationship
between Ethics Advocacy and the reporting reprehensible conduct as a variable to be explained. In other words, Ethics Advocacy only increased the intentions to report reprehensible conduct if people at the same time felt they had control over situations of preventing harm. This is an important finding and adds to the understanding that the ethical decision-making process is not only rational, but also involves personal feelings and perceptions which may play intervening roles in the realization of (un)ethical choices.

In Chapter 5, the indicator of (un)ethical conduct was introduced as the construct of ‘Yielding to Pressure.’ Whereas in Chapter 4, the dependent variables of ‘reporting reprehensible conduct’ were about the observation of unethical conduct outside the self, the ‘yielding to pressure’ indicators in Chapter 5 are linked to the own set of moral standards. The two vignettes contained a situation in which there is a moral conflict where a choice had to be made between sticking to one's own standards, norms, and values or going along with the demanding patient or pressure from the immediate work environment. With the primary aim of validating the predictive values of the MSQ-DELIB and MSQ-PATER scales (as reported in Chapter 2), we can conclude that the main finding in this study is that morally deliberative attitudes influence the risk that healthcare providers give in to pressure exerted by patients. However, the direction of that influence depended on the specific behavioral scenario presented to them in the study. In a scenario involving a direct provider-patient interaction moral deliberation increased the extent to which one yielded to pressure. In the scenario where it was about pressure from colleagues, moral deliberate attitude lowered the degree to which one yielded pressure. However, the reason as to why these relations behave in an opposite manner warrant subsequent research.

Notwithstanding, with this finding, a new indicator of moral sensitivity/ awareness will be added to the international pile of literature regarding this usable indicator within the FCM.

6.3 Strengths and limitations

The strengths of this doctoral work are its educational and professional relevance for both the PA also NP profession, the consistent use of constructs derived from widely used and established theories (FCM, moral disengagement theory, and theory of planned behavior), but also the methodological rigor.
The research presented in this doctoral thesis is relevant because the included respondents concern a representative sample given the average socio-demographic characteristics like age and gender of the two national occupational groups of both the PA and NP professionals (Aalbers, Van de Leemkolk, & Van der Velde, 2019; Van de Leemkolk & Van der Velde, 2019). To a certain extent, it can therefore, be stated that the results of the studies performed and presented in this doctoral thesis can be generalized to the two professional groups at large. Even though the representative sample is based on a rather moderately acceptable response rate, a certain degree of selection bias can never be ruled out. Furthermore as to whether the results can be applicable to other independent health professionals is also open to further research. The relevancy and practical implication for both education and practice will be summarized in paragraph 6.3.

With respect to consistent use of the collected data the outcomes have a solid theoretical foundation derived from established theories regarding ethical decision-making, moral disengagement, and behavioral aspects (Ajzen, 1991; Bandura, 1999; Rest, Thoma, & Bebeau, 1999). All the validated, translated, and self-developed questionnaires are appropriately selected indicators of constructs of the aforementioned theories. Furthermore, research outcomes contributed to the explanation of (un)ethical conduct.

Initially, i.e., upfront of this doctoral research, the idea existed to analyze all FCM components in a process-based manner since James Rest posited his model as the composition of logically and chronologically evolving variables during the ethical decision-making process. However, advancing insights made us decide to deviate from that linear, logical approach and zoom in to the separate constructs (M. J. Bebeau, Rest, & Narvaez, 1999). Especially so because empirical evidence strongly advises against such approaches (M. Bebeau, 2002), and some even propose the necessity of remodelling the FCM (Curzer, 2014). It is also worth mentioning that a few close colleagues of James Rest, in a later study, have refuted the initial assumption of the logical and chronological order in the ethical decision-making by proving the FCM components’ independence, which in the end also may explain the absent to low correlations between the constructs found in our work (You & Bebeau, 2013).

