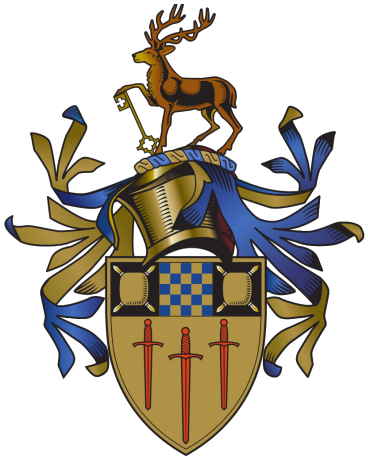
Healthcare Professionals' Identity Conflict in Ethically-Charged Situations: An Investigation of Individual and Socio-Ethical Dynamics

by

Lara Carminati



Submitted for the Degree of Doctor of Philosophy

Surrey Business School

Faculty of Arts and Social Sciences

University of Surrey

Principal Supervisor: Dr. YingFei Héliot
Co-supervisor: Prof. Stephen Woods

Declaration

This thesis and the work to which it refers are the results of my own efforts. Any ideas, data, images or text resulting from the work of others (whether published or unpublished) are fully identified as such within the work and attributed to their originator in the text, bibliography or in footnotes. This thesis has not been submitted in whole or in part for any other academic degree or professional qualification. I agree that the University has the right to submit my work to the plagiarism detection service TurnitinUK for originality checks. Whether or not drafts have been so-assessed, the University reserves the right to require an electronic version of the final document (as submitted) for assessment as above.

Signature: *Lara Carminati*

Date: 30$^{\text{th}}$ September 2019

Summary

In ethically-charged situations, such as End-of-Life circumstances, healthcare professionals may face identity conflict of moral nature due to incongruent values belonging to their multiple identities, e.g. professional and religious identities. Such conflict can significantly influence healthcare professionals' psychological outcomes, their practice and the overall quality of the healthcare service. However, despite these critical consequences, how identity conflict emerges, unfolds and affects doctors and nurses remains mostly unexplored.

The overarching aim of this thesis is to advance the understanding of individual and socio-ethical dynamics of identity conflict. This aim is addressed through a mixed-method approach developed in three papers: a propositional paper, in which a narrative review is conducted; a qualitative paper, in which an inductive investigation based on semi-structured interviews is carried out; a quantitative paper, in which a mediated-moderation, multilevel analysis is run, implementing a two-time-lagged, questionnaire-based, design.

This thesis extends the literature on identity conflict in four ways: (1) by conceptually integrating and explaining multiple individual and socio-ethical dynamics associated with identity conflict in a comprehensive and theoretically-justified model; (2) by providing an in-depth understanding of individual-level identity conflict dynamics, through the incorporation of novel ethical virtue-based decision-making approaches able to account for professional and religious values, emotions and interpersonal processes; (3) by exploring healthcare professionals' psychological and behavioural responses to identity conflict; (4) by sheding light on the extent to which individual and socio-ethical forces can affect identity conflict dynamics, thus filling a methodological gap in the identity literature regarding the implementation of multilevel approaches in identity research.

Acknowledgements

Firstly, I would like to wholeheartedly thank my supervisor, Dr. YingFei Héliot, for her precious advice, encouragement and guidance throughout my PhD journey. You have been an inspiring mentor and an academic model.

A big thank also goes to the academics in the Department of People and Organisation at Surrey Business School for their fruitful insights and comments on my work. In particular, I would like to truly thank Filip for seeing in me a potential that 4 years ago I could not, and Irina for all the valuable ideas and perspectives shared with me.

Due and sincere thanks also go to MariaLaura, Mariella and Peter for their disinterested and prompt help in moments of needs.

I also would like to thank Karen for her discreet but constant and fundamental support with all the admin work.

My deepest thanks go to my fellow officemates with whom I have spent my everyday working life for the past 4 years. I will never forget our priceless, genuine and stimulating discussions, our inevitable cups of tea/coffee and chocolate bites, and our laughs. To Fran, Birgit, Chathuni, Emily, Hannah, Jess, Katy, Marco, Mojdeh and Zhi. THANK YOU for sharing with me this unforgettable experience.

I also would like to thank all the amazing people I met at Surrey Space Center. Thank you for welcoming an 'outsider' within your group, and all the lunch times, gym sessions and trips we have shared over the past 2 years.

From here, my most special thank is for my partner, Salvatore. You have been my polar star along this journey. We have run through this experience side by side and with your listening, understanding and love you have always made me feel strong and capable to cut the finish line. THANK YOU for providing a unique and irreplaceable support.

I would like to thank my beloved family and my close relatives -even those who are not here anymore- for believing in me in every moment of this eventful PhD experience, and supporting me with spiritual care.

A big thank you to all doctors and nurses who were willing to take part in my studies and without whom this research would have never been possible.

Last but not the least, I would like to thank my dearest friends who have lived the ups and downs of my PhD journey in person or from afar. To Laura, Marta, Monica, Martina, Vanni, Lisa, Francesca, Claire, Erika, Eva, Will and Lauren. Thank you for being always there for me.

THANK YOU to the people I met over these 4 years and that have contributed to make my PhD experience at Surrey one of the best things that I could choose in my life.

'I can no other answer make, but, thanks, and thanks, and ever thanks.'

-William Shakespeare

Publications and Presentations
Peer-review

Journal Papers

Carminati L (2018) Between ethics and law: TNCs' behaviour in modern economic globalisation. *Society and Business Review* 1-11. DOI: 10.1108/SBR-04-2018-0032.

Carminati L (2018) Generalizability in qualitative research: A tale of two traditions. *Qualitative Health Research* 28(13): 2094–2101. DOI: 1049732318788379.

Conference Papers

Carminati L and Héliot Y (2019) Healthcare professionals' identity conflict and ethical behaviour in End-of-Life circumstances: A qualitative study. *Proceedings of the European Academy of Management*,(EURAM). Lisbon, 2019.

Carminati L and Héliot Y (2018) Doctors' Professional and Religious Identity Conflict: Micro and Macro Dynamics in End-of-Life Circumstances.*Proceedings of British Academy of Management Conference*,(BAM). Bristol, 2018.

Carminati L, Héliot Y and Woods S (2017) Doctors' Identity Conflict and Ethical Behaviour in End-of-Life Circumstances Between Professional and Religious Identity. *Proceedings of the European Association of Work and Organisational Psychology*, (EAWOP). Dublin, 2017.

Working in Progress Journal Papers

Carminati L and Héliot Y. Dynamics of Identity Conflict: Doctors' Professional and Religious Values in Ethically-Charged Situations. Paper submitted in December 2018 to *Organisational Psychology Review*. R&R submitted July 2019.

Carminati L and Héliot Y. Between Multiple Identities and Ethical Dilemmas: Healthcare Professionals' Identity Conflict Perception and Responses in End-of-Life Circumstances. Paper to be submitted to *Journal of Organisational Behaviour*, October 2019.

Carminati L and Héliot Y. Doctors' Professional and Religious Identity Conflict: Micro and Macro Dynamics in End-of-Life Circumstances. Paper to be submitted to *Human Relations*, October 2019.

Carminati L (2019) Behavioural economics and human decision making: Instances from the health care system. Paper submitted to *Health Policy*. R&R submitted April 2019.

"Considerate la vostra semenza:

fatti non foste a viver come bruti,

ma per seguir virtute e canoscenza."

-Dante Alighieri, Inferno XXVI, 118-120

"Consider the seed of your generation:
'You were not made to live like brutes,
'But to pursue virtue and high knowledge."
-Dante Alighieri, Inferno XXVI, 118-120

Contents

List of Tables

List of Figures

1 Introduction

'We keep moving forward, opening new doors and doing new things, because we're curious,and curiosity keeps leading us down new paths.'
- Walt Disney

1.1 Background and Rationale of the Thesis

Todays' society is characterised by increasingly complex and demanding work environments (Horton et al., 2014) in which employees are frequently asked to promptly adjust to different roles to satisfy organisational requests (Ramarajan et al., 2017). Since individuals hold multiple identities as a result of the different roles and social groups they belong to (Brown, 2015), adjusting to these roles can activate simultaneously multiple identities (Brook et al., 2008; Ramarajan, 2014; Ramarajan et al., 2017). When salient and central but incongruent identities are triggered, identity conflict can emerge in individuals (Horton et al., 2014).

Identity conflict has been defined as the discrepancy between 'values, beliefs, norms and demands inherent in individual and group identities' (Horton et al., 2014: 6) and arises when individuals feel they must prioritise one set of meanings, values and behaviour over another to satisfy specific identity-based expectations (Ramarajan, 2014). When this

tension involves incongruent values of moral nature belonging to two or more identities, identity conflicts can be associated with moral or ethical dilemmas [1] (Borgstrom et al., 2010; Genuis and Lipp, 2013; Kälvemark et al., 2004). Ethical dilemmas denote a conflicting choice between two possible equally un/desirable and morally justifiable imperatives, in which obeying one results in transgressing the other (Kidder, 1995).

