

Research Articles

Ethical Reasoning in Thai Nurse's Practices: A Qualitative Study

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Abstract

This study reported on ethical reasoning application in ethical issues/dilemmas in daily nursing practices in Thailand. Ethical reasoning differences occurred as a result of individual interpretation of a subject or event, which might have a political or religious context. Ethical issues/dilemmas may potentially cause nurses to commit right and wrong actions on a daily basis because it is the duty of a nurse to protect patients by using the application of the four major principles of medical ethics: non-maleficence, beneficence, autonomy, and justice. The aim of this study was to describe the ethical reasoning nurses used in dealing with their ethical dilemmas. Information was collected using individual interviews with seven nurses experienced in ethical actions. Content analysis was used to extract significant themes. Seven themes that arose from this study were: (1) duty to provide maximum benefit to patient/family, (2) respecting patient rights, (3) freedom of the patient to make decisions, (4) respecting human dignity, (5) fairness, (6) responsibility, and (7) avoidance of putting patient/family in danger. The results of this study highlight that Thai nurses use ethical reasoning in their work practices. These results must be used to guide development and psychometric evaluations of ethical reasoning principled in nursing practice scale for Thai nurses in the future.

Keywords: Ethical reasoning; Thai nurse's practices; Qualitative Study

Introduction

Nurses have been regarded as crucial healthcare figures for individuals, families, and the communities in which they serve. Nurses have fundamental responsibilities in four areas, namely, promoting health and wellness, preventing illness, restoring health, and caring for the dying.¹ Nurses in all practice settings are continuously challenged

to meet the physical, emotional, and spiritual needs of individuals.² Ethical reasoning is important for guiding professional nurses to selectively choose the best possible options to meet a patient's needs.³ Moreover, nurses should be able to make choices regarding the right action to take and, therefore, need to be capable of making judgments about

the rightness or wrongness of a course of action.⁴ Ethical reasoning is dependent on the formation of principles utilized for decision-making when faced with an ethical dilemma.⁵ In other words, ethical reasoning is the determination of an ethically justified choice between equally competing options. Judgment guides the action and decisions of a nurse. Therefore, it is essential for nurses to have observational and ethical reasoning in order to make reliable ethical judgments. Thus, without ethical reasoning, there is uncertainty regarding how to act in ethically difficult situations. Nurses should have ethical reasoning and understanding in their role in assisting patients to choose from a variety of available healthcare options. In addition, nurses should believe that the individual has the right and the capabilities to make choices; but the individual also has to accept responsibility for those decisions.⁶ Nurses make decisions on a daily basis that are ethically informed. The nurse recognizes and protects the dignity, worth, and autonomy of every individual. In ethical reasoning, nurses are driven by the ideal of providing care with the aim of doing good. Nurses apply various ethical values of beneficence and respect of autonomy.⁷

In Thai culture, the beliefs and values related to healthcare are shaped differently, which leads to different practices and ways of living.⁸ The situations and the provision of appropriate treatment allow a patient to make an autonomous choice in treatment preferences, or a patient's family can make the choices for the patient and work towards an act of beneficence for the patient. Nurses should respect the patient's autonomy, while considering any limitations, and carry out their duties to benefit the patient without doing harm. A good nurse does the right thing, cultivates good quality care, is flexible and empathetic, and respects patient values.⁹ However, their decision should be based on various aspects of ethical reasoning. Ethical reasoning is

the ability to recognize a situation that is an ethical problem.¹⁰ This recognition involves the capacity to understand the significance of a situation from the perspective of another individual.¹¹ From literature, ethical reasoning used in dealing with situations are mostly based on ethical principles, the nurse's belief, and their particular context.¹² Therefore, a qualified ethical reasoning measure for Thai nurses is needed. This study was the first phase of the study of "Development and psychometric evaluation of the Principled Moral Reasoning in Nursing Practices Scale for Thai Nurses (PMRNPS-Thai)." Qualitative data collection was used to extract ethical reasoning used in decision-making among Thai nurses who had work experience in nursing practice. These findings were then used as a framework for the researcher to develop a measurement tool for the ethical reasoning of Thai nurses.

