

Exploring the Relationship Between Ethics Stress and Burnout

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Journal of Social Work Values and Ethics, Volume 17, Number 1 (2020)
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Abstract

Ethics stress, which has received limited attention in the social work literature, constitutes the stress associated with ethical decision-making in contemporary practice. The current study proposed that ethics stress operates as a specific form of role stress and would therefore have a similar relationship with burnout, such that increased ethics stress would predict elevated levels of burnout. A regression model supports this theory indicating that 12% of the variance in burnout was explained by ethics stress when controlling for years in practice and type of practice. Social work education can play a unique role in preparing students to manage the complexities of ethical challenges in practice.

Keywords: ethics stress, moral distress, professional dissonance, role stress, burnout

Introduction

Social work is a demanding profession with stressors associated with organizational structure and culture (e.g., limited supervision and funding constraints), interpersonal interactions (e.g., high caseloads and challenging clients), as well as detailed paperwork and reporting requirements. The existing literature has consistently demonstrated that these job stressors lead to decreased job satisfaction, increased burnout, and subsequently, increased intent to leave and actual turnover (Kim & Stoner, 2008; Mor Barak, Nissly, & Levin, 2001). In fact, agencies have reported turnover rates as high as 30 to 60% in a given year (Mor Barak et

al., 2001). Thus, quality may decline as services are disrupted and resources, including time and money, are diverted to staff recruitment and training (Kim & Stoner, 2008; Mor Barak et al., 2001).

Ethics stress and related constructs including moral distress, cognitive dissonance, and disjuncture are relatively recent concepts to emerge in the social work literature, particularly in North America (DiFranks, 2008; Taylor, 2007, Weinberg, 2009). This is somewhat surprising given the emphasis in social work on ethical practice and decision-making. Kim and Stoner (2008) have noted that “confusing legislation and concomitant guidelines have increased the conflicting and incompatible demands on social workers” (p. 6). Therefore, social workers may find themselves in “no-win” situations where ethical action is thwarted. Several studies utilizing samples of customer service employees, social workers, and nurses have found a relationship between ethics stress and decreased job satisfaction and increased intention to leave (DeTienne, Agle, Phillips, & Ingerson, 2012; O’Donnell et al., 2008; Ulrich et al., 2007). A study conducted by Ulrich et al. (2007), found that more than 30% of nursing and social work respondents reported feelings of fatigue and powerlessness, being overwhelmed, and increased work strain related to ethics stress. Further, in Grady et al.’s (2008) study, less than half (47%) of the social workers reported receiving ethics training while pursuing an Associate’s or Bachelor’s Degree and less than one third (27%) reported receiving ethics training while pursuing a master’s or doctoral degree. These results suggest

that ethics stress is a significant and often overlooked job stressor warranting further investigation.

Review of Literature and Theory

Relevant Definitions

Frequently cited is Jameton's (1984) description of moral distress as the discomfort that arises when one knows the morally correct course of action but is unable to follow through. Raines (1994, 2000) provides a broader definition in which ethics stress is depicted as the tension associated with making ethical decisions in practice, such as when the course of action is unclear or hampered due to conflicts between personal beliefs, professional or legal guidelines/codes, and organizational expectations. It seems plausible that an individual might experience moral distress in situations where they are unable to identify the "correct" course of action, such as when overwhelmed by the complexity of moral considerations within a given practice context.

Ethics Stress and Social Work Theory

Fenton (2014) approaches ethics stress from a critical perspective, suggesting that social work is increasingly influenced by neoliberalism and that higher levels of ethics stress are associated with work environments where neoliberal practice is more prominent. Neoliberal social work practice is characterized by a decreased focus on social justice and the structural elements of social problems as well as an increased emphasis on outcome measures and meeting reporting requirements; all of which translates into more *risk averse* (i.e. less flexible) work environments. Weinberg (2009) also highlights the inherent connection between moral distress and the systems within which social workers practice, noting the way social work has become increasingly focused on micro (e.g., therapy) versus macro (e.g., advocacy/policy) work. In Fenton's (2015) study of social workers within the Scottish criminal justice system, she found that social workers experienced greater ethics stress in environments that limited flexibility in decision making.

