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Ethical competence – exploring the situations in physiotherapy practice

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ABSTRACT

Introduction: Ethical competence is one of the key areas of professional expertise in physiotherapy. It is needed to a successful interaction and care – most of the physiotherapists encounter ethical situations weekly, but the ability to recognize and meet these situations varies. **Objective**: This study described physiotherapists' ethical competence in situations in which they experience they have succeeded ethically competently. The study also exploratory verified existing conceptual frame, developed through a concept analysis of ethical competence. **Method**: As part of the larger survey, 164 physiotherapists responded to the open-ended question which was analyzed using deductive-inductive content analysis to explore the real world situations in physiotherapy practice. **Findings**: Managing situations were guided by values like respectful encountering, honesty and responsibility. Responses were related to advocating and supporting patient, implementing physiotherapy according to the patient's wishes even though the treatment would not be in line with the actual physiotherapy goals or organization's guidelines. The attributes determined in the concept analysis of ethical competence were present in physiotherapists' responses, mostly related to ethical awareness. **Conclusions**: This study provided new knowledge about managing ethically challenging situations that physiotherapists encounter in their daily practice and their abilities to identify and work with ethical issues. The concept analysis used as an analysis frame at this point is adequate, as all the attributes of ethical competence were various ways present in the situations described by physiotherapists. Further testing of the existing frame should be done to gain data-driven trustworthiness and credibility.

Keywords: ethical competence, physiotherapy, content analysis

INTRODUCTION

The diversity of work in the field of health care, workload and pressure as well as the discrepancy of available resources and care and services demanded, are constantly increasing. This increases the need to deal with ethical problems, which also increases the importance of ethical competence. (Kälvemark Sporrong et al, 2007; Baeroe and Norheim, 2011; Cantu, 2019a.) In addition to the clinical knowledge and skills required by the profession, a good professional must have experience and responsibility to face ethical problems that occur in practice (Hammond, Cross, and Moore, 2016). Ethical competence has been regarded as a key aspect in health care (Eriksson, Helgesson, and Höglund, 2007) – ethical practice is also emphasized in the quality assurance standards of physiotherapy (WCPT, 2018). It results as the best solutions for the patient, reduces moral distress at work, and promotes community development (Kulju, Stolt, Suhonen, and Leino-Kilpi, 2016).

Ethical competence is a multi-definitional concept lacking a mutual understanding of its construction (Koskenvuori, Stolt, Suhonen, and Leino-Kilpi, 2018). Ethical competence has been defined, through a concept analysis (Kulju, Stolt, Suhonen, and Leino-Kilpi, 2016), in terms of character strength, ethical awareness, moral judgment skills in decision-making and ethical action, and willingness to do good. An integrative literature review (Lechasseur, Caux, Dollé, and Legault, 2016) states components of ethical competence, many of them corresponding to those present in the concept analysis, e.g. sensitivity as a part of ethical awareness, reflection included in moral judgment skills and decision-making, ethical behavior, and ethical action corresponding to willingness to do good (Lechasseur, Caux, Dollé, and Legault, 2016). Ethical competence needs support from the organization (also Poikkeus, Suhonen, Katajisto, and Leino-Kilpi, 2018), and at the personal level emerges from experience, knowledge (also Lechasseur, Caux, Dollé, and Legault, 2016) and human

communication (Kulju, Stolt, Suhonen, and Leino-Kilpi, 2016). Furthermore, previous studies about patient centeredness have some similarities in conceptual level with the prerequisites for ethical competence defined in the concept analysis in patient-physiotherapist interaction and physiotherapists' interpersonal skills (Wijma et al, 2017). These similarities include e.g. communication - listening, encouragement, being empathetic; patient centered goal setting and taking patients opinions into account; support of a patient and also support from the organization; and practical knowledge and skills (O'Keeffe et al, 2016; Wijma et al, 2017).

