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Full Title:

Proxy decision making and dementia: using Construal Level Theory to analyse the thoughts of decision makers.

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Author details:

Corresponding Author:

Mrs Helen CONVEY, Lecturer, School of Healthcare, Baines Wing, University of Leeds, Leeds, LS2 9UT. RN, MA.

h.m.convey@leeds.ac.uk

@HelenConvey

Dr Janet HOLT, Senior Lecturer, School of Healthcare, Baines Wing, University of Leeds, RGN, RM, BA(Hons), MPhil, PhD.

Barbara SUMMERS, Professor of Human Judgement and Decision Making, Centre for Decision Research, Leeds University Business School, University of Leeds, BSc(Hons), MBA, PhD.

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Abstract

Aims:

This study explored the feasibility of using Construal Level Theory to analyse proxy decision maker thinking about a hypothetical ethical dilemma, relating to a person who has dementia.

Background:

Proxy decision makers make decisions on behalf of individuals who are living with dementia when dementia affects that individual's decision making ability. Ethical dilemmas arise because there is a need to balance the individual's past and contemporary values and views. Understanding of how proxy decision makers respond is incomplete. Construal Level Theory contends that individuals imagine reactions and make predications about the future by crossing psychological distance. This involves abstract thinking, giving meaning to decisions. There is no empirical evidence of Construal Level Theory being used to analyse proxy decision maker thinking. Exploring the feasibility of using Construal Level Theory to understand dementia carer thinking regarding proxy decisions may provide insights which inform the support given.

Design:

Descriptive qualitative research with semi-structured interviews.

Methods:

Seven participants were interviewed using a hypothetical dementia care scenario in February 2016. Interview transcripts were analysed for themes. Construal Level Theory was applied to analyse participant responses within themes using the Linguistic Category Model.

Results:

Participants travelled across psychological distance, using abstract thinking to clarify goals and provide a basis for decisions. When thinking concretely participants established boundaries regarding the ethical dilemma.

Conclusion:

Construal Level Theory gives insight into proxy decision maker thinking and the levels of abstraction used. Understanding what dementia carers think about when making proxy decisions may help nurses to understand their perspectives and to provide appropriate support.

Keywords:

proxy decision making, dementia, carers, construal level theory, linguistic category method, ethical dilemma, nurses, qualitative methods, thematic analysis

Summary Statement:

Why is this research needed?

- There is no normative agreement regarding the best way to make proxy decisions and the struggle of dementia carers is reflected in descriptive real life accounts and actual clinical situations.
- Construal Level Theory is a lens through which to explore the thinking of decision makers and it has not been applied to proxy decision making.

What are the key findings?

- Construal Level Theory can be applied to a hypothetical proxy decision making scenario by analysing decision maker language using the Linguistic Category Model.
- Proxy decision makers use abstract thoughts to establish central values and goals as the basis for decisions. Concrete thoughts are used to clarify pragmatic concerns and the boundaries of decisions.

How should the findings be used to influence policy/ practice/ research/ education?

- Construal Level Theory and the Linguistic Category Model could be used to explore dementia carer proxy decisions where there are real life emotional and social elements.
- A proxy decision making framework should be developed and evaluated. This could be used by nurses and health and social care professionals and volunteers to support dementia carers.
- The framework would focus on helping carers to identify abstract issues and this identification could be used to help carers to address obstacles and to develop solutions.

INTRODUCTION

Dementia affects the individual's ability to make decisions and to undertake everyday activities (ADI, 2015; O'Connor & Purves, 2009; WHO, 2012). The impact of dementia is described as overwhelming, reaching beyond the individual who is living with dementia to also affect the quality of life of family members and carers (ADI, 2015; WHO, 2012). Worldwide, family members have been identified as the people providing the majority of care (WHO, 2012) and it is estimated that 74.7 million people will be living with dementia in 2030, increasing to 131.5 million people by 2050 (ADI, 2015). A person centred approach to dementia care is widely adopted as a way of achieving quality care (Brooker, 2003; Gilmour & Brannelly, 2010; Kitwood, Baldwin, & Capstick, 2007; O'Connor & Purves, 2009). Personhood is "a standing or status that is bestowed on one human being, by others, in the context of a relationship and social being. It implies recognition, respect and trust." (Kitwood, 1997, p.8). Person centred care recognises the individuality, preferences and beliefs of the unique person and their life story (Kitwood et al., 2007).

