Ethics in Emergency Medical Services – Who Cares? An exploratory analysis from Australia

Erica French
Gian Luca Casali

Abstract

Due to the complexity, stressfulness and often the life threatening nature of tasks that ambulance professionals have to deal with every day, ethical decision making in Emergency Services is a daily challenge. An Australian Association of Ambulance Professionals undertook a project of research to identify the individual ethics profile of members and their perspective on organization ethics and ethical conflict to better understand apparent conflict in ethical values between members and their employer organization. Due to the exploratory nature of this study two types of data (quantitative and qualitative) were gathered through a self-administrated questionnaire of members and semi-structured interviews. Results indicate a gap between individual ethical decision-making approaches and organizational ethical decision-making in EMS. This has implications for EMS in how it maintains it organizational processes yet retains its professional staff. Further, managing the stress and conflict levels of staff may be important in order to ensure current standards of care are maintained.

Keywords

Ethics; Emergency Medical Services; Ambulance Professionals, survey, thematic analysis, qualitative analysis, and quantitative analysis.

Introduction

Interest in ethics in business has increased over recent years. Developing in the 1970s as a field of study (Fraedrich 1991) it widened to practical application in the 1990s with organizations realizing the value of understanding and managing ethical behaviour in the business setting (Travino & Nelson 1999, p.3). Ethics is a set of values and rules that define right and wrong conduct and indicate acceptable and non-acceptable behaviour. It also provides a basis for decision making (Hellriegel et al, 2005, p.151) and can be shaped by cultural forces, legal and regulatory forces, organizational forces and individual forces. Business ethics today refers to reasoning and judgment based on both principles and beliefs for making choices that balance economic self interests against social and welfare claims (Weiss 1998, p.7). And, people do care about ethics in business. Trevino and Nelson (1999, p.23) point to social, organizational, managerial and individual concerns of ethics in business; while Wright (1995) identifies the growth of ethics in business schools curriculum. Despite considerable research into ethical decision-making and behaviour using vignettes; scenarios; individual moral philosophies and moral development (Loo 2003; Singhapakdi, Vitell & Franke 1999; Wimalasiri, 2001) there has been little focus on basic ethical principles (Zaheib 2005). Yet, Cohen (2001) concludes that ethical principles are useful, utilizable, applicable and effective in normative research. This study investigates the individual ethical principles of workers from one industry and their employer organizations to identify any conflict in ethical values that may be hindering effective ethical decision making.

Background

It has been suggested that in business the ethical decision-making principle most consistent with business goals is the utilitarian principle where ethical decisions are made solely on the basis of their consequences e.g. cost versus benefits relationships. Yet, with increasing trends towards individual rights and social justice, there is the potential for greater conflict in ethical decision-making (Cohen 2001). One of the areas of greatest change and conflict in the use of ethical reasoning and managerial decision-making has been identified in the health care industry. "Ethics pervade the smallest and simplest health issue (Martin, 2004 p. 317). All carers face ethical conflicts when providing care for people in need, regardless of the care context (Sandman and Nordmark, 2006, p.592). Friedman and Savage (1998, p.59) believe that managers and administrators of organizations that provide health services can be torn between two conflicting but equally compelling values. This includes distribution of resources, and the issue of equity. There is a simultaneous need to provide an appropriate level of health services to the patients while keeping expenses as low as possible in order to maximise revenue. Within health care industry the pre-hospital emergency care arena deals regularly with ethical dilemmas that must be addressed quickly by individuals often in emergency situations. Emergency Medical Service (EMS) professionals provide care for patients under an ambulance cover as efficiently as possible dealing with further difficulties such as distance to resources including personnel, medico-technical aids and information; caring where people's normal living takes place; being on public ground; emergencies; arriving at crime scenes and working tightly within a small team (Sandman and Nordmark, 2006, p. 592 and Maggiore, 2006). Further, conflicts that are normally handled by physicians in other care contexts (e.g. to provide care or not) may now be handled by nurses and paramedics (Sandman and Nordmark, 2006, p.605). A further issue involves legal obligations and duty (Maggiore, 2006). How these professionals manage ethical decision making is the subject of investigation in this study. More importantly we sought to explore how conflict in ethical decision-making is identified and managed.

