

Ethics in Action: An Exploratory Survey of Social Worker's Ethical Decision Making and Value Conflicts

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Abstract

A social work educator/practitioner and a philosopher collaborated to design, test, implement and analyze responses of a large survey of social workers about ethics and values. This exploratory study surveyed responses of social work students, social work educators, social work administrators and social work practitioners in a variety of circumstances and contexts.

Keywords: Relationships, ethical conflicts, codes of ethics/standards of practice, boundaries, collegial consultation

1. Introduction: Initial Collaborations

We began our collaboration informally as our offices were next to each other and we engaged in the sharing of stories and problems in each of our teaching in professional ethics courses (Gough, 2012b). We secured research grants¹ and with the intellectual and moral support from our colleagues² we undertook a literature review, focusing on current articles, online journals of social work and ethics, current and popular British and North American textbooks and social work ethics course outlines. Faculty departments in colleges

are generally smaller than universities so that collaborative research often effectively involves mentoring among colleagues³ from different departments, programs and academic disciplines out of necessity, crossing discipline borders based on shared problems with a need to share knowledge and grow in experience to enrich teaching courses.

Each of us had experience with ethics research from different perspectives, with the philosopher focused on researching and writing journal articles, developing and teaching professional ethics courses for different professional programs and the social worker developing inclusive and comprehensive workshops, such as the "Ethics Road Show"⁴ to identify the problems and issues at the practical level of implementation. This difference in research background proved to be complementary and not divisive, helping each of us to achieve a better understanding of issues than we might have on our own. The process of collegial mentoring is antithetical to the process of individuals working in isolation on research projects of their special interest with little or no transfer of knowledge and skills from one discipline to another, which has been the tradition for many years in academic institutions and which has been criticized as generally unproductive and elitist (Lloyd, 2010).

2. Method: The Survey

We designed a survey⁵ to be distributed to Registered Social Workers in Alberta. Over 1,800 Registered Social Workers opened the professional magazine *The Advocate* where the invitation to participate in the survey was placed. Preliminary and incomplete findings from this survey were presented at a national conference of social work diploma educators⁶ and at a local social work conference in Red Deer, Alberta.⁷ While over 800 social workers opened and began the survey, the over 300 full responses to the twenty questions we posed in our online use of Askitonline (www.askitonline.com) were helpful, with many respondents persevering through the entire narrative-based survey. We sorted through the responses with the intention of identifying themes, conflicts and contexts that contributed to difficulties for social workers in making good ethical decisions. Throughout this research project it has been our intention to let social workers tell us their stories of ethical conflicts and inconsistencies, as well as significant contextual

factors that contribute to ethical problems in the performance of their professional ethical responsibilities. Ethics in practice is not a spectator activity but one that involves engaged practitioners who are faced with either giving good ethical information or making good ethical decisions and actions. Either way, ethics is not a dispassionate distraction but an activity that has important outcomes, serious and significant practical consequences.⁸

In response to question 20, we received a profile of the demographics of our surveyed population (Table 1). While 87% of the respondents were female (figure 1), over 50% of respondents had 16 or more years of experience (figure 2). A third (33%) of respondents attained a BSW degree, 32% an MSW degree, and 18% had a Diploma of Social Work (figure 3). Over 50% were either employed by a non-profit agency or the Provincial health services. The number of respondents who had at least one diploma and/or degree was high, as well as the number who had graduate degrees, which testifies to the knowledge base of the group

Table 1

Age	Female	Male	Total	Percentage
16-20	3		3	
21-25	216	7	223	3
26-30	624	40	664	10
31-35	681	76	757	12
36-40	702	95	797	12
41-45	710	102	812	12
46-50	678	133	811	12.5
51-55	700	107	807	12.5
56-60	638	167	805	12.5
61-65	400	129	529	8
66-70	125	47	172	2.5
71-75	32	14	46	.5
76-80	15	8	23	
81-85	8	3	11	
86-90	3	1	4	
91-95	1		1	
	5,635	929	6,465	

This is based on the total membership of the Alberta College of Social Workers as at May 31, 2012.

of respondents (Table 2). This information helped us to understand some of the responses, since it provided us with information about the context of the surveyed responses. We will use this information to draw inferences about some of the subsequent responses to particular questions.

3. The Study Responses: Conflicts, Inconsistencies in Context

The 20 survey questions shed light on the issue of ethics in social work practice as described by respondents. A brief discussion of each question and the research responses follows.

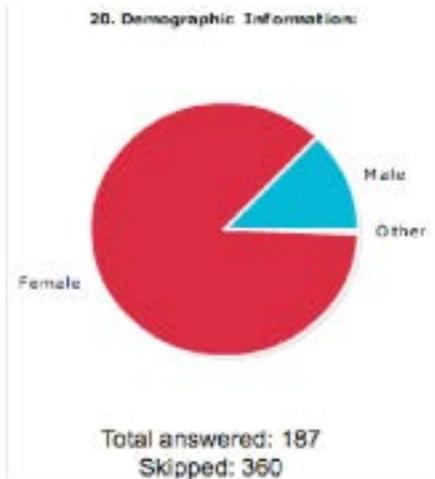


Figure 1

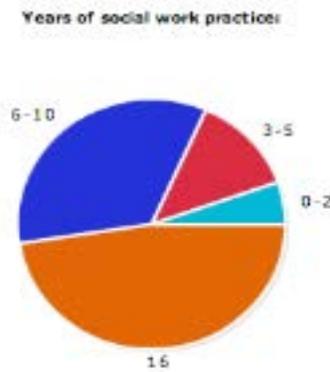


Figure 2

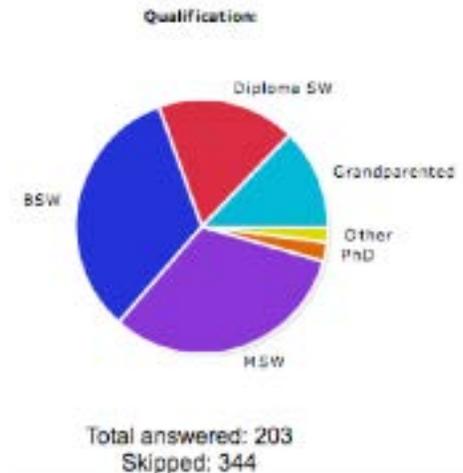


Figure 3

Table 2

Diploma/Degree	Highest Level of SW Education	Percentage of Total	Degree/Diploma attained
Ph.D./DSW	51	1	51
MSW	1,488	23	1,533
BSW	2,794	43	3,928
Diploma	1,201	18	2,006
Other*	957	15	

*Other – Social workers who qualified for registration without a degree or diploma from a recognized program of social work.