When the individual who is living with dementia does not have decisional capacity, another person, the dementia carer proxy decision maker, needs to make the decision. Dementia carer proxy decision makers find their roles challenging (Livingston et al., 2010), stressful (Lopez, Mazor, Mitchell, & Givens, 2013; Wolfs et al., 2012) and they experience uncertainty (Givens, Lopez, Mazor, & Mitchell, 2012; Wackerbarth, 2002). Knowing how proxy decision makers conceptualise the issues related to proxy decision making could help nurses to understand perspectives and to provide support. Construal Level Theory (CLT) (Lieberman & Trope, 2014; Trope & Liberman, 2010; Trope, Liberman, & Wakslak, 2007) is a theoretical approach which may provide a way to explore dementia carer proxy decision maker thinking and provide insights to develop support for carers.

Background

Approaches to Proxy Decision Making in Dementia Care.

How decision makers reach judgements needs to be explored comprehensively (Bartels, Bauman, Cushman, Pizarro, & McGraw, 2015). Deliberative decision making involves purposive thinking about choices to achieve goals; this happens within a search-inference framework (Baron, 2008). Decision makers search for possibilities and form beliefs, which may be strong or uncertain, about evidence in relation to their goals. In this way decision makers reach a judgement regarding the desirability of a proposition and a good decision is one which makes use of all the available information (Baron, 2008).

Proxy decision making can be approached by using substituted judgement, underpinned by the principle of autonomy, or by using the best interest standard, which is underpinned by the principle of beneficence (Beauchamp & Childress, 2013). In substituted judgement the goal is making the decision that the individual would have made if he or she were able to do so (Beauchamp & Childress, 2013). The goal of a best interest decision is to make a choice which maximises benefits for the individual (Beauchamp & Childress, 2013). Using either approach is problematic for dementia carer proxy decision makers because (as demonstrated in the discussion below) there is often a conflict between autonomy and beneficence, resulting in a dilemma.

Substituted Judgement.

One application of substituted judgement is an advance decision; a formal way for a person to set out their wishes while they have decisional capacity (Manthorpe, 2009). However, an advance decision may conflict with the present best interests of the individual who is living with dementia (Berghmans, 2000; Dresser, 1995; Dworkin, 1993; Gedge, 2004; Hope, Slowther, & Eccles, 2009). Another application is for the proxy decision maker to use their knowledge about the individual. Knowledge may come from informal sources, such as

observation or verbal statements; but using this knowledge may lead to uncertainty due to a lack of clarity or the opportunity for further discussion (Cohen, 2004).

Life stories are used as sources of knowledge because they are seen as part of the identity of the individual (Elliott, Gessert, & Peden-McAlpine, 2009). However, life stories can be a source of conflict because proxy decision makers attempt to maintain the life story and others disagree (Elliott et al., 2009) or because the reality of the current situation means that the life story cannot be maintained (Forbes, Bern-Klug, & Gessert, 2000). For example the individual may have been a private person who preferred to live alone and care needs may mean that this is no longer possible.

Proxy decision makers use past autonomous statements made by individuals as sources of knowledge (Black et al., 2009; Caron, Griffith, & Arcand, 2005; Elliott et al., 2009; Forbes et al., 2000; Gessert, Forbes, & Bern-Klug, 2000). Yet, the context of previously expressed wishes may not be specific or wishes may be difficult to interpret (Gessert et al., 2000). Proxy decision makers want to preserve feelings of autonomy in the individual but their considerations include balancing other benefits and burdens (Hummel, 2015; Wackerbarth, 1999). This may be because past desires conflict with the current situation (Gessert et al., 2000).

The Best Interest Standard.

