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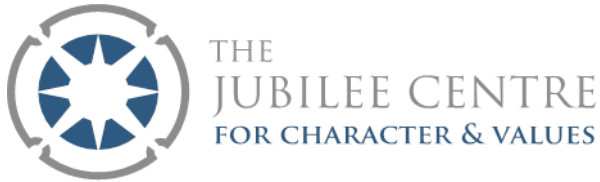
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## **Using Ethical Dilemmas to Understand Character and Values in the Professions**

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Confalonieri, Michael Holdsworth, Agnieszka  
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## 1. Introduction

Relying on observing behaviour, the case of Buridan's ass might suggest that the donkey, standing equidistant from two equally appealing stacks of hay, chose starvation. A singular challenge, therefore, waits any empirical study seeking reliable insights into how the character of individuals influences their actions.

A common feature of occupations labelled as professions is the reliance on trust and confidentiality in the relationship with clients – a relationship that is typically guarded by a professional code of conduct (Evetts *et al.* 2006: 108; Saks, 2012). Some go so far as to argue that professions are by their nature ethical and should be understood in virtue terms (Carr, 2011). This is due, it is argued, to the special nature of the *role* of professional groups in modern society, where their members are granted wide areas of discretion in their professional practice but, in return, take on the responsibility to act for the good of their clients and wider society. Such discretion in areas reliant on trust and confidentiality necessitates attention to professionals' ethical character.

Studying character in the professions, understanding how it interacts with organisational form and culture and understanding how professional character may be developed are, therefore, clearly important goals. Yet, these and other questions assume that it is possible to understand professional character empirically, attempting, as the reference to Buridan's ass hints, a peep inside people's minds. Nonetheless, without being able to give some answer to the question of what a specific professional's (or professional group's) character is like, we cannot answer questions such as how character is influenced by other factors, how it develops through practice, how it should change and, indeed, how we might implement change. This paper is a response to these challenges, reporting on the development of a study currently being conducted as part of an enquiry into *Virtues and Values in the Professions* at the University of Birmingham's *Jubilee Centre for Character and Values* (JCCV).

The study seeks to understand how professionals in law, medicine and teaching acquire, develop and sustain their professional values. It examines the following questions:

- Which virtues and values are particularly valued by members of the three professions?
- How do these virtues and values shape professional practice?
- What are the implications for ethics education in the three professions?

In addressing these questions the research team has designed a mixed-methods study using a cross-sectional design with several components; the study has the potential for both integrated and discrete analyses. We regard this capacity as important for tackling an area of enquiry where a single instrument or measure is unlikely to be adequate or capable of providing an 'answer'. In broad terms, the study comprises:

- analysis of published and grey literature;

- a five-part survey conducted on-line with professionals at three career stages:
  - the start of undergraduate or professional study;
  - completion of initial professional education/entry into employment; and
  - practitioners with at least 5 years experience post-qualification;
- interviews with members of all three professions at each career stage; and
- interviews with educators and members of relevant regulatory bodies.

In this paper, we describe the design of the on-line survey and, while we provide an overview of all its components, we give particular attention to the use of professional dilemmas or 'ethical judgement tests' in the on-line survey. We discuss the potential of these dilemma tests for providing insight into how character and virtue influence how professionals *justify, reason about* or *understand* moral practice in their profession. While using ethical dilemmas to understand moral reasoning and ethical judgement is not new, the current approach is distinctive for the following reasons:

1. Where much existing work using a dilemma approach mainly adopts a focus on knowledge of and reasoning with *rules* for professional practice, this study, without neglecting *rules* and *consequences*, adopts a greater focus on *character* and the role of *virtue* in understanding ethical practice.
2. The analysis of the ethical judgement tests can be nested within self-reported views on character, views on the ideal professional, the nature of the work/training environment and narrative accounts from selected respondents.
3. Situational judgement tests in professions have focused mainly on subject knowledge or occupational skill; their use in *professional ethics* has not received much attention.

The paper is structured as follows. In section 2 we set the context by outlining the importance of character in the professions, but also the problems that exist in studying professional character. Section 3 describes earlier attempts to study professional character and develops our own account in contrast to these accounts. In section 4, we provide an overview of the different components of the study. In section 5 we describe the process of designing the ethical dilemmas and in section 6 we consider options for our forthcoming analysis. In Section 7 we conclude with reflections on what is 'work in progress'.

## **2. Character in the Professions**

### *2.1 Theoretical reasons for paying attention to character and virtue in professional ethics*

In the literature on professional ethics, the ancient concept of 'virtue' or 'character' has experienced a revival of fortunes. As Axtell and Olson (2012: 183) note, both theoretical and applied ethics has tended to adopt consequentialist or deontological theories in its explanations of what makes real policies, laws or individual moral actions ethical or not. This leaves out an important facet of ethical life – the character of the person performing the action in question. In the last decade or two, virtue or character concepts have increasingly been called on to address concerns in applied ethics (Ivanhoe and Walker, 2007); according to Axtell and Olson (2012), the very field of applied ethics is being transformed as a result.

It is unsurprising that virtue ethics has gained a particular resonance in the study of professional ethics and the professions. Authors such as Pellegrino and Thomasma (1993) (writing about medicine) Oakley and Cocking (2001) (about medicine and law), Carr and Steutel (2005) (about education), Ivanhoe and Walker (2007) (about professional ethics in general) and Farrelly and Solum (2007) (about law) all draw on the concept of good character to give content to the notion of the good professional. In asking what makes a good *professional* (e.g. what makes a good doctor or a good lawyer or a good teacher) studies of professionalism already turn their attention to attributes of the *person* performing professional work rather than to features of the work that they do. This makes studies of professionalism particularly suited to a virtue approach. The notion of character is not only of increasing interest to the theoretical or applied ethics of the professions. More recently, the social scientific study of the professions has also witnessed the rise of 'phronetic social science'. Drawing on the work of Flyvbjerg (2001) and Flyvbjerg, Landman and Schram (2012) a virtue concept - the concept of phronesis or practical wisdom – is employed to explain, *inter alia*, how knowledge is passed on in organisations or how lack of phronesis leads to failures in large organisations or programmes.

## *2.2 Practical reasons for paying attention to character and virtue*

Next to the theoretical push towards studying professionalism in terms of virtue, there exists an important practical drive in this direction. This comes from the attempt to give more attention to initial education and professional formation in shaping practice in the professions. Many of these approaches have placed an emphasis on changing professional practice by shaping the character of (budding) professionals. For Axtell and Olson (2012) this constitutes a 'bottom-up' justification of the importance of virtue to the professions that is not theory-driven. It illustrates that one need not start from the theory of virtue ethics in order to find the study of character in professional ethics important. Indeed, a number of authors (e.g. Horner, 2000, Clark, 2006 and Raddon, 2007) arrive at the position that virtue is important to understanding professional practice *without* appeal to virtue ethics *per se*.

## **3. How to Assess Character in the Professions**

Concern about the character of professionals clearly spans across the professions. It is also a topic that is of interest both to those who start from a commitment to the theory of virtue ethics and those who do not. However, it is not always clear how professional ethics should be taught<sup>1</sup> and how it should be assessed is a matter that has not been explored in depth<sup>2</sup>. Clearly, if professional educators are to be able to institute and/or improve the development of the moral character of professionals, methods will be needed to understand character empirically. Without being able to understand professionals' character as it is, it will be hard to know what it is about character that needs improving; furthermore, without being able to assess how character changes or has changed, it will be impossible to know whether any educational intervention has been effective. However, no agreed method to understand the moral character of professionals exists.

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<sup>1</sup> For discussions concerning medicine, see Calman, 1987, Cowley, 2005b and Hibbert, 2012. For law, see Hamilton, 2012 and Boon and Webb, 2008. For teaching, see Sockett, 2006 and Strike and Soltis 2009.

<sup>2</sup> For medicine, see Lowe 2001 and Mattick and Bligh, 2006. For law, see Moorhead *et al.*, 2012. For teaching see Campbell, 2011.

In meeting this challenge, it is necessary to give an overview of past attempts to understand morality in the professions broadly speaking (before confining our attention specifically to moral *character*). In their survey of approaches to applied ethics, Axtell and Olson (2012) hold that applied ethics – and, by extension, professional ethics – has typically adopted a consequentialist or deontological (rules-based) approach. This may be the case as far as theorising applied ethics goes, but in the empirical study of professional ethics it is the *deontological* approach that dominates. To anyone working in moral psychology, - education or - philosophy, Lawrence Kohlberg's (1981; 1984) work on moral<sup>3</sup> development will be deeply familiar. Kohlberg posits that moral development from childhood into adulthood unfolds through a more or less invariant sequence of modes of moral thinking, from thinking of right action in terms of self-interest (pre-conventional thinking) to thinking of right action in terms of what is socially desirable (conventional thinking) to thinking of right action in terms of a set of moral principles that one can rationalise as universally valid (post-conventional thinking). The last form of moral thinking is clearly *deontological* or *rules-* or *principles-*based and, for Kohlberg, it constitutes the highest form of moral thinking. For Kohlberg-inspired moral psychologists what we should test for in moral development, is the extent to which individuals think post-conventionally.

