USING EXPECTANCY-VALUE THEORIES TO UNDERSTAND TAIWANESE’S END-OF-LIFE DECISION-MAKING BEHAVIOR

YVONNE HSIUNG

Assistant Prof., Department of Nursing, Mackay Medical College, Taiwan
E-mail: yvonnebear@mmc.edu.tw

ABSTRACT

The purpose of this article is to review and examine multiple behavioral theories that are expectancy-value based with an attempt to understand their usefulness in explaining Taiwanese’s end-of-life decision-making. Critiques of historical expectancy-value theories are presented with conceptual and methodological issues. A brief comparison of eight selected models is tabulated in terms of their nature, aims, major assumptions, strengths and weaknesses of theoretical components. One prominent theory commonly used to describe health promotion behavior, Theory of Reasoned Action and its expansion, Theory of Planned Behavior, are recommended for their applicability. It is suggested that among all expectancy-value frameworks, Theory of Planned Behavior combined with group factors are comparatively suitable to characterize Taiwanese’s End-of-Life decision-making behaviors.

Keywords: Taiwanese, End-of-life Decisions, Theory of Reasoned Action, Theory of Planned Behavior

1. INTRODUCTION:

To date, there is little guidance in the literature explaining how Taiwanese patients contemplate and decide among recommended end-of-life (EOL) treatments before medical crises. Advance care planning originated and promoted in Western healthcare context is still in its infancy in Taiwan, and the way in which Taiwanese family surrogates understand patients’ care preferences and existing alternatives also remains unclear (Chen, Wang, & Wang, 2011; Hsieh & Wang, 2011; Tai & Tsai, 2003). To better understand the theoretical foundation of Taiwanese individuals’ EOL decision-making behavior, this article takes an initiative to review and examine the potential usefulness of multiple behavioral theories that are mainly expectancy-value based. Important variables of the commonly used Theory of Reasoned Action (TRA) and its expansion, Theory of Planned Behavior (TPB) seem to provide better guidance for future studies of EOL decision-making among Taiwanese and/or other Chinese-ethnic groups.

2. EXPECTANCY-VALUE THEORIES

To further understand how Taiwanese patients and their family surrogates involve in EOL decision-making, there is a fundamental need to undergo a conceptual inquiry from a theoretical perspective. Historically, expectancy-value theories have been used primarily in psychology research to help understand human behaviors among individuals alone or in a group setting. In these theories, concepts are “value-based” in describing the role of communication in interpersonal or group setting.

Eight well-known expectancy-value theories commonly used in health promotional studies are content-analyzed, including The Field theory of Decision Making (Lewin, 1936), Behavioral Decision Making Theory or Subjective Expected Utility (S.E.U.) Theory (Edwards, 1961), The Health Belief Model (Rosenstock, 1990), Fishbien’s Attitude Change Theory (Fishbein & Ajzen, 1975), The Theory of Reasoned Action (Ajzen & Fishbein, 1980), The Theory of Planned Behavior (Ajzen, 1991), The Social Cognitive Theory (Bandura, 1982), and Trianis’ Theory of
Interpersonal Behavior (Triandis, 1977, 1979). A brief comparison of these selected models is presented with the nature, aims, major assumptions, strengths and weaknesses of theoretical components.

### 2.1 CONCEPTUAL AND METHODOLOGICAL ISSUES

After examining these models, an apparent conceptual issue is that almost all expectancy-value theories have only focused on the psychological aspects of one individual. The role of “interpersonal interaction” with others that may influence the individual’s values or expectations has not been addressed enough.

In addition, while many share similar constructs, no behavioral theory has been shown consistently to predict human behaviors. Obviously the constructs of the Health Belief Model, the Self-Efficacy, the TRA and the TPB are closely related pertaining concepts of self-efficacy, beliefs, perceived health threat, cues, attitudes, subjective norms, perceived behavioral control, intention, and the stages and processes of change. For example, social pressure may promote or prevent an action, the situational trigger or cues in Health Belief Model may be substituted by Subjective Norm in TRA. The role of perceived barriers in Health Belief model in affecting behavior is also similar to the concept of Perceived Control in TPB.

