The Open Journal of Occupational Therapy

Volume 11
Issue 3 *Summer 2023*

Article 4

July 2023

Encounters With Ethical Problems During the First 5 Years of Practice in Occupational Therapy: A Survey

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Recommended Citation

Howard, B. S., Govern, M., Gambrel, A. M., Haney, M., Ottinger, H., Rippe, T. W., & Earls, A. (2023). Encounters With Ethical Problems During the First 5 Years of Practice in Occupational Therapy: A Survey. *The Open Journal of Occupational Therapy, 11*(3), 1-14. https://doi.org/10.15453/2168-6408.2078

Encounters With Ethical Problems During the First 5 Years of Practice in Occupational Therapy: A Survey

Abstract

Background: Health care professionals face ethical problems in practice, but there is little research on types of ethical problems encountered or ethical problem resolution. This study explored ethical problems encountered by occupational therapists and occupational therapy assistants (OTAs) within the first 5 years of practice.

Method: Investigators sent a survey in cooperation with NBCOT to a sample of 7,800 occupational therapists and OTAs in multiple practice settings who were NBCOT certified within the past five years. The survey covered questions regarding ethical problems encountered in practice, including productivity and related issues, clinical decision-making and professional reasoning, therapeutic relationships, and employer/employee and colleague relationships.

Results: Occupational therapists and OTAs (n = 125) completed the survey. The most consistently encountered types of ethical problems included productivity and related issues and conflicts over clinical decision-making. Occupational therapists and OTAs working in adult and older adult settings reported more consistent encounters with ethical problems than practitioners in other settings. Occupational therapists and OTAs who have been NBCOT certified for longer experienced ethical problems more consistently.

Conclusion: Implications included providing more support in specific ethics topics for practitioners within the first 5 years. Further research in which types of ethics education best prepare practitioners to manage ethical issues is warranted.

Comments

The authors received no funding for this study. The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

decision-making, ethics, moral distress, new practitioners, productivity, therapeutic relationships

Cover Page Footnote

This study was conducted in conjunction with the National Board for Certification in Occupational Therapy (NBCOT).

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DOI: 10.15453/2168-6408.2078

Occupational therapists and occupational therapy assistants (OTAs) face ethical problems regularly in practice. These ethical problems have included tensions between occupational therapists and OTAs and clients; occupational therapists and OTAs and practitioners in other disciplines (Kinsella et al., 2015); issues regarding goal setting (Foye et al., 2002); limited resources in practice settings, such as not enough time for intervention or communication (Foye et al., 2002); and limited resources because of third-party payers not supporting desired intervention resources (Kinsella et al., 2008). These ethical problems have become more prevalent in health care practice, creating a need for professionals to be more accountable for their ethical decision-making (Aveyard et al., 2005; Geddes et al., 2009; Goldie, 2000; Grady et al., 2008; Khatiban et al., 2019).

Experiencing ethical problems, especially when requiring clinical decision-making, has been linked to moral distress and burnout (Morley et al., 2021). Moral distress is "psychological distress experienced as a result of a moral event" (Morley et al., 2021, p. 2). A moral event is not the same as an ethical problem but occurs in response to one. Morley et al. (2021) defined a moral event as any occurrence that causes a health care practitioner to experience moral tension, moral conflict, moral dilemma, moral uncertainty, or moral constraint; and psychological distress as experiencing negative emotions, including anger, guilt, frustration, feeling upset or powerless, and/or symptoms associated with stress. Moral distress has negatively impacted mental health of health care workers (Smallwood et al., 2021). To address the strain on occupational therapists and OTAs from experiencing ethical problems, it is necessary to first explore what ethical problems occupational therapists and OTAs have faced.

For the purposes of this study, ethical problems are situations involving one or more issues that have ethical principles in question, requiring deliberation and evaluation to resolve (American Occupational Therapy Association [AOTA], 2020; Doherty & Purtilo, 2016). The literature has identified the ethical problems encountered in occupational therapy (OT) practice through qualitative analysis (Atwal & Caldwell, 2003; Delany & Galvin, 2014; Durocher & Kinsella, 2021; Hazelwood et al., 2019; Kalantari et al., 2015; Kassberg & Skär, 2008; Vahidi & Shafroodi, 2021; VanderKaay et al., 2019; VanderKaay et al., 2020); survey (Foye et al., 2002; Kirschner et al., 2001; Penny et al., 2014); one content validity study (Penny et al., 2016); and one scoping review (Bushby et al., 2015). The body of literature examining ethical problems in OT extends back more than 30 years and in various countries, and the literature is limited in quality and volume (Bushby et al., 2015). However, the literature points to commonalities related to ethical problems encountered in OT practice.