The first column of numbers shows the highest level of education attained. The last row of numbers shows the number of social workers who have received that credential (multiples apply).

Area of Practice (multiples apply)

- AB Government – 1,366
- Health Services (AHS & Private) – 1,778
- Municipal Government – 214
- Federal Government – 62
- Aboriginal (On Reserve) – 100
- Aboriginal (Off Reserve) – 98
- Non-Profit Agency – 1240
- Family Service – 190
- FCSS – 89
- For Profit/Private Agency – 175
- Private Practice/Contract – 395
- School/School District – 256
- Post-Secondary – 18

Question 1: Have you ever encountered an ethical situation that involved conflict between your personal values and:

- (a) those of the profession, 53%
- (b) the organization where you are employed, 82%
- (c) the program or school you attend, 66%
- (d) your client(s), 75%

To better understand the overwhelming response to a negative employment organization, it may be useful to diagram the differing relationships a social worker may be part of on a daily basis, in the process of simply doing their job (Gough, 2012a). Each relationship may have a different structure, impose different obligations or duties, promote different optimal outcomes and ascribe to the individual a distinctively different role. These differences may be the foundation for conflicts and inconsistency in expectations or the optimal performance of any individual social worker.⁹

1. Employer→Employee creates an obligation to perform tasks assigned to the job identified clearly by the employer, consistent with the conditions of employment.
2. Professional→Professional organization creates an obligation to perform tasks that are consistent with implicitly agreed standards of the profession in terms of ethics and competency.
3. Personal relationship→Employment Organization
4. Personal relationship→Professional Organization
5. Personal relationship→Employment situation
6. Personal relationship→Professional Colleague or Peer
7. Personal relationship→Client

There is one response to conflicts between obligations in 1 and 2, which indicates that 2 should take priority over 1, while another response indicates the employer, as “the piper that pays the bills should have the loyalty and the prior obligation of the employee.” The employer may perceive her/himself to look bad under public scrutiny of her/his poor performance, in handling ethical issues that could adversely affect any member of the public making use of a social worker’s services. The employer may institute an internal gag order on employees not to talk to the media or any other member of the public the organization was intended to serve.¹⁰ The image and values inherent in the workplace are not necessarily those of the professional practitioner. In potential conflict, the social work professional organization indicates that loyalty to the profession means “As individuals, social workers take care in their actions not to bring the reputation of the profession into disrepute” (CASW, 2005, 2). In her report, the complaints director of the ACSW identified 33 complaints involving an abuse of authority and identified recent trends in complaints such as: an increase in complaints related to people working beyond their skill level, an increase in complaints about bullying as well as an increase in complaints about abuse of authority, all of which seem to focus on the relationship between a social worker and his or her employment organization problems (MacDonald, 2010). The finding of a significant increase in complaints about bullying in the workplace is reflected not only in the responses to Questions 1 and 2 of this study but in other studies as well (Van Heugten, 2010).

Does any practicing social worker maximize the interests of the employer/employee relationship out of material necessity? Does one inconsistently maximize the interests of the professional organization, social work, which the CASW Code of Ethics suggests? There exists a conflict of commitments unless we impose a ranking priority on the interests (Gough, 1987). So, to resolve this conflict, relationship 2 needs to be ranked higher than 1, with a failure of 1 being the least desirable failure of the two possibilities (CASW, 2005).

Question 2: Have you ever been aware of, but not directly involved in, an ethical situation that involved conflict between your values and those of the organization where you were employed or educational institution you were attending?

- (a) those of the profession, 22%
- (b) the organization where you were employed, 34%
- (c) the program or school you attend, 11%
- (d) your client(s), 27%
- (e) have not been aware of an ethical situation, 6%

Responses to this question are consistent with responses to the first question. The 34% who noticed the conflict in the organization and the 27% who noted the conflict with clients indicates that the certainty of others' values is modified somewhat when we evaluate the situation in others. This is a positive outcome, since we need to be very cautious in ascribing motives for the behavior or actions of others.

The responses in (b) and (c), organization and client, corresponded to the responses in the first question to organization and client. This suggests that the context of the relationship between the organization and the practicing professional social worker with the client is the one identified to most likely produce an ethical conflict. The cause of this conflict may be inconsistency. The organization is not contributing to the best outcome for client and social worker but, inconsistent with social work values and standards of practice, a possible causal contributor to conflicts of values. The economically powerful situation of an organization that is an individual's employer relative to the weaker situation of the employee makes it difficult in cases of conflict for the employee to be able to take actions contrary to the wishes of the employer. Yet, implicitly professional organizations like social work expect that social workers will identify and react to negative aspects of organizations that do not allow optimal ethical decision making, especially when it affects clients. This expectation must be supported by suitable action and support

from the social work professional organization or else it leaves the individual social worker in an untenable situation at the mercy of the workplace organization and their values. This claim holds true for other helping professions whose job is to identify threats to the interests of the public because of their immediate relationship to problem situations and their expert knowledge of how to deal with these situations (CNA Code, 2012). Societies provide such professionals with exclusive rights to practice on the implicit condition they will benefit society by making us aware of dangers or threats to our well-being in the practices of others or organizations. This places a duty on professional social workers to the general public, as well as to their individual clients.

Question 3: Briefly describe the specific nature of the situation.