There have been few surveys of the ethical conflicts; dilemmas or issues faced by pre- hospital carers (ambulance professionals) Sandman and Nordmark (2006). In a study undertaken on the ethical at-

titudes of mental health practitioners, Rawwas, Strutton and Pelton (1994) recommended that future research consider ethical attitudes of different health care professionals. Their results indicated that psychiatric professionals do experience conflict between personal ethics beliefs and their role as well as their institution. Based on this research we proposed that:

Proposition 1 Ambulance professionals will identify conflict between their individual approach to ethical reasoning and that of their organizations.

Professionalism and Ethical Decision-making in EMS

Kohlberg (1981) suggests that ethical principles evolve according to experiences over a lifetime and that the general progression is towards higher ethical values. Maggiore (2005) identifies that ethics has become generational with 'me generation' paramedics driven by time and money rather than a passion to make things better. While, Singhapakdi et al. (1999) suggests that exposure to various ethical problems can sensitize a decision maker to the harm that ethical transgressions may do. There it is proposed that there will be differences in ethical reasoning based on the number of years a person has spent in the profession. We propose that:

Proposition 2 Ambulance professionals of long standing will identify conflict between their individual approach to ethical reasoning and that of their less experience colleagues

Gender and Ethical Decision-making in EMS

Research continues to be mixed on the influences of gender on ethical reasoning. Gilligan (1982) argued that men are more likely to adhere to the "ethic of justice" and individual rights, whereas women are more likely to adhere to the "ethics of care". However Derry (1989) refutes this argument. Schminke and Ambrose (1997) suggest that women are more ethical due to their early socialization to institutions of family and schools. Therefore it is proposed that there will be differences in ethical reasoning based on gender.

Proposition 3 Female ambulance professionals will identify conflict between their individual approach to ethical reasoning and that of their male colleagues.

Changing Ethical Standards in EMS

(Maggiore, 2006) suggests that ethics in emergency medical services (EMS) is changing. She believes it is declining because it continues to be the area of emergency services overlooked in funding as less necessary while police and fire services are recognized as essential public safety components of society. Yet, Rawwas, Strutton and Pelton (1994) found that more than 53% of respondents in their survey of emergency service workers believed ethical standards were higher than those ten years previously, due to increases in education and professionalism, while only 16% thought ethical standards were lower. Based on this information we propose that:

Proposition 4 Ambulance professionals will identify that ethical standards have changed in the past ten years.

Managing Ethical Conflicts in Decision-making in EMS

Rawwas et al (1994) identified that individuals have trouble identifying ethical conflicts and the proper approaches to take in resolving such conflicts. In order to resolve ethical conflict that may occur when addressing these complex ethical issues in EMS, greater understanding of ethical conflict; ethical decision making and decision-making tools are needed. Mason and Griffin (2005: 626) suggest that such tools assist in increasing individual and group satisfaction at work. However, according to Rawwas et al 1994 p. 598) professional organizations are generally doing little in terms of workshops or continuing education programs that address issues of ethical conflict. What organizations usually have in place are those formal procedures to be followed in case of ethical conflict. However Kickul, Gundry and Posig (2005) suggest that "trust" is a paramount condition for those organizational procedures to be effectively followed by staff members. Furthermore, Kickul, Gundry and Posig (2005: 209) indentify trust "as a perception held by employees that the organization trusts them". With the likelihood that employees and their organizations manage ethics and decision-making differently we propose:

Proposition 5 EMS Staff in the case of ethical conflict would not use formal procedures in managing that conflict.

Methodology

This research is exploratory in nature to explain ethical reasoning approaches in EMS and identify ethical conflict and strategies used in managing that conflict. The design involved a duel emphasis on qualitative and quantitative approaches in data collection. The strategy involved a mixed method approach utilizing two phases, first the collection and analysis of quantitative data then the collection and analysis of qualitative data and finally the joint analysis of findings permitting a sequential explanatory strategy (Creswell, 2003). To understand the characteristics of the ethical reasoning processes of individuals in EMS a questionnaire survey of members a national association of Ambulance Professionals whose members are engaged in pre-hospital emergency care, was implemented through the use of a self administered questionnaire. This allowed for statistical significance to be highlighted, while identifying ethical reasoning processes and ethical conflict in greater detail. To gain a deeper understanding of any ethical conflict and individual approaches to its management in EMS the second phase of the study consisted of semi structured interviews with members of the same organization. Each phase of the study is described in greater detail below.