Previous investigators identified patient and client autonomy, confidentiality, and privacy, including the right to informed consent and the right to refuse care, as important ethical concerns frequently encountered (Atwal & Caldwell, 2003; Durocher & Kinsella, 2021; Foye et al., 2002; Hazelwood et al., 2019; Kalantari et al., 2015; Penny et al., 2014; Vahidi & Shafroodi, 2021). Closely related to autonomy was the issue of protecting vulnerable clients from unsafe family, caregiver, and environmental circumstances when the client wished to return home (Bushby et al., 2015; Kirschner et al., 2001; Penny et al., 2016; Vahidi & Shafroodi, 2021) or was a vulnerable child (Kalantari et al., 2015). Authors have explored how issues in therapeutic relationships have contributed to ethical problems (Bushby et al., 2015; Delany & Galvin, 2014; Foye et al., 2002; Kalantari et al., 2015). Similarly, investigators addressed professional boundaries, including everything from accepting gifts to dating patients (Durocher & Kinsella, 2021; Foye et al., 2002; Hazelwood et al., 2019; Kassberg & Skär, 2008; Kirschner et al., 2001). A few authors have addressed intra- and interprofessional conflicts with colleagues regarding team decision-making, leading to ethical problems (Bushby et al., 2015; Foye et al., 2002;

Hazelwood et al., 2019; Kalantari et al., 2015; Kassberg & Skär, 2008; Kirschner et al., 2001; Penny et al., 2014; Penny et al., 2016). Other ethical problems that occupational therapists and OTAs have experienced included quality of life and end-of-life issues (Foye et al., 2002; Hazelwood et al., 2019; Kalantari et al., 2015; Kirschner et al., 2001; Penny et al., 2014).

The most commonly referenced ethical problems in OT practice have been related to financial matters. These have included organizational and administrative constraints in which occupational therapists and OTAs and their employers have disagreed over the right course of action to take (Atwal & Caldwell, 2003; Bushby et al., 2015; Durocher & Kinsella, 2021; Foye et al., 2002; Hazelwood et al., 2019; Kalantari et al., 2015; Penny et al., 2014; Penny et al., 2016; Vahidi & Shafroodi, 2021; VanderKaay et al., 2020). These disagreements have often occurred when finances and resources have been limited and budgeting their distribution has been necessary (Durocher & Kinsella, 2021; Hazelwood et al., 2019; Kalantari et al., 2015). The most commonly reported ethical problems in the area of finances have been related to productivity, billing, and reimbursement (Bushby et al., 2015; Foye et al., 2002; Kirschner et al., 2001; Penny et al., 2016; Vahidi & Shafroodi, 2021). The cost of these ethical problems on the OT workforce is high; burnout, disengagement, and leaving the profession have occurred because of repeated exposure to these ethical problems (Poulsen et al., 2014; Smallwood et al., 2021).

Much of the more recent research on managing ethical problems in OT practice has focused on ethics education (Drolet et al., 2020; Hazelwood et al., 2019; Hudon et al., 2018; Hudon et al., 2016; Hudon et al., 2014; Kinsella et al., 2015; Laliberté et al., 2015; Manspeaker et al., 2017; Nortjé & DeJongh, 2015; Penny & You, 2011). Ethics education in OT has been explored in older literature as well (Aveyard et al., 2005; Brockett, 1996; Dieruf, 2004; Geddes et al., 2009; Kinsella et al., 2008; Opacich, 1997; Pinnington & Bagshaw, 1992). The investigators found only two articles exploring the experiences of new graduates, with only one of them being recent literature (Adamson, 1998; Hazelwood et al., 2019). Further, it is apparent that OT students entering clinical fieldwork have experienced a great deal of distress from encountering ethical problems in practice (Drolet et al., 2020; Kinsella et al., 2008). Moreover, researchers have suggested that the most significant time for consolidating ethical reasoning occurs early in practice experiences (Howard et al., 2020). For this reason, the investigators for this present study chose to focus on occupational therapists and OTAs who have entered practice within the last 5 years. By determining the ethical problems perceived as the most common in early practice experiences, further research can explore how to empower and equip new occupational therapists to address common ethical problems. This knowledge can also equip classroom and clinical educators to develop curricula and methods that support fieldwork students and new occupational therapists to address, prevent, and mitigate ethical problems as they encounter them in practice.

Purpose

The purpose of this study was to examine occupational therapists' and OTAs' encounters with ethical problems within their first 5 years of practice. A secondary purpose was to compare the experience of ethical problems with occupational therapists' and OTAs' demographic factors. The investigators sought to answer the questions: What ethical problems do occupational therapists and OTAs encounter in the first 5 years of practice? Are there demographic characteristics that correlate with the types of ethical problems experienced? The investigators hypothesized that ethical problems commonly encountered would vary by practice setting and by occupational therapists versus OTAs. This article aims to fill a gap in the OT literature by increasing knowledge regarding ethical problems in practice, leading to further

research and practice strategies for managing and mitigating the impact of ethical problems on occupational therapists and OTAs.

