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Educational Interventions for Managing Ethical Problems in Occupational Therapy: A Survey

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Under the direction of the research advisor:

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A Research Project Entitled

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Submitted to the School of Occupational Therapy at University of Indianapolis in partial fulfillment for the requirements of the Doctor of Occupational Therapy degree.

By:

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Abstract

Moral distress is a prevalent issue among healthcare professionals. Little is known about how to mitigate moral distress within the field of occupational therapy, but ethics education may reduce its impact by providing practitioners with tools for managing ethical problems. The purpose of this study is to explore the impact of ethics education on managing ethical problems among occupational therapy practitioners within the first five years of practice. Specifically, the investigators looked at the type of ethics education that occupational therapy practitioners received and how helpful they found it. This study used a pre-existing survey dataset that was collected in the Spring of 2020. Questions included what ethical problems practitioners have encountered, ethics education they have received, how much they believed each kind of education helped them manage ethical problems, and how confident they felt responding to ethical issues in practice. Researchers analyzed data by using Spearman's rho and Kendall's Tau-b to evaluate the influence of the type of education on the level of helpfulness. Practitioners reported that the most helpful ethics education types were classroom discussions and case studies; fieldwork mentorship, informal discussions, and experience; continuing education; and informal discussions with colleagues. Practitioners relied on personal experience, common knowledge, past education, supervisors, mentors, and colleagues within their organizations to manage ethical problems. They were confident in their ability to manage ethical problems, access the AOTA Code of Ethics and State Practice Act, and find setting policies pertaining to ethics. They were not confident in finding written resources or filing an ethics complaint. This study will add to the current literature by evaluating the effect of ethical education and how helpful it is when occupational therapy practitioners are faced with ethical problems in the workplace.

Keywords: Moral distress, ethics education, occupational therapy

Educational Interventions for Managing Ethical Problems in Occupational Therapy: A Survey

Moral distress is prevalent in healthcare (Penny & You, 2011), including the profession of occupational therapy (OT; Penny et al., 2014). There is very little literature that discusses occupational therapy ethics education in the United States (US), and very little literature explores what type of education helps practitioners manage ethical problems (Dieruf, 2004). However, if practitioners are able to manage ethical problems, their moral distress may decrease (Bushby et al., 2015; Drolet, 2018). Morley, Bradbury-Jones, et al. (2021) defined moral distress as, "The psychological distress that is causally related to a moral event" (p. 2). When moral distress is not properly addressed, there is a decrease in job satisfaction that has the potential to lead to negative mental health outcomes in both patients and workers (Smallwood et al., 2021). The fact that moral distress negatively impacts patient care warrants careful consideration of interventions to reduce moral distress in occupational therapy practitioners.

Much of the available literature on interventions for mitigating moral distress focuses on managing the emotions and trauma accompanying moral distress, not how to directly address the ethical issue at the root of the moral distress. These interventions include breathing techniques, yoga, self-reflection, and meditation (Patronis & Staffileno, 2021). Furthermore, there is no available literature that discusses education on how to prevent moral distress for occupational therapy assistants, a population that faces moral distress but does not have their experiences in relation to moral distress documented in the literature (Penny, 2019). Because moral distress is a prevalent issue among occupational therapy practitioners, there needs to be a better understanding of how entry-level occupational therapy and occupational therapy assistant programs might mitigate moral distress by intervening through education.

The purpose of this study was to explore the impact of ethics education on managing ethical problems in practice among occupational therapy practitioners within the first five years of practice. Specifically, investigators examined the formats and types of ethics education that occupational therapy practitioners received and how helpful they found these types of education to be for managing ethical problems in practice. In addition, this study explored the relationships between ethics education and confidence in skills for ethical problem-solving. Lastly, the researchers examined what additional support new occupational therapy practitioners have perceived to help resolve ethical problems in practice. This study adds to the very limited body of literature on occupational therapy practitioner education for ethical problem-solving in the US. Investigators used a pre-existing survey data set (Howard et al., 2023) with quantitative analysis to explore the impact of education on managing ethical problems (see Appendix A for survey questions).

Literature Review

A limited number of studies inside and outside of the US have investigated ethics education for occupational therapists. Kanney et al. (1996) investigated how occupational therapy coursework prepared students for ethical problems in fieldwork and practice in the US. This dissertation sought to understand whether having ethics education in coursework or practice experience made a difference in moral reasoning. The study sampled nine occupational therapy programs regarding entry-level ethics education and moral reasoning. A comparison between beginning students, senior students, and practicing practitioners who had graduated in the past two years showed no statistical significance regarding education and moral reasoning (Kanney et al., 1996). Dieruf (2004) looked at the change in the fields of occupational therapy and physical therapy and how the advancements in technology and managed care could lead to more ethical

problems. The investigators used the *Defining Issues Test (DIT)* to measure moral reasoning among physical therapy and occupational therapy students. The results showed that the current education the students were receiving was not enhancing their moral development (Drieuf, 2004). The authors emphasized that without proper ethics education, students would not be properly prepared for clinical practice.

Educational programs that focused on how to handle ethical problems demonstrated the potential to decrease moral distress among practitioners. Penny and You (2011), in a cross-sectional study, collected data from students in a 5-year program and found that an entry-level occupational therapy education program may have helped prepare practitioners for moral reasoning. Similarly, Howard et al. (2020) found that fieldwork education may have contributed to improved moral reasoning patterns in entry-level occupational therapy and physical therapy students. These studies have shown that while there has been a need to decrease moral distress among practitioners, it has been difficult to determine how education may help. Within the US, there has not been a consensus on a specific educational ethics program that is beneficial for practitioners.