Phase One: The first phase involved a survey of EMS professionals using a questionnaire developed to identify their preferred ethical reasoning approach and their perceptions of ethics in their organizations as well as their means of addressing ethical conflict and the effectiveness of their methods of addressing the conflict. The survey was designed including the Managerial Value Profile (Saschkin 1997). The profile consists of 24 ethical statements or behaviours put into pairs. Respondents select one of each pair as the most appropriate behaviour or statement that explains their preferred behaviour (see Appendix A). The 24 options fit in three categories (eight questions for each category reflecting the three ethical principles, utility, morality and justice). The Managerial Value Profile (MVP) was used twice in the questionnaire – a second time for the respondents to record their perspective on what they believe is their organizations' ethical standpoint. Ten (10) extra questions sought further information on the perceived conflict between individual ethical reasoning and the perceived organizational ethics experienced by EMS Professionals. These questions are listed in Appendix B. The extra questions sought information on the sources of ethical conflict; the factors that contribute to the conflict; current ethical standards in EMS and perceived changes in ethical standards; unethical practices; consultation processes in relation to ethical conflict and the most helpful avenue for assistance in ethical dilemmas. We also asked the respondents to indicate where they thought they would be in 5 years. De-

mographic information was sought on gender, age, years in the profession and education level. Fifty- eight (58) surveys were completed from 300 participants at their annual general meeting and conference, providing a 20% response rate. This provides a convenience sample of people who completed the survey under their own volition without strong endorsement or motivation from their organisations. Because the research was exploratory the questions were as open as possible with a list of preset responses and a catchall category of "other – please specify". Respondents were encouraged to be as inclusive as possible by indicating as many responses in each question as they required. De Vaus (2003) recommends this inclusive approach to capture a full range of information. The questionnaire was pilot tested on a group of eighteen (18) ambulance professionals from the above mentioned organization, and they were not part of the final pool of respondents. A number of changes to the ten open questions were suggested by this pilot group and these were included by the researchers. These involved the addition of extra response options.

Phase Two: The second phase of the study investigated the nature of ethics in EMS in more detail, allowing greater exploration, particularly relative to the conflict between personal ethical standards and organizational ethics. The Association provided a list of 15 names of the Queensland Chapter to be further contacted for the interviews, and 8 agreed to be interviewed. A semi-structured interview technique was used to enrich the results from the questionnaire. In order to maintain consistency of approach, procedure and content in the collecting data, all interviews were conducted by the same investigator. The interviews were conducted via the telephone due to the different geographical location of each participant. The telephone in this case provided a reliable way of contacting a range of people in different geographical locations and maintaining individual anonymity (de Vaus 2002). All interviews were carried out using the same process starting with an introduction of the researcher and introducing the purpose of the project. Each respondent was asked for consent to participate in this study. Each interview took between 30 and 45 minutes, and each respondent was asked six main questions that had been developed a priori plus additional probe questions perceived as important by the investigator to generate more insightful information.

Analysis

Phase 1: Data were entered in the SPSS software, and the means and standard deviation of six different categories of ethical reasoning were calculated: individual utility, individual morality; and individual justice; as well as organizational utility and organizational morality and organizational justice. The data were then subjected to t-tests and one way analysis (ANOVA) to determine the differences between several groups. Cross-tabs was utilized to review the data from the ten inclusive questions on conflict management. The quantitative analysis of qualitative data can potentially prove a threat to accuracy and reliability as there is the possibility that the researcher may "force" cases into categories that reflect the biased views of the researcher rather than the substantive actions of the respondents (Crompton and Harris 1999). To address this issue we used extensive preset responses and checked these with the expert panel from the Australian College of Ambulance Professionals. We also encouraged respondents to tick as many boxes as they deemed appropriate in their answers. Further we provided a final opportunity for respondents to identify their own category should it not be available in the pre-set responses.

Phase 2: A thematic analysis of interview responses incorporating the specified categories was undertaken to explain and examine ethical reasoning and conflict as well as barriers and strategies for addressing conflict. Thematic analysis was used to identify, analyse and report on patterns or themes which emerged from the interviews. This method was carried out in six stages as suggested by Braun and Clarke 2006: get familiar with the data, generate initial codes, search for themes, review themes, define and name themes and produce a report. Finally, the interpretation and analysis of the entire findings provided an important part of the sequential explanatory design that ensured a fusion between the two phases of the study and encourage rigour in the results (Creswell, 2003)

Findings

Phase 1: Fifty eight (58) respondents completed the survey and Table 1 describes the parameters of the sample.

