

# Athletic Trainers' Shared Professional Values: A Report From the National Athletic Trainers' Association Professional Responsibility in Athletic Training Committee

Gretchen A. Schlabach, PhD, ATC\*; Marisa A. Colston, PhD, ATC†; Carrie Baker, PhD, ATC‡

\*Northern Illinois University, DeKalb; †University of Tennessee at Chattanooga; ‡University of Kentucky, Lexington

**Context:** Professional values (PVs) of health care providers influence their professional decisions and behaviors. Athletic training is one of the remaining health professions without established shared PVs. Commitment to shared PVs, also known as *core values*, prompts good and right behavior by guiding moral and ethical judgment and professional decision-making.

**Objective:** To identify shared PVs in athletic training that enable the use of a values orientation, which facilitates adherence to legal, ethical, regulatory, and professional standards.

**Design:** Cross-sectional survey study.

**Setting:** Web-based surveys.

**Patients or Other Participants:** The Athletic Training Strategic Alliance leadership (n = 61/95), National Athletic Trainers' Association (NATA) membership (n = 4837/35279), and NATA committee members (n = 277/423).

**Main Outcome Measure(s):** Our research consisted of 3 studies, each using a web-based survey to identify shared PVs, as well as a definition and sample behaviors for each PV.

**Results:** Using a 3-tiered systematic and inclusive process, we identified caring and compassion, integrity, respect, competence, and accountability as the shared PVs among athletic trainers. Definitions and 3 sample behaviors have also been provided and endorsed for each of the 5 shared PVs.

**Conclusions:** With the establishment of these shared PVs and their recent addition to the NATA Code of Ethics, athletic trainers can immediately incorporate a values orientation into their professional practices.

**Key Words:** ethics, professional decision-making, compliance, behaviors, professionalism, identity

## Key Points

- The values clarification revealed that caring and compassion, integrity, respect, competence, and accountability were most essential, and the participants reported that it is especially important to explicitly articulate them.
- Shared professional values in athletic training effortlessly and swiftly give rise to a values orientation, guiding ethical judgments and leading to consistent patterns of good and right responsible conduct.
- Consistent with the future of medical education, shared professional values serve as a scaffold to support the concepts of professionalism and a distinctive professional identity.

The National Athletic Trainers' Association (NATA) Professional Responsibility in Athletic Training Committee requested support from the NATA Board of Directors to identify shared professional values (PVs) among athletic trainers (ATs). This appeal was based on the 2017 NATA Professional Responsibility Workgroup (later formalized as the NATA Professional Responsibility in Athletic Training Committee) survey that elicited the legal, ethical, regulatory, and professional standards concerns and needs of ATs. Responses indicated a desire for a straightforward approach that streamlined legal, ethical, regulatory, and professional standards guidelines. Currently, ATs conform to practice guidelines through a compliance orientation approach, which compels them to abide by numerous legal, ethical, regulatory, and professional standards documents (eg, NATA Code of Ethics,<sup>1</sup> Board of Certification [BOC]

Standards of Professional Practice<sup>2</sup>). These guidelines are not quickly or easily recalled in emergent situations requiring a rapid decision and action.

The NATA Professional Responsibility in Athletic Training Committee examined a values-orientation approach that draws upon a unique set of shared PVs. Deeply rooted constructs that inform our judgments and decisions, PVs need to be supported and defended.<sup>3,4</sup> They are easy to recall and inform values-based behaviors that are consistent with good and right responsible conduct. Throughout this article, we refer to *good and right responsible conduct* as behavior that adheres to legal, ethical, regulatory, and professional standards.

The orientation approaches (compliance and values) are not mutually exclusive and, in fact, complement each other. Each orientation has a unique temporal forte. In a developing situation, ATs could draw upon a values orientation that

reflexively triggers good and right responsible conduct. Then, when time is available, the AT could use a compliance orientation and review the legal, ethical, regulatory, and professional standards guidelines to inform a more time-intensive and measured response. When combined, this mixed-orientation method provides a pragmatic and suitable solution to address the need to provide an uncomplicated approach that encourages good and right responsible conduct.

Although the athletic training profession historically has not identified a unique set of shared PVs, this does not suggest the profession lacks values. Values are implicit and may be interpreted in professional documents (ie, NATA Code of Ethics<sup>1</sup> and BOC Standards of Professional Practice<sup>2</sup>) and in professional practice behaviors. Yet, it is important to note that implied values do not arise from a transparent consensus among athletic training leaders and ATs. Thus, to provide a values orientation to support a mixed-orientation approach that encourages good and right responsible conduct, it was necessary to capture and articulate the shared PVs among ATs.

The identification of shared PVs involved 3 studies. Study 1 identified potential PVs alternatives and validated the survey instrument; study 2 determined consistency and constructed validity of the identified PVs, along with PVs ranking; and study 3 defined and characterized sample behaviors for each PV. Throughout each study, the NATA Professional Responsibility in Athletic Training Committee and NATA Board of Directors reviewed and supported the process. The institutional review board at the University of Tennessee at Chattanooga approved the 3 studies in this research initiative, and all participants provided informed consent.

## STUDY 1 METHODS AND RESULTS

### Strategic Alliance Leadership Identifies PVs Alternatives and Survey is Developed

**Purpose.** The purpose of study 1 was to identify PVs alternatives and validate the survey instrument. The identification of PVs was based on the Raths et al<sup>5</sup> values clarification method. According to this model, establishing consistent values-based behavior leading to good and right responsible conduct first requires clarification of the values that are important. This 7-step consciousness-raising process (Table 1) is used to separate true values from more immature wants, needs, and aspirations. Our research focus was on the choosing phase of the values clarification process, allowing participants to choose PVs freely from among alternatives after thoughtful consideration of the consequences of each option.