Method

To address the purpose of this study, the investigators conducted a survey in cooperation with the National Board for Certification in Occupational Therapy (NBCOT), the initial certifying body for OT in the USA. The University of Indianapolis Human Research Protections Program approved this study as Exempt (Study #01237-UIndy). Participants provided informed consent through the first question on the survey. The survey was voluntary, and the participants were given the option to withdraw at any point during the study by either not continuing with the survey or by emailing the primary investigator after completion (contact information was provided in the downloadable informed consent document).

Participant Characteristics

Target demographics included occupational therapists or OTAs certified by NBCOT and who had been practicing OT for 5 years or less. The inclusion criteria required that eligible participants received their NBCOT certification within the last 5 years. The exclusion criteria included individuals who were not occupational therapists or OTAs and individuals who were initially NBCOT certified but who had not worked as an occupational therapist or OTA.

Materials and Measures

To explore the research purpose and secondary purposes, the investigators created an original survey. The investigators collected data through the Qualtrics (https://www.qualtrics.com) online survey platform. Part 1 of the survey addressed demographic factors, Part 2 addressed the research purpose to explore types of ethical problems, Part 3 addressed educational preparation, and Part 4 addressed understanding and confidence in ethical problem-solving. This article addresses Parts 1 and 2 of the survey. The survey explored four key ethical problem types derived from the literature, including productivity and related issues, clinical decision-making and professional reasoning, employer/employee and colleague relationships, and therapeutic relationships. The investigators constructed the survey using principles from Forsyth and Kviz (2006) and Stein et al. (2013). A social science survey expert and three ethics content experts reviewed the survey to enhance content validity and reliability. The investigators piloted the survey with six OT faculty members and asked them to review the survey for content and clarity using the Cognitive Validity Method (Willis, 2004). The investigators edited the survey for content and clarity following these reviews. For sample survey questions, see Table 1.

Procedures

The investigators stratified the recruitment sample by practitioner type and by region of the country to obtain a representative sample. The investigators collected the data anonymously, with no email or web addresses. NBCOT distributed the survey link through email to a stratified by region, randomly selected sample of 3,600 occupational therapists and 1,200 OTAs who had been certified within the past 5 years on May 19, 2020. The numbers used for the recruitment pool were selected by NBCOT based on the need to recruit enough participants for statistical analysis. Because of the initial low number of respondents, NBCOT then posted the survey link on their Facebook and Twitter pages on June 9, 2020 and sent a reminder email on June 12, 2020. In addition, the investigators collaborated with NBCOT to add to the recruitment pool an additional 2,000 occupational therapists and 1,000 OTAs via email on June 17, 2020, to obtain more participants to allow for data analysis. The investigators then extended the survey deadline from June 19, 2020, to July 3, 2020.

Table 1

Sample Survey Questions

Survey Question Sections	Survey Question Sample Items*
Productivity and Related Issues: Please indicate the degree to which you have experienced ethical problems in each of the following areas, since you have been certified.	• Productivity • Billing • Reimbursement • Documentation • Compromised care due to cost containment • Treatment or services withheld or terminated due to insufficient clinical or staffing resources • Treatment or services withheld or terminate due to financial considerations
Clinical Decision-Making and Professional Reasoning: Please indicate the degree to which you have experienced ethical problems or moral distress in the following areas since you have been certified.	• Moral distress related to disagreement with client/family • Moral distress related to disagreement with supervisor or administrator • Unwillingness or inability on the part of the client to accept or comply with medical recommendations or intervention plan • Issues related to practitioner knowing or suspecting that the client is experiencing abuse or neglect • Suspecting the client has been medically misdiagnosed • Ethical conflicts related to end-of-life care
Employer/Employee/Colleague Relationships: Please indicate the degree to which you have experienced the following ethical problems, since you have been certified.	• Evidence of incompetent, unsafe, or unnecessary practice by a co-worker, supervisor, or supervisee • Inappropriate consensual romantic or sexual relationships within the work group that negatively impact work group function • Sexual harassment in the workplace (self or others) • Forms of harassment other than sexual in the workplace (self or others) • Gender and/or sexual identity issues arising between employees • Discrimination, bias, inequality, or other issues related to race, ethnicity, religion, or socioeconomic status in the workplace • Employee practicing without a license • Employee practicing without appropriate supervision
Client/Patient Relationships: Please indicate the degree to which you have experienced the following ethical problems, since you have been certified (Note: "Client" refers to the client/patient and/or their family and/or significant other).	• Inappropriate consensual romantic or sexual relationships with clients (self or another person) • A practitioner did not give the client the right to informed decision-making • Client becomes too attached to the practitioner and crosses professional boundaries (gifts, invitations, conflicts of interest, etc.) • Practitioner becomes too attached to the client and crosses professional boundaries (gifts, invitations, conflicts of interest, etc.) (self or another person) • A practitioner did not provide the client with due care • A practitioner intentionally or unintentionally harms a client (physically, mentally, and/or emotionally) • Client experiences sexual harassment in the practice setting • Client intentionally or unintentionally commits sexual harassment in the practice setting • Client experiences gender and/or sexual identity discrimination in the practice setting • Client intentionally or unintentionally commits gender and/or sexual identity discrimination in the practice setting • Client experiences discrimination, bias, inequality, or other issues related to race, ethnicity, or religion in the practice setting • Client intentionally or unintentionally commits discrimination, or other issues related to race, ethnicity, or religion in the practice setting