All the written responses identified a situation where the organization failed to protect client interests and confidentiality, and failed to provide access to needed services and information about options.

This failure to respect and protect client interests is in conflict with what a social worker is essentially required to do as a central feature of his or her profession. This is a serious conflict with the goals, ethos¹¹ and practice of social work professionals, the organizational goals espoused of the social work profession and any licensing agreements or contracts with social workers.

Following the responses to the first and second question, this third set of responses indicates that examples identify serious ethical issues to the social worker's functioning ethically and efficiently to protect client's interests. The power imbalance and control exerted by the organization, whether intentional or indirectly driven by funding considerations is ethically unacceptable. Both the organization and the social worker need to work within the same ethos, set of ethical principles and relationships or there will be a persistent ethical conflict. What seems to be happening is sometimes called situational control (Cooper, 2004), where an

individual's actions are determined beyond his or her will by the organization and its structure, seriously jeopardizing individual freedom of choice and individual responsibility (Foucault, 1995).

The costs to both the efficient functioning of the social worker in her job and the efficient operation of the organization to effectively deal with ethical conflicts has been shown to be significant (Nelson, 2008). Both the organization and the individual social worker should have an interest in fixing the failed relationships inside organizations. In the CASW Code of Ethics, social workers are directed "Where conflicts exist with respect to sources of ethical guidance, social workers are encouraged to seek advice, including consultation with their regulatory body" (2005). Some of these responses about failures to protect confidentiality, failure to protect the client's interests and provide needed services and information, may constitute an instance of possible boundary issues. That is, the organization may be crossing the line by determining whether and how information is distributed, whether client confidentiality is protected or whether client's interests predominate or not. These represent conflicts between some agency actions or relevant inactions, support for actions and even agency values that seem to conflict with social work values and possible actions. The professional social worker would seem to need a protected domain of decision-making, especially with reference to decisions involving vulnerable clients, decisions that are not made at the whim or under the control of the agency. This could involve the workplace acting in ways that inhibit good decision making or not acting in ways that positively support good decision making.

4. Critical Discussion of Survey Respondents' Answers to Questions 1-3

(a) The overall issue raised in these responses deals with relationships involving human beings, both formal and informal. So, it follows that what has to be fixed are

relationships and their ethical intersections in practice.

- (b) To fix a relationship, there needs to be a shared understanding of the integration of the goals, aims and ethos of employment relationships, professional social work relationships and caring relationships with clients and customers. That is, the employer needs to recognize that the social worker's education and contracting into the ethos and standards of the social work profession entails ethical obligations. These should not be overridden by employment obligations and clients need to realize that a social worker cannot override considerations of professional obligations and responsibility even for the antithetical personal interests of a client. This suggests an educational opportunity between employers, social workers, the professional organization, and clients to provide an open forum for the exchange of essential ethical information would be valuable.
- (c) There needs to be a clear focus and subsequent open public discussion (conference or workshop) of the nature of ethical relationship conflicts, the means of resolving such conflicts, the institution of professional representatives installed in organizations of employment whose express purpose it is to help identify professional ethical issues inside the organization and ways to successfully deal with these problems.
- (d) There needs to be a systemic re-evaluation of the CASW Code of Ethics to determine how adequately the expressions in the Code deal with the ethical conflicts generally and specifically in relationships identified in this set of survey responses. This should be conducted not only by members of the professional association of social workers but in collaboration with knowledgeable experts from other professionals, who interact with social workers in the field, as well as with

trained experts in ethics and with a select group of clients.

- (e) There needs to be an evaluation of the educational programs training social workers to identify best practices within these programs that deal with issues of relational ethics and conflicts between various sets of relationships.
- (f) Finally, there needs to be an ongoing critical discussion in the classrooms of social work programs, the meeting rooms of organizations that employ social workers and social work professional conferences and workshops on boundary conditions that social workers need to identify and ways that these boundary conditions spell out limitations in behavior within and across relationships. This is a project in community building, for which social workers should be prepared or at least aware of possible strategies to accomplish such projects. The buck often stops at the most personal of all relationships within the set, namely that between a social worker and client, so all the other relationships must somehow be oriented to support this one which is central to the activities of the professional social worker.

Question 4: Check all the factors that applied to the (conflict) situation (identified in 1-3).

Of the 11 possibilities answered, between 10-15% identified the following set: organizational ethics, policies or constraints (15%), staffing problems (10%), Code of Ethics (11%), Standards of Practice (11%), boundaries (crossings, violations) (10%), confidentiality (10%), client regard/lack of regard (10%). The written responses concerned relativist ethical issues: violations of the social workers' rights to practice his or her faith, cultural ignorance of other cultures, differences between power and authority of new staff compared to more experienced staff, all of which seem to be informal relationship and organizational ethical issues, especially when connected to the 25% who

identified organizational and staffing problems. It is important that 11% of respondents listed both the Code of Ethics and the Standards of Practice as a factor that applied to the conflict situation, but it is not clear whether these applied positively or negatively. That is, the Code could have provided positive support to the resolution of the conflict. However, the responses to the utility of the Code and Standards of Practice in other responses would put this positive spin to challenge. This negative interpretation seems consistent with the responses to question 5 below.

Question 5: What did you do, or what was done, and by whom, to address the situation described above?

The most prevalent set of responses was consultation with colleagues and supervisors to deal with the conflict problem(s). This is interesting because only one of these responses mentioned the CASW Code of Ethics, which was supported by management. None mentioned that the Code of Ethics was used to attempt a resolution to the conflict. However, one of the components of social work education highlights the need to consult with colleagues and supervisors before making significant ethical decisions. This consultation fits with the response that 83% of respondents chose an informal over a formal approach to making ethical decisions (in question 12) and a majority found the most influential feature in making a good ethical decision was experience (in the responses to question 18). The CASW Code was not ranked high in the influence in making an ethical decision in the responses to question 5 but it did indirectly support consultation with others as a means to using it as a guide to making a good decision. In response to Question 19, 29% of the respondents indicated that the greatest influence in forming their idea of professional ethics was education. Social work professional education stresses the need to consult with colleagues in dealing with conflicts, which as indicated does happen in the responses to this question.