Regarding the methodological rigor, in this thesis, there is a deliberate use of different analytical approaches ranging from regression analysis to path analysis and
confirmatory factor analysis. However, as addressed in all articles, the cross-sectional collection of the research data, however, was something that, retrospectively, could have been done differently. Primarily I collected data for validating the developed and adapted questionnaires and test theoretical hypotheses. However, with this one-time only collection of data there are limits to the results' generalizability. After all, it remains to be tested to what extent the results of my studies will replicate in other respondent groups and other contexts.

With regard to the cross-sectional nature of the data, I tackled some potential methodological omissions by employing the Harman’s single factor test to rule out common method bias (Podsakoff & Organ, 1986) and have I also excluded the presence of multicollinearity by addressing the Tolerance and Variance Inflation Factors (Dormann et al., 2013). Nevertheless, the cross-sectional nature of the studies makes it hard to draw conclusions about causality. I cannot rule that third factors might form an alternative explanation of some of the effects found. Therefore, longitudinal or experimental follow-up research is recommended.

Although this doctoral work has been initiated from a rationalistic approach, there is still much to be done when it comes to research into ethical decision-making at the level of the less tangible processes such as intuition, affect, empathy, and many other implicit processes that underlie the continuous calibration of our moral compass. Although the aim of my doctoral research primarily concerned the psychometric testing of (adapted) questionnaires and instruments, one may argue that the research field of ethical decision-making is also open for phenomenological exploration. Supplementing with qualitative research forms, such as interviews, focus groups or observational studies would provide a broader conceptual view of the research domain.

6.4 Practical implications and future research

Based on the main outcomes of the studies summarized in paragraph 6.2, it can be concluded that all performed studies brought new findings with inherently practical implications and/or future directions for subsequent research. In this paragraph, the practical implications of the main findings are summarised and brought into the perspective of what they could imply towards educations and/or practice and future research.
With respect to the main findings of having validated two novel scales measuring a moral deliberative attitude (MSQ-DELIB) and a paternalistic attitude (MSQ-PATER), as reported in Chapter 2 of this doctoral thesis, it can be stated that both scales can be introduced in both educational as also professional practice. The scales can be administered among PA and NP students and professionals to measure their morally deliberative and paternalistic attitudes, respectively. However, the MSQ-DELIB could also be used as a diagnostic tool towards estimating the propensity of yielding to pressure. After all, this has been a finding in the study as being reported in Chapter 5, where it was found that individuals with a high degree of a morally deliberative attitude are at risk of yielding to pressure when this occurs within a direct provider-patient interaction. When the pressure occurred within a professional interaction, there was no risk of yielding to pressure. However, the reason why this occurred is subject to further research. With respect to the effect occurring in the direct provider-patient interaction, one can imagine that during training, especially students who have a high degree of a morally deliberative attitude should be made aware of the risks of yielding to pressure and to prevent them end up making unethical choices. This could be elucidated during training sessions, including simulated patient encounters where the patient plays a demanding role. In this, it is also of a paramount importance to prepare the students to such possible situations and also make them learn to recognize the emotional patterns involved. The last could be very well orchestrated during moral case deliberation sessions with peers (Molewijk, Kleinlugtenbelt, & Widdershoven, 2011).

Regarding the paternalistic attitude, against all odds, we have not been able to validate the predictive value towards (un)ethical behavior. Even though the scale MSQ-PATER could function as an appropriate ‘thermometer’ to get an indication to which extent someone has a paternalistic attitude, for now, it does not go any further than that. We can imagine that the scale might demonstrate added value towards subjects of, for example, shared decision-making (SDM), motivational interviewing, and other communication techniques, in which the role of both the healthcare provider and the patient must be based on equality and reciprocity to achieve treatment success upon mutual agreement (Sandman & Munthe, 2010). Furthermore, a recent study elicited that in general physicians prefer SDM but fall back to the well-known paternalistic basic attitude. As proposed by Diever et al. (2020), our MSQ-PATER could be used to raise awareness of the decision process itself (Driever, Stiggelbout, & Brand, 2020).
Regarding the study performed in Chapter 3 were we assessed whether the level of moral reasoning is a function of the personality meta-traits Stability and Plasticity, and if this is partially explained by the level of moral disengagement the practical implications are two-fold. First, personality is largely stable during the lifespan and therefore besides practicing and/or attending moral case-deliberation sessions, the level of moral reasoning will not be brought to a higher level. Nevertheless, creating and raising awareness is already a very good first step into moral practice. This is especially so because we found that moral disengagement plays a pivotal role in the relationship between the personality meta-trait Stability and the level of moral reasoning. By clearly addressing the danger of detrimental conduct because of (selective) activation of (un)conscious moral disengagement, one may expect that individuals will become more vigilant towards the dark side of ethical decision-making (Welsh, Baer, Sessions, & Garud, 2020).