*Possible responses: (1) I have never experienced this issue (0% of the time); (2) I have rarely experienced this issue (1%–25% of the time); (3) I have occasionally experienced this issue (26%–50% of the time); (4) I have frequently experienced this issue (51%–75% of the time; (5) I have consistently experienced this issue (76%–100% of the time); Other: Write-in box provided.

Screening Procedures

Screening for inclusion criteria occurred through logic built into the survey that screened out participants who did not meet the inclusion criteria or who met the exclusion criteria. Participants who did not complete 80% or more of the items in any of the question groups were excluded from the dataset.

Data Analysis

The investigators analyzed quantitative survey data using SPSS Version 26. Investigators examined variables with descriptive statistics, counts, and percentages. For each of the items in the four

key ethical problem types (see Table 1), the investigators determined which items the respondents said they experienced most consistently, based on the median scores. After data cleaning and accounting for missing variables, the investigators analyzed item groupings using Cronbach's α to create scales. Tests of normality indicated the data were nonparametric, which led to the investigators completing comparative analyses using Mann-Whitney U-tests and Kruskal-Wallis tests to compare between demographic groups total scale results and individual item results for those items experienced most consistently.

Results

Participant Demographics

One hundred and sixty-three participants completed the demographic questions. After reviewing the dataset for incomplete responses, 125 participants remained, which was a low response rate of 1.6%. The investigators found that 23.2% of the participants had been NBCOT certified for less than one year, 44% of the participants had been NBCOT certified for 1–3 years, and 32.8% had been NBCOT certified for 3–5 years. In addition, the investigators found that 83.2% (n = 104) of the participants were occupational therapists, and 16.8% (n = 21) of the participants were OTAs. The most frequent educational level was a master's degree, representing 50.4% of the participants. The most common practice setting was rehabilitation and disability, in which 44% of the participants were practicing. Because of the low response rate, the investigators combined the respondents' current practice setting into categories of children and youth, adult and older adult (rehabilitation and disability, productive aging), and other (health and wellness; mental health; work and industry; emerging and nontraditional; academic, administrative, and management; other; not currently working in OT). Regarding geographic location, the largest group of participants (34%) were currently practicing in the South. The majority of the participants were female (92%). See Table 2.

Table 2

Demographic Characteristics of Sample (n = 125)

Variable (n Responding)		n(%)
Years Since NBCOT Certification	Less Than 1 Year	29 (23.2)
	1–3 Years	55 (44)
	3–5 Years	41 (32.8)
Current or Most Recent Practice	Occupational Therapist	104 (83.2)
	OTA	21 (16.8)
Region of Current Practice	West	33 (26.4)
	Midwest	33 (26.4)
	Northeast	15 (12)
	South	40 (32)
	Hawaii, Alaska, Puerto Rico, Washington DC, US Territories	4 (2.7)
Current Primary Practice Setting	Children and Youth	41 (32.8)
	Adult and Older Adult	68 (54.4)
	Other	16 (12.8)
Time in Current Practice Setting	Less Than 1 Year	46 (36.8)
	1–3 Years	51 (40.8)
	3–5 Years	26 (20.8)
	Other	2 (1.6)
Gender	Male	6 (4.8)
	Female	115 (92)
	Trans Male	1 (0.8)
	Non-binary	2 (1.6)
	Prefer Not to Answer	1 (0.8)

Reliability of Scale

Before calculating and analyzing scale section totals, the investigators completed Cronbach's α to determine scale reliability. The alpha levels for all scale sections were 0.796 or above, indicating good to high reliability of scale (Taber, 2018).