During the last decades, the autonomy of the physiotherapy profession has increased (Carpenter, 2010; Praestegaard and Gard, 2013). Professional autonomy highlights the importance of the ethical competence of physiotherapists. The physiotherapist must have the ability to identify, evaluate and make decisions about ethical issues in daily work. (Praestegaard and Gard, 2013.) Physiotherapy is also characterized by its typical ethical problems (Aguilar-Rodriguez et al, 2018) including the incompatibility of available resources and patient needs (Nalette, 2010; Kulju, Suhonen, and Leino-Kilpi 2013; Hudon, Drolet, and Williams-Jones, 2015; Cantu, 2019a), unethical behavior of physiotherapists or other professionals, realization of patients' autonomy (Kulju, Suhonen, and Leino-Kilpi, 2013; Hudon, Drolet, and Williams-Jones, 2015), and professional decisions and patient competence challenges (Barnitt and Partridge, 1997). Additionally, close physical and emotional relationship between the patient and the physiotherapist creates specific ethical issues (Poulis, 2007; Praestegaard and Gard, 2013), such as how to maintain a professional proximity in the close relationship. No clear end point for physiotherapy treatment is usually defined because of uncertainty of the aims achieved (Poulis, 2007). There is shared responsibility between the therapist and the patient: the patient has an active role in the success of the

treatment (Poulis, 2007) challenging physiotherapists to be ethically aware, to listen to the patients' preferences and wishes and to take into account informed consent practices. Patients want to be active in their own care and decision-making (Dierckx, Deveugele, Roosen and Devisch, 2013), which promotes active engagement in physiotherapy (Bernhardsson, Johansson, Larsson, and Öhberg, 2017). In addition, ethical issues include questions about access to physiotherapy (Poulis, 2007; Laliberté, Jones, Feldman, and Hunt, 2017), attitudes in how the therapists prioritize between patients based on their socioeconomical status, that is the patient's educational level and employment status (Madsen, Morville, Hansen, and Larsen, 2016) and asymmetrical power between the therapist and the patient (Dierckx, Deveugele, Roosen and Devisch, 2013; Praestegaard and Gard, 2013).

Ethical competence has been defined as one of the core competences in physiotherapy (Finnish Association of Physiotherapists, 2016; Sjögren et al, 2016). Most physiotherapists encounter ethical problems weekly, but the ability to recognize ethical problems varies (Kulju, Suhonen, and Leino-Kilpi, 2013) - ethical consciousness is needed to be able to recognize when one reflects and acts ethically (Praestegaard and Gard, 2011). It has been found that physiotherapists rarely base their ethical analysis on ethical knowledge (Drolet and Hudon, 2015) and rarely refer to ethical theories, principles or ethical guidelines (Praestegaard and Gard, 2013), which should guide the professionals with their obligations towards patient.

The amount of research about the ethical problems and awareness of ethics in physiotherapy has increased. Descriptive research in physiotherapy ethics has been conducted internationally, including ethical problems in physiotherapy in private sector (Praestegaard and Gard, 2013) as well as in public sector (Kulju, Suhonen, and Leino-Kilpi, 2013) and in

the first physiotherapy reception visits (Praestegaard and Gard, 2011), using the theoretical framework to analyze ethical problems (Drolet and Hudon, 2015). The studies have described the ethical problems of physiotherapy and ethical reasoning (Barnitt and Partridge, 1997; Swisher, 2010), and how physiotherapists experience ethical problems (Riendeau et al, 2015) or ethical environment at workplaces (Cantu, 2019a; Cantu, 2019b). Despite the increased amount of research and knowledge in the field of physiotherapy ethics, e.g. the supply of and physiotherapists' participation in ethics education is still rare. This current study approached the subject from the novel perspective of self-evaluated ethical competence, taking into account physiotherapists' experiences of success in ethical situations, which can be assumed to reflect ethical competence. The narratives were used to enhance reflection and deeper understanding of physiotherapists' own ethical practice and experiences of everyday ethics from the physiotherapist's point of view (see Greenfield et al, 2015).

The aim of the study

The aim of the study was to explore the real world situations in which the physiotherapists experience they have succeeded to act ethically competently and to empirically verify the existing frame, structural parts of a concept ethical competence. Definition of ethical competence with attributes by Kulju and colleagues (2016) was used as deductive data analysis framework.

This study aims to answer the following research question:
How do the different attributes of ethical competence appear in the situations described by physiotherapists?