Since constructs are imprecisely defined either within or among theories, to apply them on Taiwanese’s EOL decisions, further research is needed for accurate conceptualization and measurement. In order to operationalize Taiwanese’s EOL decision-making, multiple values and expectancies in regard to this behavior has to be considered. For example, several conditions must be concerned such as behavioral consistency, a possible lack of behavioral preference, the transitivity, and the gap between Taiwanese’s EOL decisions and the subsequent behavior. Up to now, none of these have been discussed in the literature. In addition, the function of individual and environmental factors has not be systematically emphasized. What constitutes maximum utility for different Taiwanese individuals is also unknown.

Each expectancy-value theory has some features significantly relate to the phenomenon of EOL decision-making. While no single, perfect, all-encompassing theory exists to characterize Taiwanese’s EOL decision making behavior, Among them, the TPB seems to be a comparatively better model; Taiwanese’s behavioral intention, motivation and initiation of engaging in EOL treatment and care decision-making could be explained with more predictive power if considering the Perceived control construct.

### 3. THEORY OF REASONED ACTION (TRA):

Being one of the most frequently used socio-behavioral theories, the Theory of Reasoned Action (TRA) was first introduced in 1967 (Fishbein, 1967). During the early 1970s, the theory was revised and expanded by both Ajzen and Fishbein (Fishbein & Ajzen, 1975). This theory was later applied to various human behaviors and interventions (Ajzen & Fishbein, 1980a). In 1991, the Theory of Planned Behavior (TPB) was added to the existing model of TRA (Ajzen, 1991) to address the inadequacies that these two theorists had identified through their research using the TRA. Two basic assumptions are inherent that a) human beings are rational who make systematic use of the information available to them, and b) the implications of their actions are considered before engaging in a behavior (Ajzen & Fishbein, 1980b)

With the purpose of understanding and predicting human behavior, the TRA is composed of attitudinal, social influence, and intention variables. According to the TRA, behaviors are assumed to be under volitional control and can be predicted from intention. Intention, the best predictor of behavior, is formed by two determinants: personal attitude toward the behavior (AB) (the value of performing a behavior) and subjective norms (SN) (perceived social pressures) (Ajzen & Fishbein, 1980b)—one determinant is personal in nature and the other reflects social influence.

In the past decade, the TRA model has been widely used in health behavioral studies (Bursey, 2000; Fishbein & Ajzen, 1980; Fishbein, Ajzen, & Hinkle, 1980; Fishbein, Ajzen, & McArdle, 1980; Fishbein, Bowman, Thomas, Jaccard, & Ajzen, 1980; Fishbein, Jaccard, Davidson, Ajzen, & Loken, 1980; Sejwacz, Ajzen, & Fishbein, 1980; Sperber, Ajzen, & Fishbein, 1980). Recent studies that adopt the TRA as their frameworks tend to focus on “socially-relevant behaviors,” such as AIDS-related sexual behaviors, condom use, and continuing professional education (Ajzen & Fishbein, 1980b).
3.1 Theory components and relationships
3.11 Behavior

According to the TRA, the first step to understand a behavior is to clearly define the behavior, in terms of its action, target, context, and time. For our interest, the behavioral category “advanced EOL decision-making” can be broken down into specific observable single actions. It is worth noting that changes in the behavioral elements will change the behavior of interest. Examples include: a) a behavior of making life-sustaining treatment decisions is different from a behavior of involving in EOL treatment related discussion (action); b) a decision to withhold resuscitation is different from a decision to withhold tube feeding (target); c) making the treatment decision individually is different from making the decision through family discussion (context); and lastly, d) having a preference of life-sustaining treatment today is different from making the actual decision tomorrow (time). Situations involving different behavioral elements, such as action, target, context, or time, will result in different behaviors. Measurement of behavior depends on the accuracy of the behavior definition. The TRA model can be summarized in the following formula:

\[ \text{Intention} = \text{Behavior} \times \text{Attitude toward the specific behavior} \times \text{Subjective Norms} \]

where:
- \( B \) = Behavior
- \( I \) = Intention
- \( w \) = Weight being assigned
- \( AB \) = Attitude toward the specific behavior
- \( SN \) = Subjective Norms