Using the best interest standard presents a conflict between autonomy and beneficence, because this may involve acting in a way which does not respect the autonomy of the previously competent individual (Gedge, 2004; Holm, 2001). It is also difficult to know what the best interests of the individual who is living with dementia are (Cohen, 2004; Dworkin, 1993; Greener et al., 2012; Hope et al., 2009).

Proxy decision making should maximise the wellbeing of the individual who is living with dementia (Cohen, 2004; Dworkin, 1993; Hope et al., 2009). This reflects the principle of beneficence and a person centred approach to dementia care. However, there are various theories of wellbeing (Hope et al., 2009) therefore this approach may not be helpful. Proxy decision makers draw on ideas about quality of life (Livingston et al., 2010; Maust, Blass, Black, & Rabins, 2008; Torke, Schwartz, Holtz, Montz, & Sachs, 2013). Yet, using quality of life as a source of information becomes difficult when decision makers encounter uncertainty regarding the contemporary experiences of the individual, because the individual cannot communicate those experiences (Caron et al., 2005).

The ‘then self’ and the ‘now self.’

One challenge of purposive thinking in decision making relates to the generation of goals and the search for evidence (Baron, 2008). For dementia carer proxy decision makers this thinking relates to which of the individuals interests, desires and values should be given priority. The dilemma here is which aspect of the self should be reflected in decision making (Jaworska, 2007; Koppelman, 2002; Post, 1995). Interests are critical (relating to living a good life and are achievable in the past or future) or experiential (relating to quality of life and are time sensitive) (Dresser, 1995; Dworkin, 1993; Harvey, 2006; Holm, 2001; Jaworska, 1999; Nelson, 1995, 2009; Nys, 2013). Desires are dispositional (reflecting past views and behaviours) or actual (reflecting present feelings) (Holm, 2001; Hope et al., 2009). This dilemma has been referred to as a debate between the ‘then self’ and the ‘now self’ (Jaworska, 2007; Koppelman, 2002; Post, 1995; Sailors, 2001). The self is related to identity and maintenance of the self requires a response from others (Muramoto, 2011; Nelson, 1995; Nys, 2013; Sabat & Harré, 1992).

The Research Problem.

Understanding of how dementia carer proxy decision makers search for and make sense of goals and possibilities and make sense of uncertainty and conflict is incomplete. For instance, Elliott et al. (2009) aimed to describe and understand the ethical thinking used by proxies in end of life decision making by using focus groups to ask carers how they have or would make decisions. Verbal accounts may give insight into thought processes (Baron, 2008; Ericsson & Simon, 1980) but the dynamics of a focus group may mean that some participants dominate the discussion or that participants feel that they must reach a consensus (Finch, Lewis, & Turley, 2014; Sulmasy, 2010). Jox et al. (2012) used think aloud protocol analysis and hypothetical vignettes to explore proxy decision making. Results indicated that intuition and deliberation contribute to decision making (Jox et al., 2012), but how participants perceived and made sense of possibilities in relation to goals was not clear. Research participation is retrospective or contemporaneous and participants appear to report the decision that they reach rather than the judgement that they make.

What is required is insight into what decision makers reason or think about at the time of the decision (Sulmasy & Sugarman, 2010). This is a methodological challenge because once decision making begins, beliefs begin to change and it is difficult for people to remember their previously held beliefs (Kahneman, 2012). In addition, hindsight bias holds that people will revise their beliefs based on the outcome of the decision (Kahneman, 2012).

To address this gap in understanding dementia carer proxy decision making, we investigated the use of CLT as a way of exploring what proxy decision makers are thinking about. The theory was chosen because it gives insight into how abstract and concrete levels of thinking relate to the goals and possibilities which decision makers consider when they deliberate.

Construal Level Theory.

The principle of CLT (Liberman & Trope, 2014; Trope & Liberman, 2010; Trope et al., 2007) is that individuals think about distant objects and events by travelling across psychological distance. They can imagine and predict the future, consider the perspectives of others and recall past events across time, space, social, or hypothetical psychological distance. Crossing psychological distance occurs on a continuum and involves thinking which is more abstract than concrete. When individuals think abstractly they consider the central features and the desirability of an action or event; this is high level construal. Thinking concretely involves consideration of the feasibility of an action or event, the details and practicalities; this is low level construal. Thinking abstractly allows individuals to establish goals and meaning.