Healthcare professionals increasingly face such moral conflicts on a daily basis at their workplaces (Kälvemark et al., 2004). Advancements in medical technology have reshaped the meaning around natural death (Karnik and Kanekar, 2016) and legal changes in social mores and medical practices have created uncertainty and room for subjective interpretations of due actions in situations of moral impasse (Birchley, 2012; Borgstrom et al., 2010). On this ground, healthcare professionals' ethical decision making and practices, on which people's lives strictly depend, can become a real challenge, especially in End-of-Life situations (EoL) (Borgstrom et al., 2010; Hurst et al., 2007).

Research has shown that EoL circumstances are often associated with the experience of ethical and moral difficulties for both European and American doctors (Hurst et al., 2007; Hurst et al., 2005). These situations have raised numerous public debates regarding healthcare professionals' role in ethical decision making (Borgstrom and Walter, 2015; Cohen et al., 2006) as exemplified by the recent cases in England of baby Charlie Gard and baby Alfie Evans, escalated to legal battles between the hospitals and the babies' families even involving the Supreme Court. These situations have shaken the healthcare service in its quest to strike the optimal balance between providing the best patient care and respecting healthcare professionals' values and conscience (Borgstrom et al., 2010; Mohanti, 2009).

Indeed, in EoL situations, the moral code of conduct of healthcare professionals' work identity values could conflict with the moral principles of other non-work identity values leading to identity conflict. The experience of identity conflict can severely affect healthcare professionals' wellbeing and clinical practice (Bedford, 2012; Genuis and Lipp,

[1] Morals indicate individuals' own principles regarding what is right and wrong. Ethics refer to the norms and rules provided and defined by a society concerning what is right and wrong. Albeit aware of this difference, in this thesis we use them interchangeably.

2013), adding up to the numerous challenges doctors and nurses have recently faced as a result of the conspicuous financial cuts the UK's National Healthcare Service (NHS) has gone through over the past years (BMA, 2018). However, despite their frequency and their growing importance at individual, organisational and societal level (Rietjens et al., 2012), little research has explored how healthcare professionals' identity conflict –triggered by incongruent professional and personal identity values– emerge, unfold and influence their psychological and behavioural outcomes.

Organisation-Management Studies (OMS) and medical research have tackled different aspects of the dynamics surrounding identity conflict. Whilst some aspects are neglected by both scholarships, e.g. individuals' perception of identity conflict and their behavioural responses to identity conflict, other aspects are thoroughly studied, so that these scholarships offer a complementary and synergetic perspective on identity conflict. For instance, OMS research based on identity theory approaches has suggested solid theoretical explanations of identity conflict resolution strategies and coping mechanisms (see: Kreiner et al., 2006; Petriglieri, 2011; Ramarajan and Reid, 2013). However, it has devoted less attention to how identity values are involved in the conflict (Horton et al., 2014) and the role that extra-individual, contextual forces could have in identity conflict relationships (Alvesson et al., 2008).

On the contrary, medical research on ethical dilemmas, whilst lacking theoretical justifications of why and how moral dilemmas happen (Genuis and Lipp, 2013; Shanafelt et al., 2009), has explored potential professional and personal identity values, i.e. religious values (Best et al., 2016; Curlin et al., 2007; Genuis and Lipp, 2013; Karnik and Kanekar, 2016). Medical research has also accounted for socio-ethical forces [2] that could influence individuals' experience of moral impasses, namely peer social support and ethical climate (see: DuVal et al., 2004; Hurst et al., 2005; Lemaire and Wallace, 2010; Wallace and Lemaire, 2007). Still, medical and OMS insights have not been integrated to offer a more interdisciplinary and holistic picture on identity conflict dynamics (Horton et al., 2014;

[2]The term "socio-ethical" forces defines a set of forces pertaining to both social-group factors and ethical factors (Salancik and Pfeffer, 1978). In this thesis, with this term we specifically refer to the influence of peer social support as well as ethical climate on identity conflict.

Tracey, 2012).

Therefore, the overarching aim of this thesis is to advance the understanding of how individual processes and socio-ethical forces are related to, and can impact, identity conflict dynamics -i.e. emergence, unfolding and influence- as experienced and managed in the healthcare context. Unpacking these dynamics potentially can offer doctors and nurses, healthcare managers and organisations help to respond promptly to situations that are ethically-charged, as well as provide high-quality and unified standards of care with respect to morally controversial practices.

1.2 Overview of the Three Papers and Contributions

To achieve this overarching aim, this thesis addresses three specific objectives that are developed in three papers, i.e. a propositional, a qualitative and a quantitative paper. The first objective is to elaborate a comprehensive model of identity conflict dynamics which accounts for professional and religious identity values, psychological wellbeing (PWB), as well as contextual boundary conditions, namely organisational ethical climate and peer social support. This first objective is reached in the propositional paper *Dynamics of Identity Conflict: Doctors' Professional and Religious Values in Ethically-charged Situations* through a narrative and interdisciplinary review of OMS and medical research.

The second objective of this thesis is to uncover how healthcare professionals perceive and experience identity conflict in ethically-charged situations, such as EoL circumstances, and how they respond to it. This objective is pursued in the qualitative paper *Between Multiple Identities and Values: Healthcare Professionals' Identity Conflict Perception and Responses in Ethically-Charged Situationsthat* through an inductive investigation based on semi-structured interviews with both doctors and nurses (N=47).

Lastly, the third objective is to empirically evaluate the relationships between individual and extra-individual, contextual factors in influencing the experience and responses to identity conflict amongst doctors. This objective is addressed in the quantitative paper *Doctors' Professional and Religious Identity Values and Identity Conflict: Micro and*

Macro Dynamics in End-of-Life Circumstances, through a mediated-moderation, multilevel analysis in a final sample of 120 doctors nested [3] in 22 hospitals and implementing a two-time-lagged, questionnaire-based, design.

Therefore, the purpose of the propositional paper of this thesis is to offer a conceptual unification and theoretically-sounded explanation of individual and socio-ethical dynamics related to identity conflict. By doing so, the contribution of this paper to identity conflict literature is three-fold. Firstly, the paper integrates insights from OMS and medical works into a comprehensive and theoretically-justified conceptual model of identity conflict dynamics. Hence, it answers recent calls underlying the need of going beyond academic niches and their 'myopic approaches' to identity conflict to foster the potential of a connection across disciplines (Horton et al., 2014: 7). Secondly, it extends identity conflict research by embracing recent virtue-based ethical decision-making approaches and their emphasis on values, principles and imperatives to unravel individual-level mechanisms (Goodwin et al., 2014; Uhlmann and Zhu, 2014). Lastly, this paper fills the gap in the identity conflict literature concerning the crucial role of context in identity conflict dynamics (Alvesson et al., 2008; Horton et al., 2014) by incorporating social information processing theory (SIPT; Salancik and Pfeffer, 1978) and the interactionist model of situational components (Trevino, 1986) to explain socio-ethical boundary conditions.

The purpose of the qualitative paper of this thesis is to offer an in-depth understanding of those identities and values that can lead to healthcare professionals' identity conflicts, as well as novel insights on how doctors and nurses' respond behaviourally and psychologically to it. In this way, the paper contributes to the literature on identity conflict dynamics in two ways. Firstly, it incorporates novel ethical virtue-based and value-oriented perspectives (Goodwin et al., 2014; Uhlmann and Zhu, 2014; Zhang et al., 2018) that help to unravel, at a deeper level, identity dynamics to account for those nuances associated with beliefs and emotions. Secondly, the paper enriches and extends the outcomes of current pivotal theoretical frameworks on identity dynamics (Petriglieri,

[3] "Nested" is a specific term used in multilevel analysis that indicates the relationship between lower-level data and higher-level data. In our specific case, it means that individuals are clustered in Hospitals.

2011; Ramarajan and Reid, 2013), by identifying overlooked behavioural responses and positive psychological consequences that healthcare professionals seek and perceive when experiencing identity conflict.

Lastly, the purpose of the quantitative paper is to shed light on the extent to which and how intrapersonal mechanisms and contextual factors, namely ethical climate and peer social support, can significantly influence doctors' experience and responses of identity conflict. This paper makes two key contributions to the literature on identity conflict dynamics. Firstly, it evaluates those mediated-moderation processes of identity conflict that unfold at the individual level, thus offering an integrative and yet missing picture of identity conflict dynamics (see: Horton et al., 2014; Karelaia and Guillén, 2014; Settles, 2004). Secondly, this paper assesses the crucial role of socio-ethical boundary conditions in identity dynamics. In so doing, it answers important methodological calls concerning the implementation of multilevel approaches in identity studies (Alvesson et al., 2008; Héliot et al., 2019; Horton et al., 2014).

1.3 Structure of the Thesis

To conclude, this thesis comprises three papers, i.e. a propositional, a qualitative and a quantitative paper, that are connected in that each paper explores a specific objective of the overarching aim of this thesis. Given the different nature of the research questions driving the three papers, this thesis has implemented a mixed-method approach grounded in a pragmatic philosophical paradigm, according to which the researcher adopts the methodology that best answers his/her research questions. Furthermore, from a "content" point of view, the more logical order to present these papers would have been to start with the qualitative paper, followed by the propositional paper and then the quantitative paper. However, I decided to order them differently (i.e. propositional, qualitative and quantitative paper) because this current arrangement genuinely reflects my not-straightforward PhD journey.