Objectives

The aim of this study was to explore the ethical reasoning used by Thai nurses towards ethical decision-making in their nursing practice.

Methods

The researcher conducted in-depth interviews with seven Thai nurses who had work experiences which involved using ethical reasoning before making decisions, and were able to discuss ethical reasoning.

Setting and participants

Participants and setting. Participants were experienced nurses selected from 3 regions in Thailand (the South, the Central, and the West). One hospital in each region was selected to access the participant who met the inclusion criteria: 1) had experience dealing with situations involving ethics and were working in a nursing setting in Thailand and 2) had successfully dealt with situations/dilemmas involving ethics. The participants were

purposively drawn and selected from different working units, such as the gynecology unit, surgical unit, pediatrics unit, medicine unit, intensive care unit, emergency unit and intensive care unit.

Instrument. The interview guide was assembled from the literature reviews related to ethical issues/dilemmas. The interview guideline consisted of two parts. The first part aimed to gather the demographic data of the participants. It consisted of questions concerning gender, age, level of education, and experience with nursing ethics. The second part comprised open-ended questions about ethical reasoning. Prompt questions were used in each interview to gain in-depth and detailed information.

Data collections/analysis

Data collection. All individual interviews were conducted by the researcher to gain a better understanding of the data in relation to the participants' experiences. Each interview was tape-recorded for at least 60 minutes. Participants were encouraged to express their opinions without restrictions. Participants were interviewed in private settings. Interviewing sustained until data were saturated.¹³

Data analysis. All interviews were noted verbatim into transcribed writing and checked for correctness. The information from the interviews were evaluated by consuming contented analysis. All information from participants were read and re-read to recheck for related meanings. Coding was categorized by sub-themes and themes which were recognized.¹⁴ Content analysis sustained until no new information was found for existing themes. Data collection and analysis continued during the study until saturation was reached. Themes of ethical reasoning from interviews and the domains from literature reviews were then integrated in order to develop the domains of ethical reasoning. The researcher searched for important normative

issues raised in the texts, as well as structures and patterns that displayed relevant ethical reasoning. The components found across the participants' response were labeled using their own words. All data were sorted alongside the ethical reasoning domains from the literature review and the themes of ethical reasoning from the interviews, and became integrated into four components: unbiased care for patient/family, respect for human dignity to support the patient's decision, preventing harm and reducing the risk of harm to patient/family, and benefit to patient/family.

Trustworthiness

The researcher followed a Gadamerian¹⁵ approach for establishing the trustworthiness of all of the research processes and the analysis. The steps of this research were clearly identified by all interested parties. Audit data were provided throughout by using thick descriptions and direct quotes. A criterion of trustworthiness is critically important in scientific inquiry, which includes credibility (truth-value), conformability (neutrality), and transferability (fittingness). The researcher clarified unclear data together with the research team and summarized emerging categories with each participant (member checking).

Ethical Considerations

Ethical approval was obtained from the Institutional Review Board of the Faculty of Nursing, Prince of Songkla University, Thailand. The reference number was PSU IRB 2018-NSt 018 and the issue date was Feb 21, 2018. The researcher asked for informed consents from the nurses before starting the study. Permission was obtained from the administrators of study hospitals. The processes of the study were clarified with the participants; explanation regarding the purposes of the study, and the protections of the outcomes for the nursing profession were also provided. The participants signed an informed consent form before joining this

study. Participant information was kept in a private area and anonymity was secured. Additionally, the participants were informed that there would be no risks on their part associated with their participation, and that they would not incur any repercussions if they chose to refuse participation or decided to leave the study after agreeing to join it.

Results

The findings from individual interviews showed meanings of ethical reasoning described by nurses in Thailand. In total, seven female participants, ranging from 38 to 55 years in age, agreed to participate in the study. Their working experience ranged from 15 to 25 years. Seven themes emerged, which were (1) duty to provide maximum benefit to patient/family, (2) respecting patient rights, (3) freedom of the patient to make decisions, (4) respecting human dignity, (5) fairness, (6) responsibility, (7) avoidance of putting patient/family in danger.