3.12 Intention

According to the TRA, the determinant of a Taiwanese’s behavior is his/her behavioral intention. Intention is defined as the likelihood of performing a specific behavior; it is a type of judgment about how, in the present context, an individual will behave toward a particular outcome. Behavioral intention in turn is determined by a person’s attitudes toward the behavior (AB) and his/her subjective norms (SN). AB and SN are considered conceptually independent yet interact mutually. Each of them is assigned a weight reflecting their relative importance in determining intention (Fishbein & Ajzen, 1975), and this weight may vary depending on the behavior and the person performing it.

According to TRA, an individual’s behavioral intention can be used to accurately predict the behavior under three conditions, including: a) the behavior in question is under the individual’s volitional control (he/she can decide at will whether to perform the behavior), b) intention and behavior do not change in the interval between assessment of intention and behavior, and c) the measures of intention and behavior correspond in specificity of action, target, context, and time frame (Ajzen & Fishbein, 1980b).

3.13 Relative Importance

The importance of AB and SN of an individual to predict behavior vary in different situations. For example, culture may affect the relative importance of AB and SN in the formation of EOL decision-making intentions. As Taiwanese’s values become more individualistic than collectivistic, AB may become more important than SN as a basis in forming EOL behavioral intention.

3.14 Attitude Toward Behavior (AB)

Attitude is defined as an individual's positive or negative feelings associated with performing a specific behavior. According to Ajzen and Fishbein (Fishbein & Ajzen, 1975) in general, an individual will hold a favorable attitude toward a given behavior if he/she believes that the performance of the behavior will lead to mostly positive outcomes. The TRA suggests a way to access Taiwanese’s attitude to obtain information on beliefs that they have about EOL decision-making. These salient beliefs are combined and resulted in an overall evaluation of the behavior under consideration. It is worth noting that a person may hold a large number of beliefs about a specific object but only a small number would serve as determinants of AB (Fishbein & Ajzen, 1975).

An individual’s AB is measured by adding all multiplication products of beliefs and the evaluation of each behavioral consequence. For example, a possible consequence of the behavior “making an EOL treatment decision to forgo CPR” may be “making me feel guilty”, “I believe I will be blamed by the rest of my family”, or “so that my family will not be burdened.” The evaluation of each of these consequences can be measured by a Likert-scale. Beliefs, on the other hand, can be measured by evaluating the advantage and disadvantage of performing the behavior, and a 7-point bipolar scale is recommended.

This integration process is described by the following equation:

\[ AB = \text{An individual's attitude toward the behavior in question} \]

where:
- \( AB \) = An individual’s attitude toward the behavior in question
b = Beliefs the individual holds that performing the behavior (B) will lead to an outcome (i).
ec = Evaluation of the outcome;
i = The specific belief number, from 1 to N

3.15 Subjective Norm (SN)
In contrast to AB, SN is a normative component of the TRA which is a function of normative beliefs about the social expectations of significant others plus an individual’s motivation to comply with those referents. In other words, SN is the perceived social pressures an individual faces when deciding whether to behave in a certain way.

The TRA suggests that SN are determined by normative beliefs (NB), however, these social pressure are “perceived” normative beliefs from spouses, parents, or close friends; they are not the actual normative beliefs of important others.