Researchers have additionally investigated moral distress and the impact of ethics education in occupational therapy outside of the US. Kinsella et al. (2008) investigated ethical tensions among new graduates in occupational therapy in Canada. They discovered students were afraid to speak up about ethical tensions they experienced during fieldwork and out in practice and thought a lack of ethical education may have been the reason for their fear (Kinsella et al., 2008). Geddes et al. (2008) investigated in Canada whether moral reasoning schema and patterns were impacted by ethics training prior to graduation. The research team conducted a 6-year longitudinal study that followed six cohorts of occupational and physical therapy students.

After the study concluded, they found there was no significant impact of the educational ethics training on the graduates' moral judgment (Geddes et al., 2008). VanderKaay et al. (2018) studied the impacts of online ethics education modules and found that "clinician-educators who participated in the study reported a sustained increase in ethics knowledge and an intent to incorporate strategies to explicitly address ethics within the context of their work with student occupational therapists" (p. 10). This study presented a specific educational program through a module that showed positive outcomes in increasing ethics knowledge. In a study done in Canada, researchers looked at 25 occupational therapy and physiotherapy programs and analyzed the content of their courses (Hudon et al., 2014). The study found that the terms ''ethics/ethical'' were found in 75% of OT and 71% of PT course descriptions (Hudon et al., 2014). While the programs do have courses that discuss ethics, it is not known what content is taught or how much time is spent on ethics-related content.

While little research indicated how ethics education prepared occupational therapy students to face ethical problems in practice, studies in other healthcare professions have examined types of ethics education and their usefulness. Investigators from the nursing profession have examined the use of ethics education to mitigate the prevalent risk of facing moral distress (Krautscheid et al., 2017). Many nurses have not taken action against morally distressing issues due to a lack of external resources, fear, uncertainty, and more. The common solution that has been discussed is adding ethics education into the nursing curriculum. Bong (2019) proposed that adding ethical talking points to every unit in schooling would allow for an open and informal conversation regarding moral distress. Curriculum changes are critical for preparing nurses to enter the field and be prepared for ethical problems. By changing the curriculum, programs would create a "comprehensive, sustainable approach for teaching the

future of the nursing workforce how to prevent and manage moral distress" (Krautscheid et al., 2017, p.318). Therefore, by creating a universal curriculum on ethics, programs can better prepare their students for potential issues in the future.

Multiple studies have evaluated the use of ethics education after experimenting with potential ethics curricula in collegiate healthcare programs. One education program saw a significant decrease in nursing students' reported measures of moral distress after being introduced to two types of stressful situations in a 30-minute lecture and then evaluating a morally distressing scenario (Monteverde, 2016). On the other hand, Bilgen et al. (2018) found that students believed they had developed morals and ethical standards before attending university, from experiences they had growing up, but thought clinical practice experiences were better at enhancing those morals than lectures and assignments.

In addition to curricular changes internal to a profession, interprofessional education scenarios were studied. In a systematic review, Guraya and Barr (2018) found that interprofessional education was vital to client-centered and high-quality care and contributed to ethical practice. Nichols et al. (2021) created an interprofessional education (IPE) day that brought nursing, midwifery, and law students together while Seidlein et al. (2021) allowed for collaboration between nursing and medical students. In both studies, there was a positive impact on the students' ethical understanding, and the experience allowed them to have an idea of how the other professional students would interpret the scenario (Nichols et al., 2021; Seidlein et al., 2021). Seidlein et al. (2021) found that the students believed the session should have been longer since the material was complicated. These two studies demonstrated the potential for ethics education in interprofessional scenarios and the benefit of interacting with students from other professions when interpreting these scenarios.

Healthcare practitioners have benefited from post-professional continuing education in the management of ethical issues to reduce moral distress. Allen and Butler (2016) discussed the impact of ethics education on critical care nurses who were experiencing moral distress. The intervention included using the American Association of Critical-Care Nurses (AACN) 4 A's Model, communication, personal action plans, and ethical reasoning skills (Allen & Butler, 2016). Nurses were able to use the skills that they learned during their educational training to reduce their moral distress. The 4 A's Model was also used with a group of critical care nurses in Iran in the form of an educational workshop. Researchers found that the model was successful in reducing moral distress among nurses (Molazem et al., 2013). While the ethics education that was given to the nurses did reduce their moral distress, it did not prevent the cause of the moral distress. The most common sources of moral distress were a continuation of life support, witnessing false hope, and continuing patient care despite little hope. While these situations cannot always be prevented, the education taught the nurses ethical reasoning skills that they could use in practice, ultimately relieving some of the moral distress that nurses face (Allen & Butler, 2016). While this intervention was successful for nurses, further research is needed to determine the effectiveness of educational interventions for reducing moral distress for other health professionals.

Multiple interventions aimed at reducing moral distress among healthcare workers have been introduced. Investigators looked at nurses and doctors within an intensive care unit and implemented the following interventions: moral empowerment programs, end-of-life educational programs, reflective exercises through individual narrative writing or group reflective debriefing, multidisciplinary case debriefing, meetings integrated into clinical practice, and moral resiliency training (Imbulana et al., 2021). Researchers found that there was no significant evidence to

show that these interventions prevented or reduced moral distress. Morley, Field, et al. (2021) completed a systematic review to look at moral distress interventions among nurses. The following interventions were examined: facilitated discussions, self-reflection, narrative writing, multidisciplinary rounds, specialist consultation service programs, intervention bundles, and education interventions (Morley, Field, et al., 2021). Out of the sixteen articles included in the systematic review, seven reported a reduction in moral distress. The authors suggested that more effective interventions would need to be more flexible and adaptable to each individual's needs.