Indeed, my research has changed direction and has evolved throughout the years

as a result of academic milestones, discussions with peers and feedback/comments from conference presentations. In any case, the three papers inform each other and are interdependent. This thesis ends with an overall conclusion section that summarises findings and contributions to the scholarship, the limitation and future research of this work, as well as the potential practical implications of this research. A final Appendix offers further details of this thesis. Figure 1.1 provides a graphic representation of the structure of this thesis and what each paper tackles.

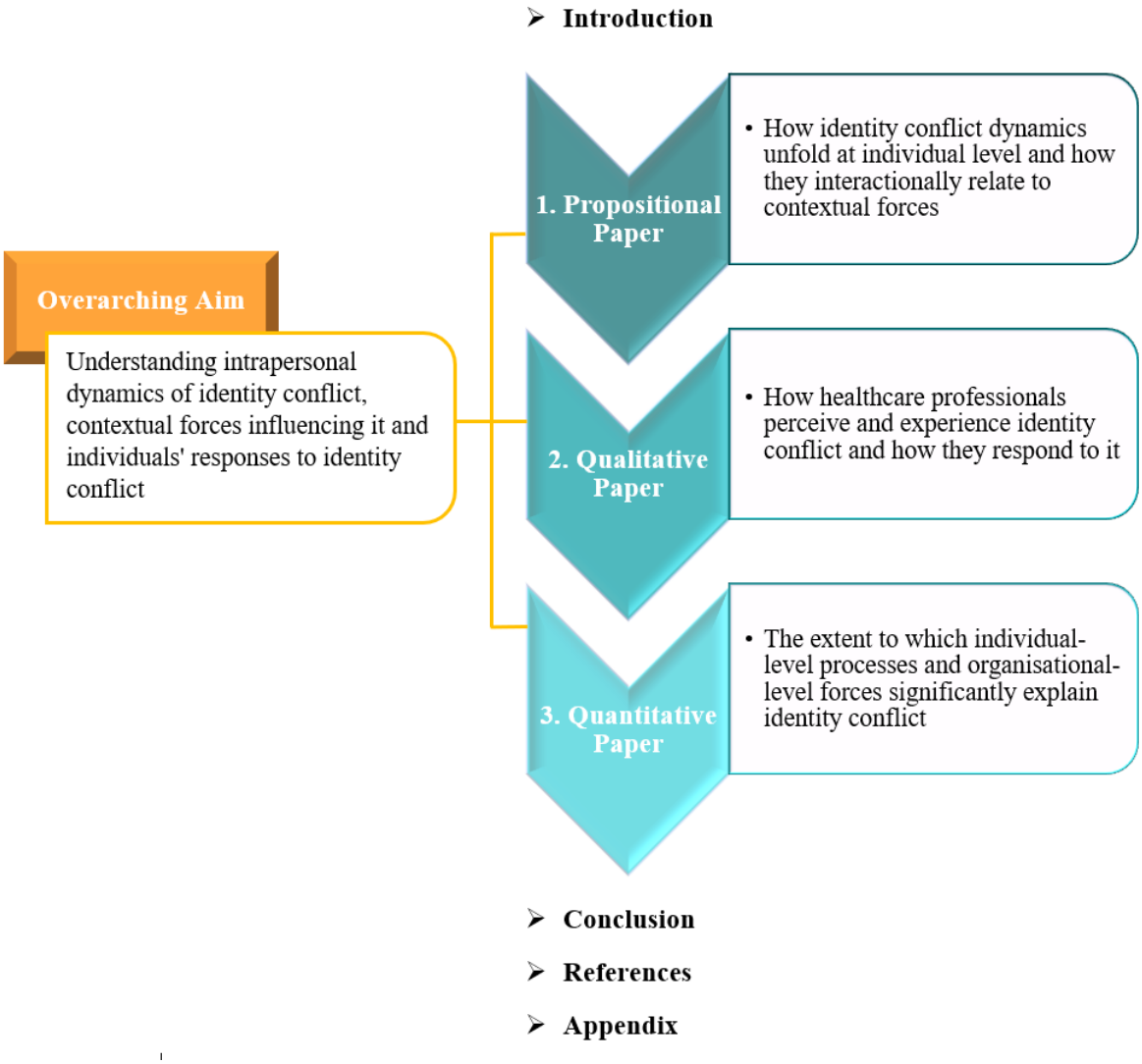


Figure 1.1: Structure of this Thesis.

Papers Under Review

The three papers listed are temporarily removed as they are or will be in the process of publication.

2
Conclusion

'Pride and curiosity are the two scourges of our souls.
The latter prompts us to poke our noses into everything,
and the former forbids us to leave anything unresolved and undecided.'
- Michel de Montaigne, The Essays: A Selection, 1580

This thesis has investigated healthcare professionals identity conflict in ethically-charged situations. Its overarching aim has been to advance the understanding of the individual and socio-ethical dynamics related to identity conflict. Overall, the findings of this research have extended the literature on identity conflict and identity dynamics making four key contributions:

Firstly, the findings of the propositional paper have answered recent calls underlying the need for going beyond academic niches and their 'myopic approaches' to identity conflict to foster the potential of a connection across disciplines (Horton et al., 2014: S7). Hence, it has integrated insights from OMS and medical works into a comprehensive and theoretically-justified conceptual model of identity conflict dynamics, able to conceptually unify and explain individual mechanisms and socio-ethical boundary conditions.

Secondly, the propositional and qualitative paper have incorporated novel ethical virtue-based decision-making approaches (Goodwin et al., 2014; Uhlmann and Zhu, 2014) to explore in depth the individual-level processes underpinning identity conflict. More specifically, in these papers a more complex, integrative and realistic perspective on identity conflict (Ashforth and Schinoff, 2016; Ramarajan, 2014) have been embraced to

account for individuals' professional and religious values, moral character and emotions as constitutive parts of identity conflict dynamics (Ahuja et al., 2019; Cascón-Pereira et al., 2014; Croft et al., 2015; Héliot et al., 2019; Winkler, 2018).

Thirdly, the qualitative paper has built on and extended current pivotal theoretical research on identity dynamics (Petriglieri, 2011; Ramarajan and Reid, 2013) by identifying: (1) novel mechanisms of interpersonal interaction, namely perspective taking and identification with the other, as potential triggers of identity conflict; (2) unexplored behavioural and psychological responses, such as seeking support from peers, doing reflective practices and positive identity growth.

Lastly, the quantitative paper has shed light on the function of intrapersonal processes and on the role of extra-individual boundary conditions in identity conflict dynamics, by evaluating how and the extent to which individual and socio-ethical forces can affect such dynamics (Alvesson et al., 2008; Horton et al., 2014; Johns, 2017). In so doing, the paper has also filled a methodological gap in the identity literature regarding the implementation of multilevel approaches in identity conflict research (Alvesson et al., 2008; Héliot et al., 2019; Horton et al., 2014).

Overall, the findings of this research highlight the need for juxtaposing individual and contextual factors to fully understand identity conflict dynamics. From an individual perspective, the findings go beyond identity conflict as the activation of healthcare professionals' multiple identities to dive into deeper levels and touch individuals' values. Values constitute the multifaceted essence of individuals' identities and their selves, and consequently are responsible for healthcare professionals' perception of identity conflict. Given the EoL circumstances considered in this research, these values are fundamentally of moral nature and speak to healthcare professionals' conscience in terms of what is right or wrong. The findings of this research also point to the importance of considering emotions, as well as relational processes of perspective taking and identification with the other to understand the whole experience of identity conflict as perceived by healthcare professionals.

Furthermore, from an organisational perspective, in moments of moral impasse and conflict, when both identity values are on hold, contextual forces can help healthcare professionals to understand which identity and values should be prioritised. In particular, this research has found that socio-ethical factors, such as peer support across the organisation, play a paramount role in identity dynamics. Reaching out for aid and voicing the

perceived conflict help healthcare professionals to become aware of intrinsic, incongruent values and establish a beneficial connection between their individual selves and the surrounding environment (Wallace and Lemaire, 2007).

2.1 Limitations and Future Research

As in all research, in this research there are also caveats. Certainly, the findings of this research would benefit from exploring healthcare professionals' identity conflict outside England in order to account for those cultural and environmental differences that could influence individuals' perception of identity conflict. Similarly, despite the fact that EoL context and healthcare professionals have provided a unique setting and group of participants to explore with transparency the phenomena of interest, their peculiarity may have limited the generalisability of the findings. We thus encourage exploring other ethically-charged situations as well as studying other professionals, e.g. lawyers and engineers, to assess whether the processes and dynamics found in this research could also occur in these different contexts and professions.

Additionally, this research has captured only some (i.e. religious identity values, ethical climate and peer social support) of the numerous factors that have the potential to influence identity conflict at the workplace. As such, to offer a more thorough explanation of identity conflict and dilemmas (Genuis and Lipp, 2013; Wallace and Lemaire, 2007), we recommend that future work should incorporate different individual-level factors, such as other identity values, personality traits and emotions (see: Ahuja et al., 2019; Brosch and Sander, 2013; Cascón-Pereira et al., 2014; Croft et al., 2015), as well as other contextual forces, for instance, patient and family perspectives (Best et al., 2015; Genuis and Lipp, 2013; Karnik and Kanekar, 2016; Lawrence and Curlin, 2009), that could influence such relationship.