Fenton (2014) relates her concept of risk averse work environments (characterized by inflexibility and the lack of a holistic approach toward client challenges) to Taylor's (2007) discussion of *ontological guilt* and *ontological anxiety*, within Taylor's (2007) broader theory of professional dissonance (or cognitive dissonance). Risk averse work environments lead to ontological guilt; that is, the guilt that arises when one is unable to act in ways that are consistent with one's ethical beliefs (due to inflexible work environments that limit unique and creative approaches to ethical dilemmas). On the other hand, ontological anxiety is a positive form of angst that pushes a social worker towards growth rather than stagnation and allows one to see a situation from multiple perspectives and to act courageously. Both Fenton's (2014) and Taylor's (2007) theories emphasize the importance of work context and social worker agency as well as the emotional experience of ethics stress.

Relevant Quantitative Literature

Studies conducted by O'Donnell et al. (2008), Grady et al. (2008), and Ulrich et al. (2007) explored the relationships between ethics stress, organizational ethical climate, moral action, job satisfaction, and intent-to-leave via self-administered surveys among a sample of nurses and social workers. Significant findings included the following:

- Higher levels of ethics stress were associated with decreased job satisfaction and increased intent-to-leave (O'Donnell et al., 2008).
- Employees experienced less ethics stress within work environments that were more ethically supportive and included more ethics resources (O'Donnell et al., 2008).
- Those who received more ethics education (particularly continuing education) were more likely to use ethics resources and to engage in moral action (Grady et al., 2008).

- Ulrich et al. (2007) found that respondents who had available resources and support to manage ethics stress were better able to preserve job satisfaction.

Respondents who reported having more ethics education reported less job satisfaction. Mänttari-van der Kuip (2016) in a study of 817 social workers observed that those who reported experiencing moral distress were more likely to “not be willing to continue in their current position” (p. 92), suggesting an intent-to-leave. Further, a study by Neumann et al. (2018) of 98 hospital social workers revealed that elevated moral distress was predictive of increased burnout. These studies highlight the impact of ethics related stress on employee feelings of efficacy at work as well as the importance of appropriate supports and education related to ethical decision making and action.

A meta-analysis of 25 studies exploring human service employees’ intent to leave and turnover was conducted by Mor Barak et al. (2001) and found that burnout, job dissatisfaction, stress, and limited social support were among the top predictors. A subsequent 2008 study of social workers by Kim and Stoner (2008) found that burnout mediated the relationship between role stress and intent to leave such that those with higher role stress were more likely to experience higher burnout which increased intent to leave. Role stress can result from a lack of clarity about and limited support in carrying out job functions as well as from conflicts between the goals and values of the employee and employer (Söderfeldt, Söderfeldt, & Warg, 1995; Kim & Stoner, 2008). Therefore, ethics stress may operate as a specific form of role stress, originating from the degree to which an employee is able, empowered, or prepared to negotiate ethical challenges unique to their position.

Research Question

The present study explores whether ethics stress operates in a similar manner to role stress in relationship to burnout among a sample of social workers. Specifically, does ethics stress predict

burnout when controlling for type of social work practice and length of time in the profession?

Method

Sample

A list of 628 Licensed Bachelor Social Workers (LBSWs) was obtained from one mid-Atlantic state’s social work board. Sixty-seven individuals with out-of-state addresses were removed from the list, resulting in a final sampling frame of 561 individuals.

Procedure

Self-administered, paper surveys were mailed to the home addresses of 270 randomly selected LBSWs as part of a study on social worker professional quality of life. Measures were selected based on the literature as well as their appropriateness for use with this sample. All participants received a cover letter that described the purpose of the study and consent process. One hundred and thirty-five (half) of the initial mailings were randomly selected to receive a \$2 incentive. Two weeks after the paper surveys were sent, a follow-up post-card was mailed to participants. The follow-up post-card thanked those who had already responded and encouraged those who had not yet responded to do so through a web link to an online version of the survey. Completed surveys were returned, via a self-addressed stamped envelope, to the researchers at the University of Maryland, Baltimore. Respondents remained anonymous as the researchers were not able to link responses to specific individuals. Only the research team maintained access to the data, which was kept on password protected computers and in a locked cabinet. This research project has been approved by the IRB of the University of Maryland, Baltimore.

Of the 270 surveys that were mailed on August 31, 2016, 10 were returned to sender and 73 were received by the research team for a response rate of 28% (i.e., based on 260 potential respondents). Survey responses included in this study were all received by October 12, 2016. No survey responses were received via the online link.

One respondent reported non-residence in the mid-Atlantic state of interest and was excluded. An additional 12 individuals were excluded as they were not currently working in the field of social work or human services. All individuals included in the analysis endorsed being 18 years of age or older.

