"I didn't know if what I was doing was helping": A Qualitative Look at the Experiences of Social Workers during the Ethical Decision-Making Process

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Transforming the Field Education Landscape

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ABSTRACT

As a field of work concerned with supporting and empowering the most vulnerable individuals in society, social work is rife with ethical dilemmas of the most complex kind. Existing research, much of which is set in public healthcare settings, demonstrates the emotional impact of ethical decision-making on workers, potentially influencing their decisions to leave their jobs or the field altogether. This study aims to further explore the experiences of social workers/case managers faced with a client-related ethical dilemma and to gain an understanding of the supports they feel are needed, particularly in a community setting. Using a phenomenological approach, qualitative interviews were conducted with 4 social workers/case managers employed in a non-profit community organization in Canada. From the participants' experiences, common themes emerged around overwhelming negative emotions and self-doubt, and uncovered the need for a supportive environment encompassing clinical supervision, agency structures, space to reflect and a feeling of safety. In light of these findings, important implications for supervisors/managers of social workers are discussed and recommendations are offered on how to support workers during the ethical decision-making process.

Keywords: Ethics, values, social work, dilemma, community, decision-making

"I didn't know if what I was doing was helping": A Qualitative Look

at the Experiences of Social Workers during the Ethical Decision-Making Process

As a field of work concerned with supporting and empowering the most vulnerable individuals in society, social work is rife with ethical dilemmas of the most complex kind. Social workers regularly face dilemmas involving issues of confidentiality, the right to self-determination, dual relationships, tensions between personal and professional values, and countless more. Although there are many theoretical perspectives one can use to approach ethical decision-making, the delicate nature of social work makes it impossible for one approach to be universally accepted and implemented in the field.

After having faced numerous ethical dilemmas in my first undergraduate field practicum, I remained intrigued by the dilemmas that continue to arise in practice with clients. Despite the various ethical theories and models of decision-making taught in social work curricula, I began to wonder how workers actually experience the decision-making process after completing their degrees. Much of the research on this topic had been conducted in public health care settings, and as a community mental health worker, I was curious as to how this study of ethical decision-making could be applied within the context of a community organization.

Accordingly, this study aimed to explore the experiences of social workers/case managers faced with a client-related ethical dilemma, and to gain an understanding of the supports they feel are needed. This study did not examine the ethical dilemma itself, nor the appropriateness of the decision made. Instead, the focus was on the personal thoughts, feelings and preoccupations of the workers throughout this process, as well as the resources they consulted for guidance. By conducting qualitative interviews using a phenomenological approach, this project sought to address the following research questions:

1. How do workers experience the dilemma?

2. What supports are needed during the decision-making process?

An additional objective of the research was to be able to provide recommendations to managers and supervisors of front-line workers on how best to support them during the ethical decision-making process. The project was approved by McGill University's Research Ethics Board II (file #: 397-0219).

Literature Review

As Kadushin & Egan (2001) described, "an ethical dilemma occurs when social workers must choose between two contradictory ethical principles or directives, or when every alternative would result in an undesirable outcome for one or more individuals" (p. 137). Since the early beginnings of the social work profession in the late nineteenth century, it has undergone significant changes in its approach to ethics and ethical decision-making (Reamer, 2018). Although ethical theories and guidelines have since been well-researched and established in the literature, social workers continue to face challenging and multi-layered dilemmas in all areas of practice. In Canada, the Canadian Association of Social Workers' (2005) Code of Ethics is meant to "guide social workers as they act in good faith and with a genuine desire to make sound judgements." (p. 2)

However, despite having access to many theoretical, academic, and practical resources available to help guide ethical decision-making, the majority of the literature suggests that social workers are most likely to consult their supervisor or colleagues/team members for guidance (Ain, 2001; Csikai, 2004; Csikai, Roth, & Moore, 2004; Dodd, 2007), and these consultations are generally perceived as helpful. In these studies, other available resources, such as the institutional or professional code of ethics or the agency's ethics committee, were consulted much less often by social workers and were reported to have varying degrees of helpfulness.