Ethics rounds have been recommended as an intervention to reduce moral distress in occupational therapy practitioners (Erler, 2017). During these rounds, practitioners would be able to prepare for emerging ethical issues. Erler (2017) noted that during the ethics rounds, the environment should be professional, give a voice to underserved populations, and identify themes and triggers (Erler, 2017). By implementing these ethical rounds into practice, organizations would affirm that ethics were valued and addressed. Ethics rounds would allow for open communication, support, and preparation for ethical problems that could arise (Erler, 2017). By preparing for these ethical problems and having other people to talk to and learn from, the hope is that moral distress would be mitigated.

A variety of educational programs have provided indirect interventions to address moral distress; that is, these interventions did not address the moral distress directly but rather the emotional sequelae experienced by a practitioner when encountering moral distress. Patronis and Staffileno (2021) used a Mindful Moment program that consisted of 20-minute sessions of yoga, self-reflection, and meditation among nurses. Irwin et al. (2020) offered resilience training to new graduate nurses. This training educated nurses on factors that lead to an increase in resilience and techniques that could be used in daily practice. These techniques included

interventions such as journaling, reflection, and gratitude. Sawyer et al. (2021) used the intervention of the RISE program. The RISE program was eight weeks long and was used as a psychoeducational group intervention for nurses. It focused on four different components including resilience, insight, self-compassion, and empowerment. Finally, Bevan and Emerson (2020) held their educational session based on Frierean conscientization. They held three, four-hour sessions of critical reflection, motivation, and action as an educational intervention for nurses, which resulted in participants feeling more confident and empowered when it came to speaking up regarding ethical issues (Bevan & Emerson 2020). The interventions in these studies were intended to mitigate moral distress when dealing with ethical problems and did not give strategies for working through ethical problems in practice.

The literature has been limited regarding preventing and managing moral distress stemming from ethical problems among occupational therapy practitioners especially in the US. Moral distress has had the potential to lead to negative mental health outcomes in both patients and healthcare workers, which has been especially apparent during the COVID-19 pandemic (Smallwood et al., 2021). The increase in moral distress experienced by healthcare workers during COVID-19 has led to an "increased risk of anxiety, depression, post-traumatic stress disorder, and burnout," (Smallwood et al., 2021, p. 1). Without proper interventions, there could be a threat to workforce longevity and the safety of patients. Education has the potential to lead to a higher level of confidence when facing ethical problems (VanderKaay et al., 2018). This study adds to the literature by addressing which formats and types of educational interventions occupational therapy practitioners reported that help address ethical problems and increase confidence in ethical problem-solving, thereby reducing moral distress.

Methods

Study Approach

The purpose of this study was to explore the impact of ethics education on managing ethical problems in practice among occupational therapy practitioners within the first five years of practice. This study utilized a dataset previously collected in the Spring of 2020 (Howard et al., 2023). In this quantitative cross-sectional, nonexperimental survey, 125 occupational therapists and occupational therapy assistants who had passed the NBCOT exam within the previous five years answered questions regarding ethical problems they had encountered, ethics education they have received, how much they believed each kind of education helped them manage ethical problems, how confident they felt responding to ethical issues in practice, and what they relied on for ethical problem-solving strategies. Researchers analyzed responses descriptively regarding educational formats and types and its helpfulness in managing ethical problems; and correlated confidence in ethical problem-solving to having received the types of education perceived to be the most helpful.

Ethics

This study was reviewed by the University of Indianapolis Human Research Protections Program Institutional Review Board and determined to be "not human subjects research." No personal identifiers were collected in the survey.

Participant Characteristics

Target Demographics, Inclusion/Exclusion Criteria

Participants included in the original dataset of this study were occupational therapy practitioners who passed the NBCOT within the past 5 years. Exclusion criteria included individuals who were not occupational therapists or occupational therapy assistants, and those

not practicing in the field of occupational therapy. Investigators excluded participants who completed less than 80% of the survey.

Procedures

Sampling Procedures

In collaboration with NBCOT, investigators sent a mass email to a sample of people who recently passed the NBCOT exam within the past 5 years. NBCOT also advertised the survey on social media sites. Investigators stratified the sample to obtain responses from occupational therapy practitioners in all regions of the US. Investigators originally sent the survey to 3,600 occupational therapists and 1,200 occupational therapy assistants. Due to the low return rate, investigators sent the survey to an additional 2,000 occupational therapy practitioners and 1,000 occupational therapy assistants via email (Howard et al., 2023).

Sample Size, Power, and Precision

Investigators calculated the needed sample size to achieve statistical significance, using G*Power 3.1.9.4 (Faul et. al., 2009). With correlation set at 0.3, alpha error of probability of .05, and power set at 0.95, a sample size of 115 participants was needed to calculate Kendall's Tau-b and Spearman's rho**.** Overall, 163 individuals completed the demographic portion of the survey; 125 individuals remained after the removal of incomplete responses. Therefore, the study was adequately powered.

Instrumentation

This present study utilizes previously collected survey data (Howard et al., 2023). Investigators created a survey using principles from Forsyth and Kviz (2006) and Stein et al. (2013). Researchers asked several University of Indianapolis School of Occupational Therapy faculty members and an expert on survey research to review the questions in the survey using the

Cognitive Validity Method (Willis, 2004) to increase the validity of the survey. The researchers then edited the questionnaire to improve clarity and quality. For full survey questions, see Appendix A.