Table One

Category		No.	Percentage of Sample (%)
Sex of Respondents	Male Female Missing	35 9 14	60 15 24
Age	20-30 years 31-40 41-50 50+ Missing	4 20 26 7 1	7 35 45 12
Education Level	Grade 12 TAFE Undergrad Postgrad Missing	4 11 19 23 1	7 19 33 40
Years in Practice	Up to 5 years 5-10 11-20 20+ Missing 1	8 10 21 18	14 17 36 31

Data was subjected to t-test and one way analysis (ANOVA) to determine the differences between several groups. It was determined that the t-test was most appropriate rather than the Mann-Whitney U-Test because most of the variables were normally distributed. There was a mild skewness in one area only, that of ethical reasoning – utilitarian. This position was somewhat expected because the respondents (ambulance professionals working with emergency medical cases) assessed themselves low on this measure and their organisations (highly bureaucratic public agencies) as high on this measure. We analysed the difference in the mean scores of the three ethical principles that resulted from the Managerial Value Profile between different groups: males and females (gender) ambulance professionals of more than 10 years experience vs those of less than 10 years experience (professionalism) and age. A p value of less than .05 was considered significant.

Table 2 shows the mean scores of the three ethical principles utilized by individuals overall. The overriding principle was rights (morality) with almost 60% of respondents demonstrating a preference for right based ethical decision making. The least utilized was utility with less that 10% of respondents indicating a preference for utilitarian based ethical decision making. However the mean scores of the three ethical principles identified by the individual respondents as applying to their organizations were overwhelmingly utilitarian

Table 3 shows the mean scores of the three ethical principles the respondents perceived as their organizations' most preferred ethical reasoning approach. The overriding principle was the utility approach. More than 60% of respondents indicated their belief that their organizations took a cost/benefit approach to ethical decision making.

Evidence indicates that ambulance professionals perceived their own individual ethical reasoning differently from that of their organizations.

Table Two Ethical Reasoning Approaches in Ambulance Professionals

	Mean	Std. Deviation	%
Individual rights	5.6	1.6	66
Individual utilitarian	2.3	1.7	8
Individual justice	4.2	1.3	26

Table Three Ethical Reasoning Approaches in Ambulance Professionals

	Mean	Std. Deviation	%
Organizational rights	2.5	1.9	8
Organizational utilitarian	6.0	1.9	75
Organizational justice	3.8	1.7	17

Gender and Ethical Decision Making

T-Test shows the gender differences in the three mean test scores. No significant difference was found between males and females on ethical reasoning scores in rights or utility. However there was difference on individual justice – females (M = 4.89) score higher on individual justice than males (M= 3.97), t (42) = -2.023, P <.05. But there were only nine females in the sample. There were 14 cases of missing data on the question regarding gender. However on all other demographic questions there was only one consistent case of missing data. This would indicate that some people deliberately chose not to answer this question. This may have been a decision made to ensure anonymity in this male dominated industry.

	T	Df	P
Individual rights	0.076	41	> 0.5
Individual utilitarian	1.286	41	> 0.5
Individual justice	-2.023	42	< 0.5
Organizational rights	-1.008	40	> 0.5
Organizational utilitarian	0.286	41	> 0.5
Organizational justice	0.999	38	> 0.5

Professionalism and Ethical Decision Making

No significant difference was found between the mean test scores of those individuals who have worked in EMS for more than 10 years and those that had worked in EMS for less than 10 years.

	F	Df	P
Individual rights	0.485	(3, 51)	> 0.5
Individual utilitarian	0.752	(3, 51)	> 0.5
Individual justice	0.522	(3, 52)	> 0.5
Organizational rights	0.585	(3, 49)	> 0.5
Organizational utilitarian	0.575	(3,50)	> 0.5
Organizational justice	0.07	(3, 48)	> 0.5

Age and Ethical Decision Making

No significant difference was found between the mean test scores of individuals based on age across any of the four groups.