To illustrate, an individual maintains a healthy diet. Why she does this is related to her knowledge of the benefits of healthy eating. Maintaining the diet is desirable to her and it is a central value. She plans to maintain the diet at a future social event; this is her goal. As the event becomes closer in time, the availability of fruit and vegetables (the healthy diet) and the feasibility of being able to eat them become clearer to her. How she is going to eat fruit and vegetables becomes a practical consideration.

The Linguistic Category Model.

Semin and Fiedler (1991) propose that psychological processes can be understood by analysing the language that individuals use with the Linguistic Category Model (LCM). Concrete or abstract thinking is indicated by the use of concrete or abstract action verbs and adjectives (Fujita, Henderson, Eng, Trope, & Liberman, 2006; Liberman & Trope, 2014). Concrete thinking is indicated when people use concrete descriptive action verbs to describe how an action is performed; considering the feasibility and the practicalities. Abstract thinking is indicated when people use abstract action verbs, state action verbs and adjectives to describe why an action is performed; considering the central features and desirability. For

example, there are different ways to describe the care of someone who has had a stroke. The statement ‘make her comfortable’ contains an adjective and is indicative of an abstract level of thinking, there is no reference to context and the statement can be interpreted in many ways. The statement ‘support her to sit in a chair with cushions’ contains a descriptive action verb and is indicative of more concrete than abstract thinking because the context is clearer.

Construal Level Theory and Health Decision Research.

CLT has been applied to health decision research. For example, in experimental quantitative studies regarding planned behaviour; Choi, Park and Oh (2012) found that the intention to donate blood is stronger in the distant future and this appears to be related to social desirability whereas in the near future individuals focus on practical concerns. Lutchyn and Yzer (2011) found that beliefs about fruit and vegetable consumption and condom use focus more on feasibility in the near future and desirability in the distant future.

There is no evidence in the literature that CLT has been applied to proxy decision making. Application may be useful because of the need to maintain personhood and because the ‘then self’ is more abstract due to psychological distance over time, whereas the ‘now self’ is more concrete. It could give insights into how abstract versus concrete thoughts fit the purposes of decision makers when they are establishing the basis for decisions and working out how to implement the detail.

THE STUDY

Aims

Dementia carer proxy decision makers encounter ethical dilemmas, therefore this study explored the feasibility of using CLT to analyse the thinking of proxy decision makers who are making a decision regarding an ethical dilemma. Specific aims were to explore the

decision makers traversing of psychological distance by examining: (1) The level of abstraction in the decision makers' representation of the ethical dilemma; (2) The decision maker's consideration of the predictable, desirable and feasible features of the dilemma and the resulting preferences; and (3) The decision maker's construal of the proposed action in relation to ideal or pragmatic values.

Design

To understand the thinking of proxy decision makers a descriptive qualitative research approach was taken. This featured a progressing scenario, semi-structured interviews, thematic analysis and the LCM; which was used to test application of CLT.

Participants

A convenience sample (N=7) of students and staff was taken from the health department of a UK University. There were no exclusion criteria. The invitation to participate and information for participants was placed on an electronic learning platform for students and emailed to staff. Data saturation was reached with seven participants.

Data collection

Data collection took place in February 2016. Informed consent was gained and face to face semi-structured interviews took place in the University. Interviews were between twenty-eight minutes and forty-eight minutes long, they were audio-recorded, transcribed verbatim and anonymised.

Participants were presented with an evolving written scenario which reflected the decision making conflict between autonomy and beneficence (Figure 1). The scenario was about a man, Alan, who has dementia; Alan has bilateral leg amputations and he has always slept in his wheelchair at night, with a blanket over his head. His preference is documented. Alan is living in a care home and he is no longer able to make decisions about his care due to

his dementia. The care home staff are concerned that he would be better off sleeping in bed. At the end of the scenario there is a question, 'Should Alan be put into bed at night?'. The scenario was in three parts, two of which contained progressions so that reactions to new information could be explored. Participants were presented with each part of the scenario, including the stem, separately. After reading the information they were asked what they were thinking and feeling. Prompts were used as appropriate. People can be swayed to think abstractly if "how" and "why" questions are asked (Burgoon, Henderson, & Markman, 2013), therefore these were avoided.