Lastly, although a mixed-method approach has been adopted, this work is based on a cross-sectional design which cannot grasp potential psychological or behavioural changes over time and determine a true cause and effect relationship (Bowen and Wiersema, 1999). Therefore, we suggest that future qualitative and quantitative research should adopt longitudinal designs that would be able to exhaustively explain some of the novel findings this research has pointed the attention to.

2.2 Practical Implications

In this research we have unpacked identity conflicts, the processes linked to their causes and consequences, as well as the contextual factors that could have an influence on them. We believe that the findings of this work can help doctors and nurses to deal efficiently with the ethical conflicts they might experience in their clinical practice. Even though the propositional and quantitative papers focused specifically on professional and religious identity values, many other identities and values could create inner conflicts and struggles in healthcare professionals, as emerged from the first qualitative paper. Hence, by showing that these identity conflicts exist and can have negative consequences on healthcare professionals' well-being, we want to raise awareness, not only at the individual level but also at the hospital level, on an intrapersonal phenomenon, i.e. identity conflict, that may go unnoticed regardless its psychological consequences.

We suggest that healthcare organisations and managers should adapt their occupational health and safety policies,as well as their duty of care procedures to offer effective solutions, ranging from prompt support and counselling to efficient ethics committee, for those employees experiencing moral dilemmas. From the results of this research, we also firmly believe that peer social support, collaboration and cohesion should be fostered within hospitals and especially in multidisciplinary teams. Besides the positive effects on healthcare professionals' well-being, such support could also have a benign impact not only on doctors and nurses' morale, motivation and job performance, but also on the overall quality and standards of the healthcare service, thus providing benefits to the wide society.

3
References

Ahuja S, Heizmann H and Clegg S (2019) Emotions and identity work: Emotions as discursive resources in the constitution of junior professionals' identities. *Human Relations* 72(5): 988-1009.

Alvesson M, Ashcraft K and Thomas R (2008) Identity matters: Reflections on the construction of identity scholarship in organization studies. *Organization* 15(1): 5-28.

Ashforth BE and Schinoff BS (2016) Identity under construction: How individuals come to define themselves in organizations. *Annual Review of Organizational Psychology and Organizational Behavior* 3: 111-137.

Bedford EL (2012) Abortion: At the still point of the turning conscientious objection debate. *HealthCare Ethics Committee Forum* 24(1): 63-82.

Best M, Butow P and Olver I (2016) Doctors discussing religion and spirituality: A systematic literature review. *Palliative Medicine* 30(4): 327-337.

Birchley G (2012) A clear case for conscience in healthcare practice. *Journal of Medical Ethics* 38(1): 13-17.

Borgstrom E, Cohn S and Barclay S (2010) Medical professionalism: Conflicting values for tomorrow's doctors. *Journal of General Internal Medicine* 25(12): 1330-1336.

Borgstrom E and Walter T (2015) Choice and compassion at the end of life: a critical

analysis of recent English policy discourse. *Social Science and Medicine* 136-137: 99-105.

Bowen HP and Wiersema MF (1999) Matching method to paradigm in strategy research: limitations of cross-sectional analysis and some methodological alternatives. *Strategic Management Journal* 20(7): 625-636.

British Medical Association (BMA) (2018) Working system under pressure, available at: file:///C:/Users/Lara/Dropbox/Working-system-under-pressure-BMA-Council-report-mar-2018.pdf

Brook AT, Garcia J and Flaming MA (2008) The effects of multiple identities on psychological well-being. *Personality and Social Psychology Bulletin* 34(12): 1588-1600.

Brown AD (2015) Identities and identity work in organizations. *International Journal of Management Reviews* 17(1): 20-40.

Cascón-Pereira R and Hallier J (2012) Getting that certain feeling: the role of emotions in the meaning, construction and enactment of doctor managers' identities. *British Journal of Management* 23(1): 130-144.

Cohen J, Marcoux I, Bilsen J, Deboosere P and Van der Wal G (2006) European public acceptance of euthanasia: socio-demographic and cultural factors associated with the acceptance of euthanasia in 33 European countries. *Social Science and Medicine* 63(3): 743-756.

Croft C, Currie G and Lockett A (2015) The impact of emotionally important social identities on the construction of a managerial leader identity: A challenge for nurses in the English National Health Service. *Organization Studies* 36(1): 113-131.

DuVal G, Clarridge B, Gensler G and Danis M (2004) A national survey of US internists' experiences with ethical dilemmas and ethics consultation. *Journal of General Internal Medicine* 19(3): 251-258. Firth-Cozens J (2001) Interventions to improve physicians' well-being and patient care. *Social Science and Medicine* 52(2): 215-222.

Genuis SJ and Lipp C (2013) Ethical diversity and the role of conscience in clinical medicine. *International Journal of Family Medicine* 1: 1-19.

Goodwin GP, Piazza J and Rozin P (2014) Moral character predominates in person perception and evaluation. *Journal of Personality and Social Psychology* 106(1): 148-168.

Héliot YF, Gleibs IH, Coyle A, Rousseau DM and Rojon C (2019) Religious identity in the workplace: A systematic review, research agenda, and practical implications. *Human Resource Management* 1-21.

Horton KE, Bayerl PS and Jacobs G (2014) Identity conflicts at work: An integrative framework. *Journal of Organizational Behavior* 35(S1): 6-22.

Hurst SA, Hull SC, DuVal G and Danis M (2005) How physicians face ethical difficulties: a qualitative analysis. *Journal of Medical Ethics* 31(1): 7-14.

Hurst SA, Perrier A, Pegoraro R, Reiter-Theil S ... and Danis M (2007) Ethical difficulties in clinical practice: experiences of European doctors. *Journal of Medical Ethics* 33(1): 51-57.

Johns G (2017) Reflections on the 2016 decade award: incorporating context in organizational research. *The Academy of Management Review* 42(4): 577-595.

Kälvemark S, Höglund AT, Hansson MG, Westerholm P and Arnetz B (2004) Living with conflicts-ethical dilemmas and moral distress in the health care system. *Social Science and Medicine* 58(6): 1075-1084.

Karelaia N and Guillén L (2014) Me, a woman and a leader: Positive social identity and identity conflict. *Organizational Behavior and Human Decision Processes* 125(2): 204-219.

Karnik S and Kanekar A (2016) Ethical issues surrounding End-of-Life care: A narrative review. *Healthcare* 4(2): 24-30.

Kidder RM (1995) *How good people make tough choices.* New York: Morrow.

Kreiner GE, Hollensbe EC and Sheep ML (2006) Where is the "Me" among the "We"?: Identity work and the search for optimal balance. *The Academy of Management Journal* 49(5): 1031-1057.

Lemaire JB and Wallace JE (2010) Not all coping strategies are created equal: a mixed methods study exploring physicians' self-reported coping strategies. *BMC Health Services Research* 10(1): 208-218.

Lawrence RE and Curlin FA (2009) Autonomy, religion and clinical decisions: findings from a national physician survey. *Journal of Medical Ethics* 35(4): 214-218.

Mohanti BK (2009) Ethics in palliative care. *Indian Journal of Palliative Care* 15(2): 89-92.

Petriglieri JL (2011) Under threat: Responses to and the consequences of threats to individuals' identities. *The Academy of Management Review* 36(4): 641-662.

Ramarajan L. (2014) Past, present and future research on multiple identities: Toward an intrapersonal network approach. *The Academy of Management Annals* 8(1): 589-659.

Ramarajan L and Reid E (2013) Shattering the myth of separate worlds: Negotiating non-work identities at work. *The Academy of Management Review* 38(4): 621-644.

Ramarajan L, Rothbard NP and Wilk SL (2017) Discordant vs. Harmonious Selves: The Effects of Identity Conflict and Enhancement on Sales Performance in Employee–Customer Interactions. *The Academy of Management Journal* 60(6): 2208-2238.

Salancik GR and Pfeffer J (1978) A social information processing approach to job attitudes and task design. *Administrative Science Quarterly* 23(2): 224-253.

Settles IH (2004) When multiple identities interfere: The role of identity centrality. *Personality and Social Psychology Bulletin* 30(4): 487-500.

Shanafelt TD, Balch CM, Bechamps GJ, Russell T, Dyrbye L, ... and Freischlag JA (2009) Burnout and career satisfaction among American surgeons, *Annals of Surgery* 250(3): 463-471.

Stryker S and Burke PJ (2000) The past, present, and future of an identity theory. *Social Psychology Quarterly* 63: 284-297.

Stryker S and Serpe RT (1982) Commitment, identity salience, and role behavior: Theory and research example. In: Ickes W, Knowles ES (eds) *Personality, Roles, and Social Behavior.* Netherlands: Springer, 199-218.

Sulmasy DP (2006) Spiritual issues in the care of dying patients: "... it's okay between me and god". *Journal of the American Medical Association* 296(11): 1385-1392.

Tracey P (2012) Religion and organization: A critical review of current trends and future directions. *The Academy of Management Annals* 6(1): 87-134.

Trevino LK (1986) Ethical decision making in organizations: A person-situation interactionist model. *The Academy of Management Review* 11(3): 601-617.