	F	df	P
Individual rights	0.536	(3, 51)	> 0.5
Individual utilitarian	1.79	(3, 51)	> 0.5
Individual justice	0.789	(3, 52)	> 0.5
Organizational rights	0.539	(3, 49)	> 0.5
Organizational utilitarian	1.149	(3, 46)	> 0.5
Organizational justice	1.093	(3, 48)	> 0.5

Ethical Conflict

With the literature indicating a strong likelihood of ethical conflict in EMS this study sought confirmation through the use of the ethical reasoning Managerial Values Profile. A significant difference in approaches to ethical reasoning was identified between individual professionals and their organizations. How-

ever the study also sought to identify how individuals perceived that conflict and how they attempted to manage it.

Sources of Ethical Conflict

The respondents were asked to identify whether they believed ethical conflict occurred within their work experience in emergency medical services. Overwhelmingly respondents indicated a conflict with their superiors (65%) the medical staff at receiving institutions (60%) and their organizations (60%). Cross tabulation with individual ethical reasoning demonstrated that this response occurred across the three ethical reasoning approaches.

In addressing the question related to conflict experienced with institutional practice respondents indicated a general conflict across areas related to unfair practice, particularly transparency of organizational processes (60%) equal access to promotion or transfer opportunities (60%) honesty in internal communications (57%) unfair discrimination (40%) and access to training (50%). Cross tabulation with individual ethical reasoning demonstrated this occurred across the three ethical reasoning approaches.

Factors contributing to higher and lower ethical standards in EMS

Factors contributing to higher ethical standards in EMS were identified as an increase in professionalism in role of EMS and ethics training. Cross tabulation with individual ethical reasoning demonstrated that this response was supported across the three ethical reasoning approaches. Factors contributing to lower ethical standards in EMS were identified as work life balance of ambulance professionals and poor funding of EMS and poor rewards for ambulance professionals. Again, cross tabulation indicates that this response was across the three ethical reasoning approaches.

Changes to Ethical Standards in EMS

Having identified different opinions in the literature regarding changing ethical standards we sought information from respondents on their perspective of ethical standards over time in EMS. 32% thought ethical standards were higher today compared with 10 years ago and 32% thought standards were lower today than 10 years ago. 15% thought standards were unchanged and 21% indicated not applicable due to less time than 10 years in EMS.

Inappropriate practices and eliminating inappropriate practices

Questions seven and eight required information on the respondents' perception of inappropriate practices in their institutions' and the most important unethical practices that required elimination. It was noted that none of the actions or practices identified were related to the services provided to patients. Rather, they were the institutional practices provided to employees. Inappropriate processes identified included dishonest dealing with employees (70%); lack of information disclosure to employees (66%); and harassment and bullying (63%). In eliminating these practices the respondents identified dishonest dealings with employees (65%); current roster practices (65%); and information disclosure (63%).

Consultation on ethics conflict

We were interested in identifying who EMS professionals contacted with regard to addressing the conflict they were experiencing. Respondents overwhelming indicated that the actions they took and the people they contacted were individual choices including colleagues (60%); supervisors (51%); friends (36%); rather than the organizations' ethics committee (7%) or the LAC (2%). Those indicated as providing the most helpful support in overcoming ethical dilemmas were colleagues (48%); and friends (29%).

Future

The final issue we gathered information on related to the respondents' perception of their own future. Having identified the potential for consideration conflict between the professionals and their institutions we wanted to find out whether this affected the professionals view of their own future with the organization or the profession. A large number (65%) identified that they would stay in the profession with (25%) indicated they would go elsewhere (25%) including Nursing and others (6%) and (4%) would retire.

Phase 2: The findings are structured on the main 6 questions/topic areas discussed with the respondents during the interview. These areas a comparable to those in the questionnaire to allow us the opportunity to both compare the findings with those of a questionnaire and to explore the areas in more detail supporting the sequential explanatory strategy determined by Creswell (2003).