In later years, Kohlberg's research programme came to be very influential in the study of professional ethics. Especially Kohlberg's colleague, James Rest's (1999) four component model of moral development plays a crucial role in the field. According to Rest's model in moral psychology, moral action results from a combination of

- moral sensitivity
- moral motivation
- moral judgement
- moral character

The emphasis in this tradition is on studying *moral schemas*. Moral schemas are organised frameworks of moral thinking; they are typical, acquired and routine ways that moral subjects have of responding to moral problems. Moral schemas are not wholly cognitive like Kohlberg's stages of moral development and are not organised hierarchically or developmentally. In order to study the moral schema that a person brings to a task, researchers in the four-component tradition devised the Defining Issues Test (DIT). The DIT (and its variants) asks of respondents to make judgements regarding what the important moral issues are in thinking about the dilemma. By studying what the 'defining issues' are for a subject in thinking about a moral dilemma, the DIT serves as a '...device for activating moral schemas...' (Rest, *et al.*, 1999: 6) Based on research with the DIT, Rest and others identify the following three schemas as the most salient: a personal interest schema, a maintaining norms schema and a post-conventional schema. While researchers in the four component-tradition acknowledge that – besides moral cognition – moral sensitivity and moral motivation are also important, their approach to measuring moral development is still deontological in that moral development is conceived of as development towards the ability to think in terms of *rules* for moral action. The extent to which a person is

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<sup>3</sup> When discussing the psychological work, we use 'moral' rather than 'ethical'. This reflects the most common usage in this field, rather than a substantial difference in the concept.

proficient in thinking in terms of moral rules or principles is then also exactly what the DIT tests for.

Many studies of professional ethics over the years have been influenced by the DIT and giving a complete summary of all of them is out of the question. However, to demonstrate the influence of the four-component model in the empirical study of professional ethics, we will outline three research programmes that have attempted to study professional ethics in the fields of

1. dentistry
2. medicine
3. law.

The examples are picked to demonstrate principles rather than by the specific profession. For instance, a particularly well-developed DIT-type instrument exists for dentistry (the Dental Ethical Reasoning and Judgement Test or DERJT), but no analogous instrument to study teachers' ethics could be found. This explains the discussion of dentistry in this context, rather than teaching.

#### *Assessing professional ethics: the case of dentistry*

The 'Dental Ethical Reasoning and Judgement Test' (DERJT) attempts to measure the ability to apply profession-specific ethical concepts to common ethical cases which dentists may face in their job (Bebeau and Thoma 1999). Its theoretical underpinnings lie with the neo- or post-Kohlbergian four component model of ethical decision-making sketched earlier. Like the more generic DIT whose theoretical framework it shares, it operationalizes only the second component entering ethical behaviour, namely 'Ethical Judgment/Reasoning'. It does not attempt to pick up moral sensitivity, motivation, or character; other tests have been designed to do so, for instance, the Dental Ethical Sensitivity Test (DEST).

While the DIT focuses on capturing respondents' stages of moral development, the DERJT has been designed to pick up how respondents work with 'intermediate concepts', that is, those lying between the more abstract general principles – justice, beneficence, and so on – and the concrete rules found in professional codes of conduct. Examples of intermediate concepts are due process, informed consent, patient confidentiality, and conflict of interest. The format of the DERJT is similar to the DIT, in that respondents are presented with 5 ethical dilemmas. The exercise consists, in a first step, in rating (on a scale from Strongly Agree to Strongly Disagree) *both* the available courses of action *and* a series of reasons for action. Secondly, respondents are asked to rank the two best and two worst action choices, and the three best and two worst justifications. The DERJT showed a moderate correlation (0.41) with the DIT (Thoma, Bebeau et al. 2008), suggesting that they are in part measuring the same component of moral decision-making, i.e. reasoning. In addition, indirect evidence for its validity comes from its having been included in a successful remedial program for helping dentists disciplined by a licensing board for professional malpractice, along with other well validated ethical measures as part of a battery of tests. (Bebeau 2009, p. 38).



### *Assessing professional ethics: the case of medicine*

Assessments of professional ethics in medicine (and – more broadly – assessment of medical ‘professionalism’) take a number of forms. Wilkinson *et al.* (2009) identify nine ‘clusters’ of assessment tools that are commonly used in this area:

1. observations of clinical encounters
2. collated views of co-workers
3. records of incidents of professional lapses
4. critical incident reports
5. simulations
6. paper-based tests
7. patient surveys
8. global observer ratings
9. self-administered rating scales.

Many of the methods involved are time- and resource-intensive and efforts have long been made to use standardised tests of moral reasoning in assessing doctors’ ethics. One of the most commonly used paper-based tests of doctors ethics is the DIT. Given the success of the DERJT in the field of dentistry, there have also been suggestions to translate the DERJT for use with doctors. Two versions have been created for medical professionals: one by Catherine Caldicott (named the Medical Ethical Reasoning and Judgment Test, or MERJT) (see Bebeau and Monson 2008); and one by Ponsopa Pinijphon (2009). Neither of these, however, has yet been validated.

An alternative instrument, the Ethics in Health Care Questionnaire (EHCQ) (Lohfeld *et al.* 2012) has been designed and trialled by researchers in Canada and Scotland. The EHCQ presents respondents with 12 ethical vignettes. Respondents are asked to select one of the available courses of action (mostly two, sometimes three), and can then write down the reasons that motivated them to act in a certain way in a free-response format. Free responses are scored using a coding system. The instrument is not widely used; part of the reason may be that, as the most recent study on it concludes, ‘[t]he reliability and validity of the measure remains quite low’. (Lohfeld, Goldie *et al.* 2012). A further test that deserves mention is the Ethical Reasoning Inventory (ERI) (Tsai *et al.* 2009). Like the EHCQ, the ERI presents test takers with ethical vignettes (in this case 15) in an interview setting. Test takers are instructed to ‘think aloud’ while solving the moral problems presented in the ethical vignettes. A scoring key for test takers answers was created for each vignette and validated by medical ethics educators.

### *Assessing professional ethics: the case of law*

Empirical studies of professional ethics in law have been conducted since the 1960s – compare Carlin’s (1966) survey of the New York Bar and Zemans and Rosenblums (1981) survey of lawyers in Chicago. Daicoff<sup>4</sup> made use of questionnaires of a distinctively DIT type in 1996 but amended them for use in the legal context. Through this she was able to demonstrate that lawyers used different kinds of moral reasoning in their public professional roles compared to their private lives. More recent studies were conducted by Fortney (2005) and Kirkland (2005). Many of these

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<sup>4</sup> Also see Daicoff (1997) and Granfield and Koenig (2002-2003).

studies take the form of case studies (and especially case studies of ethical misconduct amongst lawyers) and a standardised instrument to assess the ethical conduct of lawyers in the broad (that is, to assess the ethics of the majority of lawyers who do not make themselves guilty of misconduct) does not exist. Indeed, Cunningham (2009) calls for a version of Bebeau's DERJT and DEST to be adapted for use with lawyers.

Closest in approach to these tests is the Australian Lawyers' Values Study conducted by Adrian Evans and Josephine Palermo. Using a socio-legal approach, Palermo and Evans (2007) used ethical dilemmas to evaluate law students' ethical values, demonstrating which values were predictive of reported behavioural choices. Palermo and Evans surveyed 700 of the approximately 10,000 final year Australian law students at the end of their education and during their first and second years of practice post-graduation. (Evans, 2011: 38) Participants in the study were posed eleven questions, each relating to an ethical dilemma and were instructed to choose between two opposite courses of action in response to the dilemma. Respondents' changing answers to what they would do in those dilemma situations were studied longitudinally and the researchers identified changes in respondents' attitudes in five of the dilemmas.<sup>5</sup>

Recently, Galoob and Li (2012) use methods from moral psychology and experimental philosophy to provide a systematic and empirical examination of questions around whether legal ethics are ethical. They investigated the relationship between ordinary morality and rules of professional conduct governing lawyers. In this survey with 122 participants, the researchers found that legal ethics rules about advocacy and confidentiality diverge from lay moral judgments and that lay judgments do not, in general, attribute distinctive moral significance to the lawyer's role. They further concluded that norms of professional conduct can change (but do not fully determine) lay judgments about the moral status of lawyers' actions.