Uhlmann EL and Zhu L (2014) Acts, persons, and intuitions: Person-centered cues and gut reactions to harmless transgressions. *Social Psychological and Personality Science* 5(3): 279-285.

Wallace JE and Lemaire J (2007) On physician well-being - you'll get by with a little help from your friends. *Social Science and Medicine* 64(12): 2565-2577.

Winkler I (2018) Identity work and emotions: a review. *International Journal of Management Reviews* 20(1): 120-133.

Zhang T, Gino F and Margolis JD (2018) Does "could" lead to good? On the road to moral insight. *The Academy of Management Journal* 61(3): 857-895.

4 Appendix

4.1 Additional Material for the Qualitative Paper

4.1.1 Semi-Structured Interviews

Selected Questions from the Interview Protocol

1. What led you to become a doctor/nurse?
2. In your eyes, what are the qualities of a typical doctor/nurse?
3. Besides the values related to being a doctor/nurse, are there any values you bring with you when you are at work?
4. Are there any times when your professional values ask too much of you as a person?
5. To what degree do you feel you can "be yourself" within your profession?
6. Can you recall a personal struggle, a dilemma, you experienced in your clinical or medical practice?
7. Why did you perceive it was an ethical dilemma?
8. What personal values do you think were involved in your experience of ethical dilemma?
9. Could you briefly describe the decisions that you made and what you did when you perceived the struggle?

10. Please take your time to think for a moment, what are the other reasons or factors which have influenced your decision in that situations?

11. Now, could I briefly bring you back to Baby Charlie Gard's case in 2017 at GOSH hospital? This baby was born with a very severe genetic disease and the hospital originally said that there could have been a very expensive, experimental treatment from the States to try to save the baby.
    The parents involved the media to collect the money for that, but by the time the money was collected, the hospital then said the treatment was futile. Pope Francis and some Italian hospitals were involved in the discussion, Donald Trump as well, but at the end, the Supreme Court said that the hospital was right and the treatment futile and the baby died in palliative care. So, may I ask you what your thoughts on this case are?

4.2 Additional Material for the Quantitative Paper

4.2.1 Scales for the Questionnaire

Religious Identity Salience and Centrality

1. "I often think about the fact that I am a religious person"
2. "Overall, being a religious person has very little to do with how I feel about myself"
3. "In general, being a religious person is an important part of my self-image"
4. "The fact that I am a religious person rarely enters my mind"
5. "Being a religious person is an important reflection of who I am"
6. "In my everyday life, I often think about what it means to be a religious person"

Professional Identity Salience and Centrality

1. "I often think about the fact that I am a doctor"
2. "Overall, being a doctor has very little to do with how I feel about myself"
3. "In general, being a doctor is an important part of my self-image"
4. "The fact that I am a doctor rarely enters my mind"
5. "Being a doctor is an important reflection of who I am"
6. "In my everyday life, I often think about what it means to be a doctor"

Identity Conflict

1. "Sometimes I feel that other doctors do not take me seriously because of my reigious values"

2. "Sometimes my professional values makes my religious values wave"

3. "Sometimes I think that I am not influential enough because of my religious moral values"

4. "Sometimes I run into obstacles in my role as a doctor because of my religious values"

5. "Sometimes I feel uncomfortable discussing and showing my religious values when I am with a group of other doctors"

6. "My professional values do not conflict with my religious values"

Psychological Wellbeing

Authonomy

1. "I judge myself by what I think is important, not by the values of what others think is important"

2. "I have confidence in my opinions, even if they are contrary to the general consensus"

3. "I tend to be influenced by people with strong opinions"

Environmental Mastery

1. "I am quite good at managing the many responsibilities of my daily life"

2. "In general, I feel I am in charge of the situation in which I live"

3. "The demands of everyday life often get me down"

Personal Growth

1. "I think it is important to have new experiences that challenge how you think about yourself and the world"

2. "For me, life has been a continuous process of learning, changing, and growth"

3. "I gave up trying to make big improvements or changes in my life a long time ago"

4.2. ADDITIONAL MATERIAL FOR THE QUANTITATIVE PAPER

Self-Acceptance

1. "When I look at the story of my life, I am pleased with how things have turned out"
2. "I like most aspects of my personality"
3. "In many ways, I feel disappointed about my achievements in life"

Ethical Climate

1. "In this hospital, the law or ethical code of their profession is the major consideration"
2. "People are expected to comply with the law and professional standards over and above other considerations"
3. "In this hospital, people are expected to strictly follow legal or professional standards"
4. "In this organisation, the first consideration is whether a decision violates any law"
5. "In this hospital, it is very important to follow strictly the organisation's rules and procedures"
6. "In this hospital, everyone is expected to stick by organisational rules and procedures"

Peers Social Support

1. "I can rely on my peers when things get tough at work"
2. "My peers are willing to listen to my work-related problems"
3. "My peers are helpful to me in getting my job done"
4. "My peers are willing to listen to my personal problems"
5. "It is easy to talk to my peers"

4.2.2 Further Tables and Figures

The following Table 4.1 reports all the $r_{wg(J)}$ and $AD_{M(J)}$ values for the aggregation procedure of Ethical Climate and Peer Social Support.

Table 4.1: Hospital Ethical Climate and Peer Social Support $r_{wg(J)}$ and $AD_{M(J)}$

	Organisational Ethical Climate				**Peer Social Support**			
Number of Hospitals	$r_{wg(J)}$ Uniform Distribution	$r_{wg(J)}$ Slighly Skewed Distribution	$r_{wg(J)}$ Triangular Distribution	$AD_{M(J)}$	$r_{wg(J)}$ Uniform Distribution	$r_{wg(J)}$ Slighly Skewed Distribution	$r_{wg(J)}$ Triangular Distribution	$AD_{M(J)}$
1	0.96	0.94	0.92	0.27	0.93	0.89	0.89	0.36
2	0.78	0.60	0.42	0.76	0.89	0.83	0.83	0.38
3	0.76	0.57	0.38	0.73	0.90	0.84	0.84	0.45
4	0.87	0.77	0.69	0.55	0.93	0.89	0.89	0.40
5	0.90	0.84	0.79	0.50	0.92	0.88	0.88	0.33
6	0.81	0.66	0.52	0.71	0.89	0.82	0.82	0.55
7	0.83	0.71	0.60	0.70	0.89	0.82	0.82	0.47
8	0.89	0.81	0.75	0.51	0.85	0.76	0.75	0.57
9	0.85	0.73	0.63	0.65	0.69	0.46	0.45	0.66
10	0.92	0.86	0.82	0.45	0.90	0.83	0.83	0.51
11	0.83	0.69	0.57	0.69	0.90	0.84	0.84	0.47
12	0.82	0.69	0.56	0.63	0.84	0.74	0.74	0.50
13	0.79	0.62	0.46	0.79	0.88	0.81	0.80	0.55
14	0.76	0.56	0.35	0.77	0.86	0.78	0.78	0.53
15	0.83	0.70	0.58	0.73	0.87	0.79	0.78	0.58
16	0.85	0.74	0.64	0.65	0.89	0.83	0.83	0.51
17	0.73	0.50	0.26	0.72	0.87	0.79	0.79	0.49
18	0.84	0.72	0.61	0.62	0.93	0.89	0.89	0.40
19	0.57	0.08	-0.56	0.91	0.91	0.86	0.86	0.44
20	0.79	0.63	0.47	0.68	0.92	0.87	0.87	0.48
21	0.85	0.73	0.63	0.65	0.77	0.62	0.61	0.67
22	0.85	0.75	0.66	0.62	0.89	0.82	0.82	0.48

$^{+}$. $p < 0.1$ (two-tailed test); *. $p < 0.05$ (two -tailed test); **. $p < 0.01$ (two -tailed test); ***. $p < 0.001$ (two -tailed test).
Note. $N = 120$ individuals (Level-1) in 22 Hospitals (Level-2).

The following Table 4.2 reports the slope analysis of the relationship between the interaction of professional and religious identity values on PWB.

Table 4.2: Slope analysis of the interaction of professional and religious identity salience and centrality towards PWB.

Slope	**Estimate (SE)**	**Two-tailed P-value**
LOW RELIGIOUS IDENTITY Salience and Centrality	-1.780(0.838)	0.034
MEDIUM RELIGIOUS IDENTITY Salience and Centrality	-2.075(0.952)	0.029
HIGH RELIGIOUS IDENTITY Salience and Centrality	-2.370(1.067)	0.026

$^{+}$. $p < 0.1$ (two-tailed test); *. $p < 0.05$ (two -tailed test); **. $p < 0.01$ (two -tailed test); ***. $p < 0.001$ (two -tailed test).
Note. $N = 120$ individuals (Level-1) in 22 Hospitals (Level-2).

4.2. ADDITIONAL MATERIAL FOR THE QUANTITATIVE PAPER

The following Figure 4.1 depicts the coefficient, level of significance and standard error in brackets of the model we tested in our first hypothesis without control variables.