Ethical considerations

Ethical approval was granted from the School of Healthcare Research Ethics Committee at the University of Leeds in November 2015.

Data analysis

Data analysis was manual and was carried out in two stages. In the first stage thematic analysis (Braun & Clarke, 2006; Rapley, 2011; Spencer, Ritchie, Ormston, O'Connor, & Barnard, 2014) was used to explore and organise the data. Interview transcripts were reviewed for meaningful content and the research team generated an initial list of headings which could be used to describe the features of decision making emerging from the data. Knowledge of decision research allowed for deductive analysis; researchers looked for evidence of deliberation, such as establishing goals, seeking possibilities and belief formation (Baron, 2008). Inductive analysis was also used as themes emerged from the data (Braun & Clarke, 2006; Smith, Bekker, & Cheater, 2011). Data was coded and the team met to compare analysis and to condense the headings into main themes and sub-themes. Consensus was reached regarding the themes and data extracts were reviewed for coherence.

In the second stage CLT was used to analyse thinking. Data extracts in each theme were analysed for evidence of concrete or abstract thinking using the LCM (Semin & Fiedler, 1991). The general linguistic classifications and definitions (Burgoon et al., 2013; Fujita et al., 2006; Semin & Fiedler, 1991) informed this stage of analysis.

Rigour

Trustworthiness criteria (Bryman, 2016; Lincoln & Guba, 1985) were followed by the research team. The data analysis process included becoming familiar with each interview transcript to aid understanding and this strengthened credibility. Transferability and dependability were addressed by using the LCM and a realistic scenario. The LCM is accepted as a valid and reliable tool with which to look for abstraction in participant responses (Burgoon et al., 2013; Fujita et al., 2006). Scenarios must be believable (Arthur, Mitchell, Lewis, & McNaughton Nicholls, 2014; Bloor & Wood, 2006; Jenkins, Bloor, Fischer, Berney, & Neale, 2010) and the scenario used was based on one author's (HC) personal reflection of an experience from clinical practice. Participants accepted the scenario and no review of it was required. Attention was given to confirmability by being mindful of personal values, particularly in relation to the scenario used.

RESULTS

Participant Characteristics

Participant characteristics are represented in Figure 2.

Thematic Analysis

Five main themes with sub-themes showing a clear pattern of deliberation were identified in the data (Figure 3). Participants investigated the purpose of the decision that they were asked to make by investigating the Context of the scenario. When the purpose of the decision was

established participants searched for goals which they used to inform their Approach to decision making. In the Process theme participants tested the possibilities by searching for evidence and forming beliefs regarding the best way to achieve their goals. Possibilities were strengthened or weakened based on evidence related to implementing the decision (Implementation theme). In the Considering Others theme participants demonstrated empathy towards the care home staff regarding the context of care delivery and explored the norms within which staff might operate.

The Themes and Construal Level Theory

Participant deliberations were guided by abstract and concrete thinking. Four specific sub-themes will be used to illustrate that the thinking of participants can be analysed using CLT.

Context: Extrapolation and Attempted Extrapolation

On being presented with the scenario and additional parts, participants tried to understand the situation and to fill out a picture of the man in the scenario. Despite being given information about his preference, participants attempted to look behind this and explored why the man was sleeping in his wheelchair with a blanket over his head. They used abstract adjectives, such as ‘comfortable’, ‘confident’, ‘psychological’, ‘safety’ to do this, which indicated levels of abstract thinking. Participants either reached conclusions (Extrapolation) or expressed uncertainty (Attempted Extrapolation) regarding their ‘why?’ question. Further perspectives regarding the man’s reasons for sleeping in this way were expressed with adjectives; participants surmised that he had had ‘*traumatic*’ or ‘*horrendous*’ experiences (Extrapolation) and they reached this conclusion before the information was revealed to them in part three of the scenario.