Question 6: Were you satisfied with how the ethical situation was addressed (one choice)?

Only 25% of the respondents were satisfied with how the ethical situation was addressed, while 38% were not satisfied and 37% were partially satisfied. When the last two are combined, more than 75% were either not satisfied with how the situation was addressed or only partially satisfied. This suggests that there needs to be some substantial improvement in how ethical situations are addressed. We can break down the dissatisfaction with the way the ethical situation was addressed by considering the responses to Questions 13 and 14, where only 33% of respondents thought the process followed was effective (13) and 35% thought there was adequate and sufficient support for the decision-making process. This suggests that 65%-67% thought the process was somewhat ineffective or ineffective and the support for the decision making process inadequate and insufficient. We know that both the process operating effectively and the support for the process require an organization committed to making the process operate efficiently. This, again, points us back to the context, the organization, the workplace where ethical decision making takes place, a context which was initially criticized in the responses to Questions 1 and 2. If we use the responses to Questions 6 and 19 as an indication, we can infer that the problem with the unsatisfactory addressing of the situation must fall to the context of the workplace organization and not the inadequate educational ability of someone to address the situation satisfactorily.

Question 7: What aspects were satisfactory?

Significantly the satisfactory aspects focused on what was communicated, such as “staff were aware of the problem,” “I learned not to trust the system,” “a conflict between staff rights and management was identified,” “awareness of how others see the situation,” “all points of view were heard,” and “the care and concern of the client” were ranked high. Positive distribution of open communication can be gleaned from the comments that “staff were aware of the problem,” “awareness of

how others see the situation,” “all points of view were heard,” and “the care and concern of the client” were ranked high since this gives evidence of an openness and fair distribution of opinion across the set of individuals affected by the situation. It is identified as an important aspect of social intelligence known as listening.

Listening well has been found to distinguish the best managers, teachers, and leaders. Among those who are in the helping professions, deep listening is among the top three abilities of those whose work has been rated as outstanding by their organizations. Not only do they take the time to listen and so attune to the other person's feelings; they also ask questions to better understand the person's background situation—not just the immediate problem or diagnosis at hand (Goleman, 2006, 145).

This is a start to making a good ethical decision but it is a long way from achieving a resolution to a conflict or inconsistency. Many of us have been frustrated by a sympathetic nod or tongue clicking response like “I hear what you say” and “I know where you are coming from” that is not accompanied by any effective ethical decision-based action at all. More than being frustrated by such communications, people often find them condescending and dismissive of those making the claim or having the problem. One aspect that the code should consider introducing into the content of skills is the value of deep listening, as a unique aspect of the process of making a good ethical decision, as well as a valued and somewhat unique aspect of the ethos of the social work profession itself. This deep listening has to be done under the constraints of the protection for confidentiality, protection for the good of society, while maintaining professional boundaries.

Being aware of “the point of view of others,” “staff being aware of the problem,” “all points of view were heard” all suggest an initial openness to the situation, which is a positive feature of the circumstances. But these features would not impact a formal process, since how others see something or their relative position is not

a necessary factor in a formal, detached, impartial and objective evaluation of the situation and proposed solution. Instead, all these factors are important in forming caring, personal relationships, which suggests a positive approach to solving and ethical problem.

Question 8: What aspects were unsatisfactory, or you wish you or your organization could have done differently?

All the comments focused on the need to be open, honest and flexible when making decisions and moving the focus away from target numbers and budgets to protecting the interests of vulnerable clients, especially children. The needs of the budget should not be put before the needs of clients. This is certainly consistent with the conflict expressed in the responses to Questions 1 and 2. It is more likely the organization that would focus on target numbers and budgets and not individual social workers. Certainly the operations of some organizations are not open, honest or flexible. The response to this question is also consistent with the positive aspects of the positive distribution of open communication identified in the responses to what was satisfactory in previous Question 7. It seems, then, reasonable to conclude that these are some of the factors of organizations that led to the negative influence of organizations in making good ethical decisions expressed in the responses to Questions 1 and 2. The positive distribution of open communication is either an organization issue or a system-wide issue. That is, it is often the structure and function of an organization that makes this possible or impossible, not the actions of discrete individuals within the confines and structure of the organization. It is possible that the conditions necessary for the survival of the workplace organization are inconsistent with the conditions necessary for the efficient and successful making of ethical decisions on the part of social workers within it. It has been argued elsewhere as a result of health care practitioner studies that moral integrity, for example, cannot be based on the rigid application of inflexible principles since professionals must

engage themselves in a multi-valuing social matrix with differing moral positions held by others (Edgar, 2011).

Question 9: What do you believe the Code of Ethics (CASW 2005) directed you to do?

The comments all focused on honesty, respecting the rights and interests of clients, making (policy) compromises for their interests and remaining client friendly. It is significant that no references were made to specific articles, sentences or parts of the Code. There were no specific references using the formal legalistic language of ethical obligations, duties or rights in the Code. However, the values expressed are those found in the CASW Code-honesty, respecting rights and the interests of clients, and so on. While there are no specific references to the Code, there are references to the values the Code promotes. This may mean that the Code is used in spirit but not in letter. That is, the intent of supporting certain values expressed in the language of the Code is translated into respect for these values in making good ethical decisions, even though direct reference to the Code itself is missing. In this indirect way, the Code of Ethics is providing positive direction for those wishing to effectively use it to help them make important ethical decisions. The first paragraph of the Code identifying its purpose states explicitly "Both the spirit and letter of this Code of Ethics will guide social workers as they act in good faith and with a genuine desire to make sound judgements" (CASW, 2005, 2). Codes of ethics, of course, do not provide direct rule determination for behavior but rather act as a guide to help individuals make good decisions in specific contexts. The Code's ethical direction, then, may be well understood as implying certain values and approaches while social workers in workplace practice do not appeal directly to the specific, written letter of the Code.