Analysis

For this current study, investigators analyzed the portions of the survey addressing ethics education in the classroom, on fieldwork, and with continuing education after post-entry level education using descriptive statistics (counts and percents) to determine most commonly reported formats and types of ethics education, which of these participants perceived as most helpful, confidence in ethical problem-solving, and what ethical problem-solving strategies they relied on when managing ethical problems in practice. Since the data were nonparametric for all variables (Shapiro-Wilk results ≥ 0.05), researchers used nonparametric tests of Kendall's Tau-b and Spearman's rho to correlate types of ethics education to confidence in ethical problem-solving.

Results

Of the 125 participants who completed the survey, 23.2% had passed the NBCOT exam less than one year prior, 44% had passed the NBCOT one to under three years prior, and 32.8% had passed the NBCOT three to five years prior to this survey. The mean age of the responding 123 participants was 30.8 and the median age was 28. The youngest participant was 23 and the oldest was 64. Ninety-two percent of the participants were female, 4.8% were male, one participant was a trans male, 2 identified as non-binary, and 1 preferred not to answer. Of the 125 participants, 108 were white, 4 were black or African American, 3 were biracial/multi-racial, 3 preferred not to answer, and 2 were other. When asked about ethnicity, 5.6% were Hispanic or Latino, 91.2% were not Hispanic or Latino, and 3.2% preferred not to answer. See Table 1 for demographic characteristics of the sample.

Table 1

Demographic Characteristics of Sample

Variable (n Responding)	n(%)
Years since NBCOT (125)	
Less than 1 year	29(23.2)
1 to under 3 years	55(44)
3 to 5 years	41(32.8)
Certification (125)	
Occupational Therapist	104(83.2)
Occupational Therapy Assistant	21(16.8)
OT Degree Obtained (104)	
Master's	63(60.6)
Doctoral	41(39)
OTA Degree Obtained (21)	
Associate's	21(100)
Region of entry-level degree obtained (125)	
West (Washington, Oregon, California, Montana, Idaho, Wyoming, Nevada, Utah, Colorado, Arizona, and New Mexico	21(16.8)
Midwest (North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Michigan, Illinois, Indiana, and Ohio)	47(37.6)
North East (New York, Pennsylvania, New Jersey, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, Maine)	25(20)
South (Texas, Oklahoma, Arizona, Louisiana, Kentucky, Tennessee, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Maryland, Delaware)	31(24.8)
Hawaii, Alaska, Puerto Rico, Washington D.C. and US Territories Outside the US	1(0.8)
Region of current practice (125)	

West (Washington, Oregon, California, Montana, Idaho, Wyoming, Nevada, Utah, Colorado, Arizona, and New Mexico	33(26.4)
Midwest (North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Michigan, Illinois, Indiana, and Ohio)	33(26.4)
North East (New York, Pennsylvania, New Jersey, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, Maine)	15(12)
South (Texas, Oklahoma, Arizona, Louisiana, Kentucky, Tennessee, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Maryland, Delaware)	40(32)
Hawaii, Alaska, Puerto Rico, Washington D.C. and US Territories Outside the US	4(3.2)
Area of primary practice (125)	
Children and Youth	41(32.8)
Mental Health	5(4)
Rehabilitation & Disability	55(44)
Productive Aging	13(10.4)
Emerging & non-traditional	2(1.6)
Academic	1(0.8)
Administrative/managerial	1(0.8)
Not working in OT	3(2.4)
Other	4(3.2)
Years in Current Practice Setting (125)	
Less than a year	46(36.8)
1 to under 3 years	51(40.8)
3 to 5 years	26(20.8)
Other	2(1.6)
Age (123)	
Mean	30.8
Median	28
Youngest	23
Oldest	64

Gender (125)	
Male	6(4.8)
Female	115(92)
Trans male	1(0.8)
Non-binary	2(1.6)
Prefer not to answer	1(0.8)
Primary Race (125)	
White	108(86.4)
Black or African American	4(3.2)
Asian/Pacific Islander	5(4)
Biracial/Multi-racial	3(2.4)
Prefer not to answer	3(2.4)
Other	2(1.6)
Ethnicity (125)	
Hispanic or Latino	7(5.6)
Not Hispanic or Latino	114(91.2)
Prefer not to answer	4(3.2)

Didactic Ethics Education Formats and Types

Table 2 contains the ethics education formats and types that entry-level occupational therapists and occupational therapy assistants reported they received in didactic, fieldwork, and post-certification education. Participants reported that dedicated face-to-face ethics courses were the most helpful. Ethics content interwoven throughout the curriculum was the most common type of education content received by participants.

Entry-level occupational therapy practitioners reported receiving various ethics education types, with the majority (94.3%) receiving lecture-based education. Ethical case studies were reported as the most helpful type of education, with a mean of 2.56 out of a total possible of 3 on a Likert-type scale. See Table 2.

The most common types of ethics education participants received on Level II Fieldwork included first-hand experiences with ethical dilemmas and discussions with fieldwork educators regarding those experiences. Participants reported that the most helpful types of education on fieldwork were an informal discussion with fieldwork educators or occupational therapy interprofessional colleagues (62%). Another helpful education type was experiences with clients during fieldwork involving ethical problems, with a mean of 2.48 out of a possible 3 on a Likert-type scale. See Table 2 for reporting of responses with a mean of two or more out of three on the Likert-type scale for helpfulness.