The need for guidance and consultation stems from the complexities of the ethical dilemmas that workers may face. For social workers encountering such dilemmas, the processes of decision-making can be laden with difficult emotions. Feelings of doubt were identified as permeating the ethical decision-making process, as well as fear, frustration, isolation, and guilt (Ain, 2001; Lynch, 2010; Motal, 2014). Such negative emotions can have consequences on the worker's own well-being and job satisfaction and can potentially influence their decisions to leave the field of social work (Jaskela, Guichon, Page, & Mitchell, 2018; O'Donnell et al., 2008).

In response to these findings, the following question arises: what can social service institutions do to help support social workers during the ethical decision-making process? The majority of the available literature addresses this question only tangentially by suggesting that more education and training around ethics is needed for social workers (Ain, 2001; Csikai, 2004; Dodd, 2007; Lynch, 2010; Motal, 2014). Redressing these gaps, this study sought to further explore the supports/resources that workers feel are needed, while gaining insight into how they experience the ethical decision-making process. As well, most of the existing research has been conducted in public health care settings, including hospice care (Csikai, 2004), oncology (Csikai, Roth & Moore, 2004), home care (Kadushin & Egan, 2001), and pediatrics (Lynch, 2010), all of which differ greatly from community settings in both policy and practice. By studying the experiences of social workers/case managers within a community organization, this study adds to the existing literature by providing managers/supervisors with a deeper understanding of how to support the workers in their agency as they face complex ethical challenges.

Methodology

Research Design & Context

A phenomenological approach was used to explore the lived experiences of workers facing a client-related ethical dilemma. Hammerseley (2004) defined phenomenology as a term that "refers to descriptive study of how things appear to consciousness, often with the purpose of identifying the essential structures that characterize experience of the world." (p. 816) The phenomenological design was most appropriate for this research project in seeking to understand the personal thoughts and feelings of workers, as well as the support systems they perceive are needed during the ethical decision-making process.

The setting for the research was a non-profit community organization in Quebec, Canada (which will henceforth be referred to as the agency). The agency's Chief Clinical Officer provided approval for conducting this project within the organization.

Sample

Criterion sampling was used in selecting participants for the study (Schreier, 2018), the number of which was limited by the constraints of time and resources permitted for this research project. The selection criteria were social workers or case managers presently working in social services related employment within the agency. The participants also had to have an academic social work background, although their title of employment could vary according to their subscription to the *Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec* (i.e., if they are part of the Order, they can use the title of social worker; if not, they may use the title case worker, case manager). Individuals working within different teams with different clientele were approached

in order to have varied perspectives and experiences in the sample. A recruitment email was sent to 3 employees at a time on a rolling basis until 4 participants consented to participate in the research. A total of 11 workers had been contacted during the recruitment process. Due to the risk of re-identification within the agency, pseudonyms were used to maintain participant confidentiality. As well, the genders of the participants were not identified, and they are referred to by a unisex pseudonym and they/them pronouns.

Demographics

Two of the participants were between the ages of 20-30, one was between the ages of 30-40 and one was between the ages of 40-50. Regarding their education, one participant completed collegial studies, one completed an undergraduate degree, and two had completed a graduate degree. The years of social work experience ranged from 1 to 15, and only one of the four participants was a member of the *Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec*. The participants worked within three different departments in the agency, with both youth and adult clients.

Data Collection

In June 2019, approximately 1 hour long, semi-structured interviews were conducted with the 4 participants at the time and location of their choice. The interviews began with demographic questions and participants were then asked to describe, through open-ended questions, one ethical dilemma they faced with a client and their experiences during the decision-making process. The interviews were audio-recorded with the participants' authorization and were transcribed verbatim.

To strengthen credibility of the study through member checking (Bryman, Bell, & Teevan, 2012) the interview transcripts were emailed to the participants, and they were given the opportunity to edit or remove any passages they may not have felt comfortable with. Three of the participants approved the transcript as-is, but one asked to submit written responses to the research questions instead. This request was respected, and their original interview transcript was deleted. The participant's written responses were utilized during the data analysis instead of the interview transcript.