#### **4. Designing the Virtues and Values in the Professions (VVP) Study**

Above, we saw that assessments of professional ethics typically start from a *rules-based* or *deontological* conception of ethics. They also tend to study the process of moral *reasoning* (rather than a person's moral sensitivity, motivation, character, etc.) The Virtues and Values in the Professions Survey aims to understand one specific aspect of professional ethics – the role that *character* or *virtue* play in ethical professional practice. In studying this matter, the researchers have taken into account results and design considerations derived from previous attempts (see section 3, above) to study ethics in the professions in a typically *rule-based* or *deontological* fashion but have – by contrast – designed an on-line survey instrument focussed on *character*.

The on-line survey part of the study consists of five sections (four for starting undergraduates), surveying, in order:

1. Respondents' views on their own character
2. Respondents' responses to a set of moral dilemmas in their profession

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<sup>5</sup> Evans's 'Melbourne Study' of lawyers' ethics is one of the most sophisticated *qualitative* studies of lawyers ethics and is a follow-up of the Australian Lawyers' Values Study.

3. Respondents views on the character of the ideal professional in their profession
4. Respondents' views regarding their work or study environment (not included for starting undergraduates)
5. Demographic data.

A conference copy of the on-line survey, showing the dilemmas used for doctors, can be found at [Virtues and Values in the Professions: Established Doctors survey](#). (In addition to the on-line survey, the project also involves significant qualitative work and some of the qualitative results will inform interpretation of the on-line survey results – see section 4.4 below. However, for the purposes of this paper, the focus is on the design of the on-line survey.)

For the purposes of this paper, the relationship between these five different sections can be considered as that between an outcome measure (derived from section 2) and possible influencing factors (derived from sections 1, 3, 4 and 5). Put differently, the researchers will attempt to understand respondents' responses to the moral dilemmas in section 2 in terms of their responses to sections 1, 3, 4 and 5.

Figure 1 summarises the components of the study in this light. In the first column, we show different options for measuring the responses to the ethical dilemmas in section 2. As these options are the key outcome measures of the study they are all listed as 'scores'.

The second column lists items included in the study as likely 'influencing factors'. That is, we collect data on self-reported character strengths, organizational context, personal narratives and personal characteristics as these are possible influencers on how individuals respond to the ethical dilemmas. As the paper is principally focused on the dilemmas, we discuss the design of these sections briefly at this point before turning in more depth to the design of the ethical dilemmas.

Figure 1: An Approach to 'Measuring' Ethical Reasoning

Ethical dilemmas with measurement options that include:	Possible 'influencing factors' on the ethical dilemmas (i.e. how we might understand data in the left hand column):
<ul style="list-style-type: none"> <li>• Scores based on <i>choice of actions</i></li> <li>• Scores based on whether selected reasons represent an emphasis on <i>rules, consequences or virtues</i></li> <li>• Scores based on the '<i>ranking of reasons</i>' provided through the expert panel process</li> <li>• Scores based on assumptions about <i>character strengths</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Character strengths</i> <ul style="list-style-type: none"> <li>○ self-reported assessment of an individual's six best character strengths</li> <li>○ respondent views of the six best character strengths of the 'ideal' professional</li> </ul> </li> <li>• <i>Organizational context</i> <ul style="list-style-type: none"> <li>○ factors in the working or training environment</li> </ul> </li> <li>• <i>Personal narratives</i> <ul style="list-style-type: none"> <li>○ interview data; and</li> <li>○ 'why I want to be a doctor, etc.</li> </ul> </li> <li>• <i>Personal characteristics</i> <ul style="list-style-type: none"> <li>○ age, gender, ethnicity, religious affiliation, etc.</li> </ul> </li> </ul>
Qualitative and quantitative data for an integrated mixed methods cross-sectional design	

#### 4.1 Character strengths

Sections 1 and 3 of the on-line survey are designed to capture respondents' views on (1) their own character and (3) the character of the ideal doctor. In both sections, respondents are shown Peterson and Seligman's (2004) 24 character strengths from their 'Character Strengths and Virtues' (CSV) classification.

- In section 1, respondents are instructed to rank the top six character strengths that best reflect their own character.
- In section 3, respondents are instructed to rank the top six character strengths that for them best reflect the character of the ideal doctor.

Section 1 constitutes a simple self-reporting exercise on the respondents' own character that draws significantly on Peterson and Seligman's work. We recognise that the use of self-report methods on character strengths and virtues faces important challenges. The most important challenge has to do with the general deception biases inherent to any self-reporting. A wealth of empirical evidence from psychology suggests that human beings are conspicuously inaccurate in their self-assessments of any characteristic or competency (Dunning, 2011; Dunning, Heath, & Suls, 2004; Morgeson et al., 2007; Nisbett & Ross, 1980; Podsakoff, MacKenzie, Lee, & Podsakoff, 2003; van de Mortel, 2008).

While it has proved quite difficult to classify the psychological traits conducive to ethical behaviour, Peterson and Seligman's (2004, 2006) work in this regard has been influential and the best known instrument of this kind, the Virtues in Action Inventory of Strengths (VIA-IS) draws on their CSV classification. To date, the VIA-IS has been taken by more than 1 million people world-wide and important findings are beginning to emerge. On the one hand, findings suggests the original VIA classification is imperfect; hence, efforts are in place to amend it (Brdar & Kashdan, 2010; Haslam, Bain, & Neal, 2004; Macdonald, Bore, & Munro, 2008; Shryack, Steger, Krueger, & Kallie, 2010; Singh & Choubisa, 2010). Furthermore, the psychometric validity of the measure has yet to be fully established. So, for example, to date 'no experimental faking study has been carried out' on the VIA-IS (Ruch et al., 2010, p. 140). On the other hand, there are reasons for being hopeful: the VIA-IS has demonstrated good test-retest reliability and, significantly, it seems to correlate moderately well with one of the most validated personality tests, the NEO Personality Inventory (Furnham & Lester, 2012; Haslam et al., 2004; Macdonald et al., 2008). The NEO-PI is likewise a 240 items self-report questionnaire which measures the Big Five personality traits of Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience.

While it was initially considered to include some form of the VIA-IS as part of the on-line survey, the standard VIA-IS is a 240 item self-report questionnaire that takes about 40 minutes to complete. Two shorter forms of the VIA exist: the 120 item VIA-120 and a 72 item VIA for adolescents. However, even these short versions would take an impractical length of time to complete when forming part of a larger survey and it was decided to construct, instead, the two shorter sections on the current survey. These two sections will be analysed with an eye to see whether a connection exists between a participant's self-reported character strengths and the way that they

approach the moral dilemmas in section 2. Furthermore, framing the self-report section in the two different ways that it is framed in section 1 and 3 will enable researchers to investigate whether there is a difference between how respondents see their own character and what they think the character of the ideal professional in their area would be.

#### *4.2 Organizational context*

Section 4 of the on-line survey is designed to capture views on the work or study environment and is completed by experienced professionals and graduating students. The influence of context on virtue is evident in Annas' observation that, 'learning to be virtuous always take place in an *embedded* context... which can stand in various relations, from overlapping to conflicting' (p. 21) (Annas 2011). It is recognised in the attention given to professional ethics in the education and training of aspiring doctors, lawyers and teachers with formal attention almost certainly more explicit in medicine (Goldie, Dowie et al. 2007; Goldie 2008; Goldie 2012; McCammon and Brody 2012) than, for example, teaching (Campbell 2011). Opportunity for ethical development continues in the workplace, shaped and shaping how we respond to its pressures (Orbach 2011), including how the rules and guidelines set by government agencies may impact on our own understanding of our role (Marshall and Mellon 2011; White 2011). These accounts of learning and practice are consistent with more general analyses of learning which recognise it as, in some degree, a situated and participatory activity (Sfard 1998; Paavola, Lipponen et al. 2004; Eraut 2007; Sennett 2008). Whilst these studies incorporate inter-relationships between individuals and their context, the perspectives are those of individuals and what facilitates their learning.