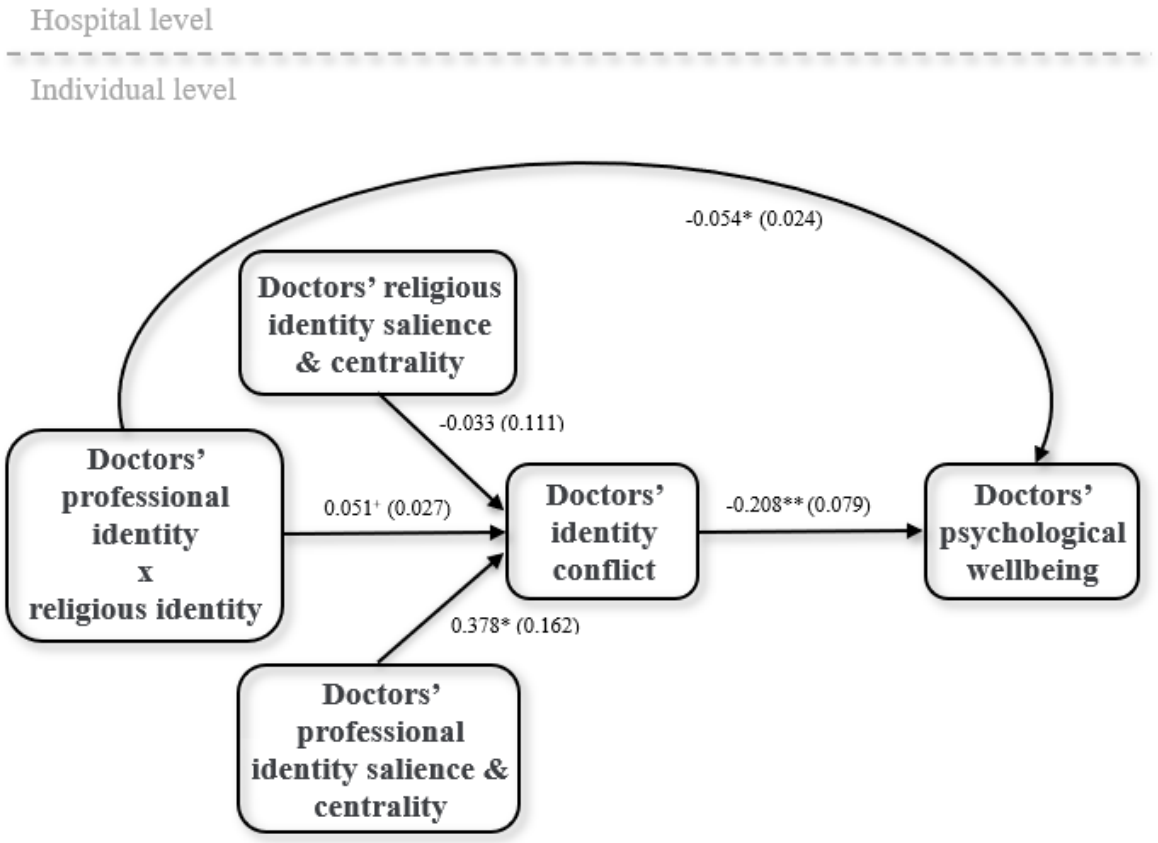


Figure 4.1: Mediated-moderation results of the model tested in *Hypothesis 1* without control variables.

The following Table 4.3 and Table 4.4 show the breakdown of the slope analyses of the 3-way interaction for Organisational Ethical Climate and Peer Social Support, respectively.

Table 4.3: Slope analysis for the moderating effects of organisational ethical climate.

Slope	Estimate (SE)	Two-tailed P-value
LOW Ethical Climate **LEVEL** - **LOW** Ethical Climate **STRENGTH**	-0.966(0.255)	0.000
MEDIUM Ethical Climate **LEVEL** - **LOW** Ethical Climate **STRENGTH**	-2.253(0.588)	0.000
HIGH Ethical Climate **LEVEL** - **LOW** Ethical Climate **STRENGTH**	-3.540(0.935)	0.000
LOW Ethical Climate **LEVEL** - **MEDIUM** Ethical Climate **STRENGTH**	-2.107(0.627)	0.001
MEDIUM Ethical Climate **LEVEL** - **MEDIUM** Ethical Climate **STRENGTH**	-5.051(1.351)	0.000
HIGH Ethical Climate **LEVEL** - **MEDIUM** Ethical Climate **STRENGTH**	-7.996(2.110)	0.000
LOW Ethical Climate **LEVEL** - **HIGH** Ethical Climate **STRENGTH**	-3.249(1.012)	0.001
MEDIUM Ethical Climate **LEVEL** - **HIGH** Ethical Climate **STRENGTH**	-7.850(2.145)	0.000
HIGH Ethical Climate **LEVEL** - **HIGH** Ethical Climate **STRENGTH**	-12.451(3.331)	0.000

$^{+}$. $p < 0.1$ (two-tailed test); *. $p < 0.05$ (two -tailed test); **. $p < 0.01$ (two -tailed test); ***. $p < 0.001$ (two -tailed test).
Note. $N = 120$ individuals (Level-1) in 22 Hospitals (Level-2). Standard errors in brackets.

Table 4.4: Slope analysis for the moderating effects of peer social support.

Slope	Estimate (SE)	Two-tailed P-value
LOW Peer Support **LEVEL** - **LOW** Peer Support **STRENGTH**	140.884 (70.381)	0.045
MEDIUM Peer Support **LEVEL** - **LOW** Peer Support **STRENGTH**	158.247 (78.859)	0.045
HIGH Peer Support **LEVEL** - **LOW** Peer Support mate **STRENGTH**	175.609 (87.339)	0.044
LOW Peer Support **LEVEL** - **MEDIUM** Peer Support **STRENGTH**	158.502 (79.054)	0.045
MEDIUM Peer Support **LEVEL** - **MEDIUM** Peer Support **STRENGTH**	178.034 (88.577)	0.044
HIGH Peer Support **LEVEL** - **MEDIUM** Peer Support **STRENGTH**	197.566 (98.102)	0.044
LOW Peer Support **LEVEL** - **HIGH** Peer Support **STRENGTH**	176.120 (87.728)	0.045
MEDIUM Peer Support **LEVEL** - **HIGH** Peer Support **STRENGTH**	197.822 (98.295)	0.044
HIGH Peer Support **LEVEL** - **HIGH** Peer Support **STRENGTH**	219.523 (108.865)	0.044

$^{+}$. $p < 0.1$ (two-tailed test); *. $p < 0.05$ (two -tailed test); **. $p < 0.01$ (two -tailed test); ***. $p < 0.001$ (two -tailed test).
Note. $N = 120$ individuals (Level-1) in 22 Hospitals (Level-2). Standard errors in brackets.

4.2. ADDITIONAL MATERIAL FOR THE QUANTITATIVE PAPER

The following Figure 4.2 and Figure 4.3 illustrate the coefficient, level of significance and standard error in brackets of the models we tested in our second and third hypotheses without control variables.

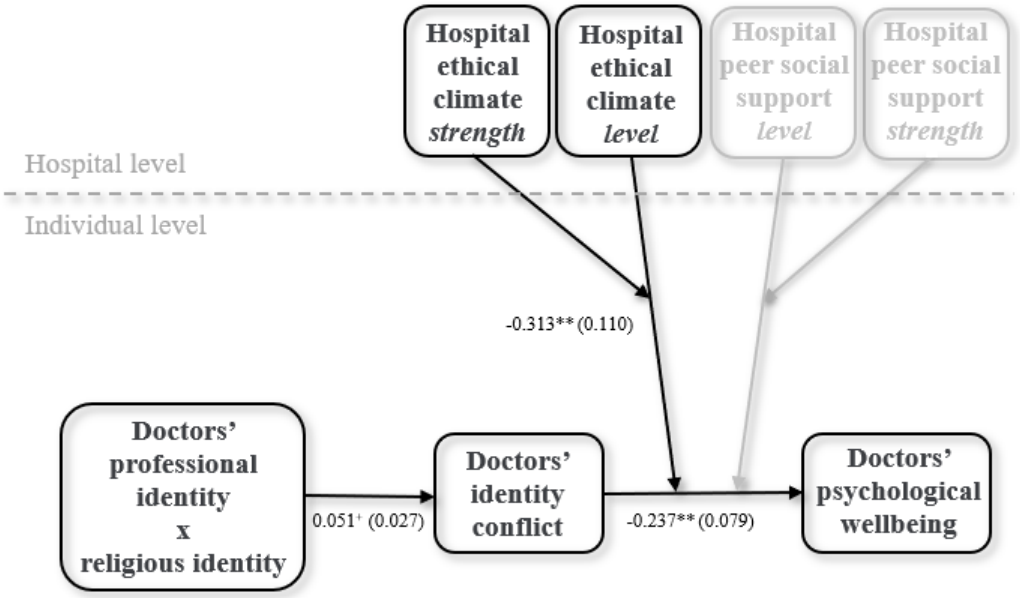


Figure 4.2: Results of the 3-way interaction of the model tested in *Hypothesis 2* without control variables.