Data Analysis

Analysis began by reading the data several times in order to have an overall understanding of participant experiences. The data was re-read using holistic coding as a preparatory method "to 'chunk' the text into broad topic areas, as a first step to seeing what is there" (Bazeley, 2007, p. 67). The data was further coded using a combination of In Vivo and emotion coding methods (Saldaña, 2013) and codes were subsequently reviewed and condensed to focus on those most frequent and expressive. The Tabletop Categories method (Saldaña, 2013) was employed for the second-cycle coding process and after peer debriefing with a faculty supervisor and academic colleagues' multiple times, the final themes and sub-themes were chosen. The participants were kept informed about the study's progress by email during the data collection and analysis, and were asked to approve the original transcripts, the quotes chosen for the paper, as well as the themes identified. Throughout the data collection and analysis, field notes and analytic memos were written to document thought processes and describe in detail the reasoning behind the chosen themes. The author also kept a reflexive journal to reflect on researcher bias and personal biases to reduce potential misinterpretation of the data (Padgett, 2017).

THE DILEMMAS

In the interviews, each participant described one ethical dilemma that they had experienced with a client while working at the agency, as presented in Table 1.

Table 1

The Participant's Dilemmas:

Participant	Value Tension	Dilemma
Jesse	Client self-determination vs. Duty to report	A young client was engaging in behaviours that the worker believed to be unhealthy. The worker did not have authorization to speak with the client's parents but felt strongly that the parents should be aware of the client's behaviour. The worker felt caught between respecting the client's self-determination and the professional duty to report.
Quinn	Service to humanity vs. Ethical termination	The worker recognized that their client was not utilizing the resources and opportunities provided to them, although they often presented in a crisis. The worker had to determine whether to continue providing services to the client or to close the file.
Jamie	Professional boundaries vs.	Upon initially meeting with a new client, the worker

	Personal self-disclosure	was faced with having to make a quick decision about whether to disclose an aspect of their personal identity to the client. The worker believed the disclosure would be beneficial to the therapeutic alliance, but the agency had a specific policy about maintaining professional boundaries.
Charlie	Personal values vs. Agency policies	After many years of working together, the client was not making progress and was refusing to seek an evaluation of his independent living skills at the agency's request. Agency policies dictated that the client's file must then be closed for non-compliance, however the worker felt strongly that closing the file would lead to dangerous consequences for the client's health.

FINDINGS

Overwhelming Negative Feelings

In interviewing the participants about their thoughts and feelings during the ethical decision-making process, the overarching theme that was identified described a profound uncertainty within the workers as they faced the dilemma. They vividly described doubts about whether they were doing the right thing, what the consequences would be, and what would happen if they made a mistake, all of which were accompanied by markedly negative feelings. Throughout the interviews, the workers described their experiences during the dilemma as being fraught with feelings such as fear, powerlessness, and feeling stuck.

> "I think a lot of the thoughts I was feeling were kind of like I could feel it in myself too, those sort of sensations in your body where I was dreading seeing [the client]. Just feeling this overall sense of powerlessness and sort of like exhaustion after we'd see each other, and I kind of tried everything that I could but [the client] was still suffering. [...] And now I'm like entrenched in the situation that I feel like I can't get out of." (Quinn)

The possible consequences of the decision to be made by the worker also caused a lot of fear and anxiety within the participants. The participants described feeling guilty and accountable for what might happen to the client (and others) after the dilemma.

> "With the passage of time and repeated discussions about this dilemma, I became increasingly anxious over multiple issues related to either of the two options, and the probable outcomes. I worried about the impact on the client, his mother, on the agency's reputation and on my own, and most of all on my conscience." (Charlie)

"I felt guilty, like I was not protecting someone who is vulnerable. I felt, I guess because she's younger, I guess I just felt more accountable for the choices she was making and if she were to get in a sticky situation where she was faced with being pushed into consuming alcohol or being pushed into like a relationship that she wasn't ready [for], I felt like it would have been my fault." (Jesse)

Furthermore, it seems that participants also felt uncertainty and hesitation around discussing the issue with others or in supervision, for fear that they may have made a mistake.

"There needs to be that open dialogue and that sense of safety, because that's always the number one fear. It's like 'Okay I'm going - this is the situation, but did I already mess up in keeping this person open too long or doing these interventions?'" (Quinn)

"Sometimes it wouldn't be a conversation I would be willing - I would put myself in if I'm afraid of their reaction, because I mean when it comes to somebody's identity, that person has to be able to understand what you're - where you're coming from in this." (Jamie)

As well, the stressful nature of the situation often led participants to feel pressured by different parties during the dilemma, heightening the negative sensations they already struggled with. Some participants described the decision as one that felt difficult to carry out.