**Participants.** Participants were the 98 leaders of the Athletic Training Strategic Alliance (Strategic Alliance), which included the NATA, the BOC, the Commission on Accreditation of Athletic Training Education (CAATE), and the Research and Education Foundation (Foundation). Three of the 98 participants held positions in 2 of the 4 agencies; therefore, 95 participants received the survey.

**Item Development.** To identify PVs alternatives in the development of the survey inventory, we searched for articles relating to PVs in health profession journals using PubMed, National Center for Biotechnology Information, and Google Scholar. Key search words were *ethics*, *ethical values*, *professional values*, *values/personal values*, *social contract*, *professionalism*, *common values*, *inter-professional values*,

**Table 1. Values Clarification Process and 7 Criteria<sup>14</sup>**

Values Clarification Process	Values Clarification Process Criteria
Choosing	1. Choosing freely 2. Choosing from alternatives 3. Choosing after thoughtful consideration of the consequences of each alternative
Prizing	4. Cherishing being happy with the choice 5. Affirming the choice to others
Acting	6. Doing something with the choice 7. Acting repeatedly in some pattern of life

*interdisciplinary values*, *competencies*, *multidisciplinary values*, and *collaborative values*. The search yielded 47 articles, 2 of which were excluded on the basis of foreign language or unrelated content. The 45 references included the NATA Code of Ethics,<sup>1</sup> BOC Standards of Professional Practice,<sup>2</sup> and CAATE Standards of Accreditation<sup>6</sup> and resulted in 234 potential PVs for consideration. Appraisal by the expert panel reduced this number to 42 by eliminating PVs that appeared in fewer than 4 articles. The panel further reduced the number of potential values by eliminating those that did not represent professional behavior or give meaning to professional practice. Finally, values with similar meaning were combined (eg, caring and compassion), resulting in 16 potential PVs alternatives for survey inclusion.

**Instrumentation.** The Athletic Training Professional Values Inventory, version 1.0 (AT PVI-1)<sup>7</sup> is the only known survey instrument for the identification and ranking of athletic training PVs. The AT PVI-1 consisted of a list of 14 PVs alternatives from which participants identified PVs that were either unfamiliar or important; they were then asked to rank their top 3 PVs. The current survey instrument (AT PVI-2) includes the following demographic questions: Strategic Alliance member status, sex, and number of years of certified athletic training experience. The 16 PVs alternatives from the literature review were used, with the addition of a 17th PV, self-interest, as an attention variable to ensure participant diligence in making response selections. The AT PVI-2 measures the strength of agreement with the 17 PVs, and each is rated on a 7-point Likert scale (ranging from 1 = *very important* to 7 = *unfamiliar with this term*). We selected a 7-point scale to provide a balance between having enough points of discrimination without offering too many options. Participants were asked to rank which PV was most, second most, and third most important. Other questions asked respondents to rate the level of importance of PVs articulation to the participant and the level of importance for the professional body to explicitly articulate PVs to ATs. Both questions used a 6-point scale ranging from *very important* to *totally unimportant*. In an open-ended question, participants were also given the opportunity to provide other PVs not included in the PVs alternatives.

**Procedures.** An expert panel consisting of 4 ATs with legal, ethical, regulatory, and professional standards experience and serving on the Professional Responsibility in Athletic Training Committee research team, along with an instrument development expert, identified PVs alternatives and assessed face validity for survey development. To minimize the potential for bias, all members of the research team created and approved the research plan. Furthermore, statistical analysis duties were shared among the team members, and outside peers with

related expertise reviewed the research plan and results. We electronically administered the AT PVI-2 survey to the 95 leaders of the Strategic Alliance. Data were collected and managed using REDCap (Research Electronic Data Capture), hosted at Vanderbilt University.<sup>8,9</sup>

**Data Analysis.** We used frequency count and cumulative percentage tabulations for each item and each PVs alternative. Strength of agreement was determined by the frequency and percentage of PVs selected as *very important*. We analyzed the internal consistency among survey items using the Cronbach  $\alpha$ . Data were analyzed using SPSS (version 24.0; IBM Corp) and Excel 2016 (Microsoft Corp).

**Results.** The response rate was 64% (61/95) with representation from each of the 4 Strategic Alliance agencies (Table 2). Respondents were categorized by sex, member status, and years of experience. Relative to the *most important* rating for each PVs alternative, the rank order for the first, second, and third values was integrity, respect, and competence, respectively (Figure 1A and B). Participant responses to rating how important PVs were personally as a certified AT were all in the *very important* (86.9%; 53/61) and *important* (9.8%; 6/61) categories. Responses to the importance of the professional body explicitly articulating PVs showed that 65.6% (40/61) deemed it *very important* and 34.2% (21/61), *important*. Respondents were provided the opportunity to identify any PV that was not included among the listed alternatives. Eight additional values were provided; however, no value was listed more than once. Therefore, we determined that the PVs list of alternatives was complete. Item validity was established on the basis of the expert source, and the Cronbach  $\alpha$  demonstrated good internal consistency (0.847) for the AT PVI-2 survey, indicating that the contemporary PVs alternatives reasonably represented a complete list of PVs in athletic training.

