

CPD

Ethical tensions faced by dietetic students during fieldwork

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Abstract

Research confirms that students carrying out their fieldwork are faced with various ethical conundrums and are unsure as to how to address these. This study identifies and discusses four major issues in this regard, namely confidentiality issues, the distribution of limited resources, power struggles and conflicting values with clients.

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Introduction

Ethical tension is experienced by most professionals during their working life. Kinsella et al¹ describe three types of ethical tension, namely ethical uncertainty, ethical distress and ethical dilemmas. Ethical uncertainty occurs¹ when an individual is uncertain about which ethical principles to apply, or whether or not a situation is indeed a moral problem. Ethical distress occurs when an individual knows what the right course of action is to follow, but feels constrained to act owing to institutional or societal rules. An ethical dilemma occurs when an individual faces two or more equally stressful alternatives which are mutually exclusive. Furthermore, the separation of ethical and moral values become particularly problematic and evident in arguments when two values are mutually important, consequently leading to an ethical dilemma.

An ethical dilemma creates tension when people hold conflicting views on a specific action or cause. Working together in an interdisciplinary team requires competence, commitment and the desire and will to cooperate. Thus, ethical conflicts are bound to occur because of different ethical beliefs, duties, principles, theories and moral convictions, and when each side of the conflict can morally defend his or her position.²

The goal of this paper is to describe and interpret the ethical tension experienced by dietetic students during their training and when conducting fieldwork. The author will attempt to identify salient themes which occurred during this investigation from the results, as well as try to address this by suggesting a training methodology for students in the healthcare profession.

Sample and methodology

The aim of qualitative research is not to refine abstract ideas, but rather process rudimentary “working ideas” during the data

collection and analysis process.³ The sampling technique used was a nonprobability technique since the focus of qualitative research was on a small group. Since this study was exploratory in nature, in order to gain more knowledge on tension experienced by dietetic students during training, purposive sampling was employed, whereby specific individuals with specific experiences were identified. The chosen participants were final-year dietetic students. The inclusion criteria were that they needed to have had fieldwork experience and a clear understanding of either English or Afrikaans (as the questionnaire was in the said languages), and to be in their final year of study. A total of 25 final-year dietetic students participated in this study from the University of the Western Cape. A control group was not included as the aim of this qualitative study was not to address any threats to the validity of the data, but rather to elaborate the richness of the group studied and to identify commonalities and differences within the group.

The data were collected by virtue of an open-ended questionnaire, given to the participants. This study was submitted and received ethical clearance (ECUFS 199/2013). Participants were not obliged to complete the questionnaire. Anyone could have leave the study at any time without experiencing any adverse effects. The questions were not written in a leading manner and participants were asked to provide their opinions on the issue at hand.

The reliability or consistency of data analysis in qualitative research is an evolving process and can differ vastly from interpretation to interpretation. The fact that different researchers use the same set of data, but utilise different analysing techniques, can result in different findings. Therefore, the reliability of the process is not important in qualitative research, but rather the authenticity of the data. Authenticity refers to the concept that a fair, honest and balanced account of social life from the viewpoint of someone who lives it every day³ has been given. Therefore, this research, which focused

on ethical tensions experienced during fieldwork placements, is believed to be a candid portrayal of the experiences of the final-year dietetic students being studied.

Qualitative data analysis is based on organising the data into categories using themes and concepts. In this study, the answers received from the participants were coded using an open-coding technique, where general themes were identified and each answer coded accordingly. Once the first round of coding was complete, a second round was conducted, namely axial coding. During this phase, the researcher organised the themes and coded each theme into subthemes to ascertain whether or not there were any relationships between any subthemes from the initial open-coded themes. Once all subtheme relationships were identified, a final round of coding took place, whereby selective coding was performed and salient themes identified, together with any subtheme relationships, and presented in the results section of this paper.

Results

The aim of this section was to report on any salient themes identified after the data were analysed by applying the methodology discussed previously. Although this study focused on ethical tensions experienced within the fieldwork placements, the majority of the students reported that the behaviour of colleagues and seniors was ethical in general. Four major themes relevant to ethical tension were identified in this study and are presented.