SN can be obtained by adding all multiplication products of normative beliefs (NB) and his/her motivation to comply (MC) with each of the referent group. Usually a list of important others (a free-response format of checking referents) is obtained first, and NB are measured by using a 7-point scale to examine to what degree each referent will influence the person to perform the behavior. MC is usually measured by a 4-point Likert-scale. This formulation of SN is described by the following equation:

\[
SN = \sum_{j=1}^{M} NB_j \times MC_j
\]

where:
SN = Subjective Norms
NB = Normative beliefs
MC = Motivation to comply;
j = the specific normative belief number, from 1 to M

3.16 External Variables
Fishbein and Ajzen (Ajzen & Fishbein, 1980b; Fishbein & Ajzen, 1975) have claimed that variables not explicitly included in the TRA (e.g., demographic variables, attitudes toward target, and personality traits) can affect intention and behavior only if they influence the components of AB, SN, or their relative weights. In other word, external variables will not directly influence intention unless: a) the external variable influences the attitudinal component and a considerable weight has been assigned, b) the variable influences the normative component and that component weights significantly, and c) the variable influences the relative weights of both components.

3.2 Strengths of TRA in Explaining Taiwanese’s EOL Decision-making

3.21 A Casual Model

The TRA is valuable because the causal chain between behavioral beliefs, AB/SN, behavioral intention, and behavior has been established. Historically, attitudes of an individual toward an object (belief) and attitudes toward a behavior with respect to the object (AB) have not been differentiated. The TRA is helpful because it provides a framework for researchers to measure various determinants of behaviors. In addition, since AB and SN are conceptually discerned in the TRA, information of personal beliefs and normative beliefs can be obtained separately with more clarity (Ajzen, 2001).

Previous empirical studies have supported this causal relationship. All TRA variables have been successfully proven to account for a significant portion of the variance in explaining human behavior; in general, this model stably predicts voluntary behaviors (Park, 2000). Although some evidences have shown that AB are better predictors of behavior than behavioral intention (Liska, 1984), it is now widely accepted that behavioral intention is the immediate antecedent of behavior.

Fishbein and Ajzen also have proven that the intention to engage in a volitional behavior can be predicted by the combination of AB and SN (Fishbein, Ajzen, & Hinkle, 1980; Fishbein, Bowman, Thomas, Jaccard, & Ajzen, 1980), and a mean of multiple correlation (R) of 0.81 was reported after a detailed review of 10 empirical tests. Another more extensive meta-analysis study (Sheppard, Hartwick, & Warshar, 1988) reported a mean R of 0.66 indicating the stable prediction of intention from AB and SN. It is worth noting that AB was reported as a more significant predictor of behavior than SN (Kim & Hunter, 1993).

3.22 Sound Applicability

The TRA is a suitable model to understand Taiwanese’s EOL since it is a decision-making model in nature. Similar to other expectancy-value theories, such as HBM and Self-efficacy, the TRA assumes behavioral decisions are to accomplish positive outcomes (Ajzen & Fishbein, 1980). Since both individual and group decision-making processes are viewed as volitional behaviors, the TRA is applicable in understanding how Taiwanese
make rational decisions regarding treatment alternatives.

The applicability of TRA for cross-cultural studies is also remarkable, due to the incorporation of a normative component in the conceptualization. The TRA has been used in examining health-related behavior within a specific cultural group and in comparing culturally distinct groups (Fishbein, Bowman, et al., 1980). A cross-cultural study (Marin, Marin, Perez-Stable, Otero-Sabogal, & Sabogal, 1990) also employed the TRA as its framework to understand smoking attitudes and behavior in two groups, Latino and White populations, since the TRA is capable of capturing significant differences in personal and normative beliefs between two cultures. The researchers concluded that family-related reasons for quitting smoking, normative beliefs, are more important for Hispanic smokers, since Latino culture is a more collective culture than the White.

The consideration of normative components is also reflected in the measurement of TRA, which makes the TRA a rigorous model for cross-cultural studies. A method of elicitation research is suggested by the TRA to identify salient personal beliefs, normative referents, and normative beliefs in the target population (Ajzen & Fishbein, 1980). By using this methodology, cultural relevant information such as religiosity and cultural identity can be obtained through ethnographic interviews.