The direct application of the letter of the Code may incur the following ethical problems, which are antithetical to making good ethical decisions: (a) blindly following the rules or laws when doing so could jeopardize a client or an effective

client/social worker relationship, (b) moralism, which can often be counterfeit to morality, where “humans insinuate malice, self-satisfaction, and complacent oppression even as they celebrate their enlightenment and rational progress” (Fullinwider, 2006, 18) by using rules as crude clubs to indiscriminately evaluate the behavior of others, (c) judgmentalism, “the habit of uncharitably and officiously passing judgement on other people” (2006, 9), which is a danger that anyone who holds the balance of power in a relationship must be constantly vigilant of applying indiscriminately.

Following the intention of the Code may involve treating people differently, with reference to the same prescription, avowing that the uniqueness of an individual and his or her situation count for more than they should when the public application of rules has to be seen to be consistent, unbiased, without prejudice and objective so that “social workers strive for impartiality in their professional practice” (CASW, 2005, 6).

Question 10: What do you believe the Standards of Practice (ACSW, Standards, 2007) directed you to do?

The written responses were quite varied with specific messages like: “report incident to supervisor” and “address (incident) with offending party,” to vague or general claims like: “provide appropriate care,” “respect the dignity of the client,” “cultural competency,” “act in accordance with the Code of Ethics.” There seemed to be an underlying confusion about how the Standards of Practice were to be employed with one person openly criticizing the recent push to revise the Code of Ethics once again, wondering “What will those less inclined to consider their Standards of Practice make of this?” This would seem to be an understanding of a standard of practice as static, fixed, eternal and not subject to changes due to new information illuminating the need to change. There would seem to be some confusion, which can itself generate conflict, between the uses of the Code of Ethics and the Standards of Practice. General and vague claims provide less direction and action guiding in context than more specific claims, like reporting the

incident to the supervisor. What is the difference between standards of practice and a code of ethics? This question is open to all professions that have both and remains open to critical evaluation.

Question 11: What did your own values direct you to do?

Interestingly the focus for comments in response to this question was contradictory with some centered on “speaking out” and “speaking for those who cannot,” “caring about the needs of the marginalized and others in need of support,” while others indicated that their values told them to “get out,” “not become involved in co-workers relationships,” “explore options or ask questions.” Distancing or detachment (Russon, 2009) occurs in an attempt to objectify a relationship as in legal relations, while engagement is a process where the parties to a relationship each have an interest in preserving and maintaining an effective personal relationship—not one guided necessarily by rules, formal procedures or laws. The difference is that the individual relationship is important not the general laws which govern it. The latter needs to be interpreted in terms of the former (Comartin & Gonzalez-Prendes, 2011).

Question 12: What decision making process or processes were followed?

Of the options provided, clearly 83% chose a non-formal approach, one that involved using an ethical theory, a decision-making model or the Code of Ethics/Standards of Practice. Almost one third of respondents (28%) said they employed an informal approach, caring attitude or relationship, 26% indicated they used personal values or an intuitive approach, and 28% indicated they employed consultation with supervisor, peer, instructor, family or other. The seminal work of the psychologist Carol Gilligan identifies this approach as indicative of feminist ethics (1982) and we note that 87% of the respondents were female. This later came to be known as caring ethics through the initial work of Nel Noddings (1984). However, we cannot be so single-mindedly gender focused on this finding

since in all the health care service professions, the emphasis is on caring relationships, in which the issue is not to focus on formal, distancing and objectifying processes but on inclusive and personal relationships within sustained professional boundaries (Hajdin, 1994).

The process is not judicial, yet Codes of Ethics and Standards of Practice are written like legal documents and established, in some uses, as the basis for formal legal responsibility. The critical issue here is between public expectations and informal approaches and actual practice which rely instead on informal consultations which are not codified. The process of deliberation using the formal code of ethics that the public might suppose happens clearly does not always happen when the decision is made. Any uniformity or universality in approach to dealing with ethical conflicts or issues cannot be guaranteed with clearly predictable outcomes, because of the shift in focus to the client's interests and the focus on personal relationships with colleagues, supervisors, and so on.

Question 13: Was the process followed effective in dealing with the ethical conflict?

One third of the respondents (33%) indicated that the process followed was effective and two thirds indicated that it was not effective (26%) or only somewhat effective (41%). There is clearly a level of dissatisfaction with the effectiveness of the informal approach, yet it is by far the most often employed process. This seems a bit inconsistent as the preferred or chosen approach was found wanting and the comments indicated that this was, in part, due to issues of consistency. Responses included statements such as "it will be difficult not to follow the concerning policy unless other workers do the same" and "there has to be a consequence for not following ethical standards and standards of practice which is missing" and "the policy was followed as best I could." Consistent with the responses to Questions 1 and 2, the problem may be centered in the organization or workplace context. Context support or lack of support plays a crucial role in good ethical decision making processes

being followed or not, followed consistently or only occasionally. There appears to be an on-going level of frustration expressed at the ethical inconsistencies in organizations or the workplace as indicated by the comments above. Additionally, the lack of consistent adherence to policies, lack of consistent consequences, and lack of any consequences caused individuals to do the best they could under the contextual circumstances.

Question 14: Was there adequate and sufficient support for you in your decision-making process?

Again, consistent with the responses to 12 and 13, 35% indicated the support provided was adequate and sufficient while 32% indicated it was not adequate and sufficient and a significant 33% indicated that the support was somewhat adequate and sufficient. This corresponds to the findings in the response to what process was followed (Question 12) since personal relationships and informal approaches often appear to be somewhat inadequate or insufficient. It also aligns with the negative responses to whether the informal process was effective or not in making an ethical decision. The relatively low numbers who believe the support for their ethical decision making was sufficient may be related to the on-going issue identified in Questions 1 and 2 about the conflict with the workplace organization, which has already been cited as a place where good ethical decisions are not supported.