Confidentiality issues

A recurrent theme was that students were often faced with ethical tension with regard to client information. South African training hospital settings do not necessarily store client information in a secure, private place and often students were privy to information about clients which did not specifically pertain to their scope of practice. The information was also often conveyed among members of the healthcare team which created uneasiness in some students as they were unsure as to the level of privacy required to protect the confidential nature of certain conditions, such as human immunodeficiency virus status or even mental state: "Sometimes, in my experience, some nurses tended to discuss their patients' private and personal information among themselves. In one instance, they involved me in the discussion on the patient's HIV status, and said that they were scared to care for him. But being only a dietitian student, it was hard for me to know what to do and whether or not this was unethical".

The distribution of limited resources

Students reported that in the non-socialised (private and public) healthcare system, tension often arose in rural areas with limited resources and reduced personnel, where it was often expected that students should go beyond their scope of practice when assisting clients.

Sufficient resources for counselling were not available in certain community settings. This led to students and nurses counselling and tending to patients.

It was concerning when limited nutrition supplement resources, supplied by government, were not distributed according to the correct procedure, and when some recipients benefitted more from the supplements than others.

Many patients visiting healthcare institutes need nutrition supplementation to maintain an adequate weight. The number of individuals needing the supplementation was always more than what was available. Many nurses used their own discretion when giving the supplementation, often ignoring the entry criteria of the nutrition programme. For example, children experiencing growth faltering for a specific number of months should be placed on the nutrition programme. However, if the parents didn't consent to their child providing blood and sputum samples, the child would not have been allowed to receive the products. This placed such children at greater risk of further growth faltering and long-term developmental delays.

Power struggles

Students' opinions are often not considered when they are placed to perform fieldwork. In this study, at times they were reluctant to speak up about situations which made them feel uncomfortable and were accordingly hesitant in protecting the well-being of their clients. Students reported that, frequently, their opinions didn't count when they advised the team on treatment options. The team doctor would ignore suggestions made by them, resulting in a power struggle. This led to a clash of wills, rather than benefitting the client.

Often there was disagreement between the doctor and dietitian as to the treatment that a patient should receive. For example, the doctor would prescribe parenteral nutrition, when the dietitian believed that an enteral feed was the best course of action for the patient. The ethical dilemma faced was should the dietitian "follow the doctor's orders" or do what he or she believed to be in the best interests of the patient? According to one student: "Often, doctors overrode our opinions because they could, but I wondered if this was really right and ethical".

Conflicting values with clients

Another salient theme identified in this study was the tension between the conflicting value systems of the students and their clients. The students, who were still inexperienced, nevertheless wanted to assert their academic knowledge when dealing with clients. The participants stated that ethical tension arose when there was a difference of opinion between their recommendations and the client's wishes.

Dietitian students are faced with the dilemma of respecting a client's beliefs and lifestyle choices, e.g. a strict vegan with severe nutritional deficiency. Should the best nutritional intervention possible be provided while excluding animal products, or should the dietitian be adamant about the need for the consumption of animal-sourced foods? In other words, should the client's wishes be respected at all times, even if doing so would not be in his or her best interests nutritionally?

Ethical tension may also arise owing to differences between the client's and the patient's wishes and what the dietitian believes to be the best course of treatment for the patient. A dietitian might recommend that a patient with hypertension and obesity lose weight to improve his or her condition, but the patient may regard him- or herself as healthy. Also, when should a student recommend treatment which contradicts the client's cultural and/or religious beliefs?

Discussion

A critically reflective position was adopted in this discussion, so as to contemplate the described experiences of students in light of the literature, and to deliberate the consequences of professional practice, educational reform and policy issues. The findings highlight the salient themes of ethical tension experienced by students when conducting fieldwork.

Confidentiality issues

Confidentiality issues were the most frequently cited source of ethical tension in this study. Since the issue is both ethical and legal, in this discussion, attention will only be drawn to the ethical issue of how to handle this tension, as the National Health Act (61 of 2003) and the Health Professions Council of South Africa⁴ (HPCSA) are clear on the legal applications.