A different approach is evident in studies of the 'character' of organizations. Most of these studies make conventional assumptions about the goals of market-based organizations, such as profit or output maximization, and assesses how their achievement is related to 'virtuous' organizational characteristics. Results typically show the importance of procedural justice and fairness as consistent with positive views about and commitment to the workplace (Cohen-Charash and Spector 2001; Blader and Tyler 2003; Colquitt, Scott et al. 2006; Olkkonen and Lipponen 2006; Cropanzano, Paddock et al. 2008; Zapata-Phelan, Colquitt et al. 2009). Positive perceptions of workplace justice are reported as likely to improve job performance and organizational citizenship (Rupp and Cropanzano 2002; Cropanzano, Paddock et al. 2008) with similar studies on worker perception of leaders qualities such as honesty and fairness related to followers' job satisfaction, dedication and readiness to report problems to management (Brown, Treviño et al. 2005). Criticism of these studies is their orientation towards goals of resource capture and economic growth and whether they also represent manipulative behaviour by organizational leaders. Certainly, the main theories explaining *why* individuals regard justice as important represent consequentialist philosophy, although some show recognition of *moral virtues*, reporting people care about justice 'even when doing so offers no apparent economic benefit and involves strangers' (p.175) (Cropanzano, Byrne et al. 2001).

A smaller set of organization-related studies give prominence to virtue ethics (Crossan, Mazutis et al. 2013), challenging work focused on 'shareholder wealth' (Neubert 2011). Moore (2012) applies a virtue ethics framework to a study of Alliance Boots and argues that MacIntyre's (MacIntyre 1985) 'virtues-goods-

practices-institutions' concepts are helpful in understanding how managers are not entirely constrained by the capitalist system. This attention to 'character' and 'virtue' is presented as a response to a crisis where 'regulations, codes of conduct, and audit have failed to curb the wrongdoing of contemporary leaders' and, as a result, 'leadership researchers are turning their attention to studying leader virtues', although they are 'unclear how leaders become motivated to practice virtues' (p. 280) (Hackett and Wang 2012). Reports of malpractice in the NHS suggest that organizational 'character' also applies to public sector organizations. (Ritchie 2000; Bristol Royal Infirmary Inquiry 2001; Royal Liverpool Children's Inquiry 2001; Francis 2013)

The choice of the 15 items in the organisational context section represents two propositions, that 'individuals virtue and integrity count, but good corporate and social policy encourage and nourish individual virtue and integrity' (Solomon 2004) and that clear separation is problematic because 'relations between social structures, social roles, (and characters) and the framework of ideas in which agency comes to be understood [are] intimate' (Beadle and Moore 2006). Our preliminary analytical categories are that the sets on 'Organization and Resources' and 'Staffing' capture organizational support for the individual (organizational justice), those on 'autonomy' some sense of freedom in shaping your work and the sets on 'values' and 'stress' represent individual values in relation to organizational requirements. To maximize comparability with existing data, 10 items are drawn or adapted from a regular survey of the European workforce (Eurofund 2012; Eurofund 2012a), three items from an Australian study of legal ethics (Legal Services Commission, 2009) and two devised by the Project team.

### *4.3 Demographics*

Section 5 of the on-line survey collects demographic data. The questions are similar for all three professions, adapted only to take account of specific differences (e.g. type of doctor or lawyer or teacher) and career stage. While the survey collects what might be regarded as 'typical' demographic information in certain areas - religion, education and career choice and progression - we ask for more detailed information, for reasons explained below.

Demographic data will enable comparisons at a number of levels, including comparisons across professions as well as between career stages. In relation to the information we receive about gender, age, country of citizenship and ethnicity, it is relatively straight forward to see how this information could be used to make both quantitative and qualitative comparisons. We will be able to use the demographic information in combination with the results from the sections of the survey on ranking character strengths and those involving ethical dilemmas. It will also be possible to make comparisons of different combinations of demographic criteria and this will enable a very wide range of analysis. For example, by comparing information about career choice and progression with gender, it should be possible to identify a number of correlations or divergences. For example, this would enable us to identify trends in the types of occupation carried out prior to entering a profession and also perhaps the reasons for changing careers. It would also be possible to see whether or not those reasons are gender specific.

We have intentionally chosen to ask more searching questions in relation to religion, education and career choice and progression as some literature exists on the relationship between virtue and religion. For example, Oudenhoven et al. (2012) carried out two studies examining the relative influence of religion and national cultures on conceptions of virtues. In the first study, carried out in the Netherlands, 926 respondents from different professions, age, sex and religious background ranked a list of 15 virtues. This enabled comparison of the virtue ratings to be made between Dutch Muslims and non-Muslims. In the second study, adults in Germany, the Netherlands and Spain rated the same set of virtues to allow comparisons to be made across different religions in each country and the same religion in different countries. It appears that education and career choice are areas requiring a degree of choice on behalf of the respondent and are therefore person specific. They are also areas which could be considered 'value forming'. So, for example, in relation to the information we have gathered about education, it should be possible to identify correlations in perceived character strengths in relation to the type of school a respondent attended or whether their parents had been to university. Again, in relation to the information we have collected about religion, we ought to be able to analyse if practicing a religion has any influence on the choice of character strengths or ethical choices in the dilemmas. We also expect to carry out some analysis in relation to respondents who don't identify themselves as religious but who conscientiously self-identify with non-religious categories of affiliation.

#### *4.4 Narratives*

The on-line survey is designed to capture data from large numbers across multiple sites but we recognise that what is gained through sizable populations cannot fully do justice to the nuances of professional practice that is complex, situated and particular (Carr 2000) and happens within regulatory, institutional, political and economic frameworks. Indeed, we would argue, alongside others (Czarniawska 2004, Annas 2011) that we cannot fully understand how people enact the virtues without an empirically grounded, rounded view of actions which includes proponents' point of view and understanding of their situation. Such a rich account will provide a better understanding of the conditions under which virtue can be enacted and thus how better to create circumstances conducive to virtue both within the workplace and without. Further, we recognise the value in some form of triangulation of data, and the use of qualitative approaches offers just such an opportunity (Mears 2012, Cohen et al 2000), so that we can focus on pertinent questions, test out initial analyses of datasets, and deepen our understanding of practical knowledge (Atkinson 2010) suggested in the larger survey. The important advantage of a narrative approach is that participants can describe histories, set experiences within social contexts and it allows individuals to choose what matters to them and what they want to be told to others.

Semi-structured interviews were chosen as the best method for conducting the qualitative aspects of the research because they enable us to 'focus on the minutiae' (Flyvberg 2001: 133). A coherent set of questions, based around the main research questions, was devised, with minimal prompts for clarity. Wherever possible, interviews are conducted in person, but the vast majority are conducted by telephone or SKYPE. They are recorded to ensure accuracy, although we are aware that this may change a private conversation into a more public form (Scott and Usher 1999). Audio tapes are transcribed, a small number by team members themselves to

become familiar with the data, others by transcription services contracted externally. Once transcribed, records are returned to participants for member checking (Lincoln and Guba 1985) to allow for amendments and to ensure data used are a fair reflection of what the participant wanted us to know. Qualitative analysis software (NVIVO) will be used to assist analysis.

In analysing the results of the on-line survey, interview participants' survey responses will be examined in order to establish a link between themes raised in the interview and the way they answer the dilemma questions on the on-line survey.

#### *4.5 Ethical dilemmas*

As was made clear above, section 2 of the survey consists of six profession specific ethical dilemmas. Respondents are instructed to select one of two (in some instances three) courses of action that they would take if confronted with that situation; subsequently respondents are asked to rank (from a choice of six to seven reasons) the three reasons for taking that course of action that they find most convincing.

In the context of the whole survey, section 2 will provide the researchers with the outcome variables to be studied. The courses of action respondents select will be examined and, more important, their reasons for preferring these courses of action – interpreted in terms of respondents' answers to sections 1, 3, 4 and 5 (and of narrative explanations offered during the interviews) . Section 5 (directly below) describes how these ethical dilemmas were designed and section 6 considers how they will be analysed.

### **5. Designing the VVP dilemmas**

This section is in two parts. We begin by describing the process by which the ethical dilemmas were designed, then develop the discussion of the four outcome scores summarised earlier in Figure 1. We have chosen example dilemmas from the medical version of the survey. This is for illustrative purposes only – the teaching and law dilemmas were developed in similar fashion and appear the same.

#### *5.1 Structure of the VVP dilemmas*

For each profession, six ethical dilemmas were designed, the same dilemmas being used at each career stage. Each dilemma has the same structure.

- A concise statement of a dilemma which had to be written in such a way that it was reasonable to present it to each of our three career stages. (We introduce one of the dilemmas in the next part of this section.)
- For each dilemma, respondents were required to choose a course of action. In most cases, there were two options but, in a small number, three options were presented.
- Once a choice was made, a drop-down menu appeared, listing six reasons that might plausibly explain the selected course of action. Respondents were then asked to select three reasons that most closely approximated their own reasoning. The survey was designed so that three reasons - *no more and no less* - had to be chosen.



- The list always included one reason representing professional rules or guidelines and one reason intended to be consequentialist.
- The other four items were intended to represent virtue reasoning.
- The survey was designed so that respondents could not return and choose a different option or, once moved to the next dilemma, could not return and alter their reasons.
- At the design stage, the expert panels were asked to indicate which *character strengths* they believed were represented in each of the reasons. These character strengths are not present on the face of the survey.