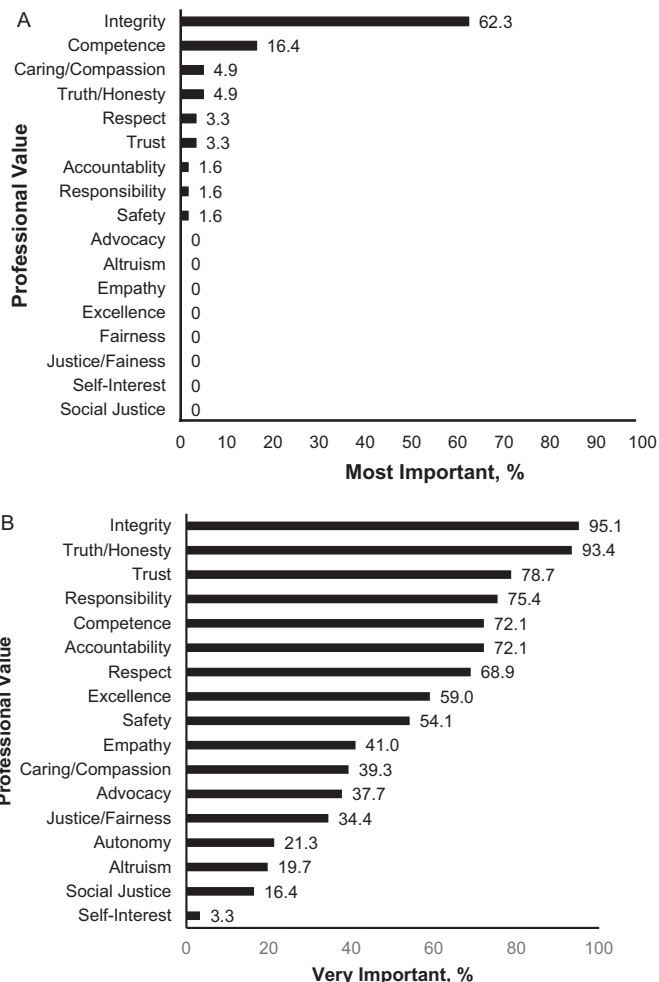
## STUDY 2 METHODS AND RESULTS

### NATA Membership Ranks the Importance of the PVs

**Purpose.** The purpose of the second study was to rank the PVs from a provided list of PVs alternatives and determine the consistency and construct validity of the PVs list.

**Participants.** Athletic training members in the NATA who consented to surveys and inquiries ( $n = 35279$ ) received a survey link to participate in this research to ascertain the shared PVs of ATs.

**Instrumentation.** We modified the AT PVI-2 survey by replacing Strategic Alliance–specific demographic questions (eg, Strategic Alliance member status) with AT demographic inquiries on sex, ethnicity, years of certified experience, employment setting, NATA district, and state



**Figure 1. Athletic training strategic alliance (study 1): percentage of A, most important and B, very important ratings for each professional value.**

(location) of practice. The PVs alternatives were reduced from 17 to 16 by removing the attention variable of self-interest because it was selected by only 1 respondent in study 1 and had no effect on the other responses. The ranking of the most, second most, and third most important PVs in the pilot survey did not provide any insight into the relative importance of any given PV beyond what was already apparent from the frequency counts and percentages for each PV. Some participants selected the same PV for the first and second or second and third ranks, creating redundancy; therefore, we asked the participants to rank only

**Table 2. Athletic Training Strategic Alliance Demographics**

Experience, y	Board of Certification		Commission on Accreditation of Athletic Training Education		National Athletic Trainers' Association		Research & Education Foundation		Total
	Men	Women	Men	Women	Men	Women	Men	Women	
1–12	3	2	1	4	9	3	2	2	26
13–30	4	2	0	0	13	6	7	0	32
>30	2	0	0	0	1	0	0	0	3
Total	9	4	1	4	23	9	9	2	61

the single *most important* PV, as this would be the primary determinant for final PV selection.

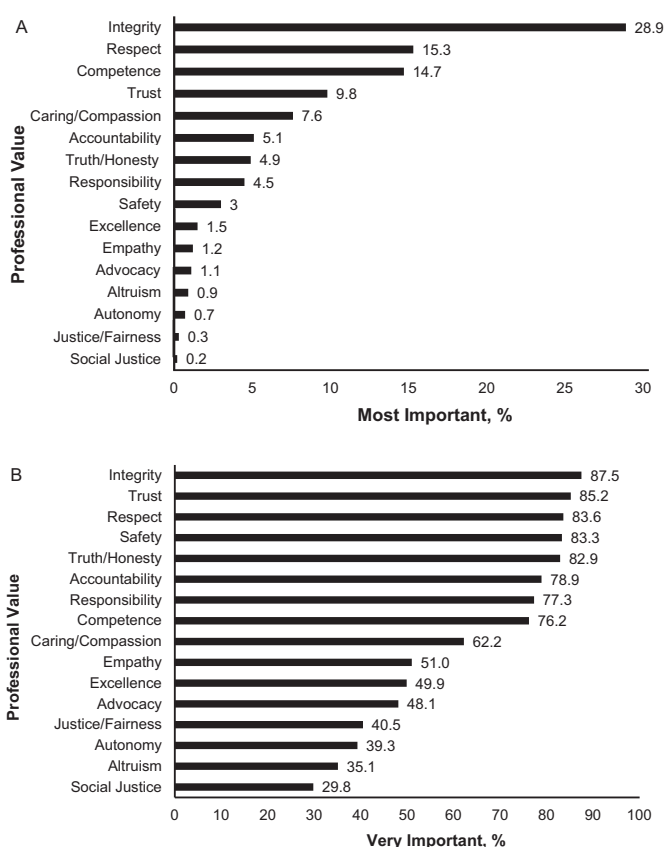
**Procedures.** An NATA special projects coordinator disseminated requests to participate in this survey research in 4 email communications (initial email and 3 follow-up emails). The survey was electronically administered through Qualtrics survey software (QualtricsXM).

**Data Analysis.** We tabulated frequency counts and percentages to establish the strength of agreement with each PV. Percentages were calculated on the basis of the number of participants who provided a specific response out of the total number of responses for each item. The Cronbach  $\alpha$  for internal consistency was calculated to determine whether the participants answered questions that were related similarly.

Further survey analysis included a principal component analysis to characterize constructs in the survey based on how the participants answered. The desired outcome was to identify some complexity in the items, which would indicate that they did not all represent 1 construct.