Question 15: Are you familiar with the CASW (2005) Code of Ethics?

The responses to this question were interesting because 69% of respondents reported they were familiar with the CASW Code of Ethics and 29% were somewhat familiar with it. This indicates that a high percentage, (99%) are either familiar or somewhat familiar with the Code. Yet based on responses to Question 12, only 17% of respondents followed a formal approach using an ethical theory, decision making model, or the Code of Ethics when making ethical decisions.

While a large majority of respondents (99%) were familiar with the Code, they seem either not comfortable or not able to use this same Code in the process of making an ethical decision. This seriously questions the limited use of the Code or Standards of Practice in making ethical decisions by social workers with—on average—over 16 years of experience in the profession. However, this reading may not be accurate. Another interpretation is possible. On the basis of this alternative reading, we again need to distinguish between the spirit and letter of the Code, with ample evidence that the first may be a guide to making decisions but the latter is not. If the understanding of the spirit of the Code is sufficient to form the basis for “sound” ethical decision making, then the letter of the Code may be usefully employed as part of an individual’s documented reporting of what happened after the ethical decision is made. This relationship of familiarity is not a formal, objective application of a universal law or abstract rule but an informal relationship in which access to the Code is based on a reading of its intentions and subsequent consistent applications. This latter reading contextualizes ethical decision making within the framework of a busy work schedule and a mixed set of tasks, making accessing a legalistic document and following the slow and ponderous decision making of a judicial procedure not only impossible but implausible as an accurate description of what could happen in most cases.

Question 16: Are you familiar with the ACSW Standards of Practice (2007)?

The response to this question is similar to Question 15, with 57% familiar with the standards and 40% somewhat familiar with the standards, for a total of 97% having at least some familiarity with these standards. Again, only 17% of those responding reported that they actually employed it in making ethical decisions. So, familiarity does not have a significant effect on use, unless we consider the letter/spirit distinction we raised in our responses to questions 9 and 15. As we indicated in our analysis of Question 10, there was some confusion

as to what claims to make and what process to follow using these standards, specific directives or generalizations with no specific actions attached to them. The conflict is between a general set of claims and the individual required to translate these into specific decisions. This requires interpretation, training and experience to be able to do it well. There is a set of definitions, a set of clarifications and a general set of guidelines that are somewhat more specific than the CASW Code of Ethics because there is an expressed intent to formally define standards as one formally defines rules and infractions of them in codes of law. This is not just to identify some general guidelines. Setting minimal standards and meeting standards are two different activities which have to interact with each other. That is, the intentions of the standards need to be made clear and the possibilities of meeting them or not also needs to be made clear. The two activities cannot take place in isolation from each other in order to achieve an effective compliance through practice.

Question 17: Do you rely on, or believe you would rely on, the following to make ethical decisions? Please rank in descending order of importance.

The numbers and ranking again indicated that education provided a significant role in making ethical decisions but the law ranked as the first influential consideration. The respondents ranked the laws first with 51%, followed closely by 46% identifying personal ethics and values, 40% the CASW Code of Ethics, 30% the ACSW Standards of Practice, 18% agency policies or procedures, 9% supervisors, and 7% colleagues and peers. The close proximity between the percentages of those who identified legal statutes, personal ethics and values and CASW Code of Ethics, suggests some significant differences in the respondents’ replies to this question. The close proximity between the next three possibilities, colleagues/peers, supervisors, ACSW Standards of Practice and agency policies, also suggests a multi-faceted ranking. The clusters may represent confusion in the wording

of the question between two different possibilities: what do you rely on, and what would you rely on, but perhaps more importantly we missed the significance of relationships in the posing of this question. If the personal relationship is the essential focus of ethical decision making, then different components will play different parts in the best ethical relationship, with the law taking primary precedence in some specific cases and personal values taking priority in other situations.

The CASW Code of Ethics seems to discount the possibility of priority ranking of influences or values. As they say “the Code of Ethics does not specify which values and principles are most important and which outweigh others in instances of conflict” (CASW Code, 2005, 12). It is confused to say that ranking is a personal decision, since one would want to know a preference or a tendency in ranking that pre-dates the actual ethical decision, minimally as an indicator of what generally to expect. Implicitly, the code does rank starting with legalism, ranking adherence to the law as a value prior to any other ethical consideration. The Code states “when required by law to override a client’s wishes, social workers take care to use the minimum coercion required” (2005, 4). What to ethically count as a minor or a child are referenced to legal definitions so that “Social workers are encouraged to maintain current knowledge with respect to legislation on the age of a child, as well as capacity and consent in their jurisdiction” (2005, 10). For what constitutes a human right, there is a formal referencing of legal documents (2005, 10-11). After this legal authority is satisfied, the priority ranking is given to clients described as vulnerable individuals. The advice in the code seems to be to satisfy legal conditions first, then to proceed to satisfying the interests of vulnerable individuals next. This seems to be a priority ranking in fact, if not in explicit statement. The claim to no ranking coupled with the implicit ranking makes the prescription that “social workers need to be aware of any conflicts between personal and professional values and deal with them responsibly” (2005, 2) problematic,

especially when there is no process identified and no procedure hinted at to explain how to deal with them responsibly.

Question 18: As you gain years of experience, (as a student or professional), do you believe your ethical decision making process has changed, stayed the same or improved?

A significant 76% of respondents indicated that their ethical decision making process has improved, while only 1% indicated it had gotten worse, 12% thought it had stayed the same and 11% thought that it had changed but were not sure if this is for the better or worse. Clearly experience seems to be playing a major role in the perception of what factors into making good ethical decisions. Often, it is experience that develops clarity and precision in making decisions about those engaged in personal relationships, rather than textbook or law-like determinations. This speaks to the requirement that social workers go through a process of continually up-grading their education and knowledge of various aspects of their professional practice. While not all professions take such a distinct interest in continual knowledge and skill improvement, social work education may be a factor that contributes to the positive effect of increased experience. Since a large number of the respondents to the questionnaire had a significant set of experience and some formal education, there is some reason to believe that improvement would be sought by such an experienced and well-educated group.