## *5.2 The expert panel process*

A group of twelve experts in medical education was convened to design the set of situational judgement tests that would represent a range of ethical problems that a doctor could face in daily practice. At the meeting, participants were introduced to the project and the 24 character strengths identified by Peterson and Seligman were explained with existing examples of Situational Judgement Tests in Medicine shown. The need for realistic scenarios, grounded in practice experience was highlighted, as was the need for these to be accessible and reasonable to participants at all three career stages. At this first meeting, all six scenarios were drafted.

A draft of the scenarios was distributed via email to participants who were asked to examine the scenarios in more detail, paying particular attention to how realistic the scenarios were, and to come to a second meeting prepared for further refinement.

At the second meeting the panel worked through each scenario, clarifying wording and details before developing possible reasons for the identified courses of actions. It was this aspect which provided links between action and character, since the reasons were mapped against the 24 character strengths already discussed. As noted earlier, in each case one reason for action had a strongly rule-based influence and one was grounded in a consequentialist approach. Subsequent reflection and discussion continued via email, outside the meetings.

After further checking, the scenarios with their actions and reasons were exposed to a wider professional constituency. In medicine, this was done as part of a conference presentation at the University of Birmingham's Centre for Research in Dental and Medical Education annual conference in partnership with the West Midlands Deanery. Participants were asked to confirm the relevance of the scenario, the applicability of the courses of action and consider the allocation of character strengths to reasons. The survey was then piloted with 38 third year medical students to test for comprehension and accessibility.

Once the dilemmas had been devised, a second group of medical educators (N = 15) were asked to *rank* the reasons attached to *all* the options for all six dilemmas. This group were asked:

Applying the principle of what would a *good* or *virtuous* doctor do (*i.e. one who applies practical wisdom*), could you re-order the list of responses where 1 = the best response by a doctor exhibiting virtue/practical wisdom?

The purpose of this exercise was to create a potential outcome score for what, in the view of the expert group, was an *optimal choice*. By scoring the rankings of each reviewer, it is possible to construct an outcome measure for each set of answers to the dilemmas and, potentially, these scores can act as a benchmark against which we can compare the outcome measures of respondents. See section 6.3 (below) for a discussion of how this outcome score was generated and will be used to inform the analysis.

### 5.3 Example dilemma

An example dilemma appears below.

#### **The Elderly Patient**

You are a GP, and are called out on a home visit to an 87 year old patient - Mr G. - whom you have not met before. From his patient history, you see that he has an existing heart condition.

You find him experiencing severe chest pains and shortness of breath, as well as low blood pressure. During your assessment, he appears to be deteriorating. You judge that he is having a heart attack, and that there is a strong chance he may die soon.

You believe the best option would be to admit him to hospital immediately. However, despite extensive explanations from you, Mr G. is adamant he does not want to go to the hospital but wants to stay in his own home.

Admit Mr G to hospital

Do not admit Mr G. to hospital and arrange end of life care at home

Depending on the answer chosen, one of the following screens appear:

**You chose to admit Mr G. to hospital. Please rank the three answers that best match your reasons from 1 to 3 (1 = the most important).**

1. This is the best medical option for Mr G.
2. Mr G. is distressed and not in the best position to make this decision.
3. If you do not admit Mr G. and he dies, you might face consequences in the Coroner's Court.
4. Your diagnosis may not be correct and you don't want to take the chance with Mr G's life.
5. If Mr G. dies you will feel guilty for not having done all you could to save him.
6. This is what GPs are expected to do.

**You chose not to admit Mr G. to hospital and arranged end of life care at home. Please rank the three answers that best match your reasons from 1 to 3 (1 = the most important).**

1. You should respect Mr G. by accepting his wishes.
2. Mr G. is quite likely to die anyway, so he may as well be allowed to stay home.
3. Trying to treat Mr G. against his own wishes is not the best use of resources.
4. You are confident you will be able to give effective end of life care for Mr G.
5. This is the kindest option for Mr G.
6. Professional guidance states that if the patient is capable you should comply.

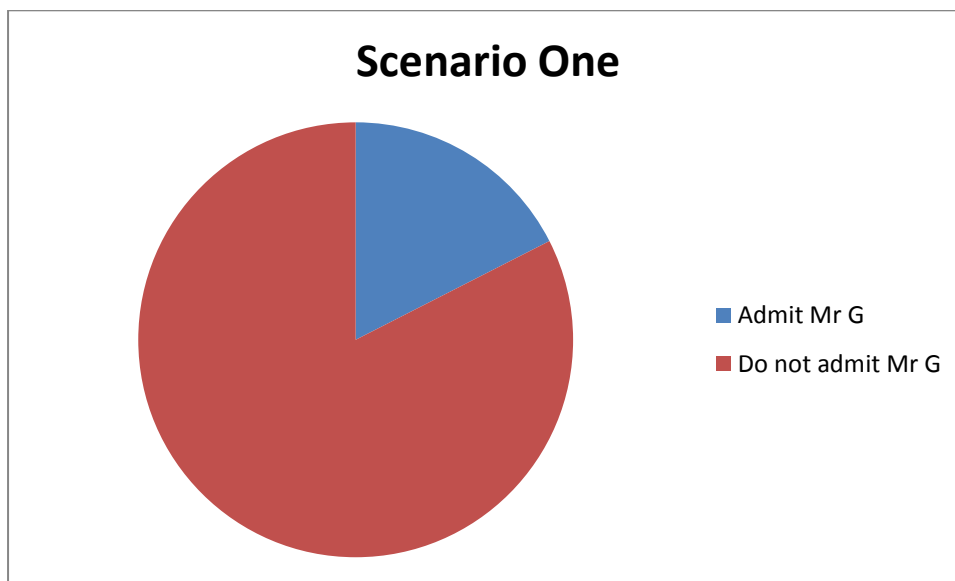
Only one of these screens would appear and clicking back to the dilemma was not possible. Participants were instructed to rank the three answers that best match their reasons for taking a certain course of action from 1 to 3.

## 6. Outcome scores and indicative analysis

### 6.1 Choice of actions

Presented with a dilemma, the first decision a respondent is asked to make is to choose a course of action. The choice whether or not to admit provides a first order of analysis. Whilst the expert panel were asked to devise dilemmas where either option was professionally reasonable, what if respondents consistently show a clear preference for one option? Would such a result indicate that we have a poor set of choices - and the expert panel were less expert than we might wish - or indicate high levels of agreement within the contemporary profession on what is the *best* course of action, all the more if our result shows consistency across career stages? The team will analyse the actions chosen by those at the start of their course of study, at the end of their course of study and in practice to examine whether there are significant differences between the actions chosen by those at different career stages.

At the moment, data are only available for one of the three cohorts studied (the graduating cohort); in medicine, the results for dilemma 1 are – for illustrative purposes only – as follows.



**Figure 1: Scenario One, Medicine: choices of action (n=154 graduating students)**

Once in, these data will be interpreted overall and in the light of respondents' career stage. Furthermore, by cross-tabulating results against population variables such as gender, ethnicity or religion, an attempt will be made to establish whether these any of these demographic factors seem to influence actions chosen.

### 6.2 Rules, consequences or virtues

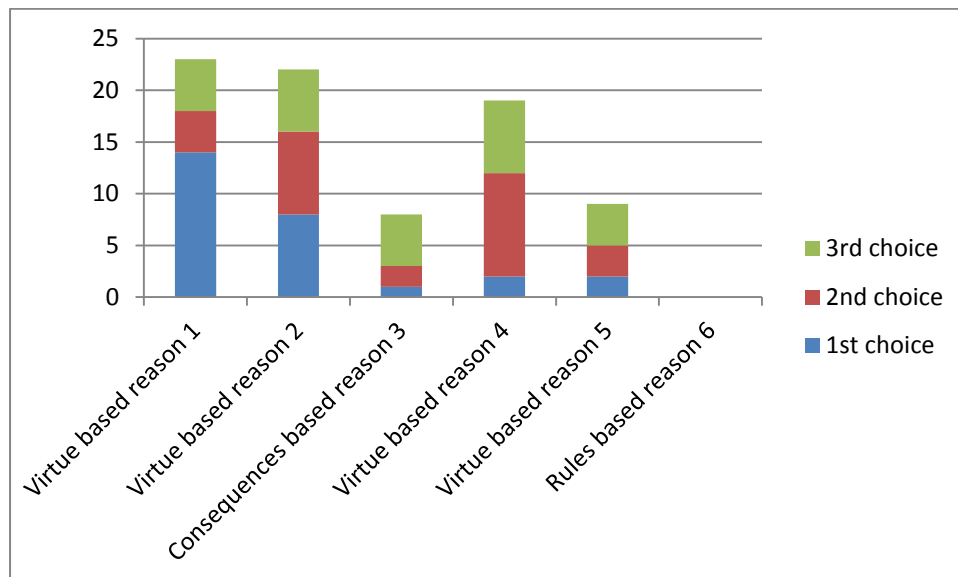
A second form of analysis will involve the choice of reasons that respondents give as best reflecting their own reasons for selecting a course of action. Above, we saw that for each course of action suggested, respondents had to pick three reasons from six provided (and rank these from 1 to 3). Included in each set of six is one to reflect a

consequences-based approach, one to reflect a rule-based approach and four to reflect different virtue-based approaches. In the example for course of action 1 (“Admit Mr G to hospital”), for instance, reason 3 reflects consequences-based thinking and reason 6 convention or rules-based thinking.