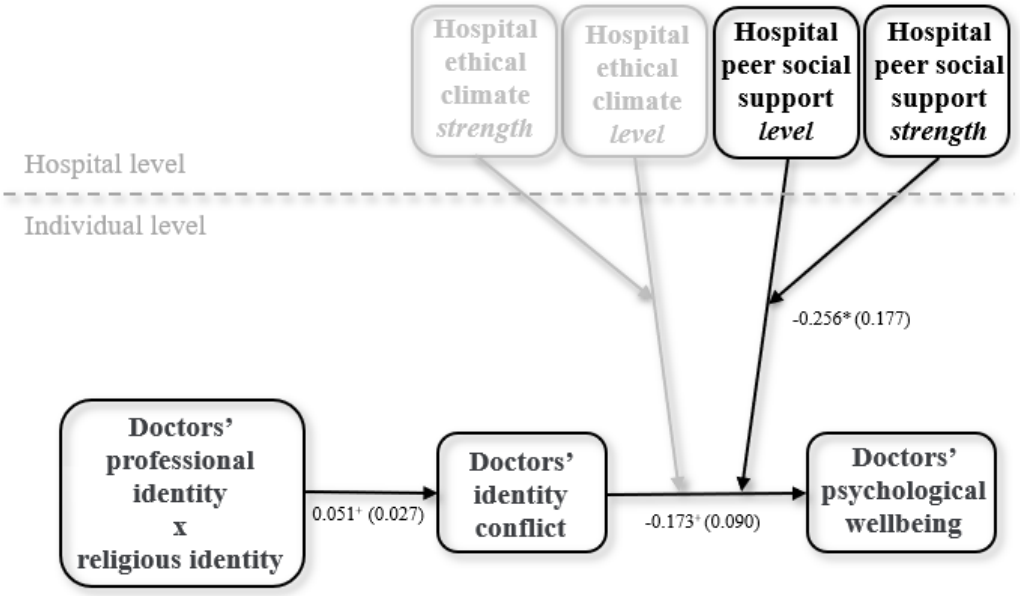


Figure 4.3: Results of the 3-way interaction of the model tested in *Hypothesis 3* without control variables.

4.3 Further Materials

4.3.1 Participant Information Sheet Qualitative Study

Doctors' Identity Conflict in End-of-Life Circumstances

Introduction

My name is Lara Carminati and I am a PhD student at Surrey Business School, University of Surrey, UK. As part of my final PhD thesis, I would like to invite you to take part in a research project. Before you decide you need to understand why the research is being done and what it will involve for you. Please take the time to read the following information carefully and ask questions about anything you do not understand. Talk to others about the study if you wish. My contact details are the following:

Name: Lara Carminati
Email address: l.carminati@surrey.ac.uk

What is the purpose of the study?

The broad objective of this research is to investigate the personal struggle which individuals may experience in ethically charged situations. This struggle may affect their behaviour and psychological well-being and can be influenced by elements of the social context. More specifically, the purpose of this study is to define how identity conflict, in the form of ethical dilemma, is perceived and experienced by healthcare professionals, namely doctors and nurses, in End-of-Life situations and its relationships towards their behaviour.

Why have I been invited to take part in the study?

You have been invited to take part in this study because as a healthcare professional you might have experienced a personal struggle during your career. Thus, to be eligible to take part in the study, you must meet the following criterion: you must have been at least once involved in ethical dilemma in End-of-Life situations, for instance palliative care, pain therapy, termination of pregnancy etc... . It is about your perception and perspective of ethical dilemmas. Other Trusts and healthcare professionals in the UK will take part in this research.

Do I have to take part?

No, you do not have to participate. There will be no adverse consequences in terms of your professional career if you decide not to participate or withdraw at a later stage. You can request for your data to be withdrawn up until 3 months from the date you have been surveyed without giving a reason and without prejudice. After those 3 months I will start analysing the data. If you withdraw from the study, all identifiable data collected would be deleted. No further data would be collected or any other research procedures would be carried out on or in relation to you.

What will my involvement require?

If you agree to take part, we will then ask you to sign a consent form and you will be given this information sheet to keep and a copy of your signed consent form. The research will last approximately 6 months, but your involvement would only be for a maximum of a couple of hours for the interview. During this time, you will be asked to answer some questions you will be guided through with the help of the researcher (me).

What will I have to do?

If you would like to take part, please email me at l.carminati@surrey.ac.uk. You will be contacted to meet me on a day that suits you well. We will arrange time and place and you will be kindly asked to reflect on your career as a healthcare professional and share with me your personal experience of past personal struggles and ethical dilemmas. You will be asked to recall some episodes you perceived as personal struggles/dilemmas and answer some questions about the influences of such struggles/dilemmas on you, as a healthcare professional, how you felt and what happened after. With your permission and following the appropriate procedures described in this form, interviews will be audio recorded to allow me to listen to them again and have a better understanding of the information you provide. You will be treated with a nice cup of coffee, tea or hot chocolate!

What will happen to data that I provide?

Your personal data or any other data which may identify you as a respondent will be anonymised or concealed. Please be assured that your NHS Trust will not be identifiable in any published work and that nobody from your employing organisation will have

access to un-anonymised results. Research data are stored securely for at least 10 years following their last access and project data (related to the administration of the project, e.g. your consent form) for at least 6 years in line with the University of Surrey policies. Personal data will be handled in accordance with the UK Data Protection Act (1998).

With your consent, to make the most of your participation and support efficient advancements in science, any anonymised data may be used for future research. We cannot tell you at this moment in time what this research will entail or what analyses will be carried out but we can assure you that all appropriate legal, ethical and other approvals will be in place. For practical reasons your consent will not be sought again, unless you indicate you wish us to do this. Your data will not be used for commercial purposes.

What are the possible disadvantages or risks of taking part?

There are no known risks or disadvantages related to the project as I strive to protect participants' confidentiality. However, the topic of ethical dilemmas is rather sensitive, since it involves personal judgement and morality. Thus, participants may experience distress in recalling EoL events or feel under pressure. It will be researcher's priority to underline that this study is not about evaluating or judging participants' previous actions. The study is about participants' own personal experience, perception and perspective about the conflict/dilemma. As such, no judgmental thoughts are implied.

Nonetheless, if participants experience any kind of distress after or during the course of this study, they may wish to discuss their concern with the well-being services available at their hospital/Trust. They can alternatively contact the following helpline. Anxiety UK NHS Charity providing support mental health helpline. Phone: 08444 775 774 (Mon-Fri, 9.30am-5.30pm) Website: www.anxietyuk.org.uk.

What are the possible benefits of taking part?

You will contribute to a better understanding of identity dynamics and their relationship to doctors and nurses' decision making and behaviour. Being healthcare professionals themselves, participants may benefit from participating in this study by acquiring more self-awareness about their own clinical practice in relation to delicate topics as ethical dilemmas. By self-reflecting on their own personal experience, they may develop new insights and more confidence about their own professional conduct.

4.3. FURTHER MATERIALS

What happens when the research study stops?

The results of this study will be potentially published in top academic journals or presented to international conferences. If you are interested about the findings of this work, I will be pleased to forward you a lay summary of the outcomes via email. This would be feasible at the end of the study, due to be completed by 2019. Once again, please be assured that your NHS Trust will not be identifiable in any published work and that nobody from your employing organisation will have access to un-anonymised results.

What if there is a problem?

Any complaint or concern about any aspect of the way you have been dealt with during the course of the study will be addressed, please contact Lara Carminati (details below) in the first instance or my principal supervisor Dr. YingFei Héliot (details below). You may also like to contact the Head of School, Prof. Andy Adcroft at a.adcroft@surrey.ac.uk.

Will my taking part in the study be kept confidential?

Yes. Your details will be held in complete confidence and we will follow ethical and legal practice in relation to all study procedures. Personal data such as name, contact details, audio recordings will be handled in accordance with the UK Data Protection Act 1998 so that unauthorised individuals will not have access to them. Your personal data will be accessed, processed and securely destroyed by Lara Carminati and Dr. YingFei Héliot.

In order to check that this research is carried out in line with the law and good research practice, monitoring and auditing can be carried out by independent authorised individuals. Data collected during the study may be looked at by authorised individuals from the University of Surrey. All will have a duty of confidentiality to you as a participant and we will do our best to meet this duty. You will not be identified in any publications resulting from this research and those reading them will not know who has contributed to it. With your permission we would like to use anonymous verbatim quotation.

Who is organising and funding the research?

This research is organised by the University of Surrey and funded by the same University.

Full contact details

Contact details removed because they contain personal information.

Who has reviewed the project?

This research has been looked at by an independent group of people, called an Ethics Committee, to protect your interests. This study has been reviewed by and received a favourable ethical opinion from the University of Surrey, Research Ethics Committee. It has also been approved by the Health Research Authority (HRA). The University has in force the relevant insurance policies which apply to this study. If you wish to complain, or have any concerns about any aspect of the way you have been treated during the course of this study then you should follow the instructions given above.

Thank you for taking the time to read this Information Sheet

4.3.2 Participant Information Sheet Quantitative Study

Doctors' Identity Conflict in End-of-Life Circumstances

Introduction

My name is Lara Carminati and I am a PhD student at Surrey Business School, University of Surrey, UK. As part of my final PhD thesis, I would like to invite you to take part in a research project. Before you decide you need to understand why the research is being done and what it will involve for you. Please take the time to read the following information carefully and ask questions about anything you do not understand. Talk to others about the study if you wish. My contact details are the following:

Name: Lara Carminati
Email address: l.carminati@surrey.ac.uk

What is the purpose of the study?