Question 19: Who or what has been the most influential in forming your sense of professional ethics?

It was “education” that 29% of respondents indicated was the most influential in forming a sense of professional ethics, followed by “self” at 23%, “employment” at 18%, and “other” at 17%. This may indicate an important component in the category of “other” was missed. This could be the category of “experience” that may also be covered by the concept of “self”. When we contrast

education to other possible influences (peers, supervisors, organizations and codes or published standards), this is a significant finding providing support for the positive effects of social work education on forming a positive sense of professional ethics. Knowing that social work is taught in nine colleges and one university across the Province of Alberta, it is relevant that there is some significant uniformity perhaps in the education of social work students, with reference to the ethics educational experience ranked as the highest. It suggests some consistency across these various teaching institutions. This bodes well for the public's perception of the profession as providing some consistency in the education of social work professionals. This is not necessarily the case with other health care professions where education has not been identified as a positive influence on forming a sense of professional ethics. Rather, peers and friends are cited in this primary role, according to a study published in a nursing journal (Gough & Joudrey, 1999).

5. Tentative Observations and Conclusions to Responses to Questions 1-19

- (a) The clear message is that ethical decision making dealing with conflict situations is focused on non-formal, personal relationships with colleagues, peers, supervisors. This identifies a relational-individual approach, placing the individual and his or her interests inside a supportive, caring relationship and not at the discretion of a detached and objective formal process. This runs counter to some professionals' claims about professional ethics, namely that legalistically following the formal rules of a code or standard of practice is "enough for responsible conduct" (Davis, 2003, 62).
- (b) The use of a Code of Ethics/Standards of Practice is often identified as crucial by those who try to protect the public's interest in knowing the formal accountability relationship between a professional and his or her professional association's standards, in order to be able to predict what can be expected from a professional in practice. However, if the code and standards are not well understood and used effectively by professionals, then the public's use of them should be reconsidered.
- (c) The education process for social workers seems to be working well, when it comes to information and familiarity with the professional Code of Ethics/Standards of Practice. However, it may not be working as well in practice at the level of overtly implementing these formal approaches into actual decision making. Internalization of formal Codes and Standards may be "second nature" and under-reported as a source of decision-making, especially for seasoned professionals.
- (d) If professional social workers get better at the process of making ethical decisions, based on experience in the profession, then there is a need to ask what it is they are learning in practice settings that they did not get in their formal education into the professional of social work.
- (e) The workplace or organization that structures, and to some extent determines through situational control, a social worker's behavior and decisions needs to be integrated into the community of practice of social work better than is currently the case. Since over 50% of social workers responding to this survey reported that they operate inside the non-profit or the government health organization, this is not uniquely an issue with private service providers. This is an issue of communication, consistency in following and promoting or supporting the same processes to achieve the same outcomes for both social worker and organization. Otherwise, organizations that provide services are doing so inefficiently.
- (f) Inconsistency contributes to conflicts and at the very least does not seem to contribute to resolutions to ethical conflicts or issues. Consistency needs to be maintained, supported and promoted in ethical relationships for

social workers to be capable of performing the tasks of their profession effectively.

- (g) It is not surprising that personal values can provide an obstacle to the resolution of conflicts inside and outside organizations, between professional and client, but it is surprising that having a personal value system seems essential to forming personal relationships that are deemed essential to making effective ethical decisions. The issue becomes how to manage personal values, the professional role of a social worker, and the necessary professional boundaries that protect the client and the profession's ethos and reputation.
- (h) There may be a need and an opportunity to continue the education of social workers beyond the parameters of formal education so that the experience that is so valuable to improving ethical decision making processes is shared along the spectrum of a social worker's career.
- (i) Multicultural societies present a context that puts significant pressure on social workers to avoid bias (MacDonald, 2010), while maintaining personal values consistent with acting on professional values. This establishes the issue of boundaries which will continue to be the possible source of conflicts and inconsistency, making ethical decision more difficult. Boundary crossings and violations are not just an ethical issue of importance to those immediately involved in the situation. These issues are also of ethical importance for the profession of social work generally. Every social worker is affected in the workplace by the general perception of the social work profession.
- (j) As the educational level of the general public increases, service providers decrease services, and the access to social services increases, the focus on ethical conflicts involving social work professionals may increase. This makes it more imperative to address inconsistencies, disparities and the confusion in the understanding and use of codes of ethics and standards of practice.

6. Recommendations

- (a) There should be yearly workshops or conferences to inform and engage workplace organizations who employ social workers in the decision making processes of professional social workers, who ascribe to their own professional Codes of Ethics and Standards of Practice. Communication and understanding can follow from an integrated collaborative continuous educational experience. Limits and sacrifices need to be identified by workplace organizations, consistent with the professional standards of their social work employees. The social work profession should not be compromised by the expediciencies of different workplaces but rather the workplace needs to do all it can to ensure clients' interests are protected by social workers' ethical priorities. Society needs the assurance that professionals will not have their ethical and practical standards compromised by the workplace. This assurance is the foundation for society granting professions the exclusive privilege to practice, a privilege which society could revoke if the profession fails to provide professional standards of practice and conduct on the part of its members.
- (b) There should be a suggestion of how to prioritize values in ethical decision making so social workers are not left to their own interpretation or personal values. If the latter happens, then this defeats the idea of a consistently applied set of standards or practices for professionals making ethical decisions. To set priorities is not to press them into stone. Priority rankings are flexible and can change due to changes in circumstances. However, the public has a good ethical reason to expect that professional social workers will be able to provide a basis for the ranking of their ethical choices, even if the outcome of the ranking is not necessarily the same in all situations due to circumstantial differences affecting priorities.
- (c) Experienced social work professionals should try to identify some of the specifics of how

they actually make informed ethical decisions in the workplace and bring this information to other professionals or new students of the profession. That is, there needs to be a clear on-going intergenerational and collegial understanding of how to make informed ethical decisions in the workplace among social work professionals. Social workers face similar ethical conflicts in practice, that need to be resolved based on reasonable priorities, set on the basis of experiential understanding shared among colleagues. Any conformity in practice cannot be enforced but it can be determined on the basis of informed, critical reflection of similar cases and shared principles in the process of making an ethical decision. As we suggested earlier, social workers are expected to be active, attentive listeners, so the intelligent counsel of others is not a stretch (Goleman, 1995, 145-146).