METHODS

The data were collected via Webropol 2.0 in spring-autumn 2016 using an open-ended question giving the respondents an opportunity to freely describe an ethically challenging situation in which they think they have succeeded in. The data were collected as a part of a larger survey study exploring physiotherapists' ethical competence. The target group was the members of the Finnish Association of Physiotherapists. To get as much variation as possible in terms of age, work experience and workplace, total sampling was used. Physiotherapists who had retired or were off work for other reasons (e.g. maternity leave) were excluded. A nationwide total sample of 5719 physiotherapists working in various settings (outpatient and inpatient physiotherapy facilities) were invited in this study. A total of 839 valid, completed questionnaires were received via Webropol, out of which 208 respondents had responded to the open-ended question by writing a short narrative of ethically challenging situation they had succeeded in. Of those, 164 valid narratives were analyzed. Excluded were those responses, that were not narratives about a single ethical situation and ethically successful activity as requested. The use of narratives in data collection may facilitate physiotherapists' capacities to understand their own ethical practice and help moving to more reflective and context based understanding of their patients' unique circumstances and contexts (Greenfield et al, 2015).

Data collecting instrument

A self-evaluation instrument, based on the concept analysis (Kulju, Stolt, Suhonen, and Leino-Kilpi, 2016) and a literature review, was used including a cover letter. The Physiotherapist's Ethical Competence Evaluation Tool (PECET) is a self-administered questionnaire including two sections: (A) demographic data and background information, consisting of a structured question about how physiotherapists understand ethics and an open-

ended question about values that guide physiotherapists in their work, and (B) Self-evaluation of ethical competence, including a structured part and one open-ended question to give the respondents an opportunity to describe an ethically challenging situation in which they think they have succeeded in. The respondents answered to the open question*: "Freely describe the situation you have encountered in your work in which you think you have succeeded to act ethically competently. The description should include at least the following: What happened? Where did it happen? Which actors were involved in the situation and how? How did you experience the situation yourself?"*

Data analysis

The data derived from the open-ended question were analyzed using deductive-inductive (or abductive; Graneheim, Lindgren, and Lundman, 2017) content analysis, as the purpose was not only to explore the attributes of ethical competence in the data, but also to empirically verify the existing frame, structural parts of a concept ethical competence, against the collected data, and to move from abstract level to a more concrete level in empirical world of physiotherapy (Graneheim, Lindgren, and Lundman, 2017).

The raw data (short stories) were exported to the excel table. Content analysis started with familiarization with the material. Using categorization matrix (concept analysis of ethical competence by Kulju et al 2016) as an analysis frame, all the data were reviewed for content and coded for correspondence to the categories by two researchers (KK, AT) to ensure trustworthiness and broader and more complex understanding of the phenomenon (Schreier, 2012; Tong, Sainsbury, and Craig, 2007). In the original responses, the expressions and themes similar to the categorization matrix were identified and placed deductively in the main themes of the analysis frame (Gerrish and Lacey, 2010). The categorization matrix can be

regarded as valid if the categories adequately represent the concept, and from the viewpoint of validity, the categorization matrix accurately captures what was intended (Schreier, 2012).

The deductive categorization matrix was constructed based on the attributes defined in the concept analysis of ethical competence, including character strength, ethical awareness, moral judgment skills and willingness to do good (Kulju, Stolt, Suhonen, and Leino-Kilpi, 2016; Table 1). Character strength is courage to act ethically (Park and Peterson, 2006), guiding the individual to desire and do good and strength to justify own choices and act according to moral values. At the organizational level it includes the ability and strength to support ethical processes. (Kavathatzopoulos, 2003; Jomsri, Kunaviktikul, Ketefian, and Chaowalit, 2005.) Ethical awareness refers to a person's attentiveness and sensitivity to interpret situations, i.e. the ability to recognize ethical problems and their consequences (Baerøe and Norheim, 2011) being aware of one's own responsibility and role in the situation (Bolmsjö, Edberg, and Sandman, 2006). Moral judgment is the ability to judge which activities are ethically correct or wrong (Baerøe and Norheim, 2011), critically and logically examining the values, principles, needs and beliefs associated with the situation (Jomsri, Kunaviktikul, Ketefian, and Chaowalit, 2005) and making moral judgements consistently, from the alternatives involved in an ethically demanding situation. The willingness to do good means prioritizing ethical values in relation to other values (Baerøe and Norheim, 2011), as well as the professional's willingness and motivation to act ethically according to the moral values (Park and Peterson, 2006). Primarily attributes, but also antecedents and consequences of ethical competence were explored, as they are essential part of concept analysis method. Antecedents are preconditions to the existence of the concept and need to appear before the concept, and consequences result from the realization of the attributes. (Walker and Avant, 2019.) Antecedents for ethical competence include a virtuous professional, professional experience,