The broad objective of this research is to investigate the personal struggle which individuals may experience in ethically-charged situations. This struggle may affect their behaviour and psychological well-being and can be influenced by elements of the social context. More specifically, the purpose of this study is to evaluate the effects of doctors' personal struggle, in the form of ethical dilemma, on doctors' well-being. This study considers contextual forces, namely organisation ethical climate and peers' social support, which could buffer the identity conflict/well-being relationship in End-of-Life situations.

Why have I been invited to take part in the study?

You have been invited to take part in this study because as a doctor you might have experienced identity conflict during your career. Thus, to be eligible to take part in the study, you must meet the following criteria: you must have been at least once involved in ethical dilemma in End-of-Life situations, for instance palliative care, pain therapy, termination of pregnancy and you should define yourself as having a certain faith. It is about your perception and perspective of ethical dilemmas. Other Trusts and healthcare professionals in the UK will take part in this research.

Do I have to take part?

No, you do not have to participate. There will be no adverse consequences in terms of your professional career if you decide not to participate or withdraw at a later stage. You can request for your data to be withdrawn up until 3 months from the date you have been surveyed without giving a reason and without prejudice. After those 3 months I will start analysing the data. If you withdraw from the study, all identifiable data collected would be deleted. No further data would be collected or any other research procedures would be carried out on or in relation to you.

What will my involvement require?

If you agree to take part in the study and answer the on-line survey, we will send you an email with the link to the first part of the questionnaire. The Participant Information Sheet would be again provided at the beginning of the on-line survey together with a consent form. At the end of the consent form, there will be a question about whether you agree or disagree with the statements regarding providing consent.

If you select "agree", you will be directed to the first part of the questionnaire. If you select "disagree", you will be screened out of the survey and will not be directed to the survey question. Thus, by agreeing to the consent form, this indicates that you agree to participate – no names or signatures will be collected. The same procedure is followed for disseminating and completing the second part of the questionnaire. If you agree to take part answering the paper survey, you will be given this Participant Information Sheet to keep as well as a copy of the consent form. You will be asked to send the completed survey in a prepaid enveloped provided to you by the researcher. The research will last approximately six months, but your involvement would only be for two times, roughly three weeks apart, and for about ten minutes each time, to answer the questionnaire.

What will I have to do?

If you would like to take part, please email me at l.carminati@surrey.ac.uk.

You will receive detailed instructions to complete the questionnaire on-line or we can agree with the way the paper questionnaire can be filled in. The questionnaire will be about your experience and perception of identity conflict/ethical dilemmas. It will be divided in two parts which will be disseminated roughly three weeks apart. A reminder about the second part of the questionnaire will be sent to you one week before receiving

the email with the actual second part of the online survey.

What will happen to data that I provide?

Your personal data or any other data which may identify you as a respondent will be anonymised or concealed. Please be assured that your NHS Trust will not be identifiable in any published work and that nobody from your employing organisation will have access to un-anonymised results. Research data are stored securely for at least 10 years following their last access and project data (related to the administration of the project, e.g. your consent form) for at least 6 years in line with the University of Surrey policies. Personal data will be handled in accordance with the UK Data Protection Act (1998).

With your consent, to make the most of your participation and support efficient advancements in science, any anonymised data may be used for future research. We cannot tell you at this moment in time what this research will entail or what analyses will be carried out but we can assure you that all appropriate legal, ethical and other approvals will be in place. For practical reasons your consent will not be sought again, unless you indicate you wish us to do this. Your data will not be used for commercial purposes.

What are the possible disadvantages or risks of taking part?

There are no known risks or disadvantages related to the project as I strive to protect participants' confidentiality. However, the topic of ethical dilemmas is rather sensitive, since it involves personal judgement and morality. Thus, participants may experience distress in recalling EoL events or feel under pressure. It will be researcher's priority to underline that this study is not about evaluating or judging participants' previous actions. The study is about participants' own personal experience, perception and perspective about the conflict/dilemma. As such, no judgmental thoughts are implied.

Nonetheless, if participants experience any kind of distress after or during the course of this study, they may wish to discuss their concern with the well-being services available at their hospital/Trust. They can alternatively contact the following helpline. Anxiety UK NHS Charity providing support mental health helpline. Phone: 08444 775 774 (Mon-Fri, 9.30am-5.30pm) Website: www.anxietyuk.org.uk.

What are the possible benefits of taking part?

You will contribute to a better understanding of identity dynamics and their relationship

to doctors' psychological well-being. Being doctors themselves, participants may benefit from participating in this study by acquiring more self-awareness about their own clinical practice in relation to delicate topics as ethical dilemmas. By self-reflecting on their own personal experience, they may develop new insights and more confidence about their own professional conduct.

What happens when the research study stops?
The results of this study will be potentially published in top academic journals or presented to international conferences. If you are interested about the findings of this work, I will be pleased to forward you a lay summary of the outcomes via email. This would be feasible at the end of the study, due to be completed by 2019. Once again, please be assured that your NHS Trust will not be identifiable in any published work and that nobody from your employing organisation will have access to unanonymised results.

What if there is a problem?
Any complaint or concern about any aspect of the way you have been dealt with during the course of the study will be addressed, please contact Lara Carminati (details below) in the first instance or my principal supervisor Dr. YingFei Héliot (details below). You may also like to contact the Head of School, Prof. Andy Adcroft at a.adcroft@surrey.ac.uk.

Will my taking part in the study be kept confidential?
Yes. Your details will be held in complete confidence and we will follow ethical and legal practice in relation to all study procedures. Personal data such as name, contact details, audio recordings will be handled in accordance with the UK Data Protection Act 1998 so that unauthorised individuals will not have access to them. Your personal data will be accessed, processed and securely destroyed by Lara Carminati and Dr. YingFei Héliot.

In order to check that this research is carried out in line with the law and good research practice, monitoring and auditing can be carried out by independent authorised individuals. Data collected during the study may be looked at by authorised individuals from the University of Surrey. All will have a duty of confidentiality to you as a participant and we will do our best to meet this duty. You will not be identified in any publications resulting from this research and those reading them will not know who has contributed to it. With your permission we would like to use anonymous verbatim quotation.

4.3. FURTHER MATERIALS

Who is organising and funding the research?

This research is organised by the University of Surrey and funded by the same University.

Who has reviewed the project?

This research has been looked at by an independent group of people, called an Ethics Committee, to protect your interests. This study has been reviewed by and received a favourable ethical opinion from the University of Surrey, Research Ethics Committee. It has also been approved by the Health Research Authority (HRA). The University has in force the relevant insurance policies which apply to this study. If you wish to complain, or have any concerns about any aspect of the way you have been treated during the course of this study then you should follow the instructions given above.

Full contact details

Contact details removed because they contain personal information.

Thank you for taking the time to read this Information Sheet

4.3.3 Consent Form Qualitative Study

Consent Form

Qualitative Study 1

Version 4, 07/11/17

Healthcare Professionals' Identity Conflict in End-of-Life Circumstances

Please initial each box

- I have read and understood the Participant Information Sheet provided (version 4, 07/11/17). I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. ☐
- I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result. ☐
- I agree for my anonymised data to be used for this study and future research that will have received all relevant legal, professional and ethical approvals. ☐
- I give consent to be audio recorded. No video will be recorded, even with video conferencing. ☐
- I give consent to anonymous verbatim quotation being used in reports. ☐
- I understand that all project data will be held for at least 6 years and all research data for at least 10 years in accordance with University policy and that my personal data is held and processed in the strictest confidence, and in accordance with the UK Data Protection Act (1998). ☐
- I agree for the researchers to contact me about future studies. ☐
- I understand that I can request for my data to be withdrawn up until 3 months after the interview without needing to justify my decision, without prejudice and without my legal rights and employment being affected. Following my request all data already collected from me will be deleted. ☐
- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation. ☐
- I understand that my information may be subject to review by responsible individuals from the University of Surrey and/or regulatory authority for monitoring and audit purposes. ☐

Name of participant .....

Signed .....

Date .....

Name of researcher Lara Carminati .....

Signed .....

Date .....

4.3.4 Consent Form Quantitative Study

Consent Form

Quantitative Study 2

Version 4, 07/11/17

Doctors' Identity Conflict in End-of-Life Circumstances

Please initial each box

- I have read and understood the Participant Information Sheet provided (version 4, 07/11/17). I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. ☐
- I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result. ☐
- I agree for my anonymised data to be used for this study and future research that will have received all relevant legal, professional and ethical approvals. ☐
- I understand that all project data will be held for at least 6 years and all research data for at least 10 years in accordance with University policy and that my personal data is held and processed in the strictest confidence, and in accordance with the UK Data Protection Act (1998). ☐
- I agree for the researchers to contact me about future studies. ☐
- I understand that I can request for my data to be withdrawn up until 3 months after completing the questionnaire without needing to justify my decision, without prejudice and without my legal rights and employment being affected. Following my request all data already collected from me will be deleted. ☐
- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation. ☐
- I understand that my information may be subject to review by responsible individuals from the University of Surrey and/or regulatory authority for monitoring and audit purposes ☐

4.3.5 Ethical Approvals

The following documents represent the Favourable Ethical Opinion (FEO) from the University of Surrey and the Ethical Approval from the Health Research Authority (HRA), respectively. They have been removed because they contain personal information and contact details.