For example, Bonner (Bonner, 1996) has used this strength of TRA in her EOL treatment decision-making study in which her attempts were to identify factors influencing end-of-life treatment intentions of African American family caregivers. Her elicitation research included face-to-face and follow-up telephone interviews. Through this elicitation, specific cultural determinants such as religiosity and mistrust were discovered: with increased religiosity, family caregivers were more likely to refuse life-sustaining treatments for incapacitated relatives, and with increased trust in the health care system, they were more likely to request life sustaining treatments.

To conclude, the TRA is appropriate for understanding Taiwanese individuals’ EOL decision-making behaviors, since it takes cultural group’s information into consideration. Previous research suggests that specific cultural elements, such as traditional Chinese religious beliefs, have significantly influenced Chinese Americans’ treatment decision-making (Bowman & Singer, 2001; Crain, 1997), and the TRA has the potential to capture these salient cultural beliefs and to explain Taiwanese EOL behavioral attitudes and intentions. In addition, the TRA is also applicable for comparison studies, if EOL treatment decision-making behavior has to be compared between Taiwanese and their other Asian counterparts.

3.3 Weaknesses of the TRA in Explaining EOL Decision-Making Behavior

3.3.1 Exclusion of External Variables

There have been some critiques of the TRA, and the most significant one is that the TRA excludes some important variables, which may have direct effects on behaviors (Park, 2000). The TRA suggests that external variables may influence a person’s beliefs and AB/SN, yet they only affect behavior indirectly. However, it has been argued that not all other variables are external. Triandis’ Theory of Interpersonal Behavior (TIB) has tried to solve this problem by incorporating more environmental factors, however, it introduces other conceptual problems, such as collinearity among variables (Triandis, 1977).

Several types of variables may have direct influence on the behavioral intention. For example, while demographics variables (i.e. age and socioeconomic status) are not taken into consideration in the TRA, the effects of demographics on intention and behavior are unclear. Demographics may well be a totally independent factor, or, they may be determinants of behavioral intention (Park, 2000). Results can be interpreted differently depending on the situations. Demographical variables must not be excluded and need to be measured.

In the context of Taiwanese EOL decision-making behavior, culture should not be considered as external variable and be totally excluded. The effects of cultural factors on decision-making behavior have to be examined, since they may directly influence the decision-making intention. Similarly, factors such as an individual’s prior experience of EOL discussion and/or perceived control, may have direct effects on intention as well. The TRA has little guidance on these factors, and it is preferable to include these factors in order to better explain the behavior in question.

3.3.2 Time-Consuming Methodology
Methodology of the TRA is also challenging (Poss, 2001). Although exploring salient beliefs through elicitation research is the strength of TRA, it takes time to obtain information of available beliefs. Since measures of each component in the theory has to be developed, it is time-consuming to develop instruments to measure multiple beliefs. As a result, most studies omit this procedure (Fisher, Fisher, & Rye, 1995).

3.32 Focusing on Intention Rather Than Behavior

The other shortcoming of the TRA is that it focuses more on explaining behavioral intentions than the behavior itself. Current EOL treatment decision-making studies have found focusing more on measuring attitudes and/or intentions rather than the behavior itself. If the behavioral intention is weak or unformed, using the TRA may not yield a good prediction on behavior. For example, it is common in clinical practice to observe that patients and families are given limited time and insufficient information regarding EOL treatment alternatives, they may not be prepared to form behavioral intention in response to life-prolonging procedures. Therefore, under conditions of weak or unformed intentions, the TRA may be inapplicable to understand and to predict actual EOL treatment decision-making behavior.

3.33 Attitudes and normative components may not be conceptually distinct

The construct validity of the TRA has been challenged in the past, since results of correlations between attitudinal and normative components have been inconsistent (Park, 2000). Several investigators argued that AB and SN are not conceptually distinct (Smetana & Adler, 1980). There are significant and large positive correlations between attitudinal and normative components, and it indicates an inseparable conceptual relationship between personal and social influences on an individual’s behavioral intention (O'Keefe, 1990). There also exists evidence of collinearity in measures of attitudinal and normative components. An intervention designed to impact SN has effects on AB and vice versa (Minnard & Cohen, 1981).

