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**MORAL DISTRESS AND THE NEED FOR MORAL COURAGE IN
SOCIAL WORK PRACTICE**

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Moral Distress and the Need for Moral Courage in Social Work Practice

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Abstract

Moral distress occurs in social work practice when a social worker encounters an ethical dilemma resulting from a conflict between institutional policies and what the social worker believes is the right course of action. Social workers who face these kinds of difficult situations are left with few choices beyond challenging agency policy or leaving the job. Sometimes challenging the agency policy requires the social worker to reveal unjust actions by the institution (“whistle blowing”). The decision to expose unjust policies or actions forces the social worker to act with moral courage, which often is difficult. However, failure to act when faced with ongoing moral distress is detrimental to the social worker’s heart and soul.

What is Moral Distress?

Social work practitioners constantly make decisions involving appropriate ethical actions. Ethical action and decision making do not take place in a vacuum. There is a continuum of thought and emotion that accompanies ethical decision making.

Ethical dilemmas that do not seem to have a good solution create distress. Distress accompanies the social worker's recognition that any action he or she takes may conflict with social work ethics, which leads to feelings of frustration, anger, and anxiety (Jameton, 1984, p. 544). There is a painful psychological disequilibrium that results from recognizing the ethically appropriate action yet not taking it because of institutional obstacles. Such institutional obstacles include supervisory reluctance, the power structure, institutional policy, and legal considerations (Corley, Elswick, Gorman, & Clor, 2001, p. 250-251).

Moral dilemmas, which may include ethical dilemmas, result when "one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action" (Jameton, 1984, p. 544). Moral dilemmas create moral distress, which results in physical or emotional suffering on the part of the social worker. Moral distress is "the inability of a moral agent to act according to his or her core values and perceived obligations due to internal constraints" (Jameton, 1984). Practitioners experience a sense of loss when faced with situations that make it impossible to choose the best course of action between what they believe to be right and what they are told must be done.

Emotional distress accompanies moral distress. Emotional distress is a result of working under stress from exposure to difficult situations that have no resolution. Examples of situations that create emotional distress are death, child abuse or neglect, sexual abuse, mental illness, physical illness and disabilities, or observing others in physical or emotional pain. Feelings and

emotions associated with moral distress include exhaustion, feeling lonely and invisible, feeling underestimated and frustrated, feeling powerless, having no authority, and feeling belittled (Karlsson, Rirkka & Fagerberg, 2009). Severe problems associated with emotional distress include the inability to forget about work when away from it, reliving some of the traumatic situations that one has been exposed to either directly or indirectly, and bearing the burden of responsibility (McGibben, Peter, Gallop, 2010).

Literature Review

Moral distress has been discussed in the field of healthcare (Kalvemark, Hoglund, Hansson, Westerholm, & Arnetz, 2003), but it also is relevant to social work practice. Moral distress begins when a social worker's personal and professional values collide with agency policies or expectations. Ethical dilemmas, when left unresolved, ultimately create moral distress.

“[A] situation that might present a dilemma for one person (a difficult choice between two equally unwelcome courses of action), might for another be an ethical problem (the situation is difficult, but it is clear what choice should be made), or might even be regarded as devoid of ethical content” (Banks 2001, 10-11). Not everyone cares about doing the right thing. “If an individual wants to behave ethically, he will have high moral intention; if not, he will have low moral intention. (Comer & Vega 2011, p. 24).

Social work ethics “refers to the embodiment of values into guidelines for behavior” (Strom-Gottfried, 2007, p. 1). “An ethical dilemma is that situation in which an action is required that reflects one or two values or principles that are in opposition to one another” (Beckerman, 1997, p. 6). Social work ethics and values are tools that provide parameters for practice. The following accompany ethical practice: managing one's values, understanding and

applying the ethics and values of the profession, understanding the legal and statutory context, and professional accountability (McGregor, 2011).

The Educational Policy Accreditation Standards (EPAS) of the Council on Social Work Education (CSWE) emphasize the importance of teaching ethics by requiring that “graduates understand the professions’ values, standards, and principles, and that they act accordingly” (CSWE, 2001). However, there has been little written about belief in the Code and the behaviors social workers must use to implement the Code of Ethics.

The conduct of ethical practice is not well explained in social work curriculum or clearly established in many practice settings. DiFranks (2008) found that social workers learned ethics by “having experienced the modeling of ethical teaching” (DiFranks, 2008, p. 171). However, knowing the Code and having it modeled does not help practitioners when the Code appears to conflict with agency policies. As Adams (2009) has noted, “the relation between understanding and practice is not specific: the link between understanding and action--character and virtues of the practitioner that are needed reliably to translate one into the other--is missing” (Adams, 2009, p. 8).