(1) Duty to provide maximum benefit to patient/family

From interviews, this theme emerged as the use of appropriate decision-making, which was integral to comprehensive care. Inclusion of the family creates opportunities and challenges. The main opportunities were for the family to share support for the patient and collaborate with nurses. This can be easily adapted throughout the illness course with better adherence to recommended treatment plans and greater satisfaction with nurses. For example.

N1 "I support patients' choices regarding treatment and freedom to act upon the choice."

N2 "I will strive for the best benefit of patient/family for the services offered by my unit even if it may cause conflict or dissatisfaction with my colleagues."

(2) Respecting patient rights

During interviews, participants discussed about treating their patients with respect. This included respecting patients' privacy and treating patients in a way that takes into account their needs and values. It also includes taking into account the patients' cultural, religious and other beliefs. Nurses made sure that the treatment provided complies with the current standards of care. Nurses were also required to cooperate with colleagues and other health providers to ensure that patients receive good quality care. Patients have the right to ask questions and to receive honest and accurate answers to their questions. Patients were presumed to be competent to make an informed choice and give informed consent, unless there are reasons for believing that the patient is not competent. For example.

N2 "I take individual rights to information, privacy, and bodily integrity seriously and treat all people as equals."

N3 "I take care of patients in all aspects such as providing care to patient with HIV that suffers from pain."

(3) Freedom of the patient to make decisions

Participants discussed about the importance of a patient's freedom to make their own decisions. However, ensuring the patients' safety often limits his/her freedom to varying degrees. The freedom to choose between a variety of traditional and complimentary therapies, and to choose the most appropriate health care provider to assist in reaching such aspiration is essential. The nurse ensures the patient is informed of the risks involved and of the potential harm to the patient. The stories of the participants demonstrated that nurses identify the best situation for each patient. However, freedom of the patient to make decisions is very individual and subjective; past experience, culture, knowledge, and

perceived choices influence values and goals. The values and goals are what one considers important and respecting the person's chosen directions involves the process of reasoning and choosing. It does presume that individuals will make the best decision. For example.

N4 "I took the mother's hand and said, I understand your feeling, I know you have a lot of sadness, you have the freedom to make the decision for your baby whether your baby's life continues or not."

(4) Respecting human dignity

Participants discussed an important value of respecting human dignity in the nurses' ethical decision as an essential topic for the application of ethical reasoning. Participants displayed this respect at different times and in different ways during their ethical reasoning process. Many of the interviewed nurses realized that respecting the dignity of a patient was to preserve the patient's dignity by treating him/her carefully and with respect. To treat patients with dignity is to treat them in a way that is respectful of them as valued individuals. For example.

N5 "I respected patients when the patients refused treatment and I served that patient willingly."

N6 "I believe that the health team should honor patients' decision on denying of intubation after receiving sufficient information."

(5) Fairness

Participants discussed about the treatment of all patients fairly and equally, regardless of their age, gender, ethnic origin, sexual preference, economic status, religious beliefs or the nature of the patient's health problems. Personal feelings about certain illnesses or diagnoses cannot interfere with

the nurses' duty to care for others. For example.

N7 "I provide the same quality care for the patient who has an infectious disease and the patient who will most likely die", and "I was caring for a patient with HIV/AIDS and gave the same quality of care as I give other patients."

(6) Responsibility

All participants discussed about nurses having a duty to accept professional responsibility for their actions and to be accountable for nursing judgment and action, or inaction. This accountability extends to situations in which the nurse delegates duties to a colleague or subordinate. For example.

N3 "I will work to give patients the greatest good for the benefit of the patient."

(7) Avoidance of putting patient/family in danger

Participants discussed about the importance of protecting patients from harm. After assessing the severity of the situation and the associated risks, the nurses often took preventive measures when they were convinced that the patient's/family's safety were in danger, and the actual measures may vary according to the seriousness of the patient's situation. For example.