Table 2

Ethics Education Formats and Types in Didactic, Fieldwork, and Continuing Education

Ethics Education Descriptions	**Item* (n responding)**	**n (%)**	****Helpfulness mean(median)**
Entry-Level Ethics Education Format	Ethics content interwoven throughout the curriculum (n=120)	114(95.2)	n=109 2.46(3.0)
	Dedicated face-to-face ethics course (n=121)	96(79.3)	n= 94 2.53(3.0)
Entry-Level Ethics Education Types	Ethics lecture (n=123)	116 (94.3)	n=111 2.38 (2.0)
	Formal classroom discussion with cohort classmates about ethics (n=123)	115 (93.5)	n=110 2.51(3.0)
	Reading assignment (n=122)	109 (89.3)	n=105 2.33 (2.0)
	Ethics case studies (n=123)	105 (85.4)	n=100 2.56(3.0)

	Informal discussion (n=121)	103 (85.1)	n=99 2.42(2.0)
	Ethical problem-solving guide, steps, or resources (n=123)	100 (81.3)	n=97 2.50(3.0)
	Ethics exam (n=123)	80 (65)	n=80 2.39(2.0)
	Ethics role playing (n=122)	80 (65.6)	n=81 2.43(3.0)
	Interprofessional education experience in the classroom regarding ethics(n=121)	62 (51.2)	n=58 2.48(2.5)
Fieldworks Ethics Education Types	Informal discussion with OT colleagues in fieldwork setting regarding ethics (121)	75(62)	n=72, 2.54(3)
	Experience with clients in fieldwork settings involving ethical issues or problems (121)	73(60.3)	n=68, 2.48(3)
Ethics Education Since Initial OT Certification	Read an occupational therapy professional article on ethics (n=121)	70 (57.9)	n= 66 2.20 (2.0)

*In your entry-level (classroom) education, which of the following *types* of ethics education did you receive?
** If you did receive this *type* of education, how well did it help you learn to resolve ethical problems you have encountered in practice? 1 = did not help; 2 = helped somewhat; 3 = helped a great deal.

Ethics Education Since Initial Occupational Therapy Certification

Seventy participants reported reading an article on ethics since their initial occupational therapy certification, which was "somewhat helpful" ($\bar{x}$ = 2.2 out of 3).

Ethical Problem-Solving Strategies

Table 3 contains what the participants rated they relied on the most to decide on a course of action. These participants reported that the following were relied on the most: common knowledge, personal experiences, talking to a supervisor, past education to identify, assess, and offer resolutions, and talking to a colleague. See Table 3 for more information.

Table 3

Ethical Solving Strategies

Item* **(n responding)**	**Relied on Mean(median)****
Relied on common knowledge (120)	4.20(4.0)
Relied on personal experience (120)	4.04(4.0)
Relied on past education to identify, assess, offer resolution (119)	4.03(4.0)
Talked with a supervisor (119)	4.03(4.0)
Talked with a colleague within the organization/setting (120)	3.6(4.0)
Looked up laws (licensure act, third party payor rules, etc.) (120)	3.06(3.0)
Looked up policies and procedures (120)	3.05(3.0)
Talked with a mentor within the organization/setting (120)	3.03(3.0)
Looked up a Code of Ethics (120)	2.85(3.0)
Looked up other resource materials (120)	2.85(3.0)
Talked with a colleague outside the organization/setting (120)	2.8(3.0)
Talked with a mentor outside the organization/setting (120)	2.56(2.0)
Enrolled in continuing education (120)	1.93(1.0)

Talked with an ethics committee member or members (119)	1.59(1.0)
Other (please write in) (34)	1.29(1.0)

* Which items OTP relied on to decide on a course of action when experiencing ethical problems.
** When encountering an ethical problem in practice, **how much did you rely on each of the following** to decide on a course of action to resolve the ethical problem? (1 = none at all; 2 = a little; 3 = a moderate amount; 4 = a lot; 5 = a great deal)

Relationship between Ethics Education and Confidence in Skills

Investigators explored the relationships between ethics education and confidence in skills for ethical problem-solving by correlating the Confidence scale (10 items) to specific types of ethics education. Investigators first analyzed confidence items using Cronbach's alpha to determine if these items could be totaled into a scale and analyzed together. Cronbach's $\alpha = .842$ for the 10 items, indicating good internal consistency. Investigators then analyzed the correlation between the confidence scale and ethics education items to determine if there was a relationship between ethics problem-solving confidence and specific types of ethics education. Investigators used both Kendall's Tau b and Spearman's rho statistics due to the small sample size and nonparametric nature of the data, and to compare the results between these two nonparametric tests. Investigators included only items with 10 or more in each group, per the requirements of the statistical test (Field Study Council, n.d.). Tables 4, 5, and 6 contain the significant results from these correlations. Results indicated a significant but low-strength correlation between ethical problem-solving confidence and ethics education items listed.

Table 4
Didactic Education: Significant Correlations between Question Items and Ethical Problem-Solving Confidence Total Scale

Variable* (n responding)	**Kendall's Tau B**	**Spearman's Rho**

	Significance (p<.05)	**Correlation Coefficient****	**Significance (p<.05)**	**Correlation Coefficient**
Ethics content interwoven throughout the curriculum (116)	.048	0.155	.047	0.185
Informal discussion with cohort classmates about ethics (112)	0.003	0.236	0.003	0.283
Ethics exam (110)	0.041	0.164	0.040	0.196
Ethics case studies (119)	0.008	0.204	0.007	0.244
Ethics role playing (110)	0.000	0.289	0.000	0.346
Interprofessional education experience in the classroom regarding ethics (106)	0.003	0.245	0.002	0.293
Professional conference session related to ethics while in OT school (107)	0.012	0.193	0.017	0.231

Professional development discussion with mentor or advisor related to ethics (110)	0.003	0.222	0.005	0.265

*Question: "In your entry-level (classroom) education, which of the following types of ethics education did you receive?"

**Correlation coefficients are interpreted as: 0 - 0.20 = negligible; 0.20 - 0.40 = low; 0.40 - 0.60 = moderate; 0.60 - 0.80 = high; 0.80 - 1.00 = very strong correlation.