"I got a little kind of anxious and so I pushed it a lot on her more to be like 'I think you need to tell someone'. It really felt difficult because of the circumstances and my own kind of, how I was being triggered by the situation and how I needed to be contained and to reflect on that." (Jesse)

"We're doing a kind of work where you're holding a really unique space with a person, and you're watching them suffer and you're watching them grow and you're holding space of a lot of pain and difficulty, and when you care about someone that's really difficult to sit with for years. [...] As hard as [closing the file] was, it also did feel like a relief. I knew it was the right move even though it was hard." (Quinn)

"[I felt] pressure from…both sides of the case." (Charlie)

Questioning and Self-doubt

When faced with the dilemma, participants seemed to be questioning themselves and their roles internally. Participants expressed feelings of doubt and wondering if they are 'doing the right thing'.

"She would kind of just show up and just like suffer in my office. And I think that's the one time that I've ever taken work home with me, and I think that I felt like it was a dilemma because I didn't know if what I was doing was helping her" (Quinn)

"It's a new job placement, it's a new environment, so I was a bit worried about the organization, I don't know what their policies are about self-disclosure, maybe this might come back as something I shouldn't have done for the organization." (Jamie)

Occasionally, the pressures and anxieties sometimes led to an unhealthy internalization of the issue, as Jesse described, *"I was taking the situation and I was internalizing it and I was freaking out like a*

mom would freak out. I am not a mother I am a social worker." Overall, the combination of these negative feelings and the internal questioning made the decision-making experience particularly challenging for the participants. In the face of a dilemma, workers seemed to require support and guidance from others to help them make the best decision possible for all parties involved.

The Support of a Holding Environment

From the responses to prompts about the supports workers feel are needed, the theme that cut across all participant experiences described a holding environment that encompasses many different aspects, including clinical supervision, agency structures, space to reflect, and a feeling of safety.

Clinical Supervision. Clinical supervision was the resource most commonly identified by the participants when asked who they had turned to for guidance in the past. All four of them had met with their immediate supervisor to discuss the case and seek advice.

"I'm fortunate to be part of teams who are very strong and are always sort of available for that, to talk things out and that's what I found is really useful. Yeah, so I think really just the supervision and then team support [were the most helpful in solving the dilemma]." (Quinn)

'What was the process of reaching a decision in the end?'

"A lot of my manager and my peers containing me and helping me figure out that it really it was less about the situation itself and more about the effect that it was having on me and how

it was triggering me." (Jesse)

Although Charlie also sought clinical supervision, they stated that it was not helpful to their decision-making process because of a disagreement. Unfortunately, in Charlie's situation, the disagreement with the supervisor and agency policies was what exacerbated their ethical dilemma, making supervision more distressing than helpful. Nevertheless, Charlie maintained that clinical supervision was helpful in resolving the majority of dilemmas and stated that they *"do very much value [the supervisor's] insight and support, and the relative harmony of our professional relationship."*

Agency Structures. In discussing supports needed when faced with an ethical dilemma, some participants described seeking guidance from resources that are formally implemented within the agency. Three of the participants consulted the agency's code of ethics, with mixed reviews.

"The code here, I think it doesn't say anything about self-disclosure in our code of conduct, but it says that we will act in a way that's professional, but it also says that we will support you as best we can, right, so like those two things sometimes also crossover." (Jamie)

"I then reviewed the agency's code of practice in which we commit to respecting each client's personal values and beliefs as well as respecting their dignity and autonomy. This might seem a clear indicator of my course of action. But a case of incompetence to care for one's own affairs or person negates an individual's autonomy at least in part. Therefore, the question remained as to whether the objective of establishing the client's competence level should have priority above all other considerations." (Charlie)

Although the code of practice is helpful in outlining the values of the agency and providing a guideline for professional behaviour of the workers, it is difficult to apply to ethical dilemmas that are rife with ambiguity. Precisely for this reason, participants highlighted the importance of having case presentations and discussions with their team about the ethical dilemmas.