The analysis here is particularly relevant to our central concern on the role of virtue in ethical decision making. To what extent will respondents consider rules, consequences or virtues in their choice? An analysis will be conducted that establishes whether respondents tend to rank rules-based, consequences-based or virtue-based reasons as most closely approximating their own thinking. Differences between respondents by career stage and demographic characteristics will, again, be explored. As there are more virtue based reasons than those based on rules and consequences, random choices will generate more cases of value-based reasoning; consequently, our analysis will ‘weight’ responses to adjust for this feature of the dilemmas.

Of course, we might expect dispute over what these options mean. For instance, for course of action 2 (“Do not admit Mr G to hospital”), reason two might be interpreted as indicating either the virtue of perspective or – for some – a degree of professional indifference. There is also the perennial concern that respondents will be searching for what they might regard as the ‘right’ answer, all the more in a project with the title *Virtues and Values in the Professions*. Nonetheless, the analysis can be expected to provide some insight into reasoning and whether, in terms of expressed reasons, this alters at different career stages or is influenced by our range of demographic data.

At the moment, data are only available for one of the three cohorts studied (the graduating cohort); in medicine, the results for dilemma 1– provided for illustrative purposes only – show virtue-based reasoning is preferred clearly.



**Figure 2: Scenario One, Medicine, Option One, total of reasons given by ranking (n=23 graduating medical students choosing Scenario One)**

### 6.3 Ranking of reasons

A third form of analysis will examine how closely respondents' answers approximate that of the medical education experts involved in designing the dilemmas. Above, we saw that once the dilemmas had been devised, a second group of medical educators (N = 15) were instructed to *rank* the reasons attached to *all* the options for all six dilemmas.

The figure below shows the expert rankings of the reasons for action in the dilemma cited above:

		Reason for action											
		Ranked	1:1	1:2	1:3	1:4	1:5	1:6	2:1	2:2	2:3	2:4	2:5
Number of experts	1 <sup>st</sup>	9	6	0	0	0	0	6	1	0	2	1	5
	2 <sup>nd</sup>	4	3	0	7	0	1	6	1	0	1	2	5
	3 <sup>rd</sup>	2	4	1	6	2	0	3	0	0	5	5	2
	4 <sup>th</sup>	0	1	2	2	9	1	0	1	4	4	5	1
	5 <sup>th</sup>	0	1	7	0	4	3	0	9	3	1	1	1
	6 <sup>th</sup>	0	0	5	0	0	10	0	3	8	2	1	1
	Range	2	4	3	2	2	4	2	5	2	5	5	5
	Stdev	0.74	1.26	0.88	0.72	<b>0.63</b>	1.12	0.77	1.39	0.88	1.50	1.24	1.54

**Table 1: results of expert ranking process for dilemma 1 (N = 15)**

Table 1 indicates the number of experts who ranked a certain reason for a course of action in a given position. For instance for, course of action 1, reason 1 ('1:1' on the table), 9 experts ranked it 1<sup>st</sup>, 4 ranked it 2<sup>nd</sup> and 2 ranked it 3<sup>rd</sup>. The table indicates the extent to which there exists agreement amongst the experts regarding the ranking of each reason and shows a range varying from 2 to 5. This means that there are some reasons which all the experts ranked as either 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> (e.g. course of action 1, reason 1) and some which experts ranked as 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> (e.g. course of action 2, reason 4). For action 1, reason 1, there seems to be agreement between the experts that it constitutes a good reason for performing action 1, as all the experts included it in either first, second or third position as to *why* they would perform action 1; similarly with action 2, reason 2. Action 2, reason 4, however, is an example of little agreement as to how good a reason it is and action 1, reason 6 is an example of a reason regarded by most experts as a bad one.

Based on the experts' judgements of the strength or weakness of a reason for a particular course of action, a weighting will be devised that converts a respondent's ranked reasons to a single performance score for that dilemma. Based on this score, it will be possible to establish the relationship between respondents' answers with those of the expert panel. Moreover, it will be possible to examine how close (or distant) respondents at the three career stages are to the judgements of the members of the expert panel. Comparisons between population groups will also be conducted.<sup>6</sup>

<sup>6</sup> We thank Celia Taylor and Ian Davison for advice regarding this aspect of the analysis.

## 6.4 Character Strengths

A fourth form of analysis will be conducted to establish *which* out of the virtue-based reasons offered are typically chosen by respondents. During the expert panel phase, panel members were asked to identify the character strengths associated with each of the reasons selected. This constituted a form of 'mapping' of different character strengths to the four virtue-based reasons in each set of reasons. In most cases, the expert panel suggested more than one possible virtue reflected by each reason. For illustrative purposes, one possible way in which the reasons in course of action 1 ("Admit Mr G to hospital") can be mapped appears as follows:

Reason	Mapping
1	Prudence
2	Judgement
3	Consequences
4	Humility
5	Diligence
6	Rule-based

**Table 2: sample mapping of reasons for dilemma 1, course of action 1**

This mapping was not visible to respondents and we recognise the risk associated of *imputing* character strengths against reasons selected by respondents; here we are, indeed, trying to take a peep into the minds of our respondents. Nonetheless, there is a worthwhile analysis to be undertaken to examine, for example, whether there is any consistency in the character strengths selected by respondents across all six dilemmas. An analysis will be conducted to establish which of the virtue-based reasons are most frequently chosen by respondents. Attention will be paid to whether there are differences between respondents at the three career stages as to which virtues they select most frequently. Potential differences between the three professions will also be investigated. An analysis will also be conducted as to whether there are significant differences between the virtues most often picked by the different population groups in the sample.

## 7. Conclusion: work in progress

We are still collecting data on this project and, therefore, reporting work in progress and exploring some of our analytical options before applying them in practice. As is often the case with projects of this kind, our analytical methods and techniques will develop further as we proceed.

Central to our approach, however, is the recognition of the importance of studying character in the professions, the need to understand more on how it is developed at different career stages and how it interacts with organizational form and culture. We also recognise the difficulties of embracing this challenge as an empirical problem and that it requires a range of social science methods and instruments that rely not only on ethical reasoning tests but also on personal and environmental factors. While we have sought to provide an overview summarising that range, our main

focus has appropriately been on the ethical dilemmas, as it is an individual's ethical standards and behaviour that are so crucial to everyday professional practice.

## References

- Ambrose, M. L., M. A. Seabright, et al. (2002) Sabotage in the workplace: The role of organizational injustice. *Organizational Behavior and Human Decision Processes*, 89: 947-965
- Annas, J. (2011) *Intelligent Virtue*. Oxford: Oxford University Press
- Atkinson, B. (2010) Teachers Responding to Narrative Inquiry: An Approach to Narrative Inquiry Criticism. *Journal of Educational Research*, 103, 91-102
- Axtell, G. and Olson, P. (2012) Recent Work in Applied Virtue Ethics. *American Philosophical Quarterly*, 49(3):183
- Beadle, R. and Moore, G. (2006). MacIntyre on Virtue and Organization. *Organization Studies*, 27(3): 323-340
- Bebeau, M. J. (2009) Enhancing professionalism using ethics education as part of a dental licensure board's disciplinary action. Part 2. Evidence of the process. *Journal of the American College of Dentists*, 76(3): 32-45
- Bebeau, M. J. and Monson, V. E. (2008) Guided by theory, grounded in evidence: A way forward for professional ethics education. In Nucci, L. P. and Narvaez, D. *Handbook of Moral and Character Education*. New York: Routledge
- Bebeau, M.J. and Thoma, S.J. (1999) "Intermediate" concepts and the connection to moral education. *Educational Psychology Review*, 11(4): 343-360
- Blader, S. L. and Tyler, T. R. (2003). What constitutes fairness in work settings? A four-component model of procedural justice. *Human Resource Management Review* 13: 107-126
- Boon, A. and Webb, J. (2008) Legal Education and Training in England and Wales: Back to the future? *Journal of Legal Education*, 58(1): 79- 118
- Brdar, I. and Kashdan, T.B. (2010) Character strengths and well-being in Croatia: An empirical investigation of structure and correlates. *Journal of Research in Personality*, 44(1): 151-4
- Bristol Royal Infirmary Inquiry (2001) *Learning from Bristol: the report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984 -1995*. London
- Brown, M. E., Treviño, L. K. et al. (2005) Ethical leadership: A social learning perspective for construct development and testing. *Organizational Behavior and Human Decision Processes*, 97:117-134
- Calman, K.C. and Downie, R.S. (1987) Practical Problems in the Teaching of Ethics to Medical Students. *Journal of Medical Ethics*, 13(3): 153- 156
- Campbell, E. (2011) Teacher Education as a Missed Opportunity in the Professional Preparation of Ethical Practitioners. In Bondi, L., Carr, D., Clark, C. and Clegg, C. (Eds.) *Towards Professional Wisdom: Practical Deliberation in the People Professions*. Farnham: Ashgate