human communication, ethical knowledge, and a supportive environment in the organization. As consequences, ethical competence enables the patient to achieve the best possible solution, reduces moral anxiety at work, and promotes community development. (Kulju, Stolt, Suhonen, and Leino-Kilpi, 2016.)

ANTECEDENTS	ATTRIBUTES	CONSEQUENCES
virtuous professional	character strength	the best possible solutions for the patient
experience of a professional	ethical awareness	reduced moral distress at work
human communication	moral judgment skills	development and democratisation of society
ethical knowledge	willingness to do good	
supporting surroundings in the organization		

Table 1. Antecedents, attributes and consequences of the concept of ethical competence (Kulju, Stolt, Suhonen, and Leino-Kilpi, 2016).

To discover meaningful content and underlying patterns in data and to integrate abstraction and concrete level, an inductive analysis was made (Graneheim et al 2017). Inductively, the contents of the main themes of the analysis frame were explored. The contents of the answers were categorized into groups using words, phrases or sentences as units of analysis and divided into meaning units. After that the meaning units were condensed to preserve the core of the text. The condensed meaning units were then abstracted and sorted into subcategories, main categories and further into main themes (attributes) (Graneheim and Lundman, 2004; Table 2).

Step	Analysis process	Example
1	Meaning unit	*"The young adult patient had a progressive illness and the therapy relationship had lasted for years. Physiotherapy had changed over the years as the patient's situation worsened. In recent years, physiotherapy was carried out as home visits. The goal was to provide physiotherapy with each therapy session, but the final therapy session was purely to hold and soothe the patient - the patient's pain was already constant and intense. So the last therapy session was not physiotherapy, but I took into account the patient's current resources and acted accordingly. After the therapy session, I discussed it with the medical staff and a colleague. I seemed to be doing exactly what was needed!"[131]**
2	Condensation	The patient with progressive illness. The goal to provide physiotherapy with each therapy session. The final therapy session was not physiotherapy - pain constant and intense. Patient's resources were taken into account.
3	Sub-category	Identifying the patient's resources
4	Category	Patient-oriented sensing
5	Theme (Attribute)	Ethical awareness

*Response number

Table 2. Example of forming categories under the themes.

Ethical considerations

University Ethics Committee approved this study (2014). The Finnish Association of Physiotherapists gave the permission for data collection. The respondents were given written information about the aim of the study. Participation was voluntary. The anonymity of the subjects and confidentiality were protected by treating the data confidentially. Identifying information was pseudonymized.

RESULTS

Respondent characteristics and background information

The physiotherapists' (n=164) mean age was 46 years (range = 24–70), and majority of them (91%) were women. The mean length of working experience was 20 years (range = 0–45

years). The respondents' current job included diverse areas in neurological, musculoskeletal, pediatric, mental health, geriatric and occupational rehabilitation in inpatient and outpatient care, both in public and in private sectors. All respondents (n=164) had a main degree in physiotherapy. Some of them (n= 18) had also higher level education (e.g. Master in health sciences. (Table 3.)

Table 3. Respondents' demographic data (n=164)

	n	%	Mean	Min	Max
Age (years)	164		46	24	70
Working experience (years)	164		20	0.00	45.00
Gender	164				
male	13	9			
female	151	91			
Working place	164				
Public sector	76	46			
Private sector	81	50			
Other*	7	4			
Continuing education in ethics after graduation	164				
Yes	36	22			
No	128	78			
Team / committee work in ethics	164				
Yes	6	4			
No	158	96			

*unemployed, researcher, teacher

To describe the respondents, their understanding of the meaning of ethics and values guiding them at work, were asked. Physiotherapists understand professional ethics in a very pragmatic way, meaning one's own values, patient's values and attitudes, as well as strongly connected to professional skills, ethical principles and the law. Approaching the subject more philosophically, thinking about doctrine of right or wrong, doing good and avoiding harm, or ethical theories, seemed not to be that familiar to them. In the core of the values that guide work of physiotherapist was clearly the patient. The values that were mostly emphasized by the respondents were respectful attitude towards patients, honesty, justice, equality, self-

determination, humanity and professionalism including professional attitude towards a patient but also expertise, professional skills.