> *"Having time to present cases in team meetings - we just started doing that again in [my team] but just making sure that there's space for that, presenting cases, getting feedback."* (Quinn)

> *"Having discussions about self-disclosure practices is useful as an organization or as a team."* (Jamie)

These case discussions provide social workers/case managers with an opportunity to seek feedback from the team as a whole about how to move forward with a complex case.

While none of the participants consulted the agency's ethics committee, Charlie did reflect on the benefit of having an external, objective resource to consult with in the event of an ethical dilemma. In hindsight, Charlie, acknowledged that a case consultation with an objective body would have been important at the time of the ethical dilemma.

Space to Reflect. Working with clients who are often in vulnerable situations means that self-awareness and reflexivity are necessary components of ethical social work practice. Self-reflection and mindfulness can also be beneficial for workers in maintaining boundaries and work-life balances. Accordingly, self-reflection was a key component of being able to recognize the need for support and reach out to others for supervision during an ethical dilemma.

"Paying attention to what's going on inside you. Because we do - assuming that you're in a well place in [terms of] caring for yourself, we do sort of have emotional alarm bells that will go off if your client is leaving and you are feeling exhausted and you're dreading seeing this person and it feels like they're leaching everything out of you, then that's a sign that something's going on in you. But I think just being mindful of that and then making sure just to intervene sooner." (Quinn)

Participants also described knowing oneself and one's own values enough to recognize what is guiding their decision during the dilemma.

"I've learned that it's important to follow my intuition when it comes to something like that, and that it can be positive." (Jamie)

Jamie also stated that *"at the basis of my work is trying to disrupt some of this power imbalance that is inevitable in a relationship between a social worker and a service user"*, which informs all of their social work practice. This value made it easier for them to choose to disclose information to the client, as it was helpful to the minimization of the power imbalance between themselves and the client. For Charlie, it was the potentially negative consequences that *"bothered [their] conscience most of all. My conscience therefore became both my primary tool and my driving force in working through this dilemma."* The awareness of these values or the conscience is crucial to maintaining self-reflexivity in social work practice and preventing bias from influencing the worker's decision during an ethical dilemma.

Another important factor is the worker's familiarity with the client and the client's situation, which is a significant asset in helping them make the best decision during the dilemma. Often, the depth of the therapeutic alliance and the history between worker and client means that the worker is

generally able to understand the consequences of each course of action better than other, less involved players.

> *"If it's something that's coming up right in the moment, you're being asked a direct question from your client, like you're the best one to decide whether or not it's appropriate, not somebody outside who's making a decision that's never appropriate, because you're the one who understands the situation, knows the client's history, has a rapport with the service user, and so if you think it's appropriate then it probably is!" (Jamie)*

As participants described, it is the front-line workers who are generally best positioned to understand the consequences of each course of action. However, each social worker/case manager is guided in their practice by both personal and professional values, and they must remain cognizant of these throughout their work. As a result, self-reflection in the agency context must be fostered and encouraged to help workers during the ethical decision-making process.

A Feeling of Safety. Beyond the different aspects discussed above, the participants identified a necessary component in being able to reach out and seek support: feeling a sense of safety. As described, the pressures and anxiety during this time made the participants feel very vulnerable, and the environment around them must feel safe and non-judgemental for them to be willing to discuss the case with the team.

> *"Sometimes when things are so black and white it makes you really scared that you're going to make a mistake or do something wrong, but to have kind of that understanding from my team that was like 'you know this is a gray area, we trust you to do what you think is best', that helps me feel supported that they're saying there's obviously - there's some things that are*

going to be black and white, but in some other areas it's going to be up to you and we support

you and we want to support you to make the best decision for yourself and for your clients and

for our organization because we know it's complicated." (Jamie)

The feeling of being in such an understanding and flexible environment seems to have made some participants more likely to consult with colleagues and supervisors about the issue. Combined with clinical supervision, agency structures, and self-reflection, this impression of safety helped the participants feel contained and 'held' during the often anxiety-ridden decision-making process.