**Table 3. National Athletic Trainers' Association Member Demographics**

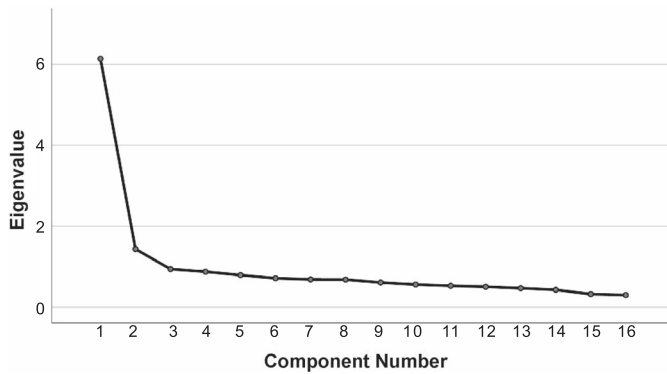
Category	Percentage
Sex	
Men	42.5
Women	57.4
District	
1	6.5
2	12.0
3	12.6
4	21.0
5	9.2
6	7.6
7	6.4
8	7.3
9	12.4
10	5.2
Ethnic group	
American Indian or Alaska Native	0.5
Asian	2.1
Black or African American	3.1
Native Hawaiian or Pacific Islander	0.3
White	89.7
Other	4.4
Years as certified athletic trainer	
≤5	35.7
6–10	18.0
11–15	11.2
16–20	9.9
21–25	8.3
>25	16.9
Employment setting	
Clinical setting	13.3
High school	26.8
High school: outreach	5.9
Hospital	5.2
Occupational (industrial)	3.1
Military	<1.0
Performing arts	<1.0
Public safety	<1.0
University athletic training clinic	20.9
University academic setting	11.7
Not applicable or retired	3.2
Student	6.6
Professional sports	1.1



**Figure 2. National Athletic Trainers' Association membership (study 2): percentage of A, most important and B, very important ratings for each professional value.**

**Results.** The survey response rate was 13.7% (4837/35 279), and the representation was comparable with published NATA member demographic data for sex, ethnicity, years of experience, setting, and district (Table 3). The ranking based on *most important* and *very important* responses for each of the 16 PV alternatives is reported in descending order (Figure 2A and B). The top 3 ranked PVs were consistent with the study 1 results: integrity and respect were among the values deemed most important. When asked “How important are professional values to you?” the vast majority responded that PVs were *very important* (79.7%) or *important* (19.4%). Participants were also asked “How important is it for the professional body to EXPLICITLY articulate professional values?” The combined categories of *very important* and *important* totaled 90% (51.5% = *very important* and 39% = *important*). Respondents answered related questions similarly, demonstrating good to excellent internal consistency (Cronbach  $\alpha$  = 0.853).

From a scree plot of the principal component analysis, we determined that 2 constructs explained 47% of the total variance among the 16 PVs (Figure 3). The first construct was the stronger of the 2, explaining 38% of the 47%. The PVs identified as more important in the first construct were associated with professional responsibility (respect, integrity, responsibility, trust, accountability, competence, caring and compassion, and empathy). The PVs that were identified as more important within the second construct were related to social consciousness



**Figure 3.** Scree plot for principal component analysis: 2 principal constructs.

(justice and fairness, social justice, advocacy, and autonomy).

### STUDY 3 METHODS AND RESULTS

#### NATA Committee Members Define and Provide Sample Behaviors for Each PV

**Purpose.** The objective of the third study was to develop a definition and list of sample behaviors for each PV.

**Participants.** All chairs and members of NATA committees and task forces (N = 423) were contacted to complete the PVs definitions and sample behavior survey. This group was selected because it represented volunteer leaders across all demographics (eg, sex, ethnicity, special interest groups, practice settings) of athletic training.

**Instrumentation.** The NATA Board of Directors reviewed the survey results from study 2, selecting the following 5 PVs from among the top 7 ranked as *most important*: caring and compassion, integrity, respect, competence, and accountability. Trust was the PV among the ranked top 6 that was not selected on the grounds that trust, along with truth and honesty, which was ranked as seventh, represents a component of integrity. Definitions and sample behaviors for the 5 identified PVs from the survey (study 2) were developed into a 10-item survey so that we could determine face validity of the shared PVs definitions and 5 behavioral indicators for each PV.

#### Procedures

A panel of 5 ATs with extensive experience and expertise in legal, ethical, regulatory, and professional standards reviewed the health care and medical literature to find

possible definitions and sample behaviors for each of the 5 approved PVs. The definitions and behaviors formed the content for the survey that was administered using Qualtrics survey software. Each participant was asked to choose the strength of agreement of the definition and sample behaviors with the corresponding PV. A 3-point Likert scale (1 = *clearly representative*, 2 = *somewhat representative*, 3 = *not representative*) was used to establish the strength of agreement with the definition and the 5 corresponding behaviors for each PV.

**Data Analysis.** We calculated frequencies and percentages (the number of participants who provided a specific response out of the total number of responses for each item) to indicate the strength of agreement with each PV definition and each of the 5 behaviors listed for each PV. Survey face validity was demonstrated via item scrutiny by ATs who were chairs or members of NATA committees and task forces to assess the suitability of the definition and representative professional behaviors of each determined PV. Face validity of the survey was also assessed to ensure that each PV (item), its definition, and sample behaviors were unambiguous and applicable to the target population of athletic training committee and task force members of the NATA.