Verification of the attributes of ethical competence

Ethically challenging situations in which physiotherapists experienced they had succeeded well, that is were able to act according to an ethically competent way, were related to implementing physiotherapy according to the patient's wishes, respecting self-determination and listening to the patient, even though the treatment would not be in line with the actual physiotherapy goals or organization's guidelines (e.g. desire to act against "the power of money"): *"The patient told me about the death of a significant other and continued talking about that during physiotherapy. I felt that now it is possible to "forget" the actual physiotherapy and give the patient time to talk because there was a need for that. I thought that couldn't really comfort her, but afterwards it turned out that it made it easier for her to talk about it"[15]*; patient advocacy (e.g. patient discharge issues, help getting to further examination or special care, helping in matters other than physiotherapy, making statements): "*The benefits of therapy were purely social, but I do not think that even a patient with dementia can be forced into activities that are irrelevant to his or her health and that are obviously causing him pain and increasing anxiety. In my opinion, I had to act first and foremost in the best interests of my patient, albeit against the will of the significant others"[88]*; identifying barriers in own knowledge and skills and acting according to patient's best; *"I felt that my professional skills were not sufficient to care for the patient, so I referred him to a more experienced physiotherapist. I was discussing the case with another physiotherapist. I was disappointed with my professional skills, but at the same time I was motivated to find out more"[3];* honesty (not giving "empty promises", not charging for

unjustified physiotherapy, not lying in a statement, giving information): *"A young back patient says he wants a statement in which I am in favor of his disability pension. He says he doesn't care to work, but as a physiotherapist I still see him as able to work, even if not necessarily for his current job. I refuse to write a statement and justify it to the patient."[151]*; willingness to treat patients equally despite of age, illness, habits, culture or socioeconomic status; *"I've noticed that some colleagues won't take the next patient in line but will override if it is a 'challenging patient' or is otherwise not 'liked'. I raised this issue in a meeting because it is not right to select patients according to personal preference. Such events make me angry."[22]*

All of the attributes determined in the concept analysis of ethical competence were present in physiotherapists' responses, mostly related to ethical awareness (Table 1). Ethical awareness appeared in terms of patient-oriented sensing, being present and encountering holistically and respectfully as well as supporting patient autonomy (Table 4): *"When the control visit came, the man was nervous and crying. It turned out that his father had died suddenly … I realized that the patient's resources for physiotherapy were zero… We talked about life and death, sadness and surviving…This is the only patient visit during my career in which I have cried and on the other hand the only patient visit during which physiotherapy was not carried out. The patient could calm down when he had been able to talk to the stranger about the situation".[129]*

Table 4. Categories describing ethical awareness

Theme (Attribute)	Main category	Sub-categories
	Patient-oriented sensing	identifying patient's resources
		identifying the need to end physiotherapy
		identifying patient's needs when delivering physiotherapy

ETHICAL AWARENESS		identifying the values conflict (patient's needs / organizational guidelines)
		identifying barriers in professional skills
	Being present/ listening	listening to the patient's needs
		being there for the patient
		listening to the patient's wishes
		being sensitive to patient's needs
	Encountering holistically	advocacy outside physiotherapy
		caring for the caregiver/ significant other's resources
		taking into account patient's special needs (language, culture)
	Encountering respectfully	respecting patient's values
		encountering at the "same level"
		appropriate behavior of a physiotherapist despite a difficult situation
		not giving empty promises
	Supporting patient autonomy	giving information
		patient participating in decision-making
		strengthening patient's own will

Character strength appeared in terms of strength to act according the patient's needs and to advocate, courage to disagree and get involved (Table 5). *"It is strength to disagree with others and rely on my own expertise and to listen to the patient's voice"[119].*

Table 5. Categories describing character strength

Theme (Attribute)	Main category	Sub-categories
	Strength to act according to patient's needs	identifying lack in own knowledge and skills
		acting according to patient's needs over organization's rules
		not to discharge patient too early
	Strength to advocate	guiding the patient to another professional
		making a statement on the patient's need for further physical examination or rehab