DISCUSSION & IMPLICATIONS

During the ethical decision-making process, all study participants primarily consulted their supervisors and colleagues/team members, identifying other resources (agency code of practice, national code of ethics) as less helpful. This finding is congruent with the literature (Ain, 2001; Csikai, 2004; Csikai, Roth, & Moore, 2004; Dodd, 2007), and indicates the importance of being able to discuss the dilemma with other professionals who understand the context. It is possible that the workers found live consultation to be more helpful than agency codes or the CASW (2005) code of ethics because the space for interpretation within those guidelines reinforces the need to discuss the ambiguities with others. This has implications for social work education as it calls into question the usefulness of ethical theories and decision-making models. If these theories and models taught in social work curricula are not consulted or helpful to workers in practice, it may be time to review them and conceptualize new ways to increase their relevance and applicability in the field.

Another noteworthy aspect of the findings was the lack of consultation with an ethics committee. The agency within which the participants were employed has an ethics committee that meets on occasion but none of the participants used that resource at the time of their dilemma. An ethics committee can be helpful for cases that are multi-layered with conflicting interests, or for those towards which the social worker/case manager and their team may have a deep emotional attachment (Csikai, 2004). More research is needed to determine why workers are not seeking consultation from the ethics committee within the agency, a resource that is specifically meant to support workers faced with an ethical dilemma.

In situations where the wellbeing of a vulnerable individual may be at risk, it seems that workers want to minimize that risk by verifying their decision with colleagues that are knowledgeable, understanding of the context, and trustworthy in their eyes (Jaskela et al., 2018).

Even with codes of ethics and theoretical models available to workers, the findings indicate that decisions as complex and value laden as those resolving ethical dilemmas are too difficult to make alone. Further reinforcing the need for consultation is the internal distress and self-doubt described by participants during the decision-making process, which has been known to increase social workers' overall stress levels (O'Donnell et al., 2008). Amidst the overwhelming feelings of anxiety and fear, the participants described the helpfulness of sharing their concerns with peers and colleagues. However, a feeling of isolation stands out from Charlie's experience, as they stated, *"I consulted a longtime trusted colleague about the dilemma, but I did not feel that the limited time available allowed me to be elaborate enough"*, and *"I do regret having felt mostly alone in struggling with the dilemma."* This feeling was also described by one of the participants in Motal's (2014) study, as they said, "I can tell you that I felt pretty alone with this...very alone." (p. 120) The ethical decision-making process can provoke markedly negative feelings in workers, and it appears that *not* sharing this experience with others can exacerbate the stress and the feeling of being alone in the face of a burdensome choice. In O'Donnell's (2008) research, the findings "[indicate] that the higher the level of ethical stress, the lower the reported career satisfaction and the more likely the social worker is thinking about or planning to leave [the position]" (p. 46). In Jaskela et al.'s (2018) research on social workers' experiences of moral distress, participants also reported having left or having considered leaving their positions due to moral distress. These negative implications for employers demonstrate the need for workers to be well supported during ethical dilemmas.

There are a number of resources that must be in place within the team and the agency in order to be beneficial to social workers/case managers experiencing an ethical dilemma, including clinical supervision, agency structures, space to reflect and a feeling of safety. The findings from this study are consistent with the literature in demonstrating that clinical supervision is an integral part of supporting workers in the resolution of an ethical dilemma and in deepening the workers'

understanding of the different interests and principles at play (Ain, 2001; Csikai, Roth, & Moore, 2004; Dodd, 2007). Assuming they have more clinical experience, supervisors can provide a different perspective on the case and may have knowledge about how similar dilemmas were resolved in this context in the past (Kadushin & Egan, 2001).

Regarding agency structures, the participants reported that they appreciated having time for case discussions and presentations, which indicates the importance of this avenue of support in the decision-making process. Team meetings can offer a space for objective discussion with other workers who can provide insight into the ethical context, brainstorming ideas, as well as empathic support (Csikai, 2004). Unfortunately, case discussions can sometimes be relegated to the bottom of the agenda in team meetings and may be overlooked for more pressing administrative matters. While these are important, case discussions *must* be regularly scheduled and prioritized for the benefit of the front-line workers.