Approach: Establish Basis

Understanding the situation and the perspective of the man in the scenario enabled participants to establish central values and to generate goals. These informed the basis for the way participants made the decision and here deliberation was mostly abstract. Adjectives were used to refer to a value that preferences be 'respected' or 'acknowledged'. The ethical principle of autonomy appeared to be important as participants used abstract state verbs to articulate goals relating to 'give control' and 'keep him...involved'. As the progressions to part two and part three of the scenario were presented participants further established a basis for decision making by using abstract state verbs such as 'minimise distress' and 'treat humanely and respectfully' and they returned to using adjectives such as 'comfortable' which appeared to be a reference to quality of life.

Approach: Establish Boundaries

On being presented with part one of the scenario participants made statements regarding facilitating the man to sleep in his wheelchair or speculated that sleeping in the wheelchair overnight might compromise tissue viability. When expressing the latter participants established boundaries within which to achieve their generated goals and in this way they expressed pragmatic concerns and concrete thoughts regarding what should happen. They used descriptive action verbs with physically invariant features, indicating more concrete than abstract levels of thinking: 'if he is starting to have skin problems'; 'if it was that it was damaging...it may be to sores'; 'if it is in the best interests because of pressure area'. When specific information regarding skin integrity was given in part two thinking which was more concrete than abstract continued as participants used interpretive action verbs: 'pressure sores can create pain and all sorts of different infections'; 'I think it would be best to override his preference'; and descriptive action verbs 'putting him in bed might be the best bet'. These concerns continued in part three of the scenario as participants cited 'physical issues' and explored these with concrete language as reasons for putting the man

into bed at night. However, participants did not wish to allow pragmatic concerns to override the central values which they had established. They struggled when deliberating about overriding the man's preferences and they used the interpretive action verbs 'last resort' and 'no other way' to express their reluctance.

DISCUSSION

Application of Construal Level Theory.

The feasibility of using CLT to analyse the thinking of proxy decision makers who are making a decision regarding an ethical dilemma was explored in this study. Thematic analysis followed by application of the LCM enabled identification of a clear pattern of participant deliberation and observation of levels of abstraction in that deliberation. The results provide insight into how proxy decision makers: conceptualise the issues and represent the dilemma; consider the features of the dilemma and generate goals and possibilities to form the basis of their deliberations and; think about the proposed action and establish boundaries within which to make a judgement. The reasons which support participant responses to the dilemma at the time that they are making the decision are apparent. Achieving this level of comprehension is a key recommendation for research regarding ethical decision making (Sulmasy & Sugarman, 2010).

The levels of concrete and abstract thinking used by the participants in this study may be different to the levels of concrete and abstract thinking used by dementia carer proxy decision makers. However, a convenience sample was appropriate to explore theoretical application (Ritchie, Lewis, Elam, Tennant, & Rahim, 2014). Interviews were chosen for data collection because they can be used to explore participant thinking (Lewis & McNaughton Nicholls, 2014) and understanding (Rowley, 2012). Scenarios provide consistency and a

focus for discussion (Arthur et al., 2014) and they give an indication of the norms and beliefs of participants (Bloor & Wood, 2006; Jenkins et al., 2010).

The Hypothetical Scenario.

There were three specific benefits of using a hypothetical scenario to analyse proxy decision maker thinking. The first was in relation to CLT. Abstract thinking on one dimension leads to abstract thinking on other dimensions (Bar-Anan, Liberman, Trope, & Algom, 2007; Trope & Liberman, 2010). The principle that individuals think about distant objects and events by travelling across psychological distance meant that participants would travel across: hypothetical distance from their reality to make sense of the imagined situation; social distance to consider the perspectives of the man and the carers and; that they would consider the time of the proposed action in the scenario as near or far away. Therefore differing levels of abstraction would be observed in participant deliberations.