Table 5

Fieldwork Education: Significant Correlations between Question Items and Ethical Problem-Solving Confidence Total Scale

Variable* (n responding)	**Significance (<.05) Kendall's Tau B**		**Significance (<.05) Spearman's Rho**	
	Significance	**Correlation Coefficient****	**Significance**	**Correlation Coefficient**
Ethical problem-solving guide, steps, or resource (114)	0.006	0.205	0.009	0.245

*Question: "In your entry-level (classroom) education, which of the following types of ethics education did you receive?"

**Correlation coefficients are interpreted as: 0 -0.20 = negligible; 0.20 - 0.40 = low; 0.40 - 0.60 = moderate; 0.60 - 0.80 = high; 0.80 - 1.00 = very strong correlation.

Table 6

Ethics Education Since Entering Practice: Significant Correlations between Question Items and Ethical Problem-Solving Confidence Total Scale

Variable* (n responding)	Significance Kendall's Tau B		Significance Spearman's Rho	
	Significance (p<.05)	Correlation Coefficient**	Significance (p<.05)	Correlation Coefficient
Ethics continuing education taken as required by the state licensing board (117)	0.002	0.228	0.003	0.272
Ethics continuing education taken for workplace/setting (119)	0.015	0.182	0.017	0.218
Ethics continuing education taken for a specialty certification (113)	0.001	0.262	0.001	0.314
Ethics continuing education sought on own (119)	0.008	0.190	0.013	0.227
Reading an interprofessional article on ethics (115)	0.013	0.188	0.016	0.224

*Question: "In your entry-level (classroom) education, which of the following types of ethics education did you receive?"

**Correlation coefficients are interpreted as: 0 -0.20 = negligible; 0.20 - 0.40 = low; 0.40 - 0.60 = moderate; 0.60 - 0.80 = high; 0.80 - 1.00 = very strong correlation.

Items not included for correlation analysis were: ethics content interwoven throughout the curriculum, ethics readings, ethical problem-solving guide, formal classroom discussion, ethics training separate from orientation, postgraduate ethics course, organizational ethics committee or consultation, and formal mentorship. These items did not meet the statistical assumptions for

correlation analysis (i.e., did not have 10 or more participants in each group).

Discussion

Education

In didactic education, role-playing was considered to be most helpful, followed by IPE classroom experiences and mentorship discussions. The lowest ranked type was ethics exams. The results reflect that hands-on education for ethical problem-solving was perceived as more helpful. These results are similar to those found in studies that included role-playing and scenario-based education (Bilgen et al. 2018; Monteverde, 2016). This finding may be because studying for examinations is more memorization-based, while educational experiences give students more active participation in acquiring and solidifying knowledge. It is important to note that this discrepancy could also be due to the differences in preferred student learning styles.

The results of this study suggest it may be helpful to prioritize ethics education in didactic and post-graduate education rather than in fieldwork. Placing a greater focus on role-playing, IPE discussions, and mentorship discussions during class time could be beneficial in increasing the percentage of occupational therapists' perceived ability to address ethical problems. These results align with findings that IPE events within didactic education allow for a broader understanding of other professional students' ethical reasoning (Nichols et al., 2021; Seidlein et al., 2021). The reason behind the effectiveness of these interventions over others could be explained by the higher use of active learning and problem-solving as well as the opportunity to gain others' perspectives and ideas through discussions.

Fieldwork

The results revealed that certain experiences during fieldwork helped improve preparedness for ethical problems. The fieldwork experiences that practitioners perceived as

helping the most included informal discussions with fieldwork educators and interprofessional colleagues, gaining experience with managing ethical issues, having a mentorship with a fieldwork educator or other individual, and having an ethical problem-solving guide, theory, steps, or method to follow. These findings align with the positive response from ethics rounds during the work week that allow practitioners to discuss ethical problems (Erler, 2017). However, only problem-solving guides were found to be statistically significant when correlated with ethical problem solving confidence.. This may be because students can take the time to look at these resources on their own, away from stressors. It may be difficult for students to find ethical education on fieldwork helpful because they are focused on learning skills and engaging in their setting.

Ethics Education Since Certification

Regarding education for new practitioners, many resorted to finding ethics education on their own. This could be because they had more time or witnessed more ethical problems and needed to seek education independently. Less than half of the respondents reported having to complete continuing ethics education required by their state or practice setting. If more states or practice settings have this requirement, it may help promote continuing education regarding ethics. Another form of ethics education since certification that respondents found helpful was informal mentorships. Informal mentorships allow individuals to talk about ethical dilemmas with people in the same field. People may have found this helpful because mentors often give advice based on similar life situations, offering insight towards the practitioner's experiences. Practitioners noted that reading ethics articles was a popular form of continuing education regarding ethics, however they are often inaccessible to practitioners..

Practitioners would be better informed on ethics if there were an easier way to access these articles to use for their continuing education units (CEUs). With the incentive of CEUs, more practitioners may access ethics articles and be informed about up-to-date ethics research in the field of occupational therapy. More articles, combined with more intuitive ways to access them, could increase the likelihood that practitioners would read articles about ethics after their initial education. This educational strategy may help mitigate or reduce moral distress in practitioners by educating them on what to do if these situations occur.. It is important to note that some ethical situations are hard to prepare practitioners for such as specific dilemmas related to a global pandemic. This is why it is important for practitioners to have a base knowledge in mitigating moral distress, not just specific scenarios. In this instance, case studies may not be as beneficial to understanding how to mitigate moral distress in cases one cannot always predict. This explains why it is important to focus on other areas of didactic education and fieldwork education to further prepare practitioners.