CHARACTER STRENGTH		defending a colleague
	Courage to disagree	acting against patient's or significant other's wishes
		in the work community, argumenting about the patient's need of care
	Courage to get involved	other professional's inappropriate behavior
		patient's inappropriate behavior
		colleague's inappropriate behavior

Moral judgment skills appeared in terms of value conflict, honesty, in defending patient and safety issues (Table 6). *"I have booked an extra physiotherapy appointment time for the patient if I have discovered that he needs one in order to adopt things which will be useful to him. Sometimes I need this extra appointment myself to properly examine the patient's situation. This is not suited to the way of working that our employer currently demands from us, but I feel I am working properly and ethically" [158].*

Table 6. Categories describing moral judgment skills

Theme (Attribute)	**Category**	**Sub-categories**
MORAL JUDGMENT SKILLS	in value conflict	making a judgment against organizational values/guidelines
		physiotherapist's values conflicting with patient's values
	in honesty	not taking payment without the receipt
		not charging for unjustified physiotherapy
		not lying in a statement
	in defending patient	in patient matters other than physiotherapy
		to get the right treatment
		in case of unnecessary physical restriction
		in case of going home
	in safety issues	making a judgment taking care of patient safety
		making a judgment taking care of other stakeholders' safety
		when taking care of own safety

	in allocating physiotherapy	treating all equally when allocating physiotherapy
		respecting patient autonomy
		identifying the need for physiotherapy
		when patient is behaving badly
		identifying own skills
	in knowledge of laws	not exposing patient matters
		knowing the patient's rights in decision-making

Willingness to do good appeared in terms of will to support patient or other stakeholders, to enhance collaboration, to help in different matters, to do one's best for the patient, to be equal and willingness to encounter respectfully (Table 7). *"I also think it is ethical that when working with patients with memory disorders, for example, we invest in them as much "time and effort" as with others, even though they may not remember anything afterwards"[148].*

Table 7. Categories describing willingness to do good

Theme (Attribute)	Category	Sub-categories
WILLINGNESS TO DO GOOD	to support	talking with a patient about difficult things, information
		supporting a colleague
		listening, encouraging
		Encountering significant others, giving information
	to enhance collaboration	will to develop practice
		promoting the best solutions for the patient in the community
	to help	helping in matters outside physiotherapy
		helping in getting treatment
		finding out different options
	to do the best for the patient	desire to promote the best of the patient in all situations is rewarding
		desire to act against economic values, "the power of money"
		a desire to act according to own values, for the best for the patient

	to treat equally	willingness to treat patients equally despite of age, illness, habits, culture or socioeconomic status
	to encounter respectfully	To respect patient's self-determination
		a desire to respond to the patient's need
		to be in a moment

Appearance of the antecedents and consequences

According to the concept analysis of ethical competence, antecedents for ethical competence include a virtuous professional, professional experience, human communication, ethical knowledge, and a supportive environment in the organization. As consequences, ethical competence enables the patient to achieve the best possible solutions, reduces moral anxiety at work, and promotes community development (Kulju, Stolt, Suhonen, and Leino-Kilpi, 2016). As antecedents, empathy and role-taking skills of a virtuous character, human communication and ethical knowledge were emphasized as important preceding factors in ethical competence. All the described situations included communication between people: *"...I find honest encountering important, genuine interaction and presence in the situation, experiencing and living together."[152]* Ethical knowledge was expressed in the situations concerning e.g. the patient's rights: *"The needs and wishes of the parents are different from those of the child (patient) concerning physiotherapy. The child tries to please the parents, fulfill even the unspoken wishes..., but I find that it conflicts with what the child himself wants or is able to do. In these situations, I try to strengthen the child's will."[183]* As consequences, best for the patient was a clear result of ethical competence. The feeling gained from doing the best for the patient was expressed as follows: *"I was happy to be able to act ethically, it was a joy"[114]; "It has been so internally rewarding to work together with the client and his family" [119].* As antecedent, supporting surrounding at the organization

promotes ethical competence and as a result, moral distress at work diminishes. Physiotherapists reported situations which did not verify these components of the previous concept analysis: *"I realize that I can't help the patient in the best possible way. I also tell my employer, who first strives to keep the patient. However, I do not want to continue therapy that does not benefit the patient... According to my recommendation the patient goes to see another physiotherapist. It is always miserable if you can't help your patient. Employer putting pressure on me is also distressing. However, I think I did the right thing."[153]*

DISCUSSION

The aim of this study was to describe physiotherapists' ethical competence in situations in which they experience they have succeeded to act ethically competently and to empirically verify the existing frame, structural parts of a concept ethical competence (Table 1), against the collected data. The study is a part of a larger dissertation study exploring physiotherapist's ethical competence.