Encounters with Ethical Problems

The investigators asked the participants to rate ethical problem items that were grouped into key ethical problem sections (see Table 1). The participants rated the degree to which they had experienced each item as (1) *seldom*, (2) *rarely*, (3) *occasionally*, (4) *frequently*, or (5) *consistently.* The participants could also write in "other" ethical problems that were not listed in the section. The investigators used the term "most consistently" to refer to the ethical problem survey items with the highest medians in each section. See Table 3 for items experienced most consistently.

Table 3

Descriptive Statistics: Top Ethical Problems

Top Ethical Problems Reported in Each Section		Median	n (%)
Productivity and Related Issues	Productivity	3.0	50 (40.7)
	Billing	3.0	31 (24.8)
	Compromised Care due to Cost Containment	3.0	32 (26)
Clinical Decision-Making and Professional Reasoning	Disagreement with a Supervisor or Administrator	3.0	34 (27.6)
	Client Noncompliance	3.0	19 (15.3)
Employer/Employee and Colleague Relationship	Incompetent, Unsafe or Unnecessary Practice by a Co-Worker, Supervisor, or Supervisee	2.0	8 (6.4)
Therapeutic Relationships	Client Becomes too Attached to the Practitioner	2.0	7 (5.6)

Productivity and Related Issues

The respondents rated the three ethical problems experienced most consistently regarding productivity and related issues as productivity, billing, and compromised care because of cost containment (see Table 3). Write-in items included: Practice owners billing for services never rendered, unreasonably high productivity standards, occupational therapists and OTAs working off the clock or falsifying time on the clock, being terminated for not meeting productivity standards, unethical co-treatment billing practices, pressure to provide services to clients who did not need them in order to make money (either initiating services or failing to terminate services), forcing participation and billing regardless of whether the client participated in the session, patient safety issues because of the absence of physical assistance, HIPAA violations, documentation plagiarism (copying notes from others), and biases and hierarchies in the workplace related to productivity and billing.

Clinical Decision-Making and Professional Reasoning

In clinical decision-making and professional reasoning, the respondents reported that ethical issues regarding disagreement with a supervisor or administrator and client noncompliance were experienced most consistently. Write-in items included: Needing more employer support for providing intervention, inadequate voice to advocate for OT services because of physical therapy majority, improper use of physical agent modalities as a result of inadequate training, and unwarranted treatment when not medically appropriate.

Employer/Employee and Colleague Relationships

The practitioners that reported experiencing problems of employer/employee and colleague relationships indicated incompetent, unsafe, or unnecessary practice by a co-worker, supervisor, or supervisee as occurring most consistently in this category. Write-in items included: Management and supervision of OTAs, bias against workers with disabilities, discrimination based on gender, workloads

of occupational therapists while supervising OTAs, harassment from a supervisor, and not being provided adequate guidance and mentorship as a new graduate.

Therapeutic Relationships

The respondents rated the most consistently experienced ethical problem relating to therapeutic relationships as client becoming too attached to the practitioner. Write-in responses included issues with language barriers; staff not treating a skilled nursing facility as the client's home; restraining clients; and discrimination based on gender, socio-economic status, and weight, along with other forms of discrimination and harassment committed by patients.

Comparisons of Ethical Problems and Demographic Groups

The investigators compared the total scale items of each ethical problem category (productivity and related issues, clinical decision making and professional reasoning, employer/employee/colleague relationships, and therapeutic relationships) to demographic groupings. The investigators selected the most consistently occurring (e.g., highest median) items for further analysis and comparisons to demographic groups. See Table 4 for significant results.

Table 4

Group Comparisons on Ethical Problems Confronted in Practice

Significant Items (n = 125; p ≤ .05)	**Groups**			
	Years since NBCOT Certification (Kruskal-Wallis Test)	**Current Primary Practice Setting (Kruskal-Wallis Test)**	**OT/OTA(Mann-Whitney U Test**	**Region of Current Practice (Kruskal-Wallis Test)**
Productivity Total Scale Mean	.005	.044	-	-
Productivity Item	.025	.000	-	-
Billing Item	.048	-	-	-
Compromised Care Item	-	-	.054*	.015
Clinical Decision-Making Total Scale Mean	.000	.067*	-	-
Clinical Decision-Making Noncompliance Item	.064*	.006	-	-
Employer/Employee/Client Relationships Total Scale Mean	.011	-	-	-
Employer/Employee/Client Relationships Incompetence Item	.057*	-	-	-
Therapeutic Relationships Total Scale Mean	.000	.003	-	-
Therapeutic Relationships Client Becomes too Attached to Practitioner Item	-	-	.007	-

* Item approached significance.