The second benefit was that the scenario was new to participants. Deliberation, from the establishment of the purpose of the decision and the goals to the search for evidence and the consideration of possibilities to reach a judgement could be investigated. This was important because caregiving which protects and maintains the sense of self of the individual who is living with dementia and the relationship between the caregiver and care recipient is a priority in the first stage of caregiving (Caron & Bowers, 2003). In later stages caregivers seek external support because concerns become more pragmatic and caregiving is concerned with the physical and emotional comfort of the individual, high quality care and minimising costs of care; maintaining the sense of self is no longer a priority (Caron & Bowers, 2003). Therefore carer proxy decision makers may not establish purpose and goals at the time of each decision but at different stages of caregiving; they may then begin their deliberation in relation to each decision by searching for evidence and possibilities in relation to their established goals.

Finally, the hypothetical scenario was a controlled decision making situation; variables which are known to influence proxy decision making, such as emotion (Lopez et al., 2013; Wolfs et al., 2012) and social aspects (Caron & Bowers, 2003; Elliott et al., 2009) were limited to reduce complexity.

Abstract Thinking.

Levels of abstract thinking in participant representation of the ethical dilemma were present in the Extrapolation and Attempted Extrapolation sub-themes. The situation of a man sleeping in his wheelchair at night with a blanket over his head was unusual. This appeared to prompt a ‘why?’ question, which triggered abstract thinking to make sense of the man’s perspective. Identifying this abstract thinking gave insight regarding how participants conceptualised the issues. They were exploring the perspective of the man in the scenario and were establishing central values.

Central values, generated by levels of abstract thinking, were to maintain the past preferences and habits of the man and these relate to the concept of person centred care (Kitwood et al., 2007). These findings, made at the point of deliberation, support qualitative research findings; proxy decision makers have reported that their decisions are informed by life stories (Caron et al., 2005; Forbes et al., 2000) and that they attempt to reflect personhood (Sampson & Clark, 2015; St-Amant et al., 2012). Central values are an important feature of deliberation because they lead to goal generation (Baron, 2008). Participants generated goals relating to autonomy, personhood and quality of life in the Establish Basis sub-theme. Goal generation was discovered at the moment of deliberation by analysing the language, which was more abstract than concrete.

Concrete Thinking.

Proxy decision makers describe recognising that past desires may not be realistic (Hirschman, Kapo, & Karlawish, 2006; Pang et al., 2007). Participants explored this and made a choice regarding which interests and preferences took precedence. This response to balancing past and contemporary values and views was evident in the Establish Boundaries sub-theme. Participants considered the predictable, desirable and feasible features of the dilemma with concrete levels of thinking. When establishing boundaries, participants thought concretely about the action of putting the man into bed at night and recognised that there was a dilemma because of the conflict between these concrete thoughts (relating to beneficence) and the abstract thoughts (relating to autonomy) that they used to generate their goals during Extrapolation and Attempted Extrapolation. Proxy decision makers have previously communicated their experiences of decision making in relation to this conflict (Givens et al., 2012; Livingston et al., 2010; Lopez et al., 2013; Wackerbarth, 2002; Wolfs et al., 2012). In this study the struggle with this dilemma was observed at the time of deliberation.

Finding Solutions.

In recognition of the dilemma, participants strove to maintain ideal values and goals by modifying the proposed action, this involved pragmatic and concrete levels of thinking. Participants engaged in imaginative thinking and suggested other solutions, for example, helping the man into bed in the day time. Understanding of the man's perspective due to abstract thinking and psychological distance prompted this. People are more creative when making decisions for others (Polman & Emich, 2011) and when deciding for others people are more likely to focus on desirability than when deciding for themselves (Lu, Xie, & Xu, 2013). Another explanation for the ability to suggest solutions is that expertise enables abstract thinking; participants had varying levels of expertise in healthcare. When people think abstractly they apply previous knowledge and experience (Burgoon et al., 2013).

Concrete thinking is also triggered by expertise because it allows people to generate practical solutions (Burgoon et al., 2013).