N3 "When a colleague provides care that causes patients to feel uncomfortable or injured, I will talk to him or her in order to prevent further harm to patients", and "I was caring for a patient with HIV/AIDS and keeping the patient's status a secret while protecting her relatives from harm too. There is more than one person that can be harmed but there are many ways to do harm."

N7 "I will keep an open mind, I will examine each suspicious situation carefully and my responsibility is to provide good nursing care to patients. Hopefully, I will give everyone the appropriate benefit equally."

Discussion

The findings from individual interviews suggested that participants applied ethical reasoning in nursing practice. These reasons can be grouped into two main choices: (1) using ethical principles: respect for autonomy, beneficence and non-maleficence, and justice¹; (2) using ethical concepts in nursing practice in terms of caring and accountability¹³ The nurses' use of appropriate decision-making was reflected in the following themes seven themes that arose from this study: (1) duty to provide maximum benefit to patient/family, (2) respecting patient rights, (3) freedom of the patient to make decisions, (4) respecting human dignity, (5) fairness, (6) responsibility, and (7) avoidance of putting patient/family in danger. All of these themes are essential to provide inclusive care. In addition, it reflects that most participants value family context. They recognize the family participation in patient care, particularly in crisis situations.

To provide maximum benefit to patients/families, this includes defending and maintaining the truths of patients/families, avoiding harm from happening to patients/families, removing situations that will cause harm to patients/families, supporting disabled patients, and aiding patients in danger. Rules of beneficence exist to provide confident desires of action. The nurse has a moral reasoning to do good and the patient/family has a right to suppose that he or she will originate some benefit from that good. This moral reasoning also comprises of preventing harm and reducing the risk of harm.¹⁴ This is done

by teaching the patients/families on what is good or not good for him or her in a fair manner. Doing this will enable the patients/families to reduce the danger of harm, or prevent harm from happening, by making knowledgeable selections based on the best method.¹⁶

Respecting patient rights reflected the patient's independence and ability to take action in a self-determined way. Nurses actions can help to direct personal decisions self-governing a separate intervention and to require these decisions be satisfied.^{9,17,18} Nurses use moral reasoning for respecting patients' rights and this is comprised of the following: finding informed agreement for action, empowering and supporting patients' selections concerning treatment decisions, accepting a patient's decision to decline treatment, revealing inclusive and honest information, identifying treatment decisions for patients; and ensuring confidentiality and privacy.^{9,19} The nurse permits a patient to make decisions based on their personality, morals, and individuality, nevertheless, the nurse should also support the patient in understanding the nature, purpose, and potential consequence of treatment. The patient can, however, make health care decisions based on the provided information, which can lead to a mutually agreed upon method.^{9,20}

Freedom of the patient to make decisions reflected the nurses' ability to provide patients with the freedom to make clinical judgments, choices, and actions, dependent on the situation.²¹ A major role in nursing is to ensure that patients have the freedom to make decisions that will provide benefits and protect them from harm. Nurses provide a variety of choices for the patient, without the control of the patient, and the patient can make important decisions based on an appropriate level of consideration. Nurses respect different patient needs, rights, beliefs, and confirm patient beliefs are attendant to all clinical judgments. Nurses use

moral reasoning for clarification and education to influence patients into making the right choice.^{9,21} Under universal rights, as well as patient rights, nurses protect the interests of patients, provide support in their decision-making process, and support the patients' decisions.

Respecting human dignity reflected the idea that nurses consider their role and duty in providing care to also include respecting human dignity and supporting patients' decisions. To respect human dignity is to acknowledge the patients' right to hold views, to make choices, and to take actions based on their values and beliefs. Nurses respect each person as a unique individual and defend the dignity of every stage of human life. Nurses maintain their own dignity of patients in their professional practice. In respecting the right to self-determination, the requirement of informed consent is key. With the exception of special circumstances, it is a violation of patients' rights to treat them without their consent. It is assumed that all patients have the ability to make health care decisions. Ability is understood as the capacity to understand and communicate a choice in relation to a particular health care decision at a particular time. Respecting human dignity includes honesty, respecting the privacy of others, protecting confidential information, and obtaining consent for interventions with patients.^{21,22}