In Chapters 4 and 5, the dependent variables reflected several types of (un)ethical behavior. With respect to the newly introduced construct of ‘reporting reprehensible conduct’ in Chapter 4, we noticed that individuals who attach importance of ethical aspects in care to a high degree only report morally questionable behavior they observe from their colleagues at the time that they perceive a high degree of self-efficacy. With respect to reporting reprehensible conduct, I can imagine that it is absolutely important to introduce such situations already in an early phase of the training program. After all, having a high degree of Ethics Advocacy alone is not enough, one also needs to experience high behavioral control. Furthermore, besides the highly self-perceived behavioral control, it for certain also must mean that someone needs to possess a high degree of moral courage to report the morally questionable behavior of a colleague (Lachman, 2008). Future research may look into reporting reprehensible conduct as a dual processing model where besides Ethics Advocacy also moral courage are assessed as precursors (Watts & Buckley, 2017).

With respect to the behavioral variable reflecting the newly introduced phenomenon of ‘yielding to pressure’ in Chapter 5, we have proposed that habituation in simulated-education experiences may protect vulnerable students (read: those who are highly morally deliberate in their attitude) from yielding to pressure. However, as mentioned earlier, in the study, it was found that yielding to pressure depends on the source of pressure. This might create a venue for future research and be re-tested with other vignettes. Another issue worth exploring further is that even though we
hypothesized that moral disengagement would play a pivotal role, no moderation occurred. Where the vignettes ‘harmless’ and therefore not triggering the necessity of moral disengagement?

Also, future research might look into the more non-deliberate explanatory variables like affect, intuition, personality, and sympathy (Rainone, Watts, Mulhearn, McIntosh, & Medeiros, 2020; Watts & Buckley, 2017). For this reason future research should include phenomenological approaches. The motives regarding (un)ethical behavior can possibly be better brought into the limelight by having interviews and focus groups with informants. Hereto both students, as also PA and NP professionals could be subject of study. Finally, given the fact that my studies are just a first step towards extensively studying ethical decision-making among Physician Assistants and Nurse Practitioners, it would be of great merit to set up replication studies to see if the results found in my studies can be validated in other professional professions and contexts.

6.5 Conclusions

As summarized in paragraph 6.3 all the performed studies in the scope of this doctoral thesis have practical implications that might impact the training programs of PAs and NPs to some extent. At the very least, and in all modesty, it may be said that a start has been made to examine parts of the ethical decision-making process among PAs and NPs. Further evaluations and discussions about this important and not to be neglected topics in healthcare education would already be a very important merit of this Ph.D. research.

In general, it may be concluded that I have addressed the research aims that formed the basis of this present doctoral research. I have been able to identify and validate all the instruments that were chosen and used as indicators of the constructs for ‘moral sensitivity,’ ‘moral reasoning,’ ‘moral motivation,’ ‘moral character and implementation,’ besides ‘moral disengagement’ and ‘perceived behavioral control targeted at preventing harm.’ Next to that, in this doctoral research, four vignettes have been developed to assess several types of (un)ethical choice, namely that of: ‘reporting reprehensible conduct’ and ‘yielding to pressure.’
REFERENCES


Summarizing Discussion and Future Research Directions