Years Since NBCOT Certification

The investigators found a significant difference between years since NBCOT certification groups when examining the productivity and related issues total scale mean. Post hoc Bonferroni correction

indicated the significance was between those who had been NBCOT certified for less than 1 year and those who had been NBCOT certified for 1–3 years or 3–5 years. Pairwise comparison indicated that those who had been NBCOT certified for 1–3 years and 3–5 years experienced productivity and related issues more consistently. Years since NBCOT certification groups compared on the single item of productivity was significant; post hoc Bonferroni correction indicated the significance was between those who had been NBCOT certified less than 1 year and those who had been NBCOT certified for 3–5 years, with those certified for 3–5 years experiencing the ethical problem more consistently. Years since NBCOT certification groups compared on the single item of billing was significant; pairwise comparison indicated that those who had been NBCOT certified for 1–3 years experienced the ethical problem more consistently than those who had been NBCOT certified for less than 1 year.

When comparing years since NBCOT certification, groups on the clinical decision-making total scale mean, results were significant, with the difference occurring between participants who had been NBCOT certified for less than 1 year and both of the other groups. Pairwise comparison indicated that those practicing for 1–3 years and 3–5 years experienced this issue significantly more than those who had been NBCOT certified for less than 1 year.

When comparing years since NBCOT certification groups on the therapeutic relationships total scale mean, results were significant; post hoc Bonferroni correction indicated the difference was between all three groups, with pairwise comparison indicating the participants who had been NBCOT certified for 1–3 years and 3–5 years experienced ethical problems more consistently in this category than practitioners who were NBCOT certified for less than 1 year.

The investigators found a significant relationship between years since NBCOT certification and the employer/employee/colleague relationships total scale mean. Post hoc Bonferroni correction and pairwise comparison indicated that those who had been NBCOT certified for 1–3 years and 3–5 years experienced ethical problems in this area more consistently than those who had been NBCOT certified for less than 1 year.

Current Primary Practice Setting

The investigators found a significant difference between current primary practice setting groups when examining the productivity and related issues total scale mean. Post hoc Bonferroni test indicated the significant difference was between children and youth and adult and older adult, and pairwise comparisons indicated that the practitioners in adult and older adult settings experienced this ethical problem more consistently than those practicing in children and youth settings. Current primary practice setting groups compared on the single item of productivity showed a significant difference, with the post hoc Bonferroni test showing the difference was between children and youth and adult and older adult. Pairwise comparisons indicated that practitioners in adult and older adult settings experienced this ethical problem more consistently.

Comparison of current primary practice setting groups to the clinical decision-making total scale mean approached significance. Comparison between current primary practice setting groups and the single item noncompliance was significant. Pairwise comparisons indicated that the practitioners in adult and older adult settings experienced ethical issues related to noncompliance more consistently than practitioners in children and youth and other settings.

Comparison of current primary practice setting groups to the therapeutic relationships total scale mean indicated a significant difference. Pairwise comparison indicated that the practitioners in adult and

older adult settings experienced ethical problems related to therapeutic relationships more consistently than the practitioners in the other two groups.

Occupational Therapist/OTA

Comparison of occupational therapists to OTAs on the single item of compromised care due to cost containment approached significance for Mann-Whitney U Test (see Table 3) and was significantly different with the Independent Samples Median Test ($p = .027$, d.f. = 1), with the OTAs having experienced this ethical problem more consistently than the occupational therapists. Pairwise comparisons of occupational therapists to OTAs on the single item of client becomes too attached to the practitioner indicated a significant difference between occupational therapists and OTAs, with the occupational therapists experiencing this item more consistently than OTAs.

Region of Current Practice

The investigators found a significant difference between the practitioners' region of current practice (Northeast, South, West, Midwest, Other States/Territories/Military) and the single item of compromised care due to cost containment. Post hoc Bonferroni tests indicated the difference was between occupational therapists and OTAs in the West region and in Other States/Territories/Military. Pairwise comparison indicated occupational therapists and OTAs in the West region experienced compromised care due to cost containment significantly more than the practitioners in Other States/Territories/Military.

Discussion

The purpose of this study was to examine occupational therapists' and OTAs' encounters with ethical problem-solving within their first 5 years of practice through a survey in collaboration with NBCOT. The present study advances an understanding of which ethical problems occupational therapists and OTAs report facing most consistently within their first 5 years of practice. For the purposes of this study, the investigators chose to focus on the items in each section of questions that the respondents reported as occurring most consistently, based on the median score of the 5-point scale for each item. Even though a score of 2 indicated *rarely* (0–25% of the time) and a score of 3 indicated *occasionally* (26%–50% of the time), these scores belie the emotional and mental toll that encountering even one morally distressing incident can cost a practitioner (Penny et al., 2014).