**Results.** A total of 311 of the 423 NATA committee and task force members participated, for a 74% response rate. Only completed surveys (n = 277) were analyzed; therefore, 34 surveys were excluded due to missing responses. The strength of agreement with the definitions, as indicated by *clearly representative*, ranged from 72% (respect) to 87% (accountability). No definition was identified as being *not representative* of the corresponding PV. The definitions and specific levels of agreement for each of the 5 PVs are provided in Table 4. The Cronbach  $\alpha$  for all 30 items (5 PVs and 25 sample behaviors) was 0.92. Although the Cronbach  $\alpha$  for all 5 behavior indicators for each of the 5 PVs was strong at 0.91, the Cronbach  $\alpha$  for the top 3 behavior indicators for each PV was also very good at 0.87. Endorsed by the NATA Board of Directors, we selected the top 3 behaviors to represent each PV to further support ATs' requests for streamlining legal, ethical, regulatory, and professional standards information. The ratings for all behavior indicators are shown in Table 5.

### DISCUSSION

On the basis of the results of the survey (study 2), the NATA Board of Directors pronounced caring and compassion, integrity, respect, competence, and accountability as the profession's shared PVs. These 5 simple, yet

**Table 4.** Professional Values Definitions and Levels of Agreement

Definition	Level of Agreement, No. (%)		
	Clearly Representative	Somewhat Representative	Not Representative
Caring and compassion: An intense concern and desire to help improve the welfare of another	219 (79.1)	56 (20.2)	2 (0.7)
Integrity: A commitment that is internally motivated by an unyielding desire to do what is honest and right	231 (83.4)	46 (16.6)	0 (0.0)
Respect: The act of imparting genuine and unconditional appreciation and value for all persons	198 (72.0)	74 (26.9)	3 (1.1)
Competence: The ability to perform a task effectively with desirable outcomes	217 (78.3)	54 (19.5)	6 (2.2)
Accountability: A willingness to be responsible for and answerable to one's own actions	242 (87.4)	33 (11.9)	2 (0.7)

**Table 5. Professional Values Behavior Indicators and Levels of Agreement**

Professional Value	Behavior Indicator	No. (%)		
		Clearly Representative	Somewhat Representative	Not Representative
Caring and compassion	Listening for understanding and a readiness to help	221 (79.8)	55 (19.9)	1 (0.4)
	Spending the time needed to provide quality care	212 (76.5)	59 (21.3)	6 (2.2)
	Focusing on achieving the greatest well-being and the highest potential for others	214 (77.3)	57 (20.6)	6 (2.2)
Integrity	Empowering others to achieve the highest level of function possible	191 (69.0)	76 (27.4)	10 (3.6)
	Considering the point of view of others	177 (63.9)	90 (32.5)	10 (3.6)
	Providing truthful, accurate, and relevant information	250 (90.3)	27 (9.8)	0 (0.0)
	Abiding by the rules, regulations, laws, and standards of the profession	241 (87.0)	35 (12.6)	1 (0.4)
	Using applicable professional standards and established policies and procedures when taking action or making decisions	214 (77.3)	62 (22.4)	1 (0.4)
Respect	Treating others with fairness and respect	202 (72.9)	70 (25.3)	4 (1.4)
	Taking responsibility for own work, including problems and issues	203 (73.3)	70 (25.3)	4 (1.4)
	Engaging in active listening when communicating with others	220 (79.4)	54 (19.5)	3 (1.1)
	Acknowledging and expressing concern for others and their well-being	216 (78.0)	57 (20.6)	4 (1.4)
	Acting in light of the belief that the person has value	209 (75.5)	64 (23.1)	4 (1.4)
Competence	Expressing concern for others and their well-being	201 (73.1)	65 (23.6)	9 (3.3)
	Appreciating others verbally for their support and positive actions	135 (48.7)	127 (45.9)	15 (5.4)
	Thinking critically, demonstrating ethical sensitivity, committing to evidence-based practice, delivering quality skills, and effectively teaming	219 (79.1)	52 (18.8)	6 (2.2)
	Making sound decisions while demonstrating integrity	217 (78.3)	56 (20.2)	4 (1.4)
	Ongoing continuous quality assessment and improvement	204 (73.7)	66 (23.8)	7 (2.5)
Accountability	Actively seeking perspectives from others to ensure inclusiveness and understanding	166 (59.9)	90 (32.5)	21 (7.6)
	Demonstrating awareness or sensitivity	169 (61.0)	90 (32.5)	18 (6.5)
	Acknowledging and accepting the consequences of their actions	244 (88.1)	30 (10.8)	3 (1.1)
	Adhering to laws, codes, practice acts, and standards that govern professional practice	229 (82.7)	47 (17.0)	1 (0.4)
	Assuming responsibility for learning and change	203 (73.29)	66 (23.8)	8 (2.9)
	Communicating accurately to others (payers, patients or clients, other health care providers) about professional actions	197 (71.1)	67 (24.2)	13 (4.7)
	Taking personal ownership in the organization's success	172 (62.1)	94 (33.9)	11 (4.0)

exceptionally meaningful, values now afford ATs the opportunity to apply a values orientation to emerging professional situations. When combined with a compliance orientation, NATA members will be able to use a mixed-orientation approach that inspires good and right responsible conduct.

We drew upon early PVs research in athletic training, conducted in 2005 through 2007,<sup>7</sup> using the pioneering work of the Raths et al<sup>5</sup> values clarification method. Whereas the method was the same, a need existed to review the former survey instrument (AT PVI-1) and provide new and contemporary value alternatives for the AT PVI-2. Given the historical changes in a rapidly evolving health care system, advances in technology, a shifting workforce, and social and cultural events, it is good practice for professions to reexamine their unique set of PVs over

time.<sup>10</sup> As such, the AT PVI-2 provided new contemporary value alternatives.