Recommendations for Research

The current study helped reveal certain gaps in ethics education and can be used to suggest recommendations for future research on the topic. First, research could explore the effectiveness of an ethics mentorship program during fieldwork for mitigating moral distress. It would be beneficial to further examine if preparedness for ethical problem-solving through didactic education helps to mitigate moral distress. A longitudinal cohort study exploring didactic education with ethical problem-solving and their confidence levels would be helpful for educators to understand the effectiveness over time.

Implications for Occupational Therapy Practice

With the most significant intervention from this study being ethical continuing education,

followed by state-required continuing education and continuing education sought out on your own, this study reflects the need for occupational therapy practitioners to consider taking more CEUs regarding ethics education. As newly practicing occupational therapists gain experience, ethical problems will certainly occur. Registering for CEUs focused on ethical problem-solving could help practitioners reflect on their experiences with ethical problems and consider what they could have done differently. This also would help practitioners prevent ethical problems and manage them appropriately and more effectively.

Limitations

Limitations included a small sample size that could have impacted the results and self-selection bias due to practitioners choosing whether they wanted to participate in the study. This survey took place during the second month of the COVID-19 pandemic, which could have impacted results. Because of the uncertainty created by the pandemic, practitioners may have experienced more recent ethical problems that prompted them to respond to the questionnaire.

Conclusion

Occupational therapy practitioners consistently experience ethical problems within the first five years of practice. This study aimed to explore the impact of ethics education on managing ethical problems among occupational therapy practitioners within the first five years of practice. Researchers met this aim through a survey and analyzed the different types of education experienced and how that education correlated with confidence in managing ethical problems. Correlations between education formats and types, such as hands-on education, IPE discussions, and mentorships, and practitioners' confidence when managing ethical problems reflected the most benefit. Researchers recommend using these techniques as instructional activities in preparation for managing ethical problems. Implications for practice include more

support for ethical problem management during fieldwork, ethics mentorships, continuing education, and ethics rounds in practice. Further research is recommended to explore the effectiveness of ethics education on confidence levels with ethical problem-solving.

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Appendix A

Survey Questions

Demographics	
Questions	**Answers**
How many years ago did you complete your initial NBCOT certification for your current occupational therapy practice title?	Less than 1 year 1 to under 3 years 3 to 5 years 6 or more years I do not have an initial NBCOT certification
What is your current or most recent occupational therapy practice NBCOT certification?	Occupational Therapy Assistant Occupational Therapist I am not, and have never been, and NBCOT-certified occupational therapy practitioner
What degree did you obtain to become an occupational therapy assistant?	Associate's Bachelor's
What degree did you obtain to become an occupational therapist?	Master's Doctoral
In what region did you obtain your entry-level degree for your current practice level?	West (Washington, Oregon, California, Montana, Idaho, Wyoming, Nevada, Utah, Colorado, Arizona, and New Mexico) Midwest (North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Michigan, Illinois, Indiana, and Ohio) Northeast (New York, Pennsylvania, New Jersey, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, Maine) South (Texas, Oklahoma, Arizona, Louisiana, Kentucky, Tennessee, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Maryland, Delaware) Hawaii, Alaska, Puerto Rico, Washington D.C and US Territories Outside the US
In what region do you currently practice?	West (Washington, Oregon, California,

	Montana, Idaho, Wyoming, Nevada, Utah, Colorado, Arizona, and New Mexico) Midwest (North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Michigan, Illinois, Indiana, and Ohio) Northeast (New York, Pennsylvania, New Jersey, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, Maine) South (Texas, Oklahoma, Arizona, Louisiana, Kentucky, Tennessee, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Maryland, Delaware) Hawaii, Alaska, Puerto Rico, Washington D.C and US Territories Outside the US
In which of these settings do you currently *primarily* practice? Please choose one.	Children & Youth Health & Wellness Mental Health Rehabilitation & Disability Productive Aging Work & Industry Emerging & non-traditional Academic Administrative/managerial Not working in OT Other
How long have you been practicing in your current *primary* practice setting (at your current practitioner level)?	Less than a year 1 to under 3 years 3 to 5 years Other
What was your *previous* primary practice setting, prior to your current employment?	Children & Youth Health & Wellness Mental Health Rehabilitation & Disability Productive Aging Work & Industry Emerging & Non-Traditional Academic Administrative/ managerial Not working in OT

	No previous practice setting/ have been in my current practice setting since entry into the profession Other
In what region was your *previous* practice setting (prior to your current employment)?	West (Washington, Oregon, California, Montana, Idaho, Wyoming, Nevada, Utah, Colorado, Arizona, and New Mexico) Midwest (North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Michigan, Illinois, Indiana, and Ohio) Northeast (New York, Pennsylvania, New Jersey, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, Maine) South (Texas, Oklahoma, Arizona, Louisiana, Kentucky, Tennessee, Mississippi, Alabama, Georgia, Florida, South Carolina, North Carolina, Virginia, West Virginia, Maryland, Delaware) Hawaii, Alaska, Puerto Rico, Washington D.C, Military, and US Territories Outside the US No previous practice setting/ have been in my current setting since entry to the profession
How long did you practice in your previous practice setting (prior to your current employment)?	Less than 1 year 1 to under 3 years 3 to 5 years N/A No previous practice setting Other
What is your age?	
What is your gender?	Male Female Trans male Trans female Non-binary Prefer not to answer Other (please write in)
What do you consider to be your primary race?	White/ Caucasian Black or African American Asian/ Pacific Islander American Indian/ Alaskan Native

	Biracial/Multi-racial (please write in) Prefer not to answer Other
What is your ethnicity?	Hispanic or Latino Not Hispanic or Latino Prefer not to answer