The sub-theme of having space to reflect is also consistent with the literature around ethical decision-making in social work. As Quinn, Charlie, and Jamie described, their individual values and morals helped guide them in choosing how to resolve the issue. However, each worker's perspective is influenced by their background and lived experience, and, as Mattison (2000) cautions, "The process of decision making is forged by the prejudices and prejudgements brought to the decision-making process by the decision maker" (p. 207). In this study, Jamie stated that they were guided by their "intuition" and Charlie was guided by their "conscience". In Lynch's (2010) research as well, "Study participants frequently described listening to *my gut* as the process by which they made ethical decisions." (p. 209) Much like Mattison (2000), Lynch (2010) then warned that "Feelings are useful but not sufficient to solve these ethical dilemmas." (p. 209) In situations as complex as the dilemmas that arise in social work practice, relying solely on one's intuition or gut feeling to make a decision can have dangerous implications for the client, the worker, and the agency as a whole,

because the underlying individual values are entirely subjective. As a result, this demonstrates the *necessity* for reflection, not just a need for the space to do so. Workers, regardless of the amount of clinical experience they have, should be encouraged by their supervisors and their teams to practice self-reflection, and remain cognizant of the values guiding their decision-making.

Finally, participants were more likely to seek consultation and guidance from their supervisor and team if they felt safe in doing so. In consideration of the toll that ethical decision-making takes on a worker both personally and professionally, the employers must have an understanding of how to support and assist workers throughout the decision-making process (O'Donnell et al., 2008). This finding has implications for the employers in that they are accountable in the provision of such a supportive work environment. The choices that a worker makes during a dilemma can have severe consequences not just for the client and the worker, but for the agency as a whole. In some instances, an agency can be held liable for wrongful decisions made by its workers and its reputation can also be impacted within the community it serves. For the safety and wellbeing of both the clients and the agency, it is crucial that employers strive to provide quality ethical resource services and a supportive environment, as social workers continue to face complex dilemmas in their day-to-day work. After all, the workers have a responsibility to act ethically and professionally when their clients are in distress, but it is the employers' responsibility to ensure that the workers have the right tools to do so.

CONCLUSION & RECOMMENDATIONS

Using a phenomenological approach and qualitative design, four social workers/case managers employed in a community organization were interviewed to gain a deeper understanding of their experiences resolving client-related ethical dilemmas. Findings were consistent with the literature and demonstrated an important need for ethical support services in the workplace environment. However, the sample size was small, and more research is needed regarding the applicability of these findings in other community settings.

Despite these limitations, this study adds to the existing knowledge around ethical decision-making experiences in non-public healthcare settings and offers practical, concrete recommendations for supervisors/managers of social workers on how to assist them during the ethical decision-making process. In light of the findings from this research and affirmed in the literature, the following recommendations can be made regarding clinical supervision, case discussions, record-keeping of past dilemmas, and peer support:

❖ Clinical supervision should be regularly scheduled, prioritized, focused on the worker's emotional wellbeing with their cases and should encourage self-reflection. An 'open door' policy is ideal.

❖ Case discussions should be regularly scheduled independent of other team meetings and should occasionally include an exercise or activities to determine what each person's values are and to discuss how these might influence their decision-making in the dilemma. For example, see the Core Values Exercise adapted from Carr (2013). Although one's values are generally stable, they can change through life experiences. For this reason, it would be important to conduct this type of exercise over time, especially as members of the team may come and go.

❖ Clinical supervisors or managers should keep a (de-identified) record of past ethical dilemmas encountered in the organization. When a new dilemma arises, the manager may refer back to this database to see if and how similar issues were resolved in the past, and this knowledge will not leave the agency if workers retire or leave their positions.

❖ Peer support can be most helpful in the absence of clinical supervision and should be encouraged amongst social workers/case managers (for example, designate a 'work buddy' to help orient new employees to the team). A general sense of openness and understanding should be fostered in the workplace by encouraging camaraderie instead of competition, allowing the workers to feel safe in seeking consultation during an ethical dilemma. Ultimately, social workers who are well-supported when faced with an ethical dilemma are better able to provide quality resources to the vulnerable communities they serve.
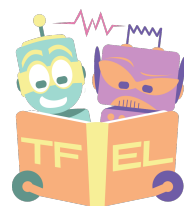
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