Often students confuse the terms “confidentiality” and “privacy”. The former refers to the restriction of information and the latter to the notion of access (or lack thereof).⁵ Confidentiality is an important ethical principle in all health professions, but is especially relevant in dietetics as student dietitians often work in community settings that enable them to have greater access to patients’ personal information than they would in a hospital setting. Brody⁶ argues that confidentiality can be described by means of an analogy of a circle, where the individual is at the centre thereof, and its circumference represents those who need to have access to the information. In private settings, the circumference is limited, but in a healthcare setting, it is larger as more people are involved in the client’s care. Individuals may enter the circle of confidentiality either themselves, i.e. a client sees a new physician, or through others who are already in the circle, i.e. a health team asks another person to join the team. An important principle to apply here is that no one may be permitted access if he or she does not have a legitimate reason to enter. Brody⁶ argues that confidentiality is central to the preservation of the human dignity of clients, as well as to patient autonomy. The concept of self-rule, whereby clients are informed, should always be considered. Therefore, it would be unethical of members of the healthcare team to discuss clients’ information outside of the clinical setting and they should refrain from doing so. Training to aid students in understanding confidentiality and associated limits, should focus more on students’ roles and responsibilities, as well as scope of practice. Information needs to be disseminated to students on information needing to be shared with whom and how, and when and why it should be carried out. The aforementioned can be achieved by illustrating the requirements of the National Health Act (61 of 2003), as well as those of the HPCSA.⁴

The distribution of limited resources

The optimal allocation of limited resources, to maximise health and the maintenance of the system, remains a key challenge for healthcare systems⁷ in developing countries and developed countries. Since the ability to pay for a service or products correlates directly with income status, the issue is especially sensitive since it highlights the inequalities of the past, and severely limits the ability of citizens to have equal access to health care. In a polarised country, such as South Africa, with two separate healthcare providers (private and public), the allocation of scarce resources is in direction opposition to the concepts of equity and equality. Students face this problem when

conducting their fieldwork. Since resources are inadequate, choices must be made as to what should be the first and last priorities. For example, should some children receive adequate supplements, or should the supplements be distributed among all of the children in the belief that receiving something is better than receiving nothing?

Resource distribution in healthcare expenditure is predetermined in society. Conversely, according to van Rensburg,⁸ resource allocation needs to be considered on several levels:

- *National*: When the budget for public health services is determined.
- *Within regional geographical areas*: These are influenced both by national and provincial government.
- For particular diseases or forms of treatment.
- *Eligible patients*: When decisions are made at institutional level by committees.
- *The individual patient*: When such decisions are characteristically made by practitioners at the patient’s bedside.

Wikler and Marchand⁹ concur that an agreement does not exist on which principle or principles should direct the distribution of resources. They explain that the most widely advocated principle is that of maximisation of benefit, or “value for money”. Beauchamp and Childress¹⁰ stress that “how society might appropriately mix preventative and treatment strategies will depend, in part, on knowledge of casual links, such as those between disease and environmental and behavioural factors”.

Wikler and Marchand⁹ explain that an approach maximising health benefits is pursued through an analysis of cost-effectiveness, which requires that diverse goods are quantified in comparable units. Treatment for different conditions, if it is to be graded in order of precedence, must employ a more universal appraisal, such as net loss or gain in years of life. Therefore, the highest priority would be allocated to healthcare interventions that entail the least cost per unit of health-related quality of life. The most extensively used universal unit of assessing medical benefits discounts life years that are compromised by symptoms and functional limitations. An alternative measure relies on experts’ approximations of the impact of the symptoms and functional limitations on the quality of a person’s life. These, and other health metrics, can be used to calculate the benefits of healthcare interventions, and consecutively, the return of health benefits for money spent.⁹ Therefore, it is proposed that those who would benefit the most, using the consequential theoretical argument, should be allocated the most resources.