All the attributes of ethical competence were present in various ways at individual level in the situations described by physiotherapists, and no meaningful data were left over (Graneheim, Lindgren & Lundman, 2017). Hence, it can be stated that the concept analysis at this point is adequate: Character strength appeared as strength to act according to patient's needs, strength to advocate, courage to disagree and courage to get involved. The physiotherapist stands next to the patient, advocates for patient's best interest (Nalette, 2010). The respondents felt they acted ethically competently when advocating, acting behalf of the patient. Ethical awareness appeared as patient-oriented sensing, listening, holistic and respectful encountering. The respondents also reported success in supporting patient autonomy e.g. in shared decision-

making concerning patient's treatment. However, according to Dierckx, Deveugele, Roosen and Devisch (2013) physiotherapists often make decisions in the best interest of the patient, without involving the patient and do not even recognize this factor (Dierckx, Deveugele, Roosen, and Devisch, 2013). Moral judgment skills appeared in value conflict, honesty, defending patient, safety issues, allocating physiotherapy and in knowledge of laws. Respondents felt they succeed in making a judgment of allocating physiotherapy properly even if it conflicts with organizational values (see Cantu, 2019b). Willingness to do good appeared as supporting, enhancing collaboration, helping to do the best for the patient, will to being equal and encounter respectfully. Praestegaard, Gard, and Glasdam (2013) state that willingness of doing the best for the patient is balancing between the patient, the physiotherapists themselves and the business (Praestegaard, Gard, and Glasdam, 2013). The respondents reported many situations concerning the balance between economic values and patient's best (see also Nalette, 2010) and also felt they had succeeded in acting ethically.

The categories adequately represented the concepts and captured what was intended so the categorization matrix can be regarded as valid (Schreier, 2012). The attributes can be regarded as broad enough as they could capture the whole data. The changing health care environment, the growing importance of multidisciplinary collaboration, and the patient's increasing awareness of his/her own condition make it necessary to put emphasis on ethical competence. Demographic changes, aging and more multicultural population and an increase in chronic and underlying diseases also lead to new types of complexity in physiotherapy patient cases. (Verheyden, Handgraaf, Demirci, and Grüneberg, 2011.) More than ever, physiotherapists face complex ethical issues in their daily work. These include disagreements with clients and relatives, telling the truth, and confidentiality. (Naudé & Bornman 2017.) Future changes in health care are also accompanied by technological developments, remote physiotherapy

services and e.g. robotics. These changes will change the way health care is organized and distributed and require a new ethical framework.

Also antecedents and consequences of the concept ethical competence were explored. There were similarities in conceptual level of patient centeredness literature review studies (O'Keeffe 2016, Wijma et al 2017) in patient-physiotherapist interaction and physiotherapists interpersonal skills, e.g. in communication: listening, encouragement, being empathetic, in patient centered goal setting and taking patients opinions into account, support of a patient, practical knowledge and skills development. (Wijma et. al 2017; O'Keeffe, 2016). These prerequisities for ethical competence (Kulju, Stolt, Suhonen, and Leino-Kilpi, 2016) could be seen the ways to prevent ethical problems in physiotherapy practice. Interestingly, in many cases, the respondents reported lack of organizational support, which has been stated as an important factor preceding ethical competence (Poikkeus, Suhonen, Katajisto and Leino-Kilpi, 2018). Also as a result of ethically competent action, moral distress seemed to increase in some situations even though the physiotherapist thought he/she acted ethically right. These two dimensions seem to be in connection – as physiotherapist acts against organization's rules or doesn't get support from the management, the risk of experiencing moral distress increases (Carpenter, 2010). It is worth noticing, that in this study, as the respondents described the situation they had succeeded in, they were not asked to describe what preceded the situation or resulted from the situation. Nevertheless, some antecedents and consequences were detected in the narratives, as the implicitly belong to the concept (Walker and Avant, 2019).