Carlin, (1962) *Lawyers on Their Own: A Study of Individual Practitioners in Chicago*. New Brunswick: Rutgers University Press

Carr, D. (2000) *Professionalism and Ethics in Teaching*. Abingdon: Routledge

Carr, D. (2011) Virtue, character and emotion in people professions: Towards a virtue ethics of interpersonal professional conduct. In Bondi, L., Carr, D., Clark, C. and Clegg, C. (Eds.) *Towards Professional Wisdom: Practical Deliberation in the People Professions*. Farnham: Ashgate

Carr, D. and Steutel, J. (Eds.) (2005) *Virtue Ethics and Moral Education*. London: Routledge

Clark, C. (2006) Moral Character in Social Work. *British Journal of Social Work*, 36: 75-89

Cohen, L., Manion, L., and Morrison, K. (2000) *Research Methods in Education*, 5<sup>th</sup> Edition, London: RoutledgeFalmer

Cohen-Charash, Y. and Spector, P. E. (2001) The Role of Justice in Organizations: A Meta-Analysis. *Organizational Behavior and Human Decision Processes*, 86(2): 278-321

Colquitt, J. A., Scott, B. A. et al. (2006) Justice and personality: Using integrative theories to derive moderators of justice effects. *Organizational Behavior and Human Decision Processes*, 100: 110-127

Cowley, C. (2005b) The Dangers of Medical Ethics. *Journal of Medical Ethics*, 31(12): 739- 742

Cropanzano, R., Byrne, Z. S. et al. (2001) Moral Virtues, Fairness Heuristics, Social Entities, and Other Denizens of Organizational Justice. *Journal of Vocational Behavior*, 58: 164-209

Cropanzano, R., Paddock, L. et al. (2008) How regulatory focus impacts the process-by-outcome interaction for perceived fairness and emotions. *Organizational Behavior and Human Decision Processes*, 105: 36-51

Cunningham, C.D. (2009) Remediation program for dentists provides data on moral development important to all professions. *Journal of the American College of Dentists*, 76(4): 50-2

Czarniawska, B. (2004) *Narratives in Social Science Research*. London: Sage

Daicoff, (1996) '(Oxymoron?) Ethical Decision-making by Attorneys: An Empirical Study'. *Florida Law Review*, 48(2) 197

Dunning, D. (2011) Chapter five - The Dunning–Kruger Effect: On Being Ignorant of One's Own Ignorance. In James MO, Mark PZ, (Eds.) *Advances in Experimental Social Psychology*: Academic Press; p. 247-96

Dunning, D., Heath, C. and Suls, J.M. (2004) Flawed Self-Assessment: Implications for Health, Education, and the Workplace. *Psychological science in the public interest*, 5(3):69-106

Eraut, M. (2007) Learning from other people in the workplace. *Oxford Review of Education*, 33(4): 403-422

Eurofund (2012) *Fifth European Working Conditions Survey*. Luxembourg: Publications Office of the European Union

Eurofund (2012a). *5TH EUROPEAN SURVEY ON WORKING CONDITIONS (2010) QUESTIONNAIRE*. from <http://www.eurofound.europa.eu/surveys/ewcs/2010/documents/masterquestionnaire.pdf>.

Evans, (2011) *Assessing Lawyers' Ethics: A Practitioners Guide*, New York: Cambridge University Press

Evans and Palermo, (2002) 'Lawyers' Perceptions of their Values: An Empirical Assessment of Australian Final Year Law Students – Some Interim Results. *Legal Ethics*, 5(1/2): 102

Evetts, J., Mieg, H. and Felt, U. (2006) Professionalization, Scientific Expertise and Elitism: a sociological perspective. In: Ericsson, K.A., Charness, N., Feltovich, P. and Hoffman, R. (Eds.) *The Cambridge Handbook of Expertise and Expert Performance*. Cambridge: Cambridge University Press

Farrelly, C. and Solum, L. (2007) *Virtue Jurisprudence*. London: Palgrave Macmillan

Fortney, (2005) The Billable Hour Derby: Empirical Data on the Problems, Pressure Points and Possible Solutions. *Fordham Urban Law Journal*, 33: 171

Flyvberg, B. (2001) *Making Social Science Matter: Why Social Inquiry Fails and How it can Succeed Again*. Cambridge, Cambridge University Press

Flyvberg, B., Landman, T. and Schram, S. (2012) *Real Social Science: Applied Phronesis*. Cambridge: Cambridge University Press

Francis, R. (2013) *The Mid Staffordshire Foundation Trust Enquiry*. London

Furnham, A. and Lester, D. (2012) The development of a short measure of character strength. *European Journal of Psychological Assessment*. 28(2): 95-101

Galoob, SR and Li, S. (2013) Are Legal Ethics Ethical? A Survey Experiment. *Geo. J. Legal Ethics*, 26: 481

Gardner, H., Csikszentimihalyi, M. and Damon, W. (2001) *Good Work: When excellence and ethics meet*. New York, Basic Books

Goldie, J. (2008) Integrating professionalism teaching into undergraduate medical education in the UK setting. *Medical Teacher*, 30(5): 513-527

- Goldie, J. (2012). The formation of professional identity in medical students: Considerations for educators. *Medical Teacher*, 34(9): 641-648
- Goldie, J., A. Dowie, et al. (2007) Teaching professionalism in the early years of a medical curriculum: a qualitative study. *Medical Education*, 41: 610-617
- Granfield and Koenig (2003) "It's Hard to be a Human Being and a Lawyer": Young Attorneys and the Confrontation with Ethical Ambiguity in Legal Practice'. *West Virginia Law Review*, 495
- Hackett, R. D. and G. Wang (2012) Virtues and leadership An integrating conceptual framework founded in Aristotelian and Confucian perspectives on virtues. *Management Decision*, 50(5): 868-899
- Hamilton, N.W. and Monson, V.E. (2012) Ethical Professionalism (Trans)Formation: Themes from interviews about professionalism with exemplary lawyers. *Santa Clara Law Review*, 52(3): 921- 970
- Haslam, N., Bain, P. and Neal, D. (2004) The Implicit Structure of Positive Characteristics. *Personality and Social Psychology Bulletin*, 30(4): 529-41
- Hibbert, K. (2012) Cultivating Capacity: Phronesis, learning and diversity in professional education. In Kinsella, E.A. and Pitman, A. (Eds.) *Phronesis as Professional Knowledge: Practical Wisdom in the Professions*. Rotterdam: Sense
- Horner, S. (2000) For Debate: The Virtuous Public Health Physician. *Journal of Public Health Medicine*, 22(1): 48-53
- Kirkland, (2005) Ethics in Large Law Firms: The Principle of Pragmatism, *University Memphis Law Review*, 35: 631
- Kohlberg, L. (1981) *The Philosophy of Moral Development*. Harper and Row
- Kohlberg, L. (1984) *The Psychology of Moral Development*. Harper and Row
- Lantz, M. S., Bebeau, M. J. et al. (2011) The status of ethics teaching and learning in US dental schools. *Journal of Dental Education*, 75(10): 1295-1309
- Lincoln, Y.S. and Guba, E.G. (1985) *Narrative Inquiry*. Newbury Park, C.A: Sage
- Lohfeld, L., Goldie, J. et al. (2012) Testing the validity of a scenario-based questionnaire to assess the ethical sensitivity of undergraduate medical students. *Medical Teacher*, 34(8): 635-642
- Lowe, M., Kerridge, I., Bore, M., Munro, D., & Powis, D. (2001) Is it possible to assess the "ethics" of medical school applicants? *Journal of Medical Ethics*, 27(6), 404-408. doi: 10.1136/jme.27.6.404
- Macdonald, C., Bore, M. and Munro, D. (2008) Values in action scale and the Big 5: An empirical indication of structure. *Journal of Research in Personality*, 42(4): 787-99
- MacIntyre, A. (1985) *After virtue: A study in moral theory*. London, Duckworth