LIMITATIONS

This study used a hypothetical scenario to test the application of CLT, which meant that participants were psychologically distant from it and were not required to carry out or to observe the suggested action. Danziger, Montal and Barkan (2012) find that psychological distance might activate the ideal self therefore participants in the feasibility study may have seen themselves as advisors rather than decision makers. Also, when an action is experienced deliberation continues (Baron, 2008) and it was not possible to observe deliberation at the point of action. Future research will need to take account of the role of decision makers and actual action in relation to deliberation.

CONCLUSION

This feasibility study has shown that CLT can be used to analyse the thinking of proxy decision makers who are making a decision regarding a hypothetical ethical dilemma. Research demonstrates that decision making is a social process (Caron & Bowers, 2003) and that the attitudes of decision makers will change in response to the views of other people (Trope et al., 2007). Decisions with emotional and social elements need to be explored using CLT and research is also needed to address the usefulness of CLT. Being prompted to think about a dilemma in a concrete or abstract way can assist with perspective taking and deliberation (Fujita, Trope, & Liberman, 2015). Carer proxy decision makers could be prompted to do this and their experience and satisfaction with their decision making process

could be explored. This could support the development of decision support tools for use in clinical practice.

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Figure 1

The Scenario

Stem

Alan is 70 years old. 40 years ago he had both legs amputated above the knee following injuries sustained in war. He uses a wheelchair and he has lived alone, independently for all of his adult life. Now Alan has dementia and he has been admitted to a care home because he can't care for himself. He has lost the ability to make judgements and he is no longer capable of making decisions about his care. Alan has always slept in his wheelchair at night, with a blanket over his head and his preference is noted in his documentation.

Imagine that you are Alan's friend and the person to be contacted about his care (he has no next of kin). While you are visiting Alan a carer asks you whether you think that Alan should be put into bed to sleep at night.

Part 1

The staff are worried that people might think Alan is receiving poor care because he is sleeping in his wheelchair and they would like you to make a decision.

Part 2

The carer tells you that although Alan's skin appears to be healthy, it could breakdown and he could get a pressure sore on his bottom because he is sitting all the time. The pressure on Alan's bottom needs to be relieved. Alan does relieve the pressure by moving and shifting his weight in the daytime, this appears to be a habit, but at night he does not shift his weight as much. Putting Alan to bed to sleep at night could prevent a pressure sore. The carer asks you to make a decision.

Progression

A week later the carers report that the skin on Alan's bottom is red and sore. It is highly likely that Alan will develop a pressure sore unless the pressure on his bottom is relieved, especially at night time, when Alan doesn't move as much. Along with other interventions, putting Alan to bed to sleep at night is a way of relieving the pressure and this could prevent the skin from breaking down further. The carer asks you to make a decision.

Part 3

The carer tells you that Alan has not been sleeping well and that, in the preceding night, the night staff tried to put him into bed. Alan became distressed and appeared to be resisting the actions of the carers. After a struggle they left him in his wheelchair. The carer asks you to make a decision.

Progression

You remember a conversation that you had with Alan. He didn't like to talk about his experiences in the war, or his amputations, but you remember that he once told you how frightened he was after his injuries. Alan thought that he would die in his hospital bed. He told you that that was why he preferred to sleep in his wheelchair.

Figure 2

Participant Characteristics

Characteristic		N°
Gender	Female	6
	Male	1
Age	20-29	3
	30-39	0
	40-49	0
	50-59	3
	60-69	1
Highest Academic Qualification	Bachelor's Degree	3
	Master's Degree	2
	PhD	2
Occupation	Academic	4
	Administrator	1
	Learner	2

Figure 3
Thematic Analysis

Themes	Context <i>Fill out Picture of Person</i>	Approach <i>Establish ways to make decisions</i>	Process	Implementation	Considering Others
Subthemes	Extrapolation	Establish Basis	Identify Risk	Find Ways to Make Person's Case	Empathy for Staff
	Attempted Extrapolation	Establish Boundaries	Seek Alternative Solutions	Refine Case	Extrapolate Staff Norms
	Assess Implications of Changed Situation	Draw on Past Experience	Refine Solution	Involve the Person	
		Empathy for the Person	Recognise Dilemma		
			Weigh Options		