Ethical conflict

At the beginning of the each interview, the interviewer sought information from the respondents regarding any perceived differences respondents noted in their ethical decision-making and those of their organization. Overwhelmingly the respondents noted a considerable difference particularly relative to the dealings they have with the patients and the dealings the organization has with themselves as employees. Respondents highlighted that the biggest difference between the ambulance professionals and their organization hinged on "care". The professionals believed they dealt with patients in a caring manner, but when it came to their employment they believed that the organization demonstrated little care for them as employees. Another point made by the respondents was that organizational policies are strict in terms of ambulance professionals reporting anything that happens during a shift in an honest and open manner, but once again when it comes to the organization and its dealings with employees these remain very obscure and not open. Further comments were made that organizational rules and policies are bypassed totally or partially in order to reduce time or costs. Other comments were that community engagement activities and the community education programs have in some cases been reduced, and in others totally stopped in order to reduce cost pressures on the organization. This supports findings from phase 1 where respondent's ethical reasoning was identified as different from the organizational ethical reasoning as perceived by the respondents based on the MVP.

Sources of Ethical Conflict

Respondents indicated they encounter the most ethical conflict within their organizations. However the sources of conflict varied. For example, some suggested that people have been asked to use personal leave to cover obligatory breaks between two nights and/or long shifts. Others commented on the fact that political games are played at the expense of staff morale and staff morals. One respondent suggested the organization had policies that are clear and for everybody, but the real problem is when other people bring their own rules and ethics. Another comment was that policies in the same organization have been interpreted and used differently based on the role of the person (e.g. staff/paramedics versus manager/bureaucratic). Last but

not least, is the case of bad managerial practices toward particular people (nepotism) that would affect the fair distribution of the scarce resource as for example overtime bonuses. These responses acknowledged conflict with institutional practice. Several respondents indicated the greatest ethical conflict with staff of other institutions rather than practice, but they had different interpretations of what constitutes 'staff'. For example one respondent talked about the ethical conflict with the staff of different hospitals, highlighting the fact that as an ambulance professional they deal with a number of people from different hospitals with different cultures and practices that sometimes can create a clash of values. These results support the findings from the questionnaire which found respondents identified conflict with institutional practice including discrimination and access to opportunities, as well as conflict with medical staff at receiving institutions and their organizations.

Changes to ethical standards in EMS

Because the results on "changes to ethical standards over time in EMS" from the questionnaire were inconclusive we sought further information from interview respondents on their perceptions of change to ethical standards over 5 years. The majority of respondents indicated a perceived change in ethical standards over the past 5 years for the worse. The reasons for this included "staff have lost interest in performing well and trying to do their best because of a lack of recognition" and "a lack of motivation". Another reason was seen as the political agenda of the organization being more focused on cutting costs and increasing efficiency rather than on people. As a result individual integrity, often proven through years of excellent work commitment, is not seen as enough in the case of conflict where the committed staff member is judged as guilty until proven innocent regardless their long term loyalty. A small number of respondents said that the ethical principles were changed for the better in terms of health and safety regulation due to changes in the legal system rather than the organization being proactive in that area. One respondent could not comment on this question as their service was less than 5 years. This finding is contrary to the findings of the questionnaire where the majority of respondents indicated a change in ethical standards over the past five years.

Consultation on ethics conflict

Respondents indicated a preference to discuss ethical conflict with peers, friends, family or union delegates rather than following formal organizational procedures (superiors). This preference is due to the fact that these people are seen as empathetic without fear of legal repercussion though any formal process. A common concern with the formal process was people dealing with the matter may simply apply procedure and pass it on to an external body dealing with ethical breaches. This body was feared by respondents as more of a "witch hunt" than a support mechanism. The small number of respondents that suggested they would follow the formal process indicated they were driven more by duty rather than believing in the effectiveness of that process. These findings support the findings of the questionnaire which found that respondents overwhelmingly made individual choices in contacting others regarding ethical conflict, including colleagues, supervisors and friends rather than organizational processes or committees.

Solutions for reducing ethical conflict

Two main solutions were offered to reduce ethical conflict. They included the better education of staff, especially managers in ethics and managerial ethics, and the adoption of an internal peer review process rather than using an external body to deal with ethical issues. Other suggestions were to have better leaders to lead staff toward change, taking more consideration of personal integrity and previous performance in dealing with errors or ethical situations rather than assuming that everyone is guilty until proven innocent. Good people should be celebrated and appreciated, and treated equally and fairly. These findings support the finding that much of the ethical conflict identified occurs at an organizational level (between staff and the organization) rather than at the patient level. These findings are compatible with those of the questionnaire. Similarly both findings have indicated the need to increase best practice through education and leadership.