The results from this survey regarding the practitioners' experiences with issues related to productivity were consistent with previous findings (Hazelwood et al., 2019; Kirschner et al., 2001). Hazelwood et al. (2019) found that new graduates felt challenged by management situations and that their organization prioritized financial needs over quality of care. Similar to Hazelwood et al. (2019), the participants in this study noted that they had felt pressure to work off the clock and provide unneeded services to make money. The investigators found that the ethical problems most consistently experienced related to productivity were consistent with the results of Kirschner et al. (2001) and Foye et al. (2002), who found that pressures regarding reimbursement were the ethical problems most frequently encountered.

When looking at clinical decision-making in the present study, the prevalence of disagreements regarding supervisory decisions was similar to previous findings from Kalantari et al. (2015), who found that participants believed ethical problems arose because of faults in the supervisory system and how instruction was provided. Also consistent with the results of the present study, Foye et al. (2002) found that a lack of caregiver compliance with recommended treatment programs was an area of ethical concern.

Regarding therapeutic relationships within practice, the results of the present study are consistent with the literature that found common ethical problems experienced related to the client becoming too

close to the therapist (Foye et al., 2002; Grisbrooke & Barnitt, 2002; Kassberg & Skär, 2008; Kirschner et al., 2001).

The present study advances understanding regarding which ethical problems are most prevalent in various demographics, including time since NBCOT certification, practice settings, occupational therapists and OTAs, and region of current practice. In regard to years since NBCOT certification, the investigators speculated that occupational therapists and OTAs who had been NBCOT certified for a longer period of time may have become more sensitized to ethical problems in practice because of having more exposure to the ethical problems that occur when interacting with clients and colleagues. Newer practitioners may be more focused on the mechanics of practice and, therefore, may not recognize when ethical principles and standards have been breached.

The practitioners in adult and older adult settings reported experiencing several ethical issues more consistently than their counterparts in children and youth and other settings. Reimbursement structures could be a reason that occupational therapists and OTAs working in adult and older adult settings report experiencing ethical problems related to productivity more consistently than those who practice in children and youth settings (Bennett et al., 2019). The need to address ethical problems related to productivity remains, as indicated in this present study. Regarding client noncompliance with the plan of care, the findings that the practitioners in adult and older adult settings experience this problem more consistently could be related to the client population. Adults and older adults are more independent in their own care than patients in other settings, such as children and youth, who are more dependent on caregivers. However, this finding was inconsistent with previous studies that found noncompliance in pediatric settings was high because of parents and caregivers not following through on home programs (Gajdosik, 2009; Molineux, 1993). These previous studies did not compare noncompliance issues across settings. The investigators found no literature that examined differences between settings regarding ethical problems in therapeutic relationships. However, studies in adult rehabilitation settings found ethical problems in therapeutic relationships (Foye et al., 2002; Kassberg & Skär, 2008; Kirschner et al., 2001). Again, the investigators speculated that adults and older adults were better equipped to assert themselves than persons in pediatric settings, causing ethical tensions in therapeutic relationships to arise more consistently.

The investigators initially speculated that the OTAs might have experienced more ethical problems in certain categories than the occupational therapists, and vice versa, because of possible differences in types of settings where they work. Based on AOTA's (2019) *Workforce & Salary Survey*, 43.1% of OTAs worked in long-term care or skilled nursing facilities, while 14.5% of occupational therapists worked in that setting. More occupational therapists (28.6%) worked in hospital settings, while only 11.3% of OTAs worked in hospital settings. However, cost containment and its impact on client care was the only category in which OTAs reported experiencing ethical problems more consistently than occupational therapists. Further, occupational therapists experienced issues significantly more consistently than OTAs in only one item: a client becoming too attached to the practitioner. While settings may have influenced responses in these categories, the sample size of OTAs (n = 21) was too small to compare OTAs to occupational therapists by setting. Although multiple studies indicated ethical problems with productivity (Bushby et al., 2015; Foye et al., 2002; Grisbrooke & Barnitt, 2002; Kassberg & Skär, 2008; Kirschner et al., 2001), the investigators found no studies that examined this difference in ethical problems related to productivity, or any other ethical problems, between occupational therapists and OTAs. It is possible that with a larger sample, an investigator may encounter other differences in the experiences of ethical problems between

occupational therapists and OTAs. Further investigation is warranted to provide direction on whether and how the profession might need to prepare OT and OTA students differently for encountering ethical problems.

The investigators found no current literature that compared the impact of the region of current practice and productivity in OT practice. The finding that the West region of the country experiences more ethical problems related to cost containment than did other states (Hawaii and Alaska), territories, and military may indicate a need to investigate the differences in reimbursement for OT by region. However, the small sample size of other states, territories, and military (n = 4) may have influenced the results.