The AT PVI-1 and -2 value alternatives are compared in Table 6. The earlier work<sup>2</sup> represented the collapsed results from 4 studies and revealed that the most important values were caring, integrity, respect, truth and honesty, and accountability.<sup>11</sup> We found that the most important values were caring and compassion, integrity, respect, competence, and accountability. When we compared the results of the 2 studies, it was interesting to note that truth and honesty only appeared on the list of the top 5 important PVs in the previous research<sup>2</sup> and competence only appeared in the top 5 important PVs of the current study (Table 7). Given an element of truth and honesty in the value of integrity, this redundancy could explain why it did not make the list of important PVs. Also, competence was not included among the PVs alternatives to the original PVs in athletic training

**Table 6. Comparison of the AT PVI-1 and AT PVI-2 Professional Values Alternatives List**

Survey Instrument	Professional Values Alternatives
AT PVI-1	Truth and honesty, integrity, respect, accountability, caring, responsible citizenship, fairness, excellence, self-interest, empathy, altruism, social responsibility, promise keeping, aesthetics, altruism
AT PVI-2	Truth and honesty, integrity, respect, accountability, caring and compassion, responsibility, justice and fairness, excellence, self-interest, empathy, altruism, trust, competence, advocacy, social justice, autonomy, safety

Abbreviations: AT PVI-1, Athletic Training Professional Values Inventory, version 1.0; AT PVI-2, Athletic Training Professional Values Inventory, version 2.0.

**Table 7. Selection of Top 5 Important Professional Values in Initial and Current Studies**

Initial Studies (CIRTA) <sup>a</sup> 2005–2007		Current Study (CIRCA) <sup>b</sup>	
Professional Value	Frequency (%)	Professional Value	Frequency (%)
Caring	43.3	Caring and compassion	62.2
Integrity	80.3	Integrity	87.5
Respect	69.0	Respect	83.6
Truth and honesty	87.7	Competence	72.1
Accountability	49.7	Accountability	78.9

Abbreviations: CIRCA, Caring and Compassion, Integrity, Respect, Competence, and Accountability; CIRTA, Caring, Integrity, Respect, Truth and honesty, Accountability.

<sup>a</sup> Determined by *important* count on a 3-point scale (*important, not important, unfamiliar with value*).

<sup>b</sup> Determined by *very important* count on a 7-point Likert scale (*very important, important, somewhat important, of little importance, unimportant, totally unimportant, unfamiliar with value*).

research, yet it was an important value in our investigation. Another curious observation relates to core PVs, which are enduring traits that rarely change over time.<sup>12</sup> Results from the original and current research suggest that 4 PVs (caring and compassion, integrity, respect, and accountability) could be viewed as core athletic training PVs.

The AT PVI-2 included open-ended questions that were not formally qualitatively analyzed; however, a review of these responses revealed an interesting theme regarding the value of respect. Some participants interpreted respect as something to receive, rather than something that ought to be given to others. This was not the predominant view about the value of respect, but it certainly raises a noteworthy discussion point.

As demonstrated in Table 8, impressions regarding the importance of PVs and the importance of articulating PVs remained relatively consistent over time. When the *extremely important* and *important* categories were collapsed, 97% of participants in the original athletic training PVs research<sup>2</sup> and 99% of participants in the current research believed that PVs were essential. The same trend was seen with collapsed categories (*extremely important* and *important*) relative to the participants' views of the importance of explicitly articulating PVs (97% in the previous work<sup>2</sup> and 91% in our study).

Values form the basis of human behavior and are expressed in decisions and actions. Given their moral nature, they represent basic convictions of good and right responsible conduct.<sup>13</sup> People typically act in ways that are congruent with their values, even when they are not consciously thinking about them.<sup>3</sup> Our third study explicitly elucidated a definition and good and right responsible behaviors (sample behaviors) for each PV. These were selected according to the level of agreement among the participants, who represented diverse leadership in athletic training (NATA committee and task force chairs and members).

Because of the nuances and distinctions within each practice setting, ATs are encouraged to develop practice setting-specific behaviors that align with the NATA-endorsed sample

behaviors. Currently, the NATA shared PVs are being integrated into the NATA Code of Ethics. As such, the Code will provide a mixed-orientation approach to assist ATs in ensuring good and right responsible conduct. To use a mixed-orientation (values and compliance) approach, the AT first draws upon a values orientation composed of the shared PVs to provide intuitive judgment and initial action at the outset of a developing situation. This is followed by a standards- and rules-driven compliance orientation to logically review and determine ongoing action.

Weaver and Trevino<sup>4</sup> postulated that when the 2 orientations are mixed, members of an organization are more likely to consistently abide by group norms. Whereas the characteristics of each orientation are different (Table 9), the outcomes are the same: to bring consistency to behaviors and conformity to the organization's norms. Professional organizations have found it useful to incorporate both orientations to encourage group norms.

To date, good and right responsible conduct in the profession of athletic training has relied solely on a compliance orientation, requiring adherence to the standards and rules found in professional documents such as the NATA Code of Ethics,<sup>1</sup> NATA Membership Standards,<sup>14</sup> BOC Standards of Professional Practice,<sup>2</sup> and state practice acts.<sup>15</sup> Thus, compliance orientation makes practice expectations and standards and rules explicit. Furthermore, the focus is on vertical accountability, reporting, and penalties. Violation of 1 or more standards and rules of the professional practice documents results in a punitive measure. Each agency of the Strategic Alliance (NATA, Foundation, CAATE, BOC) has developed a unique process of adjudication and penalties. As such, a compliance orientation maintains conformity by way of a threat of discipline.<sup>4</sup>

A compliance orientation also demands reasoning that is deliberate, methodical, and time intensive. Its complexity is apparent from the number of moral theories (ie, deontology, teleology, virtue ethics). Moreover, it is timely to weigh and

**Table 8. Degree of Professional Values Importance and Their Articulations, %**

Importance of Professional Value				Importance of the Association to Explicitly Articulate the Professional Value			
Initial Studies (2005–2007)		Current Study		Initial Studies (2005–2007)		Current Study	
<i>Extremely Important</i>	<i>Important</i>	<i>Extremely Important</i>	<i>Important</i>	<i>Extremely Important</i>	<i>Important</i>	<i>Extremely Important</i>	<i>Important</i>
80.3	16.5	79.7	19.4	74.1	22.4	51.5	39.0