Ethics Preparation

Questions	Format Options	Sub Questions	Answer Options
In your **entry-level (classroom) education**, which of the following *formats* or ethics education did you receive? If you did receive this *format* of education, how well did it help you learn to resolve ethical problems you have encountered in practice?	Dedicated face-to-face ethics course Dedicated online ethics course Ethics content interwoven throughout the curriculum Other (please describe)	Did you receive this format of ethics education in your entry-level (classroom) education? If yes: How well did this type of education help you learn to resolve ethical problems you have encountered in practice?	Yes No Not sure Did not help Helped somewhat Helped a great deal
In your entry-level (classroom) education, which of the following types of ethics education did you receive? If you did receive this type of education, how well did it help you learn to resolve ethical problems you have encountered in practice?	Ethics Lecture Reading assignment(s) about ethics Ethical problem-solving guide, steps, or resource Formal classroom discussion with cohort classmates about ethics Informal discussion with cohort classmates about ethics	Did you receive this format of ethics education in your entry-level (classroom) education? If yes: How well did this type of education help you learn to resolve ethical problems you have encountered in practice?	Yes No Not sure Did not help Helped somewhat Helped a great deal

	Ethics exam		
	Ethics case studies		
	Ethics role playing		
	Interprofessional education experience in the classroom regarding ethics		
	Interprofessional education experience outside of the classroom regarding ethics		
	Professional conference session related to ethics while in OT school		
	Participation in a student organization session while in school related to ethics		
	Professional development discussion with mentor or advisor related to ethics		
	Other (please write in)		
In your Level II Fieldwork clinical practice education, which of the following types of ethics education did you receive? If you did receive this type of education, how	Ethics reading assignment while at fieldwork site Ethics training in fieldwork orientation Ethics training session in fieldwork	Did you receive this type of ethics education in your clinical practice education/Level II Fieldwork? If yes: How well did this type of education	Yes No Not sure Did not help Helped somewhat

well did it help you learn to resolve ethical problems you have encountered in practice?	that was separate from orientation Attendance at an ethics committee meeting or participation in an informal or formal ethics case consultation Mentorship with fieldwork educator regarding ethics Mentorship with another individual within the fieldwork setting regarding ethics Informal discussion with OT colleagues in fieldwork setting regarding ethics Informal discussion with interprofessional colleagues in fieldwork setting regarding ethics Experience with clients in fieldwork setting involving ethical issues or problems Ethical problem solving guide, steps, or resource Formal ethics rounding in the fieldwork setting	help you learn to resolve ethical problems you have encountered in practice?	Helped a great deal

	Other (please write in)		
Since becoming initially certified as an OT practitioner, which of the following types of ethics education did you receive? If you did receive this type of education, how well did it help you learn to resolve ethical problems you have encountered in practice?	Read an occupational therapy professional article on ethics Read an interprofessional or non-professional article on ethics Completed ethics continuing education required by state/territory license Completed ethics continuing education required by my practice setting Completed ethics continuing education required by a professional association or specialty certification Completed ethics continuing education that I sought on my own Completed a post-graduate level course on ethics at a college or university Participation in an organization's ethics committee or ethics consultation service Sought formal ethics mentorship	Did you receive this type of ethics education since becoming initially certified? If yes: How well did this type of education help you learn to resolve ethical problems you have encountered in practice?	Yes No Not sure Did not help Helped somewhat Helped a great deal

	Sought informal ethics mentorship	
	Other (please write in)	

Understanding and Confidence with Ethical Problem Solving		
Prompt	**Statement**	**Scale Options**
Please rank the following statements on a scale from "I am not confident" to "I am highly confident."	I can adequately manage ethical problems in my current practice setting. I understand how to use an ethical problem solving theory, guide, steps, or other method to help work through ethical problems in practice. I know where to find and access the AOTA Code of Ethics. I know where to find my state or territory's occupational therapy practice act. I know where to find my practice setting's policies and/or procedures, and/or other resources, related to ethical problem management or resolution. I know how to bring an ethics issue before an ethics committee at my facility, in my state, and/or with my national association I know where to get written resources on solving ethical problems. I know where to find	I am not confident that I am able to do this. I am unsure that I am able do this. I am neutral regarding whether I am able to do this. I am confident that I am able to do this. I am highly confident that I am able to do this.

	individuals within my work setting with whom I can discuss ethical problems.	
	I know where to find individuals outside of my work setting with whom I can discuss ethical problems.	
	I know where to find continuing education regarding ethics.	
	Other (please write in)	
When encountering an ethical problem in practice, how much did you rely on each of the following to decide on a course of action to resolve the ethical problem?	Relied on personal experience	A great deal A lot A moderate amount A little None at all
	Relied on common knowledge	
	Relied on past education to identify, assess, offer resolutions	
	Talked with a supervisor	
	Talked with an ethics committee member or members	
	Talked with a mentor within the organization/setting	
	Talked with a colleague within the organization/setting	
	Talked with a mentor outside the organization/setting	
	Talked with a colleague outside the organization/setting	
	Looked up policies and procedures	

	Looked up laws (licensure act, third party payor rules, etc.)
	Looked up a Code of Ethics
	Looked up other resource materials
	Enrolled in continuing education
	Other (please write in)
Is there anything else you would like to tell us about the ethical problems you have experienced since becoming initially certified? (For example - tell us your story! What was the ethical problem? What did you do? Did you experience moral distress? Did you find resolution? Are you holding on to that moral distress or do you have lingering self-doubt about whether you did the "right" thing? How have ethical problems and challenges impacted your practice?)	