Social workers in state, federal, and some private agencies encounter ethical dilemmas that may result in moral distress when they try to match patient goals with third party reimbursement standards and payment policies. The “feeling of discomfort arising from the conflict between professional values and job task” is referred to as professional dissonance (Taylor, 2005, p. 89-90). Professional dissonance is an existential problem because it creates feelings that affect our “perception of ourselves as people, the kind of professionals we are, and our feelings about how we should live our lives and fulfill our jobs (Taylor, 2007, p. 91). A study conducted by Taylor and Bentley (2005) found that men with the most years of experience

reported “lower attachment to self-determination and high levels of dissonance on the job (Taylor & Bentley, 2005, p. 469). Taylor and Bentley (2005) suggested that social workers may need life-long supervision to help them manage professional dissonance.

Solutions

Peer Supervision

Peer supervision is one of the solutions to moral and emotional distress. Through support and conversation with peers, social workers may find solutions to ethical dilemmas. Peer supervision involves discussing practice with peers who have the same level of experience. The supervision is most effective when it is provided by social workers from various types of practice. Supervision is most effective when the person being supervised has an active role in the supervision and helps determine the supervision content and activities (Noble & Irwin, 2009).

Advocacy

Advocates must possess the basic skills of persuasion and be able to represent a specific person, cause, or point of view. It takes courage to advocate for one’s values and beliefs. Social workers who are caught in situations where alternative courses of action conflict with ethical standards or their moral beliefs can advocate changing that situation. In essence, the advocate needs to have courage to face the situation and be ready to endure danger for the sake of principle (Miller, 2000).

Social workers should support each other when agency policies create ethical dilemmas. There is greater power when several social workers speak as a group to address the problem with agency administrators.

Act with Moral Courage

Facing up to the situation that has created moral distress involves using moral strength or moral courage. Moral strength has been described as “being rooted, daring to face the unforeseeable within situations and being ready for all that unfolded...being ready to risk your reputation when you are prepared to become involved regardless of what you may encounter in the particular situation” (Lindh, Severinsson, & Berg, 2009, p. 1886). Moral courage has been defined as “the courage to make the difficult decision to do the right thing even in the face of serious threat or dangers...to one’s career or one’s well being” (Solomon 199, p. 83). As John McCain (2004) has said, for moral or physical courage to be authentic, “it must encounter and prove itself superior to fear.” “Morally courageous individuals will act according to their principles” (Comer & Vega, 2011, p. 25).

“Ethical actions are the result of social work values in action within the context of the relationship between the social worker and the client” (Furman 2003, p. 40). It is difficult to act on one’s moral principles in the face of contradictory commands. Milgram concluded (1974) that few people have the resources to resist authority when they are asked to carry out actions that are incompatible with fundamental standards of morality (p. 6).

Strom-Gottfried (2006) suggests that social workers fail to act with moral courage because of discomfort, the presumption of futility, their socialization, the bystander effect or diffusion theory, and personal cost (pp. 10-14). Discomfort is a reason for failure to act with moral courage because it is awkward and difficult to stand alone against others, especially those who have control over one’s livelihood. There is a presumption of futility when an individual takes on a system. It is hard to speak out when everyone else is silent. Most people hesitate to report others’ negative actions or become a whistle blower against the agency. People tend to be as ethical as the people around them; inaction breeds inaction (Strom-Gottfried, 2006). Finally

there is usually a personal cost when one stands alone and refuses to adhere to policies with which one disagrees. Sometimes whistle blowers lose their employment, support of friends, and family.

Many who have acted with moral courage by speaking out against policies and actions they believe to be wrong are ultimately glad they spoke. However, speaking out often comes with a price. The price of silence is often greater than the cost of speaking out. As John McCain (2004) said, “remorse is an awful companion. Whatever the unwelcome consequences of courage, they are unlikely to be worse than the discovery that you are less a man/woman than you pretend to be” (p. 70-71). Strom-Gottfried (2006) suggests that as we think back about our activities and rehearse what we did in comparison to what we could have done, “it makes us appreciate that whatever we do at the end of the day, we live with ourselves and our decisions” (p. 15).