**Table 9. Attributes of Values and Compliance Orientations<sup>a</sup>**

Attribute	Orientation	
	Value	Compliance
Type of thinking	Intuitive	Reasoning
Process speed	Rapid	Slow
Norms	Values	Rules
Behavior motivation	Ought to (aspire)	Must (required)
Accountability	Horizontal (mutual)	Vertical (top down)
Behavior	Values driven	Rules driven
Violation consequences	Self-correction or peer correction	Peer adjudication or penalty
Outcomes	Commitment	Order and stability
Overarching goal	Behavioral conformity	Behavioral conformity
	<b>Good/right</b> responsible conduct	<b>Good/right</b> responsible conduct

<sup>a</sup> Adapted from Weaver and Trevino.<sup>4</sup>

consider the elements of a situation within the theory’s framework to determine the appropriate action.

Conversely relative to the values orientation, Haidt<sup>17</sup> contended that moral “intuition,” as opposed to moral “reasoning,” gives rise to a moral awareness that is values based. *Values orientation* has been described as automatic, effortless, and swift. To that point, *moral intuition* was defined as the sudden appearance in consciousness, or at the fringe of consciousness, of an evaluative “gut feeling” (like or dislike, good or bad) about the character or actions of a person, without any conscious awareness of having gone through the steps of searching for evidence, weighing the evidence, or inferring a conclusion.<sup>18</sup> Furthermore, a values orientation creates a process of peer and self-correction, promoting mutual accountability. A review of both orientations demonstrates that they are not mutually exclusive but rather complementary. When mixed, values and compliance orientations play critical temporal roles in guiding good and right responsible conduct.

The mark of excellence in an organization is the extent to which core values are common and shared.<sup>19</sup> This distinctive feature is illustrated in the health care professions and medical specialties (Table 10). Nursing, occupational therapy, physical therapy, internal medicine, and orthopaedics are examples of health care professions and medical specialties that have identified and explicitly articulated their PVs. Of the 5 professions (Table 10), the PVs of altruism and accountability appear in 4. Similarly, accountability was important to athletic training. On the other hand, *altruism*, the unselfish regard for the welfare of others,<sup>20</sup> was not deemed to be

important by ATs, and 7.4% curiously reported it as an unfamiliar value.

### Professional Values Across Health Care Professions

Medical specialties have drawn upon PVs to serve as a scaffold for professionalism. Toward the end of the 20th century, the medical profession was challenged by market forces, increased governmental regulation, and the demands of commercialism.<sup>21</sup> As such, physicians believed their autonomy was diminishing and turned to professionalism to recover their authority to provide quality patient care.<sup>21</sup> Medicine found itself in an awkward position with no definition of professionalism and turned to PVs to underpin and elucidate this abstract construct.

Because medicine is not monolithic, the individual medical specialties approached professionalism and PVs in unique ways. In 1994, the American Board of Internal Medicine<sup>22</sup> took the lead and collaborated with the American College of Physicians and the European Federation of Internal Medicine to develop “Medical Professionalism in the New Millennium: A Physician Charter,”<sup>23</sup> which reaffirms the importance of the fundamental and universal principles and values. Furthermore, to facilitate the transition to practice, candidates seeking internal medicine board certification must demonstrate consistent values-based behaviors that are acquired in the specialty.<sup>22</sup>

The orthopaedic medical specialty addressed the notion of professionalism in 1998 when the Academic Orthopaedic Society surveyed 186 leading surgeons to reach consensus.<sup>23</sup> A 7-point Likert scale, similar to that on the AT PVI-2, was used to identify important values (Table 10) and

**Table 10. Professional Values in Health Care and Medicine**

Nursing <sup>a</sup>	Occupational Therapy <sup>b</sup>	Physical Therapy <sup>c</sup>	Medicine	
			Internal Medicine <sup>d</sup>	Orthopaedics <sup>e</sup>
Accountability	Altruism	Accountability	Accountability	Accountability
Altruism	Dignity	Altruism	Altruism	Integrity
Caring	Equality	Compassion and caring	Excellence	Reliability
Communication	Freedom	Excellence	Duty	Responsibility
Ethics	Justice	Integrity	Service	Trustworthiness
Excellence	Prudence	Professional duty	Honor	
Respect	Truth	Social responsibility		

<sup>a</sup> American Association of Colleges of Nursing.<sup>24</sup>

<sup>b</sup> American Occupational Therapy Association.<sup>26</sup>

<sup>c</sup> American Physical Therapy Association.<sup>28</sup>

<sup>d</sup> American Board of Internal Medicine.<sup>20</sup>

<sup>e</sup> Rowley et al.<sup>21</sup>



characteristics. To support residents' professionalism, the Academic Orthopaedic Society championed the integration of PVs into the curriculum and encouraged PVs assimilation as manifested in professional behaviors.<sup>21</sup> Whereas the American Board of Internal Medicine and Academic Orthopaedic Society arrived at their PVs in different ways, both specialties realized the importance of intentionally incorporating PVs into the professional curriculum.

Several health care professions (eg, nursing, occupational therapy, and physical therapy) have identified unique PVs. In nursing, Schank and Weis<sup>24</sup> in 1989 were the first to examine nursing PVs in their attempt to learn about the relationship between nursing students and the PVs in the nursing code of ethics. In 1998, the American Association of Colleges of Nursing identified human dignity, integrity, altruism, autonomy, and social justice as the core nursing PVs and incorporated them into their baccalaureate programs.<sup>25</sup> Recently, the American Association of Colleges of Nursing updated the "Essentials: Core Competencies for Professional Nursing Education," as well as revised the PVs (Table 10), changes that are expected to be transformative in the preparation of future professionals.<sup>26</sup>

In 1985, the American Occupational Therapy Association Executive Board charged the Standards and Ethics Commission with creating a statement that would depict the attitudes and values that support the profession of occupational therapy.<sup>27</sup> The 7 PVs (Table 10) are reflected in the association's official documents and reside in their code of ethics<sup>28</sup> to encourage ethical conduct.