Future

Half of the respondents indicated that they will stay with the service in the next five years. A quarter pointed out that they will move on to other jobs, and the remaining are uncertain, and they will look closely on the future situation in the service before deciding what to do. These findings are comparable with those from the questionnaire, but they provide a bit less positive picture of the future for the service, with only 50% of the respondents having indicated that they will stay in the service for sure.

Discussion

The results of the study show that the most significant ethical principle used by ambulance professionals is the rights based reasoning (morality) and the least significant is, utility. The professionals perceived ethical principle of EMS organizations is utility. According to proposition one, we proposed that ambulance professionals would identify conflict between their own ethical reasoning approach and that of their organizations. We believe the most important aspect here involves the recognition of competing interests in ethical dilemmas in emergency medical services and the perception that these competing interests coalesce with perceptions of "care" where the utility of the organization is identified as uncaring while the human rights approach of individual professionals is identified as one of care. As emergency medical services involves the delivery of pre-hospital care and pre-hospital care research in addition to other community services including education and emergency planning activities (QAS 2008) care is a strong consistent service component of EMS. Finding a balance between utility reasoning and rights reasoning to address the dichotomy on the approaches to care remains an important consideration if the conflict between care providers and their institutions is to be addressed.

In the professionalism analysis we proposed that ambulance professionals of long standing would identify conflict between their individual approach to ethical reasoning and that of their less experienced colleagues. Findings indicate an incongruent result with the literature. There was no difference between professionals of long standing and those with less experience in their ethical reasoning approach.

In the gender analysis we proposed that female ambulance professionals will identify conflict between their individual approach to ethical reasoning and that of their male colleagues. Findings indicate an incongruent result with the literature. There was no difference between men and women ambulance professionals in their ethical reasoning approach

In the ethical change over time we proposed that ambulance professionals would identify that ethical standards have changed in the past ten years. Results of phase one indicate no

support for Maggiore's (2006) suggestion that ethics in emergency medical services has changed in the past 10 years. Rather than declining it is proposed that while the area of emergency services is overlooked in funding, the morality of its officers is maintained both through the different genders, across the different age groups and despite years of services. This supports Rawwas, Strutton and Pelton's (1994) findings more than a decade earlier of higher standards in health care professionals comparative to the past. However, the results of phase two of the study do indicate that ethics in emergency medical services may have changed for the worse in the shorter time frame of the past five years, due to the ongoing limited recognition of the accomplishments and competence of the professional staff. It should be noted that it was acknowledged by a very small percentage of respondents that some positive ethics change had occurred because an increase on prescribed health and safety requirements in that sector.

While the identifying aspect of difference in managing ethical dilemmas was the delivery of care to consumers, other ethical issues were identified relative to employment of professionals. Limited acknowledgement of professional expertise and biased or unfairly interpreted organizational policies signaled poor support for employee decision-making and consequentially a lack of trust toward their employers. In analyzing the managing ethical conflict process issue it was of particular interest to find that the professionals chose individual support in managing ethical dilemmas rather than organizational processes or supporting committees. Despite support systems that include panels, local contacts and advisors respondents identified their peers and family as being the people they most go to and those that offer the best support in ethical dilemmas. Those interviewed supported this finding and adding that "trust" was the primary reason for their lack of support of organizational mechanisms. Building a culture of trust within Emergency Medical Service institutions will take more than the acknowledgement of the conflict in managerial ethics. Recognition of competence and accomplishment of professional staff with appropriate support for employee decision-making seem obvious steps in building trust between two areas of work. However with reports of discriminatory practice and audit of current processes an investigation into communication process may assist in developing the long term relationship. While it could be argued that unity across the organization on ethical reasoning is not essential or even likely, the effect of its mismanagement may be costly. More than a quarter of the respondents in each phase of the study discussed movement out of the profession in the longer term.

Conclusion

The main purpose of this study was to explore managerial ethics in the emergency medical services arena in Australia. This is an area of both change (Maggiore 2005) and limited research (Sandman and Nordmark 2006). We chose to identify differences in ethical reasoning as a means of identifying ethical conflict because few studies have used this approach in the past (Zaheib 2005) despite ethical reasoning providing useful, utilizable, applicable and effective means of evaluation (Cohen 2001). We found that ethical conflict is evident in EMS between ambulance professionals and their organizations principally relative to different reasoning bases of right and utility. We found that this difference was emphasized on the delivery of 'care'. While we found no differences between the ambulance professionals themselves based on professionalism; gender or age, we did identify a number of other interesting issues. The professionals do not use organizational means to clarify or resolve ethical issues but individually choose people close to themselves to assist in managing ethical dilemmas. The professionals do believe that ethical dilemmas have changed in the past 5 years rather than the past 10 years and seriously believe they are at odds with their organizations because they are undervalued.