Of those respondents included in the final analysis, the majority identified as female (91%) versus male (9%). Fifty-seven percent identified as White while 41% identified with at least one minority racial or ethnic group. The average age of respondents was 49.41 (*SD* = 12.50) years, with a range from 24 to 74 years of age. Respondents reported being social workers for an average of 22.54 (*SD* = 11.76) years with a low of 1.25 years and a high of 43 years. The majority (91%) of respondents reported working 30+ hours per week.

Measures

In addition to the standardized measures described below, the survey included questions

related to demographics and practice characteristics. Items of interest in the study’s multivariate analysis include the number of years a respondent reported being a social worker (years in practice), measured as a continuous independent variable and the type of social work currently practiced (type of practice), measured as a dichotomous independent variable. The survey question about social work practice included five options: Direct practice with individuals or groups, Administration/Management, Community Organizing/Advocacy, Training/Consultation, and Academic (Research and/or Teaching). For analysis, these options were collapsed to *Direct Practice* and *Other*. Survey responses to race and ethnicity questions were used to create a dichotomous variable which included those identifying as only *White* or as *People of Color*. *People of Color* includes anyone who identified as Hispanic or Latino, Black or African American, Asian, American Indian/Alaska Indian, or Native Hawaiian/Pacific Islander.

Ethics stress. Ethics stress (independent variable) was measured via the 21-item affective subscale of the Ethics Stress Scale (Raines,1994). The Ethics Stress Scale was originally used with medical professionals but provides statements that can be adapted for human services and has been utilized within the social work literature. While three subscales (affective, behavioral, and cognitive) have been identified, the current study utilized the affective subscale to explore the emotional experience of managing ethical issues or challenges in practice. Sample items include, “I sometimes feel overwhelmed by having to make ethical decisions.” and “I feel confident about my professional responsibilities and scope of practice related to ethical issues.” The Ethics Stress Scale

Table 1

Demographic Categories of LBSW Survey Respondents

Category	#	%
Type of Social Work Practice		
Direct Practice	39	69.6
Administration/Management	11	19.6
Community Org./Advocacy	4	7.1
Training/Consultation	2	3.6
Academic	0	0.0
Race/Ethnicity		
White (only)	32	57.1
Black or African American	20	35.7
Hispanic or Latino	3	5.4
American Indian/Alaska Indian	2	3.6
Asian	1	1.8
Native Hawaiian or Pacific Islander	0	0.0

Note. *N* = 56. Race/Ethnicity data was missing for one respondent. Three respondents identified with more than one minority racial or ethnic group.

as a whole has demonstrated very good internal consistency reliability with a Cronbach's alpha of .87 and adequate content and face validity via expert review (Radzvin, 2008, 2011; Raines, 1994).

The 21 affective subscale items are measured on a 5-point Likert scale from *Strongly Agree* to *Strongly Disagree* and are combined to create a sum score (with lower scores indicating higher levels of ethics stress). The theoretical range for ethics stress (affective subscale) is 21 to 105, while the actual range in this sample was 58 to 101 with a mean score of 80.59 ($SD = 11.55$). Clinical cut-offs have not yet been established for the Ethics Stress Scale or its subscales. Radzvin (2008, 2011) identified positive (7 questions) and negative (14 questions) affective subscales, which were originally described by Raines (1994), but not fully explicated. In the current study, the affective positive subscale ranged from 19 to 35 ($M = 27.63$, $SD = 4.20$) and the affective negative subscale ranged from 35 to 70 ($M = 52.96$, $SD = 8.64$). For comparison, in Radzvin's (2008, 2011) study of 283 Certified Registered Nurse Anesthetists (CRNA), the affective positive subscale ranged from 14 to 35 ($M = 26.31$, $SD = 4.38$) while the affective negative subscale ranged from 19 to 68 ($M = 50.47$, $SD = 9.59$). Cronbach's alpha of .87 was obtained for the affective subscale of the Ethics Stress Scale in this sample.