Limitations

While various steps were taken to ensure the accuracy of the study, limitations did occur. First, the survey was sent to the participants during the beginning of the COVID-19 pandemic, which may have impacted responses. With a low response rate of 1.6%, this study has limited generalizability. With 125 respondents and initial estimates that at least 134 respondents were needed the study was underpowered, which could have led to a Type II error (false insignificant results). In the survey questions, the term "population" would have been more appropriate than "practice setting" to address the question regarding where occupational therapists and OTAs worked; this was an inherent flaw in the survey design. By asking the participants to indicate the degree to which they had experienced each ethical problem, the investigators did not capture the degree to which the practitioner found the ethical issue troubling or causing moral distress. In other words, the investigators captured how consistently the ethical problems occurred but not how problematic or distressing they were. Further, the investigators omitted the ethical issue of sharing a client's personal information (e.g., HIPAA violations); other omissions may have occurred as well. Although the investigators tried to capture any omitted topics with write-in "other" options, some commonly occurring ethical problems may not have been reported in this study. Since the occupational therapists and OTAs that were more interested in this subject may have chosen to respond, there may have been a response bias. Inherent issues of survey question interpretation and respondent recall may have occurred. In addition, as a self-report measure, this survey captures the respondents' perceptions of how consistently ethical problems occurred, not the actual frequency of occurrence. In other words, ethical problems may have occurred, but the respondents were not aware of them or did not perceive the issue to rise to the level of an ethical problem.

Conclusion

The results of this study confirm what occupational therapists and OTAs have known anecdotally and experientially: that productivity, billing, documentation, and related issues dominate the ethical landscape for occupational therapists and OTAs; that employer and supervisor issues, while less dominant, do create ethical problems for practitioners; and that practice setting matters when it comes to the consistency with which occupational therapists and OTAs experience ethical problems. While it may seem surprising that issues of harassment; discrimination; sexual misconduct; conflicts of interest; and bioethical issues, such as euthanasia, abortion, and genetic engineering, did not top the list, it is important to note that that does not mean these issues are not occurring. The investigators asked the respondents how consistently they had experienced each ethical problem, not which ethical problems had been the most difficult to manage. The responses on the survey did indicate that these issues do trouble occupational therapists and OTAs; they just are not the ones occurring with the highest medians. Although the purpose of this study was to investigate which ethical problems were occurring consistently, it would have been

beneficial to explore further how distressing each of these ethical problems was to the practitioners. This would be an important topic for future study.

The investigators had completed design of this study just prior to the COVID-19 pandemic and launched the survey in May 2020. During this extremely stressful time, occupational therapists and OTAs may have experienced a greater incidence of ethical problems and moral distress related to scarcity of resources, personal protective equipment, and possible exposure to COVID and transmitting it to family members, among others (Smallwood et al., 2021). As a result, occupational therapists and OTAs may have been experiencing more moral distress than usual, may have experienced different ethical problems than normally encountered, or may have been too busy to respond to the survey at all. These factors may have influenced the outcome of the study, more than likely heightening some ethical problems experienced (Smallwood et al., 2021) and perhaps downplaying others. Further research is needed to continue to clarify which ethical problems occur most consistently in OT practice.

Occupational therapists and OTAs in their first 5 years of practice have experienced a variety of ethical problems across practice settings. To combat these ethical problems, the investigators suggest that newer occupational therapists and OTAs should consider seeking out continuing education opportunities targeted at the most common ethical problems occurring in practice. Employers may wish to consider providing both continuing education and professional support for ethical problem-solving. Providing support could prevent professional burnout and provide an avenue for employee retention not previously considered. Occupational therapists and OTAs should consider preemptively protecting themselves through learning about the resources available to them for managing ethical issues that occur frequently or that are difficult to manage. This could include finding mentors with more experience in managing ethical issues, keeping core professional documents and organizational policies where they can be easily accessed, knowing how to reach out to ethics boards and their professional associations for ethics help, and building a supportive team with a culture of addressing ethical issues. State regulatory boards may wish to consider adding a code of ethics or conduct or a reference to the AOTA Code of Ethics (AOTA, 2020) and consider adding ethics continuing education as a requirement for maintaining licensure.

Further research implications include exploring what types of entry-level education for managing ethical problems provide the best basis for mitigating ethical problems and moral distress in early practice. Research should also address at what point in entry-level education is ethics content most effective. It may be that ethics education would be best combined with fieldwork practice experiences to help students learn how to manage ethical problems in real-time. Further research could also explore what types of continuing education courses for newer practitioners would be the most helpful for managing ethical problems.

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