The study is a small exploratory study that looks specifically at one perspective in managing ethical dilemmas. The findings have enormous ramifications for EMS organizations in building trust with employees that view managerial ethics differently from their organizations; ensuring a culture that supports employees in order to retain them and developing organizational processes for ethical review that support the individual decision making and managerial ethics process as well as organizational requirements. The study does not survey management professionals in EMS.

We recommend doing a similar study with management professionals of EMS organizations. It would be valuable to compare management ethics with ambulance professional ethics to clarify ethical reasoning differences.

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Appendix A

Instructions: Twelve pairs of statements or phrases follow. Read each pair and circle the number of the one that you most agree with. For example, do you agree with 1 or 2? 3 or 4? 5 or 6? You may of course, agree with neither statement. In that case, you should check off the statement that you least disagree with, the "lesser of the two evils". It is essential that you select one and only one statement or phrase in each pair

1.	The greatest good for the greatest number.	OR	2.	The individual's right to private property.
3.	Adhering to rules designed to maximise benefits to all.	OR	4.	Individuals' rights to complete liberty in action, as long as other's rights are similarly respected.
5.	The right of an individual to speak freely without fear of being fired.	OR	6.	Engaging in technically illegal behaviour in order to attain substantial benefits for all.
7.	Individual's rights to personal privacy.	OR	8.	The obligation to gather personal information to insure that individuals are treated equitably.
9.	Helping those in danger when doing so would not unduly endanger oneself.	OR	10.	The right of employees to know about any danger in the job setting.
11.	Minimising inequities among employees in the job setting.	OR	12.	Maintaining significant inequities among employees when the ultimate result is to benefit all.
13.	Organisations must not require employees to take actions that would restrict the freedom of others or cause others harm.	OR	14.	Organisations must tell employees the full truth about work hazards.
15.	What is good is what helps the company attain ends that benefit everyone.	OR	16.	What is good is equitable treatment for all employees of the company.
17.	Organisations must stay out of employees' private lives.	OR	18.	Employees should act to achieve organisational goals that result in benefits to all.
19.	Questionable means are acceptable if they achieve good ends.	OR	20.	Individuals must follow their own consciences, even if it hurts the organisation.
21.	Safety of individual employees above all else.	OR	22.	Obligation to aid those in great need.
23.	Employees should follow rules that preserve individual's freedom of action while reducing inequities.	OR	24.	Employees must do their best to follow rules designed to enhance organisational goal attainment.

Managerial Value Profile (Saschkin 1997)
Zgheib, P.W., (2005).

Appendix B

Is there a difference between your ethical principles and those of your organization?
Where do you encounter the greatest conflict in ethical standards; with the people you work with or with the institution?
Do you believe that ethical principles in EMS have changed over time? If "yes "For better of worse?
In times of ethical conflict with whom do you consult? Why?
What would you do to change the ethical standards or to reduce conflict in the future? Why?
Where do you see yourself in the next 5 years?

Authors

Erica French.

Gian Luca Casali. Gian Luca Casali is a Lecturer in the School of Management at Queensland University of Technology (QUT) where he coordinates the undergraduate programs at the Caboolture campus (regional campus) and teaches management and entrepreneurship courses. His research interests include business ethics and CSR (corporate social responsibility) and entrepreneurship. Gian Luca received his BBA from University of Turin (SAA) major in marketing, and an MBA from Central Queensland University (Australia) major in international business. He is currently finalizing his PhD on managerial ethical decision making at QUT.

Contact details: Gian Luca Casali , Lecturer / School of management / Queensland University of Technology (QUT), Ph (Caboolture Campus): (07) 5316 7403 and Fax (07) 5316 7421 Ph (Garden Point Campus): (07) 3138 5096 and Fax (07) 3138 7903, E-mail luca.casali@qut.edu.au , website www.qut.edu.au