3.34 A Need to Define Social Attitudes

In order to resolve this conceptual controversy, Park (Park, 2000) proposes to define “behavioral outcomes” in terms of the nature of behavioral consequences. Behavioral outcomes are either characterized personal or social sine an Taiwanese individual’s EOL decision-making may be thoroughly personal or has social consequences for other people.

The consideration of social behavioral outcome is extremely important in our case. Due to the cultural influences, Taiwanese decision maker(s) may make decisions with the intention of avoiding negative social consequences (such as being blamed by other family members) or with the intention of benefiting others (family members) than themselves. Because by definition, AB is conceptualized by individual beliefs, beliefs and attitudes that contribute to social consequences may be overlooked. AB may be mistakenly emphasized over SN, which weakens the predictability of the TRA.

It has been reported that in some studies, the TRA is unable to reflect the importance of SN in a collective culture—more weight was put on AB even though SN is expected to be more important (Park, 2000). If high collinearity exist between AB and SN, the TRA will be insignificant for this study. Given that the behavioral outcomes of making life-sustaining treatments in Chinese-ethnic cultural group is highly social in nature, and attitudes toward social consequences should not be mistaken as personal attitudes, the TRA lacks of ability to differentiate social and personal behavioral consequences.

3.35 Poor Predictability of Non-Volitional Behavior

Although the TRA has successfully predicted and explain volitional behaviors, such as voting behaviors and consumer behaviors, the TRA poorly predict behaviors that are not under volitional control. Under circumstances where personal (internal) and environmental (external) factors hinder the volitional control of the behavior, the validity of the TRA is limited within these conditions.

The Theory of Planned Behavior (TPB), an expansion of the TRA, therefore was developed to correct this problem by incorporating control factors. The assumption of the TPB is that because most intentional behaviors are subject to some uncertainties, the success in performing a behavior depends not only on intention, but also on factors that interfere with behavior control. In other words,
the intention will be either facilitated or discouraged by these control factors.

Netemeyer and associates (Netemeyer, Burton, & Johnston, 1991) have shown TPB a better model than the TRA for understanding goal-oriented behaviors in an uncertain environment. Two experiments were conducted to compare TRA and TPB for their ability to predict intentions and behavior in both voting (high degree of self-control) and weight loss (low degree of self-control) behaviors. TPB was found to be a better predictor of intention than TRA in weight loss behavior, which a lower degree of volitional control is involved. This proves that external environmental factors, such as the cooperation of others, and internal personal factors, such as skills and self-control, may directly influence a behavior.

4. THEORY OF PLANNED BEHAVIOR (TPB)

The Theory of planned behavior (TPB) has received considerable attention in the literature after it was introduced in early 1990s (Ajzen, 1991). The perceived control (PC) construct, independent of the TRA variables, accounted for significant amounts of variance in explaining behavioral intention and behavior. The TPB, similar to the TRA, assumes that intention is a direct determinant of behavior, though PC may also have a direct effect on behavior. In other words, Taiwanese’s motivation to initiate EOL decision-making will lead to actual behavioral actions.

According to the TPB, all AB, SN, and PC are determinants of intention, which then lead to the performance of the behavior in question. The weights w1, w2, and w3 can be determined by either regression analysis or structure equation analysis: these weights represent the relevant importance of AB, SN, and PC in predicting intention. The TPB model can be summarized in the following formula:

\[ B \approx I = f \left[ w_1A_B + w_2SN + w_3PC \right] \]

where:
- \( B \) = Behavior
- \( I \) = Intention
- \( w \) = Weight being assigned
- \( A_B \) = An individual’s attitude toward the specific behavior
- \( SN \) = Subjective Norms
- \( PC \) = Perceived Control

4.1 Perceived Control and Control Beliefs

According to Ajzen (1991), perceived control (PC) refers to people’s perceptions of their ability to perform a given behavior. Developed from the TRA, it is assumed that PC is determined by the total set of salient “control beliefs”. Control beliefs have to do with the perceived presence of factors that may facilitate or impede performance of the behavior. It is assumed that these control beliefs, in combination with the perceived power with each control factor, determine the PC.