Conclusion

The solution to deal effectively with moral distress and professional dissonance is to recognize what is causing it and advocate for change. “Ethical dialogue may provide a sense of resolve and reason to approaching difficult ethical questions” (Ulrich, Hamric, & Grady, 2010 p. 21) as social workers attempt to meet the needs of clients, agencies, and themselves. Acting with moral courage involves bringing the internal or external constraints that are prohibiting appropriate action into the light so they can be recognized and then dealt with appropriately. Advocacy, peer support, and courageously speaking out are the most positive and proactive ways to put an end to moral distress in social work practice.

References

- Adams, P. (2009). Ethics with character: Virtues and the ethical social worker. *Journal of Sociology & Social Welfare*. XXXVI (3) 83-105.
- Banks, S. (2001). *Ethics and Values in Social Work* (2nd Ed.). Palgrave: Basingstoke, England.
- Beckerman, N. (1997). Advanced medical technology: The ethical implications for social work practice with the dying. *Practice* 8 (3) 5-18.
- Comer, D.R., & Vega, G. (2011). The relationship between the personal ethical threshold and workplace spirituality. *Journal of Management, Spirituality & Religion*. 8 (1) 23-40. DOI: 10.1080/14766086.2011.552255.
- Corley, M.C., Elswick, R.K., Gorman, M., & Clor, T. (2001). Development and evaluation of a moral distress scale. *Journal of Advanced Nursing*. 33 (2) 250-256.
- Council on Social Work Education (2001) Educational Policy and Accreditation Standards.
- DiFranks, N. N. (2008). Social workers and the NASW Code of Ethics: Belief, behavior, disjuncture. *Social Work*, 53 (2) 167-176.
- Jameton, A. (1984). *Nursing Practice: The Ethical Issues*. Englewood, N. J.: Prentice-Hall.
- Kalvemark, S., Høglund, A., Hansson, M. Westerholm, P., & Arnetz, B. (2003). Living with conflicts—ethical dilemmas and moral distress in the health care system. *Social Science & Medicine*, 58, 1075-1084. DOI:10.1016/S0277-9536(03)00279-X.
- Karlsson, I., Sirkka, L.E., & Fagerberg, I. (2009). A difficult mission to work as a nurse in a residential care home—some registered nurses' experiences of their work situation *Nordic College of Caring Sciences*. 265-273. Doi: 10.1111/j.1471-6712.2008.0061x.

- Lindh, I.B., Severinsson, E., & Berg, A. (2009). Nurses' moral strength: A hermeneutic inquiry in nursing practice. *Journal of Advanced Nursing*. 65 (9), 1882-1890. Doi: 10.1111/j.1365-2648.2009.05047.x
- McCain, J. (2004). *Why Courage Matters: The Way to a Braver New Life*. New York: Random House.
- McGibbon, E., Peter, E., & Gallop, R. (2010). An institutional ethnography of nurses' stress. *Qualitative Health Research*. 20: 1353. DOI: 10.1177/1049732310375435.
- McGregor, I. (2011). Social workers in moral distress. *Community Care* 1852. 03075508 *Medscape Today*, (2011). Retrieved 7/7/11. www.medscape.com.
- Milgram, S. (1974). *Obedience to authority: an experimental view*. New York: Harper & Row.
- Miller, W. (2000). *The Mystery of Courage*. Cambridge, MA: Harvard University Press.
- Noble, C. & Irwin, J. (2009). Social work supervision: An exploration of the current challenges in a rapidly changing social, economic and political environment. *Journal of Social Work*. DOI: 10.1177/1468017309334848.
- Strom-Gottfried, K. (2006). *Ethical Actions in Challenging Times*. October 12, 2006. The University of North Carolina at Chapel Hill: School of Social Work. <http://www.unc.edu>
- Strom-Gottfried, K. (2007). *Ethics in Social Policy: A Primer*. Boston: McGraw Hill.
- Taylor, M. F. (2007). Professional Dissonance: A promising concept for clinical social work. *Smith College Studies in Social Work*, 77 (1) 89-99.
- Taylor M. F., & Bentley, K. J. (2005). Professional dissonance: Colliding values and job task in mental health practice. *Community Mental Health Journal*. 4 (4) 469-480. Doi: 10.1007/s10597-005-5084-9.

Ulrich, C. M., Hamric, A.B., & Grady, C. (2010). Moral distress: A growing problem in health professions? *Hastings Center Report*. 40 (1) 20-22. Retrieved from <http://www.thehastingscenter.org/Publications/HCR/Default.aspx 1/24/10>.

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