- (d) There needs to be some re-thinking, on the part of professional social workers, of the role and function of the Code of Ethics and Standards of Practice in actual ethical decision making. The value of making ethical decisions on the basis of the spirit of the Code or Standards of Practice should be emphasized, as well as the value of following the letter of the rule or principle, as we indicated earlier in this paper. In teaching ethical decision making, social work programs should emphasize the character of the decision in relation to the Code of Ethics rather than just the matching of the decision in one universal way to the ethical action which follows it (Gough, 1987, 224-230).
- (e) The ethos¹⁴ of the profession of social work should be identified and made clear at the beginning of the Code of Ethics and incorporated into the education of professional social workers to provide the acknowledgement of a consistent set of characteristics that identify the professional social worker as an attentive listener, an advocate for the vulnerable, an informal caring relationship advocate of the interests and rights of others, especially the

least fortunate in society, and a passionate proponent of social justice for all. An ethos recognizes the shared ethical identity of the community of social workers, and, as such, it should be made manifest to social workers who must make ethical decisions.

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Footnotes

¹ Special Projects Funding Grant from Red Deer College Board/Faculty Professional Development Fund and an Innovative Research grant supported by Alberta Colleges and Technical Institutions, AACTI, Innovation Secretariat and support in kind from the Alberta College of Social Workers Interdisciplinary Advisory Group and Delphic groups.

² James Wilson, Red Deer College, helped us organize the survey and format it, introducing us to AskitOnline (www.askitonline.com). Social work teaching colleagues Elizabeth Radian offered helpful suggestions on possible questions and Tera Dahl-Lang made helpful suggestions on ethical issues, while social work student and research assistant Jordanna Huggins themed some of the responses to the questions.

³ While born of necessity in the context of some education organizations, independently collabora-

tive research has its benefits to programs, faculty and students. It has the effect of breaking down artificial, institutionally or organizationally created, barriers to effective research communication, highlighting difficulties with obscurantist technical language designations determined by discipline traditions, discovering important commonalities concurrent within the approaches of different approaches from different sources, and so on.

⁴ Elaine Spencer was a co-developer and team member (with Alison MacDonald, PhD, RSW, and Duane Massing, PhD, RSW) of a successful team project that led social worker educators and practitioners on a voyage of discovery as they travelled across the province of Alberta leading discussion seminars and workshops about important ethical issues and case studies that impacted the practice of social work in various geographical locations in the province. The "Ethics Road Show" [Original,

Part I and Part Deux] was based on a workshop that included Elaine, Alison, Duane, and Suzanne Rosebrugh, MSW, RSW.

⁵ *Is Ethical and Effective Distribution Possible?* Presentation to the 7th Annual ACCESS, Association of College Educators in Social Services Conference, June 8, 2011, Montreal, PQ.

⁶ *Recent Research in Ethical Decision Making in Social Work*, Presentation to the Central Alberta Social Work Conference, June 21, 2010, Red Deer College, Red Deer, Alberta

⁷ The survey proposal and methodology was submitted to the Red Deer College Research Ethics Board, and was approved, prior to being disseminated.

⁸ There has been a long-standing and traditional split in the study of ethics by philosophers in which the practice of ethics and questions about it are thought to be independent of the questions prompted by the theories of ethics or meta-ethical considerations. Although it is sometimes thought that there are separate domains for the critical practices of each, it is also the case that the distinction breaks down as ethical decision makers are prompted to become internally self-reflective on what they are doing and how they are applying a theoretical principle or consideration. See, for example, Andrew Fisher and Simon Kirchin (Eds.), 2006. *Arguing about Metaethics*. NY: Routledge, which is predicated on the continuation of the meta-ethics/ethics distinction.

⁹ An initial important qualification needs to be considered. Since the survey was given to social work individuals and not delivered to organizations, some organizations or their representatives may have a different self-image or self-characterization from that identified by their social worker employees.

¹⁰ The public transparency and anonymity provided by social media internet outlets now makes this option less effective than in the past.

¹¹ The “ethos” of a profession has a variety of possible interpretations but for our purposes it represents a dominant characteristic(s) that separates, individuates, defines, actions and

decisions as consistent with the character of a professional group or inconsistent with it. So, for example, the ethos of most helping social service professions involves characteristics of care, concern for the other, altruistic motives, empathetic reactions and personal engagements, which are not the characteristics of other professions, like that of a professional engineer or architect.

¹² We developed this idea of the difference between the letter and the spirit of the code in our response to Questions 9 and 15, above. As well, all our combined teaching experiences in the area of professional ethics taught us that this distinction was often an issue with students understanding what to do in practical situations.

¹³ This is a common problem with many codes of ethics and their use by many professions and is not restricted to the application of a code by social workers. Codes need to be interpreted on site, as it were, and there should be some guidelines as to how the individual can manage potential and actual conflicts between different aspects, duties or rights contained in the same code. If such guidance is not provided in classroom instruction or in initiation into a profession, then there is a real problem of conflict and confusion that could render the code unusable and unworkable by the very people who it was intended to help. The existence of a code in a profession is not enough to guarantee that it will be used at all, be used effectively, or taken seriously, as the basis for making good ethical decisions.

¹⁴ As indicated earlier, this is a communal, shared, sometimes tacit, sometimes implied, not always expressed but often recognized in attitudes, behavior, approaches and equally often common to the ethics of a group or community. A caring attitude, for example, is an important part of the social work community's shared ethos but also, we argued, attentive listening should be incorporated as an integral part of this caring profession's communitarian character.