In 2000, physical therapy began its transition to requiring a doctoral degree for professional practice. As did medical professionals, physical therapy professionals realized that the construct of professionalism needed to be delineated. As such, a consensus conference of physical therapists was convened. Eighteen professionals with expertise in practice, research, and education gathered to develop a document that would expound professionalism by identifying the PVs that underpin this construct. This work was adopted by the Board of Directors and integrated into "A Normative Model of Physical Therapist Professional Education."<sup>29</sup> Similar to internal medicine, nursing, and occupational therapy, the PVs of physical therapy (Table 10) were not only integrated into the curriculum but also embedded in their code of ethics.<sup>30</sup>

### Instilling Professional Values Among ATs

With the NATA's pronouncement of shared PVs, the athletic training profession now has pertinent evidence to further develop a values orientation to support a mixed-orientation approach leading to good and right responsible conduct, as well as the notion of professionalism and the formation of professional identity. Conceptually, professionalism has changed over the last 40 years. Originally, models of professionalism were based on virtues reflected by strong character traits, such as moral values and ethics. However, more recently, in response to a gap between ethical instruction and ethical action, a behavior-focus model was developed. Current professional identity formation models integrate values with aspirations and behaviors in the field.<sup>31</sup> Yet neither character traits nor behaviors seemed to reach the heart of the matter: "Acting as a professional" is not the same as "being a professional."<sup>32</sup> More recently, the medical and health care professions have explored the notion of professional identity

formation as an extension of professionalism. This was largely prompted by the Carnegie Foundation report<sup>33</sup> that stated the pillar of medical education is professional identity formation, which is the development of PVs, actions, and aspirations. In terms of education, the purpose of professional identity formation is to help students internalize the meaning of their professional experiences, which develops an identity that aligns with the profession's shared PVs.<sup>34</sup>

Raths et al<sup>5</sup> reported that values are learned, evolve from experiences, establish a basis for behavior, and are evident in consistent patterns of behavior. The acquisition and internalization of PVs begin with a didactic introduction to the PVs that guide professional behaviors and practice.<sup>35</sup> Furthermore, learned PVs guide decision-making, improve critical thinking and communication, and influence a professional's ability to solve conflicts. In general, professional academic programs in medicine and health care serve to transform and expand student values in preparation for a professional role.<sup>36</sup> The process of PVs acquisition and internalization is intentional and staged, beginning with an intellectual understanding of PVs in the professional program.<sup>35</sup> Medical and health care education have integrated their unique PVs into professional education.

After students are introduced to PVs didactically, their internalization strengthens when they are given the opportunity to reflect on their experiences and consider those values that emerge and resonate most with their worldview.<sup>35</sup> If personal values are incongruent with shared PVs, purposeful conversations can help the student work through this internal dissonance.

The acquisition and internalization of PVs must proceed at the individual's pace. Weis and Schank<sup>36</sup> contended that incomplete PVs development hinders the professional progression from novice to expert. Using 3 levels, Stephens and Ormandy<sup>37</sup> described the extent to which a professional has adopted and internalized PVs in the following manner:

- Level I: Compliance—The professional acts in a particular way to gain positive feedback.
- Level II: Identification—The professional chooses certain behaviors but not values.
- Level III: Internalization—The professional accepts the norms and values of the professional role because he or she believes in them.

**Limitations and Future Directions.** Our research had several limitations. The literature review for the development of a thorough PVs alternative list was restricted to articles published in the United States. For all 3 studies, dissemination of the survey link and subsequent acceptance of the invitation depended on correct email addresses in the NATA membership database. Only ATs who consented to receive research participation requests through the NATA were invited to participate, and no incentives were offered for involvement in the survey. A 13.7% response rate was low but deemed acceptable given that it exceeded return rates for other NATA-disseminated surveys. Finally, we assumed that participant responses were truthful, which is another possible limitation of these studies.

The recently pronounced NATA shared PVs not only serve to guide good and right responsible conduct but also to advance the constructs of professionalism and professional formation in athletic training. Equally important, professional students can benefit from formal exposure to shared PVs

when the PVs are intentionally and skillfully integrated into the professional curricula. In this way, newly credentialed ATs will not only “do” athletic training but also “be” ATs.

In 2017, the NATA Professional Responsibility in Athletic Training Committee set a goal of developing an approach that easily channels good and right responsible conduct that is in accordance with legal, ethical, regulatory, and professional standards documents in athletic training. A values-orientation approach was pursued, given that values are simple, easy to recall, and inspire good and right responsible conduct. With the support of the NATA Board of Directors, the Professional Responsibility in Athletic Training Committee workgroup surveyed ATs. Based on the evidence, the NATA Board of Directors pronounced that caring and compassion, integrity, respect, competence, and accountability (CIRCA) are the most important shared PVs. Furthermore, an overwhelming majority of ATs found the PVs to be important and thought they should be explicitly articulated by the profession.

The results of this AT-driven research convincingly indicates that the profession should continue to advance and give voice to our shared PVs in athletic training to help students assimilate into their professional roles. This approach is consistent with the future of medical and health care education.

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Address correspondence to Marisa A. Colston, PhD, ATC, University of Tennessee at Chattanooga, Health and Human Performance, 615 McCallie Avenue, Dept 6606, Chattanooga, TN 37403. Address email to Marisa-Colston@utc.edu.