Fairness reflected how nurses determined fairness on the basis of patient needs. When patients enter the health care system at any level, they believe that they will receive fair treatment and that the system will meet their needs expeditiously. Nurses should treat all patients who have the same health care issues the same way; those with the same diagnosis should get equal treatment. Nurses provide care for all patients/families equally without discriminating on the grounds of age, gender, race, religion, civil status, family status, sexual orientation, and disability (physical, mental or intellectual).^{21,22}

Responsibility reflected the nurses' ethical and moral responsibilities permeating the nursing profession. Nurses have responsibility for patient/family related to standards of patient care and the quality of being truthful. Nurses have the professional duty to accept personal responsibility for their actions and are responsible for their nursing decisions.²²

Avoidance of putting patients/families in danger reflected that nurses used moral reasoning as a way to prevent harm and reduce the risk of harm to patients/families, which includes access to care, responsiveness and good communication.²³ Clear information provisions are appropriate treatment, relief of symptoms, improvement in health care status, safety and freedom from medical injury, considerable care and information to patients/families. Nurses abstain from harming or imposing risk of harm to prevent injuries to the patients/families, including the associated outcomes such as pain, disability, suffering, loss or death.²³

The findings from this study further reflect the need for a measuring scale for Thai nurses to assess ethical reasoning. Furthermore, there is currently no available tool suitable for Thai culture to fully capture the extent of ethical reasoning of nurses. An understanding of ethical reasoning among nurses is beneficial evidence for designing and implementing a program to promote and enhance ethical reasoning in Thai nurses. Ethical reasoning related to ethical issues/dilemmas and ethical problems are a useful tool for Thai nurses. Nurses can apply ethical reasoning components integrated into teachings and inclusion to the learning in nursing. Moreover, the result showed that most of the nurses used ethical reasoning within the Thai cultural context. Since values, opinions, society, beliefs, environment, and languages play essential parts in a nurses' beliefs and approach, such development scale should be applicable to a specific context.

In their daily practice, Thai nurses face a variety of difficult situations and issues that require them to make decisions. It is essential that Thai nurses use ethical reasoning to make ethically-appropriate choices for Thai patients, since the view of right and wrong is based specially on the social values, beliefs, cultural and religious values of the patients in such situations. In this study, ethical reasoning specific to the Thai context was developed by applying the tool. The researcher believes that this newly-constructed ethical reasoning instrument can be suitable for varied application in various areas of nursing in the future. Ethical reasoning in nursing practice for Thai nurses. The obtained knowledge concerning ethical reasoning will also be useful in understanding and supporting the Thai nurses' moral decision-making as well as responding to future challenges in healthcare at large.

Limitation

This study has representative limitations from individual interviews conducted with clinical nurses selected from three regions of Thailand (the South, the Central, and the West). The data were collected from one hospital in each region, which can lessen the diversity of the responses. Therefore, future studies should extend to other context of hospitals and units of care in order to gain various experience of nurses.

Conclusion

Ethical reasoning is important for ethical decision making in nursing practice because nurses make day-to-day decisions in ethical issues and ethical dilemmas. The essential features of ethical reasoning provided insight into how nurses deal with ethical dilemmas as well as the role of nurses for the ethical decision-making process. Ethical issues and ethical dilemmas require ethical reasoning to be dealt with appropriately. The findings enhanced the understanding of the ethical reasoning, and how reasoning skills are necessary to solve ethical

problems in situations.

Recommendation and Implications

This study highlights the link between nursing ethics and nursing practice. In particular, as it regards the nurses' ability to use moral reasoning, it seems necessary to plan and implement effective strategies, which involve thorough and robust training, with the aim of improving the nurses' ethical reasoning ability, ensuring right decision-making on their part when facing ethical dilemmas, and improving the quality of nursing care in general with the respect of human dignity as its basis.

Participation in article writing

All of authors helped closely with all processes of conducting research such as: proposal development, data collecting process, data analysis, writing result, discussion, and revision of the final version.

Conflict of interest

No conflict of interest in this study.

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