Burnout. Burnout (dependent variable) will be measured via Stamm's (2010) Professional Quality of Life Scale (ProQOL), a tool designed for use with individuals in the helping professions. In this model, burnout manifests as feelings of exhaustion and hopelessness about one's work as well as difficulty performing work tasks effectively. A sum score is obtained via 10 items (e.g., "I feel worn out because of my work as a social worker.") that are measured on a 5-point Likert scale from *Never* to *Very Often*. The theoretical range for burnout is 10 to 50, while the actual range in this sample was 12 to 38 with a mean score of 21.55 ($SD = 5.32$). Per Stamm (2010), a score of 22 or less indicates low levels of burnout, placing the mean score on the boundary between low and average (score of 23 to 41) levels of burnout. High

levels of burnout are characterized by a score of 42 or above. Based on a review of the literature, the burnout scale has an average Cronbach's alpha of .75 (Stamm, 2010). Cronbach's alpha of .82 was obtained for the burnout scale in this sample.

Data Analysis

Data was analyzed using SPSS Version 22. Four individuals were excluded from analysis due to a significant amount of missing data on variables of interest, resulting in the final analytic sample ($N = 56$). A power analysis using G*Power indicated that for a linear regression model with alpha set at .05, an anticipated medium effect size of .20, and power of .75, a maximum of three predictors could be utilized with the current sample (Faul, Erdfelder, Lang, & Buchner, 2007). Previous studies have not provided clear guidance regarding anticipated effect sizes.

A hierarchical regression model was used to test whether ethics stress is a unique predictor of burnout when controlling for years in practice as well as type of practice. Bivariate relationships between the independent and dependent variables were tested via correlation (ethics stress and burnout; years in practice and burnout) and t-test (type of practice and burnout). Regression assumptions, including no problematic collinearity, normality of residuals, homogeneity of variance, independence of residuals, and linearity were tested prior to running the hierarchical regression model. All assumptions were met within acceptable limits. Due to concerns about statistical power, the race/ethnicity variable was not included in the multivariate model. However, the relationships between race/ethnicity and ethics stress, burnout, years in practice, and type of practice were explored at the bivariate level. For any missing value on the burnout and Ethics Stress Scales, the median score for the rest of the sample on that item was substituted and used to calculate the scale score. One respondent was missing a value for years in practice. As a result, a ratio to describe the relationship between age and years in practice was calculated and a single value was imputed for this respondent.

Results

Bivariate Analysis

Prior to running the regression model, bivariate relationships between the independent and dependent variables were explored. There was a significant negative relationship between ethics stress and burnout, $r = -.359, p < .01$, indicating that as ethics stress scores decrease, burnout scores increase. This is the relationship that would be expected as lower scores on the Ethics Stress Scale indicate higher levels of stress. The relationship between years in practice and burnout as well as type of practice and burnout were not significant at the bivariate level.

Further, 41% of the respondents in this sample identified as *People of Color* versus 57% who identified as *White* only. Bivariate relationships were explored to determine if there were significant differences on variables of interest based on race and ethnicity. Results of bivariate analyses indicated that there were no statistically significant differences between those who identified as *White* only versus a *Person of Color* on burnout, ethics stress, years in practice, or type of practice. Interestingly, Stamm (2010), observed that non-white respondents reported significantly higher levels of burnout than white respondents. This

discrepancy could be a function of the sample size, or another unique characteristic of the respondents in this study and warrants further investigation.

Multivariate Analysis

Results of the omnibus test indicated that Model 1, $R^2 = .09, F(2, 53) = 3.85, p = .028$, and Model 2, $R^2 = .20, F(3, 52) = 5.65, p = .002$, were both significant (see Table 2). Model 1 demonstrated that years in practice and type of practice explained 13% of the variance in burnout. After controlling for years in practice and type of practice in Model 2, ethics stress predicted 12% of the variance in burnout. Both type of practice ($p = .013$) and the ethics stress ($p = .006$) were individually significant in Model 2. Individuals who identified working in Administration/Management, Community Organizing/Advocacy, Training/Consultation, or Academia (Research and/or Teaching) had burnout scores that were 3.6 points (7%) lower than those who identified as working in direct practice with individuals or groups, holding other variables constant. And, for every one-point increase in burnout, an individual's ethics stress score decreased by .16 points, holding other variables constant.

Table 2

Hierarchical Regression: Predictors of Burnout

Predictor	Model 1			Model 2		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Years in Practice	-0.07	0.06	-0.16	-0.05	0.06	-0.12
Type of Practice	-3.48	1.48	-0.30*	-3.56	1.39	-0.31*
Ethics Stress				-0.16	0.06	-0.35**
R ²		0.13			0.25	
F		3.85*			5.65**	

Note. $N = 56$. *B* = unstandardized regression coefficient. *SE* = standard error. β = standardized regression coefficient. * $p < .05$. ** $p < .01$.