The conundrum with students is that they still view these issues emotionally, and therefore find it difficult to make decisions. Training to address the emotional conflict surrounding the aforementioned should focus on understanding the paradigms within South Africa, the scarcity of resources and possible strategies. This can be illustrated within the training environment through role play, whereby three players representing members of the immediate community in which the fieldwork is being performed are asked to “tell” their story, and to explain why they are entitled to receive specific treatment. The scenario for the rest of the group is shaped such that only one person is allowed to receive the treatment. The specific resource needs to be allocated after questions have been asked and after calculating the benefits of the healthcare intervention. The rest of the class must choose which “person” received the treatment (allocation

of resource) and need to justify their choice. This technique has been used in training and allows students to understand their role and responsibilities.

Power struggles

Little research exists on the topic of power issues among dietetic students performing fieldwork. This demonstrates that there is need for more research to be conducted in this regard, especially when power issues have been identified as a salient theme in the creation of ethical tension. Clarifying a student's role, as well as his or her responsibilities within the training institute and programme, is vitally important. Students should not be expected to keep quiet if they encounter unethical behaviour or if they are of the opinion, and can justify it, that a specific treatment would be of benefit to a patient. Students must be educated on appropriate ways of addressing issues in a diplomatic and respectful manner within the training environment.

Conflicting values with clients

Conflict with respect to values occurs in a myriad of ways between colleagues, senior personnel and clients. The basis for a conflict of values is that underlying building blocks often differ in value attributes, where culture plays an important role in the formation of morals. Morals, which are belief derived, are made up of different values which are universal to a specific group or subgroup. Different groups or subgroups have contrasting values, and often, inexperienced students will view a conflict of values, i.e. a vegan declining to take supplements containing animal products, as an attack on their belief system. Therefore, they will experience conflict, which is then translated into ethical conflict or tension. Once students have been exposed to more critical thinking skills, by virtue of ethical training or education, where they need to critically evaluate their own value position, they should be able to appreciate another subgroup's values and convictions, rather than viewing them as being in direct opposition to their own. Respect for others and their opinions becomes imperative and must be addressed within the training environment. Cognisance needs to be taken of the guidelines as championed by the HPCSA's National Patients' Rights Charter, which promotes participation by everyone involved in healthcare matters.¹¹

The Kohlberg-Blatt method¹² supports the notion that one ought to be able to think of others' needs in their argument. Furthermore, individuals can move to higher levels of moral reasoning by reorganising their thinking after they have had the opportunity to grapple independently and actively with moral issues or dilemmas one stage above their current moral development. Rest¹³ argues that Socratic classroom discussions held over several months can produce changes, that while small, are significantly greater than those found in control groups which have not had the benefit of this experience.

Strengths and limitations

The strengths of this study were the importance of the accounts of students' experiences, the depth of the discussions, the occurrence of similar themes for participants in this study, and future research possibilities highlighted by the study. Limitations of this study were limited generalisation of the results and geographical representation

of the participants, since the research was conducted in the Western Cape only.

Conclusion and recommendations

Ethical issues arose frequently during the students' fieldwork training. The findings point to the importance of ethics education to assist students with basic concepts when addressing dilemmas, as well as to give them structure to assist them to judge when behaviour is acceptable and when it should be reported. It is suggested that educational reform should include more interactive and interdisciplinary formats during fieldwork, whereby students from different specialties can receive ethics training together as a cohort, and where they can learn from each other's approaches, experiences and focus areas. The educational format could also include video case studies which are discussed in a group forum with a facilitator who has training in ethical decision modules. There is a vital role for professional ethics within any healthcare curriculum, not just in creating disciplined practitioners, but also training practitioners to rethink their profession and to critically question their own position by reconsidering the end, as well as the means, behind their actions.

The assumption that higher moral reasoning is a desirable quality for healthcare providers is supported by research¹⁴ which shows a correlation between moral reasoning ability and good clinical performance. Further research into ethical tension encountered by students while they carry out fieldwork is needed to better understand the predicaments that they face. Then, the research findings should be integrated into educational programmes.

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