- Marshall, K. and Mellon, M. (2011) Crowding Out Wisdom: The Mechanisation of Adult-child relationships. In *Towards Professional Wisdom. Practical Deliberation in the People Professions*. L. Bondi, D. Carr, C. Clark and C. Clegg. Farnham, England, Ashgate Publishing: 252
- Mattick, K., & Bligh, J. (2006) Teaching and assessing medical ethics: where are we now? *Journal of Medical Ethics*, 32(3), 181-185. doi: 10.1136/jme.2005.014597
- McCammon, S. D. and Brody, H. (2012) How virtue ethics informs medical professionalism. *HEC forum : an interdisciplinary journal on hospitals' ethical and legal issue*, 24(4): 257-272
- Mears, C.L. (2012) In-depth interviews. In Arthur, J., Waring, M., Coe, R. and Hedges, L.V, *Research Methods and Methodologies in Education*. London: Sage
- Moore, G. (2012) Virtue in Business: Alliance Boots and an Empirical Exploration of MacIntyre's Conceptual Framework. *Organization Studies*, 33: 363-386
- Moorhead, R., Hinchly, V., Parker, C., Kershaw, D. and Hom, S. (2012) Designing Ethics Indicators for Legal Services Provision. London: UCL Centre for Ethics and Law Working Paper No1. Available at:  
[http://www.legalservicesboard.org.uk/what\\_we\\_do/Research/Publications/pdf/designing\\_ethics\\_indicators\\_for\\_legal\\_services\\_provision\\_lsb\\_report\\_sep\\_2012.pdf](http://www.legalservicesboard.org.uk/what_we_do/Research/Publications/pdf/designing_ethics_indicators_for_legal_services_provision_lsb_report_sep_2012.pdf)
- Morgeson, F.P., Campion, M.A., Dipboye, R.L., Hollenbeck, J.R., Murphy, K. and Schmitt, N. (2007) Reconsidering the use of personality tests in personnel selection contexts. *Personnel Psychology*, 60(3):683-729
- Nisbett, R.E. and Ross, L. (1980) *Human inference: Strategies and shortcomings of social judgment*. New Jersey: Prentice-Hall Englewood Cliffs
- Oakley, J. and Cocking, D. (2001) *Virtue Ethics and Professional Roles*. Cambridge: Cambridge University Press
- Olkkonen, M.-E. and J. Lipponen (2006) Relationships between organizational justice, identification with organization and work unit, and group-related outcomes. *Organizational Behavior and Human Decision Processes*, 100: 202-215
- Orbach, S. (2011) Work is Where We Live: Emotional Literacy and the Psychological Dimensions of the Various Relationships There. In *Towards Professional Wisdom. Practical Deliberation in the People Professions*. L. Bondi, D. Carr, C. Clark and C. Clegg. Farnham, England, Ashgate Publishing: 252
- Oudenhoven, JP et al. (2012) Are Virtues Shaped by National Cultures or Religions? *Swiss Journal of Psychology*, 71 (1): 29-34
- Paavola, S., Lipponen, L. et al. (2004) Models of Innovative Knowledge Communities and Three Metaphors of Learning. *Review of Educational Research*, 74(4): 557-576
- Pelligrino, E. and Thomasma, D.C. (1993) *The Virtues in Medical Practice*. New York: Oxford University Press

Peterson, C. and Seligman, M. (2004) *Character strengths and virtues: A handbook and classification*. Washington, DC: Oxford University Press

Peterson, C. and M. E. Seligman (2006) The Values in Action (VIA) classification of strengths. *A life worth living: Contributions to positive psychology*: 29-48.

Piniiphon, P. (2009) 'An ICM approach to the assessment of a medical ethics intervention in Thailand' Unpublished PhD thesis under the supervision of Steve Thoma, University of Alabama

Podsakoff, P.M., MacKenzie, S.B., Lee, J-Y. And Podsakoff, N.P. (2003) Common method biases in behavioural research: a critical review of the literature and recommended remedies. *Journal of Applied Psychology*, 88(5): 879

Radden, J. and Sadler, J. (2008) Character Virtues in Psychiatric Practice. *Harvard Review of Psychiatry*, 16(6): 373-380

Rest, J.R. et al (1999) *Post-conventional Moral Thinking: A neo-Kohlbergian approach*. London: L.Erlbaum Associates

Ritchie, J. (2000) *An inquiry into quality & practice within the National Health Service arising from the actions of Rodney Ledward*. London: Department of Health: 389

Royal Liverpool Children's Inquiry (2001) *The Royal Liverpool Children's Inquiry*. London: House of Commons

Ruch, W., Proyer, R.T., Harzer, C., Park, N., Peterson, C. and Seligman, M.E. (2010) Values in action inventory of strengths (VIA-IS): Adaptation and Validation of the German Version and the Development of a Peer-Rating Form. *Journal of Individual Differences*, 31(3): 138-49

Rupp, D. E. and R. Cropanzano (2002) The mediating effects of social exchange relationships in predicting workplace outcomes from multifoci organizational justice. *Organizational Behavior and Human Decision Processes*, 89: 925-946

Saks, M. (2012) Defining a profession: the role of knowledge and expertise. *Professions and Professionalism*, 2(1) <http://dx.doi.org/10.7577/pp.v2i1.151>

Scott, D. and Usher, R. (1999) *Researching Education: data, methods and theory in educational enquiry*. London: Cassell

Sennett, R. (2008) *The Craftsman*. London: Allen Lane

Sfard, A. (1998) On two metaphors for learning and the dangers of choosing just one. *Educational Researcher*, 27(2): 4-13

Shryack, J., Steger, M.F., Krueger, R.F. and Kallie, C.S. (2010) The structure of virtue: An empirical investigation of the dimensionality of the virtues in action inventory of strengths. *Personality and Individual Differences*, 48(6): 714-9

Singh, K. and Choubisa, R. (2010) Empirical validation of values in action-inventory of strengths (VIA-IS) in Indian context. *Psychol Stud.*, 55(2): 151-8

- Sockett, H. (Ed.) (2006) *Teachers Dispositions: Building a Teacher Education Framework of Moral Standards*, Washington DC: American Association of Colleges of Teacher Education
- Solomon, R. C. (2004). Aristotle, Ethics and Business Organizations. *Organization Studies*, 25(6): 1021-1043
- Strike, K.A. and Soltis, J.F. (2009) *The Ethics of Teaching*. New York: Teachers College Columbia University
- Thoma, S.J., Bebeau, M.J. and Bolland, A. (2008) The Role of Moral Judgment in Context-specific Professional Decision-Making. In Oser, F.K., Veugelers, W., (Eds.) *Getting Involved: Global Citizenship Development and Sources of Moral Values*. Rotterdam: Sense Publishers. p. 147-60
- Tsai, T-C., Harasym, P.H., Coderre, S., McLaughlin, K. and Donnon, T. (2009) Assessing ethical problem solving by reasoning rather than decision making. *Medical Education*, 43(12):1188-97
- van de Mortel, T.F. (2008) Faking it: social desirability response bias in self-report research. *Australian Journal of Advanced Nursing*, 25(4): 40
- Walker, R.L. and Ivanhoe, R.L. (Eds.) (2007) *Working Virtue: Virtue Ethics and Contemporary Moral Problems*. Oxford: Clarendon Press
- White, S. (2011) Fabled Uncertainty in Social Work. In *Towards Professional Wisdom. Practical Deliberation in the People Professions*. L. Bondi, D. Carr, C. Clark and C. Clegg. Farnham, England, Ashgate Publishing: 252.
- Wilkinson, T.J., Wade, W.B. and L. D. Knock (2009) A Blueprint to Assess Professionalism: Results of a Systematic Review. *Academic Medicine*, Vol. 84, No. 5
- Wright, T. A. and Goodstein, J. (2007). Character Is Not "Dead" in Management Research: A Review of Individual Character and Organizational-Level Virtue? *Journal of Management* , 33: 928-958
- Zapata-Phelan, C. P., Colquitt, J. A. et al. (2009) Procedural justice, interactional justice, and task performance: the mediating role of intrinsic motivation. *Organizational Behavior and Human Decision Processes*, 108: 93-105
- Zemans, F.K. and Rosenblum, V.G. (1981) *The Making of a Public Profession*. Chicago: American Bar Foundation

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