It is important to understand the ethics of an individual employee - the worker is part of the whole, but cannot function only beyond the framework the organization provides. In organizations, ethics committees work on many life and death issues, reflecting on such

serious issues. Too often, ethical issues in everyday physiotherapy, such as those resulting from an unclear chain of care, inadequate accountability for an employee etc., remain unnoticed. Thus, individual employees unknowingly carry the ethical challenges of the organization as their own. In addition, health care policy is not active on ethical reflection and management is not necessarily up-to-date on the ethical environment in the organizations, even prioritizing economic concerns over ethics (Höglund and Falkenström, 2018). Education in ethics, more communication between management and employee about ethics and greater professional autonomy of physiotherapists could be the ways of promoting ethical environment in workplaces. (Cantu, 2019a.)

Strengths and limitations

Resulting categories were linked to each other and overlapped several different competence-themes, making it challenging to divide and categorize them, even if the theoretical base and definitions for the themes were rigorous. However, when dealing with human experiences, it is not always possible to create mutually exclusive categories (Graneheim and Lundman, 2004). From the perspective of validity, it is important to report how the results were created. Readers should be able to follow the analysis and resulting conclusions (Schreier, 2012). The qualitative data were reviewed by two researchers (KK, AT) to ensure trustworthiness and broader understanding of the phenomenon (Tong, Sainsbury, and Craig, 2007). Consolidated criteria for reporting qualitative studies (COREQ) was used to promote the explicit and comprehensive reporting of the study design, analysis and findings (Tong, Sainsbury, and Craig, 2007).

With a conventional deductive approach there exists a risk of formulating categories based only on theory (Graneheim, Lindgren & Lundman, 2017) and that is why deductive and

inductive analysis were combined. No data were left over, as the themes were broad enough to cover all the phenomena highlighted by the respondents. The analysis frame exploratory verified in this study, the concept analysis of ethical competence (Kulju, Stolt, Suhonen, and Leino-Kilpi, 2016), was established based on literature mainly in health sciences and there, mostly in nursing science. However, in this study, the attributes were situated in the reality of physiotherapists' experiences. This context made it possible to clarify and verify the content of the attributes based on the situations that physiotherapists encounter in their work. It is worth noticing that concept analysis results change over time, in scientific and in general knowledge and in thinking (Walker and Avant, 2019), and are influenced by the context they are used. While the concept analysis itself must be rigorous and precise, the results also have certain subjectivity, researcher's interpretation (Walker and Avant, 2019).

This study was a part of a larger dissertation study exploring physiotherapist's ethical competence. A total of 839 completed questionnaires were received, out of which 164 short narratives in which respondents had answered to the open-ended question were analyzed. The amount of qualitative data was sufficient for the analysis as the goal was to understand a phenomenon, rather than to enable generalization to populations. Still, the low response rate concerning the open-ended question can be discussed. It may be due to the fact that the data were collected electronically via Webropol. (Denscombe, 2009.) Also the topic may be perceived as difficult to think of and too time-consuming to consider further. Moreover, ethical situations that physiotherapists encounter in their practice are diverse and it needs to be considered, if a person's own experience of ethically successful situation actually reflects ethical competence. Forty-four responses were excluded from the analysis since they did not answer the question, didn't describe a single ethical situation or ethically successful activity.

CONCLUSIONS

The attributes determined in the concept analysis of ethical competence were repeatedly present in physiotherapists' responses, which empirically verified the theoretical construct developed based on concept analysis. Further testing of the concept analysis should be done by exploring the data inductively and mapping the real life situations which physiotherapists describe, to gain data-driven trustworthiness and credibility for the tested frame in physiotherapy context. The results of this study provide new knowledge about ethical challenges that physiotherapists encounter in their practice and their abilities to identify and work with ethical issues. The results also increase the understanding of the experiences and "everyday ethics" from the physiotherapist's viewpoint. Both quantitative and qualitative data should be collected to consider the patients' viewpoint about ethically competent care, to better ensure the ethical safety of the patient.

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