Discussion

Questions within the affective subscale of the Ethics Stress Scale speak directly to the emotional demands of ethical decision making in practice and suggest that managing ethical issues is a unique function (i.e. role) of the work done by social workers. For example, social workers have an ethical obligation to promote client self-determination; however, its application in practice is far from straight forward. When working with individuals who have significant cognitive delays, social workers may struggle to balance the right of the individual to make independent financial and medical decisions with concerns that they do not fully understand their choices and associated outcomes. While the NASW Code of Ethics suggests that there are limitations to self-determination when a client is in imminent danger, how do social workers decide where this line is drawn (National Association of Social Workers, 1999)? Questions such as these frame a social worker's daily practice.

Results of the hierarchical regression support the theory that ethics stress operates as a form of role stress in relation to burnout. In fact, within this model, 12% of the variance in burnout was explained by ethics stress. These results are consistent with those of Kim and Stoner (2008), who found that role stress was associated with increased burnout. The relationship between ethics stress, job satisfaction, burnout, and intent-to-leave have received limited attention relative to social workers. The current study expands on previous work and proposes a theory about the relationship between ethics stress and burnout.

Implications

Social work educators should consider the unique role that ethical decision-making plays in social work practice as well as the subsequent stress experienced by practitioners. Further, results suggest that those in direct practice settings may be particularly vulnerable to burnout. It is possible that social workers experience stress to which they are not entirely sensitized, while others may expressly feel unsupported or disempowered to act in ways

consistent with the values and expectations of the profession. The critical question is, "How do we effectively support social workers in considering the ethical implications of their work, in making and acting on ethical decisions, and in managing the stress they will undoubtedly experience?" Studies by Ulrich et al. (2007) and O'Donnell et al. (2008) found that levels of ethics stress were impacted by the amount of ethical support within the work environment (i.e., availability of ethics training and ethics consultation) such that those with more resources experienced less ethics stress. Social workers may benefit from support to develop and advocate for ethics consultation and review committees within practice settings as well as trainings that focus on the complexity of managing ethical decision making in everyday practice, rather than more formulaic approaches.

Ongoing research is needed to explore the extent to which social workers perceive the ethical and moral implications of their work; whether there is a common understanding of ethics and ethical practice; the types of situations that are perceived as most ethically challenging; how social workers manage the stress of ethical decision making in practice; and whether the type and amount of ethics stress differs by practice setting (direct practice, administration, training, advocacy, academia, etc.). Mixed-method approaches (such as administering a survey followed by structured interviews) could be most effective in exploring and refining the construct of ethics stress by asking respondents to reflect on the questions asked and to clarify meaning and understanding.

Limitations

This study was limited by the low response rate (28%) and small sample size ($N=56$), potentially resulting from a long, nine-page survey. To reduce cognitive burden, only one of three subscales of the Ethics Stress Scale was utilized. Thus, more extensive comparisons to previous research were not possible. The small sample also restricted the number of predictor variables that could be included in the model. Further, generalizability of findings is

limited as the survey was sent to a single sample of LBSWs in one mid-Atlantic state. It is possible that this group of social workers differs significantly from social workers on other state licensing lists (such as those with clinical licenses) in a way that would produce differing results. Lastly, and perhaps most importantly, it was not possible to confirm respondent understanding of questions and concepts being discussed and therefore impossible to ensure that the construct was being measured as precisely as intended.

Conclusion

The goal of this study was to test the theory that ethics stress functions as a unique form of role stress. Ethics stress, it was hypothesized, would be related to burnout in the same way that role stress (and more broadly, job stress) has been associated with both burnout and turnover; that is, increased ethics stress would be associated with increased burnout (Kim & Stoner, 2008; Mor Barak et al., 2001; Söderfeldt et al., 1995). Study results support this theory as ethics stress was a unique predictor of burnout and explained 12% of the variance when controlling for years in practice and type of practice. Social work education should play a key role in actively preparing students to negotiate ethical challenges in ways that are consistent with both personal and professional values. Without such preparation, social workers may be at increased risk of burnout, which impacts both the quality of daily practice as well as longevity in the field. Continued research is needed to explore the construct of ethics stress, the relationship of ethics stress to employee burnout and turnover, individual employee experiences, as well as best practices for supporting social workers in varied practice contexts.

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