To be more specific, the strength of each control belief (c) is weighted by the perceived power (p) of the control factor. Methodologically parallel to the TRA, all multiplication products of the c and p are summed. The formulation of SN can be presented in the following equation:

\[ \text{SN} = \sum_{k=1}^{L} w_k \]

where:
- PC = Perceived behavioral control
- C = Control beliefs
- P = Perceived power of the control factor
- k = the specific control belief number, from 1 to L

4.2 Empirical Support

Similar to the TRA, the TPB is well supported empirically. All three determinants (AB, SN, and PC) are proven to correlate significantly with intention. Unlike the assumption of the TRA, both PC and behavioral intentions are moderately associated with actual behavior.

There are some studies that comparing the predictabilities of the TRA and the TPB. An integrated literature review in the area of exercise research has concluded that the TPB is a more promising framework than the TRA because it includes control beliefs that would facilitate or hinder behavior (Blue, Wilbur, & Marston-Scott, 2001). Similarly, in a meta-analytic review of both the TRA and the TPB, though both theories presented good fit with the corrected correlation matrices, the TPB accounted for more variance in explaining physical activity intentions and behavior (Hagger, Chatzisarantis, & Biddle, 2002). It is concluded that the inclusion of PC in the TPB is an important addition to the TRA.

4.3 Applying the TPB to Understand Taiwanese’s End-of-Life Decision-Making

The TPB has several advantages over the TRA for the purpose of studying Taiwanese EOL decision-making behavior. Firstly, TPB is better while making EOL decisions involves a low degree of volitional control. Secondly, the TPB allows more factors such as environmental and psychological factors to be included in the model to

© 2013-2014 IJRMHS & K.A.J. All rights reserved
http://www.ijsk.org/ijrmhs.html
facilitate/inhibit the volitional control of making EOL treatment decisions. For example, specific factors such as death taboos and prior knowledge of EOL treatment may be associated with control beliefs. The TPB will provide a more conclusive view than the TRA in explaining Taiwanese’s intention behind the decision-making behavior. Lastly, the TPB is also cultural sensitive. It has also been used in cross-cultural studies to specify relationships among distinct values and beliefs. It has been reported that the TPB could differentiate two values: the Confucian work ethic and the Protestant work ethic orientations ("Selected publications of Icek Aizen," 2004).

It is recognized that one shortcoming of expectancy-value theories is the narrow focus on individuals—environmental structure or culture factors surrounding individuals are usually overlooked. Although the normative components of an individual have been taken into consideration in the TRA and TPB, both of them remain very individual in nature. If the goal were to understand and predict decision-making, it would be ineffective to consider only the individual dimension, since individual and group factors are interdependent in making decisions.

Because EOL decision-making is in a collective Taiwanese culture, a more cohesive and balanced approach that incorporates group dimensions is necessary. In addition, since the concept of family is highly valued among Taiwanese, the EOL treatment decisions are preferred through family discussion, adjoining a group decision-making theoretical concept in accompany with the individual TPB model will be helpful. This would help understand how EOL treatment information are exchanged among different group members, how decision maker(s) can be influenced with each other, and how the group reach a consensus of a treatment decision.

4. CONCLUSION

Due to a lack of existing models, clarifying conceptual and methodological issues in multiple expectancy-value theories may help characterize the behavior of Taiwanese’s EOL decision-making. After briefly examining strengths and weaknesses of theoretical components in eight selected behavioral models, the Theory of Planned Behavior has been recommended for its sound validities and predictabilities. However, to better characterize Taiwanese’s End-of-Life decision-making behaviors, it is suggested to further include group and environmental factors to the TPB individualistic in nature. Future research is necessary to explore and incorporate important factors incorporated into the conceptualization of Chinese-ethnic cultural group’s EOL decision-making.

REFERENCES:


