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Abstract

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Keywords

Moral distress, ethical problems, ethics education, occupational therapy

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ABSTRACT

Little is known about how to mitigate moral distress within occupational therapy, but ethics education may reduce its impact by providing practitioners with tools for managing ethical problems. 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 using a pre-existing survey dataset collected in the spring of 2020. The investigators examined the formats and types of ethics education practitioners reported they received and how helpful they found that education. Investigators analyzed correlations between education and confidence with ethical problem-solving using Spearman's rho. Results included significant but weak correlations between ethical problem-solving confidence and classroom discussions, case studies, fieldwork mentorship, continuing education, and informal discussions with colleagues. This study adds to the current literature by identifying which types of ethics education new practitioners reported as most helpful, and which types correlated with ethical problem-solving confidence. The results of this study provide educational strategies to address ethical problems and mitigate moral distress. Future research is needed to provide further evidence for interventions to reduce moral distress.

Introduction

Moral distress is prevalent in healthcare (Penny & You, 2011), including the profession of occupational therapy (Penny et al., 2014). 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, job satisfaction has decreased, burnout has increased, and there has been the potential to lead to negative mental health outcomes in both patients and workers, which has been especially apparent during the COVID-19 pandemic (Smallwood et al., 2021). The fact that moral distress negatively impacts patient and client care warrants careful consideration of interventions to reduce moral distress in occupational therapy practitioners. Few studies have discussed occupational therapy ethics education in the United States (US), and few studies have explored what type of education has helped practitioners manage ethical problems (Dieruf, 2004). Occupational therapy assistants have been included in only one study exploring moral distress in occupational therapy practitioners (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 American Occupational Therapy Association (AOTA) Code of Ethics was first established in 1977 (AOTA, 2020), formally recognizing the need to address ethical problems in occupational therapy. Moral distress was first identified in healthcare by Jameton (1984) and was first addressed in occupational therapy in 2009. Slater and Brandt (2009) identified distressing ethical issues in occupational therapy, including institutional constraints, reimbursement and resource constraints, productivity standards, and clinical situations, such as disagreement between healthcare professionals and family members regarding client care, inadequate informed consent, unnecessary intervention, and prolonging life during the dying process. The COVID-19 pandemic has introduced additional ethical issues, such as operating outside one’s scope of practice and rationing of scarce resources (Howard, Argabrite-Grove et al., 2020).

Much of the available literature on interventions for mitigating moral distress has focused on managing the emotions and trauma accompanying moral distress, not how to directly address ethical issues at the root of the moral distress. These interventions included breathing techniques, yoga, self-reflection, and meditation (Patronis & Staffileno, 2021); resilience training with interventions such as journaling, reflection, and gratitude (Irwin et al., 2020); and educational groups held in a series of sessions focusing on psychological techniques (Bevan & Emerson, 2020; Sawyer et al., 2021).

Moral distress may decrease if practitioners are able to manage ethical problems as they arise (Bushby et al., 2015; Drolet, 2018). Investigators from the nursing profession have examined the use of ethics education to mitigate the anticipated experience of moral distress (Bilgin et al., 2018; Bong, 2019; Guraya & Barr, 2018; Krautscheid et al., 2017; Monteverde, 2016; Nichols et al., 2022; Seidlein et al., 2021). Post-professional continuing education in the management of ethical issues has been beneficial to reduce

moral distress. Allen and Butler (2016) and Molazem et al. (2013) found that educating nurses to employ the American Association of Critical-Care Nurses (AACN) 4 A's Model reduced moral distress (Rushton, 2006). The 4 A's model addresses moral distress through the steps of (1) ask – determine what you are experiencing; (2) affirm – identify the causes and constraints of your moral distress; (3) assess – gauge the severity of the distress; and (4) act – take action and find resources and help to move forward (AACN, n.d.; Rushton, 2006).

Occupational therapy practitioners have similarly used ethical problem-solving guides, decision-making frameworks, theories, or models. Current examples of such frameworks, theories, and models include Doherty's (2021) *Six-Step Process for Ethical Decision Making*, Rogers and Schill's (2021) *Components of Ethical Decision-Making*, and Juntunen et al.'s (2023) *Socially Responsive Model of Ethical Decision-Making*. These frameworks share in common the steps of (1) gather information; (2) identify the individuals concerned, ethical problem, values in conflict, and ethical standards at risk; (3) prioritize values, principles, and desired outcomes; (4) implement the chosen action; and (5) reflect and seek feedback. The AOTA Occupational Therapy Code of Ethics (AOTA, 2020), with its core values, ethical principles, and ethics standards, should permeate the entire ethical decision-making process for occupational therapy practitioners. Occupational therapy practitioners should likewise consider ethical guidance and requirements from their state, territory, or geographic location's professional licensing board (AOTA State Affairs Group, 2023).

Two systematic reviews investigated various studies that included interventions for reducing moral distress. Imbulana et al. (2021) focused on the impact of moral distress interventions in an intensive care unit with physicians and nurses. The interventions examined included 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. Researchers found that none of the interventions showed a statistically significant impact on preventing or reducing moral distress (Imbulana et al., 2021). Morley, Field, et al. (2021) completed a systematic review on moral distress interventions among nurses, including 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 studies 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 (Morley, Field, et al., 2021).

Ethics rounds (Erler, 2017) and huddles (Chiafery et al., 2018) have been employed to reduce moral distress in occupational therapy practitioners and other healthcare professionals (Chiafery et al., 2018; Erler, 2017; Griggs et al., 2023; Kok et al., 2023; Moverley et al., 2023; Wocial et al., 2017). During ethics rounds, healthcare professionals discussed actual and hypothetical cases, and welcomed open communication, support, and preparation for ethical problems that could arise (Erler, 2017). Similarly, ethics huddles, a term coined by Chiafery et al. (2018), were employed

as “confidential, unit-based small group meetings for nurses to discuss ethically troubling cases” (Chiafery et al., 2018, p. 218). Ethics rounds and huddles are differentiated in that, while ethics rounds may include healthcare professionals from various professions and units who come together to discuss ethics issues, huddles are specifically unit-based teams who are working with the same patients (Chiafery et al., 2018; Wocial et al., 2017). Ethics rounds and huddles did demonstrate a decrease in moral distress among nurses and other healthcare workers, though the studies had limitations reducing their quality (Chiafery et al., 2018; Griggs et al., 2023; Wocial et al., 2017).

Ethics education has had the potential to lead to a higher level of confidence and preparedness when facing ethical problems (VanderKaay et al., 2018). A limited number of studies inside and outside of the US have investigated ethics education for occupational therapists. Kanney et al. (1996) reported no statistical significance regarding education and moral reasoning, and Dieruf (2004) reported that the current educational curriculum did not enhance students’ moral development. However, both authors emphasized that without proper ethics education, students would not be prepared for clinical practice.

Educational programs that focused on how to manage ethical problems demonstrated the potential to decrease moral distress among practitioners, but more work is needed to determine how best to prepare students (Howard, Kern, et al., 2020; Penny & You, 2011). Penny and You (2011) and Howard, Kern, et al. (2020) opined that ethics education during fieldwork, rather than during didactic education, may have the greatest impact on moral reasoning among entry-level occupational therapists. Within the US, there has not been a consensus on a specific educational ethics program or delivery model that was beneficial for practitioners. In Canada, while ethics content has been taught throughout the occupational therapy curriculum (Hudon et al., 2014), it was not clear whether ethics education impacted moral judgment of graduates (Geddes et al., 2008). A specific educational program utilizing an online module increased ethics knowledge (VanderKaay et al., 2018) but was not directly related to moral distress. Kinsella et al. (2008) found that occupational therapy fieldwork students were unwilling to speak up when ethical tensions arose and speculated that ethics education may help. There is a gap in knowledge of whether and what type of ethics education is effective in managing ethical problems.

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. This study adds to the very limited body of literature on occupational therapy education for ethical problem-solving and reducing moral distress in the US.

Methods

Study Approach

In this quantitative cross-sectional, nonexperimental survey, 125 occupational therapy practitioners who had passed the National Board for Certification in Occupational Therapy (NBCOT) exam within the previous five years answered questions regarding ethical problems they had encountered, ethics education they had 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. Investigators analyzed responses descriptively regarding educational formats and types and their helpfulness in managing ethical problems; and correlated confidence in ethical problem-solving to types of ethics 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.

Respondent Characteristics

Target Demographics, Inclusion/Exclusion Criteria

Respondents included in the original dataset of this study were occupational therapy practitioners who passed the NBCOT exam within the past five 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 respondents who completed less than 80% of the survey.

Procedures

Sampling Procedures

This study utilized a dataset previously collected in the Spring of 2020 (Howard et al., 2023). In collaboration with NBCOT, investigators sent a recruitment email with a link to the online survey to a geographically stratified, randomly selected sample of 4,800 practitioners (3,600 OTRs and 1,200 OTAs), who recently passed the NBCOT exam within the past five years. NBCOT generated the sample selection via computer. NBCOT also posted the survey link on social media sites. Due to the initial low return rate, investigators extended the survey deadline and collaborated with NBCOT to send the recruitment email and survey link to an additional geographically stratified, randomly selected 3,000 practitioners (2,000 OTRs and 1,000 OTAs; Howard et al., 2023). The survey was open from May 19, 2020, to July 3, 2020.

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 respondents was needed**.** One hundred and sixty-three respondents completed the demographic portion of the survey; 125 respondents remained after the removal of incomplete responses.

Instrumentation

Investigators created a survey using principles from Forsyth and Kviz (2006) and Stein et al. (2013). Investigators asked several 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 investigators then edited the questionnaire to improve clarity and quality. In regard to each format and type of ethics education (see Table 1), respondents were asked, “In your entry-level (classroom) education, which of the following did you receive?” with possible responses of “yes,” “no,” or “not sure;” and asked, “If you did receive this format or type of education, how well did it help you learn to resolve ethical problems you have encountered in practice?” The scale of responses included: 1 = did not help; 2 = helped somewhat; 3 = helped a great deal.

Respondents were asked to rank their confidence in managing ethical problems (see Table 2 for items asked) on the following scale: 1 = I am not confident that I am able to do this, 2 = I am unsure that I am able to do this, 3 = I am neutral regarding whether I am able to do this, 4 = I am confident that I am able to do this, and 5 = I am highly confident that I am able to do this.

Analysis

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 to determine most commonly reported formats and types of ethics education, which of these respondents perceived as most helpful, and confidence in ethical problem-solving.

Investigators 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 explored whether there was a correlation between ethics education and confidence in skills for ethical problem-solving to determine if there was a correlation between ethics problem-solving confidence and specific types of ethics education. Investigators used Kendall's Tau b correlation coefficient due to the small sample size and nonparametric nature of the data (Shapiro-Wilk results ≤ 0.05). Investigators included only items with 10 or more in each group, per the requirements of the statistical test (Field Study Council, n.d.).

Results

Sample Demographics

Of the 125 respondents who completed the survey, 23.2% (n=29) had passed the NBCOT exam less than one year prior, 44% (n=55) had passed the NBCOT one to under three years prior, and 32.8% (n=41) had passed the NBCOT three to five years prior to this survey. The mean age of the responding 123 respondents was 30.8 and the median age was 28. The youngest participant was 23 and the oldest was 64. Ninety-two percent (n=115) of the respondents were female, 4.8% (n=6) were male, and 2.4%

(n=4) other gender(s). The respondents were 86.4% (n=108) White and 13.6% other racial identities (n=17). When asked about ethnicity, 91.2% (n=114) reported they were not Hispanic or Latino, 5.6% (n=7) were Hispanic or Latino, and 3.2% (n=4) preferred not to answer.

Didactic Ethics Education Formats and Types

Table 1 contains the ethics education formats and types that entry-level occupational therapy practitioners most commonly (i.e., 50% or more of those responding) reported they received in didactic, fieldwork, and post-certification education, and how helpful they found these formats and types of education to be in regard to managing ethical problems.

Lecture was the most common type of ethics education that entry-level occupational therapy practitioners reported receiving (94.3%). Ethical case studies were reported as the most helpful type of education, with a mean of 2.56 out of 3. Though respondents reported that dedicated face-to-face ethics courses was the most helpful format (mean = 2.53 out of 3), ethics content interwoven throughout the curriculum was the most common format of ethics education content (95.2%). The most common types of ethics education respondents received on Level II Fieldwork included first-hand experiences with ethical problems (73%) and discussions with fieldwork educators and other colleagues regarding those experiences (75%). Since certification, reading an article on ethics was the most common form of ethics continuing education (70%), which was deemed somewhat helpful (mean = 2.20). Types of ethics education that fewer than 50% of respondents reported receiving included: an online ethics course; extracurricular inteprofessional events; attending an ethics conference session while still in school; Student Occupational Therapy Association events on ethics; ethics mentorship during didactic or fieldwork education; fieldwork ethics readings, trainings, or interprofessional discussions; using an ethical problem-solving guide or participating in ethics rounds while on fieldwork; completing any form of ethics continuing education after entering practice; and having an ethics mentor in practice.

Table 1

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

Ethics Education Descriptions	Item* (n responding)	n responding yes (%)	**Helpfulness mean (n responding)
Entry-Level Ethics Education Format	Ethics content interwoven throughout the curriculum (120)	114 (95.2)	2.46 (109)
	Dedicated face-to-face ethics course (121)	96(79.3)	2.53 (94)
Entry-Level Ethics Education Types	Ethics lecture (123)	116 (94.3)	2.38 (111)
	Formal classroom discussion with cohort classmates about ethics (123)	115 (93.5)	2.51(110)
	Reading assignment (122)	109 (89.3)	2.33 (105)
	Ethics case studies (123)	105 (85.4)	2.56 (100)
	Informal discussion (121)	103 (85.1)	2.42 (99)
	Ethical problem-solving guide, steps, or resources (123)	100 (81.3)	2.50 (97)
	Ethics exam (123)	80 (65)	2.39 (80)
	Ethics role playing (122)	80 (65.6)	2.43 (81)

	Interprofessional education experience in the classroom regarding ethics (121)	62 (51.2)	2.48 (58)
Fieldworks Ethics Education Types	Informal discussion with occupational therapy colleagues in fieldwork setting regarding ethics (121)	75 (62)	2.54 (72)
	Experience with clients in fieldwork settings involving ethical issues or problems (121)	73 (60.3)	2.48 (68)
Ethics Education Since Initial Certification	Read an occupational therapy professional article on ethics (121)	70 (57.9)	2.20 (66)

*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.

Relationship between Ethics Education and Confidence for Managing Ethical Problems

Regarding confidence for managing ethical problems, respondents' mean score suggested they were confident to highly confident that they could find and access the AOTA Code of Ethics. Mean scores for most items fell between neutral and confident, with the exception of knowing how to bring an ethics issue before an ethics committee, for which the mean was between unsure and neutral. See Table 2.

Table 2

Confidence Scale for Managing Ethical Problems (n = 120), *Cronbach's α = .842*

Item*	Mean**
I can adequately manage ethical problems in my current practice setting	3.6
I understand how to use an ethical problem-solving theory, guide, steps, or other method to help work through ethical problems in practice	3.43
I know where to find and access the AOTA Code of Ethics	4.33
I know where to find my state or territory's occupational therapy practice act	3.98
I know where to find my practice setting's policies and/or procedures, and/or other resources, related to ethical problem management or resolution	3.5
I know how to bring an ethics issue before an ethics committee at my facility, in my state, and/or with my national Association	2.88
I know where to get written resources on solving ethical problems	3.23
I know where to find individuals within my work setting with whom I can discuss ethical problems	3.8
I know where to find individuals outside of my work setting with whom I can discuss ethical problems	3.67
I know where to find continuing education regarding ethics	3.83

*Please rank the following statements on a scale from "I am not confident" to "I am highly confident."
**1 = I am not confident that I am able to do this, 2 = I am unsure that I am able to do this 3 = I am neutral regarding whether I am able to do this, 4 = I am confident that I am able to do this, 5 = I am highly confident that I am able to do this.

Table 3 contains the significant results from correlations between types of ethics education the respondents reported receiving and their ethical problem-solving confidence. Results included significant but low-strength correlations between ethical problem-solving confidence and classroom discussions, case studies, ethics role playing, interprofessional education (IPE) experiences, mentorship, continuing education, and informal discussions with colleagues. Types of education that significantly correlated with confidence in managing ethical problems, but fewer than 50% of respondents reported receiving that type of education, included: attending a conference session on ethics while still completing didactic education; discussing ethics with a mentor during didactic education; using an ethical problem-solving guide on fieldwork; and completing ethics continuing education required by the state, setting, specialty certification, or on their own.

Table 3

Significant Correlations between Types of Education Received and Ethical Problem-Solving Confidence

Variable* (n responding)	**Kendall's Tau b**	
	Significance ($p \leq .05$)	**Correlation Coefficient***
Didactic Education: Significant Correlations between Question Items and Ethical Problem-Solving Confidence Total Scale		
Ethics content interwoven throughout the curriculum (116)	.048	0.155
Informal discussion with cohort classmates about ethics (112)	.003	0.236
Ethics exam (110)	.041	0.164
Ethics case studies (119)	.008	0.204
Ethics role playing (110)	.000	0.289
Interprofessional education experience in the classroom regarding ethics (106)	.003	0.245
Professional conference session related to ethics while in occupational therapy school (107)	.012	0.193
Professional development discussion with mentor or advisor related to ethics (110)	.003	0.222
Fieldwork Education: Significant Correlations between Question Items and Ethical Problem-Solving Confidence Total Scale		
Ethical problem-solving guide, steps, or resource (114)	.006	0.205
Ethics Education Since Entering Practice: Significant Correlations between Question Items and Ethical Problem-Solving Confidence Total Scale		
Ethics continuing education taken as required by the state licensing board (117)	.002	0.228
Ethics continuing education taken for workplace/setting (119)	.015	0.182

Ethics continuing education taken for a specialty certification (113)	.001	0.262
Ethics continuing education sought on own (119)	.008	0.190
Reading an interprofessional article on ethics (115)	.013	0.188

*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.

Discussion

In this study, investigators examined the formats and types of ethics education that new occupational therapy practitioners graduating within the past five years reported they had received, and how helpful they found these types of education for managing ethical problems in practice. Investigators asked practitioners about their ethics education experiences in didactic education, fieldwork, and post-graduation. In addition, investigators explored the relationships between ethics education and confidence in skills for ethical problem-solving. Investigators achieved their purpose through a survey of occupational therapists and occupational therapy assistants across the US and its territories.

Implications for Didactic Education

Respondents reported that a dedicated ethics course was most helpful to their learning; this result correlated with recommendations from the literature (Hudon et al., 2014; Penny & You, 2011). Active learning strategies with role-playing were considered to be most helpful, followed by IPE classroom experiences and mentorship discussions. The lowest ranked educational strategy was ethics exams. The results reflect that hands-on education for ethical problem-solving was perceived as more helpful. The literature has supported active learning strategies for teaching ethics content, including role-playing and scenario-based education (Bilgin et al., 2018; Howard, Kern, et al., 2020; Hudon et al., 2014; Kinsella et al., 2008; Kok et al., 2023; Monteverde, 2016; Moverley et al., 2023; Nichols et al., 2022). Placing a greater focus on role-playing, IPE discussions, and mentorship discussions during didactic education could be beneficial in increasing practitioners' perceived ability to address ethical problems.

Implications for Fieldwork

Fieldwork experiences that practitioners perceived as most helpful in learning to manage ethical problems 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 that allow practitioners to discuss ethical problems (Erler, 2017; Wocial et al., 2017). In the present study, the only items significantly correlating with ethical problem-solving confidence were ethical problem-solving guides.

Incorporating ethical problem-solving guides into planned discussions regarding emergent ethical problems on fieldwork may assist fieldwork students to learn to manage ethical problems using a structured methodology rather than relying solely on emotional responses.

Implications for Ethics Continuing Education

Regarding education for new practitioners, many resorted to finding ethics education on their own. Fewer than half of the respondents reported having state or practice setting requirements to complete continuing ethics education. The American Occupational Therapy Association reported that only 10 states and two territories explicitly require or recommend ethics continuing education (AOTA, 2023). If more states or practice settings enacted this requirement, new practitioners may find more educational support for ethical problem-solving skill development. Further, no consolidated list of state-by-state codes of ethics for occupational therapy practitioners exists in the United States. The authors recommend that practitioners research the availability of such standards in their area and advocate in their state, territory, or geographic location for a jurisdiction-wide ethical standard (whether this ethical standard was written specifically for the state/territory/ geographic location or requiring licensees to adhere to the AOTA Code of Ethics [2020]) and for ethics education requirements for licensure renewal.

Investigators found that informal mentorships were helpful to new practitioners. If employers would provide formalized mentorships to new practitioners, such programs could provide ethical problem-solving support at a crucial time in the practitioners' professional development. Reading ethics articles was the most frequent form of continuing education regarding ethics for new practitioners; however, many employers do not provide access to library services to find ethics articles. Employers could make use of open-access journal articles, group purchasing of ethics continuing education, and other low-cost means to support new practitioners in their development of ethical problem-solving and decision-making skills.

Recommendations for Research

Gaps are apparent in the literature regarding effective interventions to increase new practitioners' self-efficacy in managing ethical problems, thereby decreasing moral distress. Future research could explore active learning strategies in didactic education, dedicated ethics courses vs. ethics content interwoven throughout the curriculum, ethics mentorship programs in fieldwork, ethics rounds and huddles in fieldwork and practice settings, and the effectiveness of ethics continuing education for managing ethical problems and decreasing moral distress. A longitudinal cohort study exploring didactic education with active learning for ethical problem-solving and its impact on ethical problem-solving confidence could provide an understanding of ethics education effectiveness over time.

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. In regard to the ethical problem-solving confidence scale, other factors besides ethics education undoubtedly would have influenced ethical problem-solving confidence, indicating the need to interpret results with caution. Emotional management was not addressed in this study as a possible factor or limitation in decreasing moral distress.

Conclusion

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. Investigators 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. Investigators 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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