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Professional Ethics in Rural Social Work Practice

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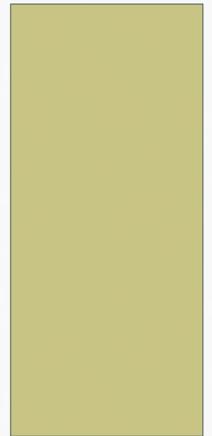
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PROFESSIONAL ETHICS IN RURAL SOCIAL WORK PRACTICE

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LEARNING OBJECTIVES

By the end of this training, participants will be able to:

1. Describe differences between values, morals, and ethics from a rural practice perspective
2. List at least 3 common ethical issues identified in rural social service practice that challenges service delivery
3. Identify 3 rural practice considerations that complicate rural practice from an ethical perspective

VALUES, MORALS, & ETHICS

Values, morals, and ethics are terms sometimes mixed and confused, but all grounded in behavioral “rules.” A quick review of each to anchor ourselves:

- ❖ **Values:** The rules by which we make decisions about what we believe is right or wrong, good or bad, just or unjust. Values are beliefs of individuals or groups based on emotional investment.
- ❖ **Morals:** Grounded in social elements with broader social acceptance. Morals are more often associated with “good” or “bad” personal character. Morals are imposed on people by others through judgement.
- ❖ **Ethics:** Internally defined & adopted by a group to define PROFESSIONAL practice and behavioral boundaries. Ethics are standards governing members of profession individuals based on agreed upon rules of conduct.

UNDERSTANDING DIFFERENCES (BROADLY DEFINED)

- Values are basic beliefs a person thinks are "true." Values are typically viewed as guiding principles of one's life. A way to choose between right and wrong, good and bad, more or less important. Individual-based.
- Morals focus on individual principles of right and wrong. Individual/personal-based.
- Ethics are guidelines set by a group of people (profession, society, community, company) rather than an individual. They are a shared set of group expectations of behavior. Ethics are often grounded in group Morals. Group-based Principles about right and wrong.

NASW CODE OF ETHICS

- Ethical Principles and Ethical Standards are base to our understanding of professional ethical conduct in social work.
- 6 social work core Values:
 - Service
 - Social Justice
 - Dignity & Worth of the Person
 - Importance of Human Relationships
 - Integrity
 - Competence

NASW CODE OF ETHICS: 6 CORE VALUES

1. Service: SWers help people in need, address
 - social problems, and work to improve the lives of others by elevating “...service to others above self-interest” (NASW CoE, p. 5). Encouraged to provide pro bono service.
 - 2. Social Justice: SWers support positive change, especially for vulnerable individuals and groups and confront social injustice.
 - 3. Dignity & Worth of Person: SWers treat all people with care and respect, while being mindful of individual differences and diversity. Promote self-determination of consumers.

6 CORE VALUES CONTINUED

- 4. Importance of Human Relationships: SWers engage with people as partners to improve lives.
- 5. Integrity: SWers act and behave in ways that are trustworthy and grounded in ethical principles and values.
- 6. Competence: SWers are expected to practice within *their* areas of professional knowledge, skills, and competence. Also should contribute to knowledge base of profession to enhance their professional expertise.

NASW core values discussion

- Are these difficult values to support?
 - Are there situations where values can be in conflict?
 - Do rural practice questions ever conflict with values?

LEARNING OBJECTIVE #1 CHECK IN

LO #1: *Describe differences between values, morals, and ethics from a rural practice perspective.*

- Possible answers:
 - ❑ Ethics definition – Profession & group based; behavior road rules.
 - ❑ Morals definition – Individual based principles of “right” and “wrong”
 - ❑ Values definition – Basic beliefs of what is perceived as “true” and “false.” Individual based, but professions or groups can define Values as well.
 - ❑ Rural individual morals and values often (though not always) are grounded in more “traditional” and conservative terms.
 - ❑ Potential for conflict between SOWK ethics exists, thus creating potential for service delivery-based dilemmas.

RURAL CONSIDERATIONS: SOCIAL & CULTURAL

Can “rural” be viewed as a distinct culture? U’betcha!
Compared to more urban communities, rural areas generally:

- Greater distrust of outsiders/external systems,
- More likely to receive services/care from informal systems (social, economic);
- Orient more toward “traditional” moral and value standards;
- Higher ratio of religious organization affiliation;
- More oriented to culture of self-reliance & individualism.
- Historically – higher levels of poverty, lower levels of education.

RURAL CULTURE: STRENGTHS

Rural culture includes great individual, family, and societal strengths that contribute to both opportunities and challenges for ethical practice.

Strengths include:

- Deep, established social networks;
- Socio-economic-cultural ties & networks established over time that are secure;
- History of individual and community cooperation & collaboration;
- Interdependency within community and among its members usually strong and valued.

How do these strengths benefit rural places from an ethical perspective?

How might these strengths actually act as “weaknesses” and challenge or ethical values, principles, and standards?

RURAL BARRIERS TO SERVICE

- Generally, rural residents experience more barriers to services compared to urban:
- More likely to experience poverty;
- Uninsured rural residents less likely to receive Medicaid;
- Higher unemployment or underemployment rates;
- When un- or underemployed, remain so longer;
- Have less formal education;
- More likely to be uninsured or underinsured;
- Greater distances between services/service providers (Transportation – see next slide).

RURAL BARRIERS, CONTINUED

Transportation continues to be a significant challenge in rural areas and accessing care/services, which include:

- Simply unavailable
- Unsafe or impassible roadways
- Weather
- Distances
- Travel costs

What ethical concerns might emerge from transportation challenges in rural areas?

RURAL BARRIERS, CONTINUED

- Service access challenges – long standing concern, based on:
- Availability of care providers (specifically defined).
 - Over 90% psychologists & psychiatrists practice in urban locations.
 - Over 80% of MSWs practice in urban locations.
 - Limited access to culturally competent, bilingual, culturally affiliated providers.
- Accessibility to care and services (broadly defined).
 - Multiple barriers to access (transportation, lack of resources, poverty).

What ethical dilemmas emerge from this information?

RURAL BARRIERS, CONTINUED

Acceptability of providers

- Socio-economic-cultural values may limit rural residents from seeking help (even when services are available).
- Examples include:
 - Concern of being “found out”
 - Fear of larger system involved/exertion of power from external entity
 - Fear of losing job/earnings
 - Concern of “losing face” in community
 - Family shame
 - General stigma associated with receiving services

LEARNING OBJECTIVE #2 CHECK IN

LO #2: *List at least 3 common ethical issues identified in rural social service practice that challenges service delivery.*

- Possible answers:
 - Lack of available rural providers
 - Limited access to culturally astute/competent behavioral health/social service providers
 - Complications associated with transportation
 - Negative impacts associated with poverty
 - Lack of adequate agency resources
 - Sub-cultural differences between rural and urban lifeways (socio-economic-political)
 - Acceptability of receiving services even when they are available, accessible, & affordable

PRACTICE CONSIDERATIONS: HOW CAN THEY LEAD TO ETHICAL ISSUES?

- There are several considerations associated with rural practice that have potential to lead to ethical issues, such as:
 - Too few practitioners *may* = limited resources, which may *require* more generalist approach, which could *raise* questions of competence & ability.
 - Visibility of SWer in community *due to* involvement & activities *creates potential* for dual relationships *and challenges* associated with SWer self care.
 - Small community population *means possible* “fishbowl” effect, which can *lead to* confidentiality challenges.
- How do we manage and address these questions?

PRACTICE CONSIDERATIONS IN DETAIL

Problem

- Too few practitioners/generalist approach to care.
 - Due to lack of providers in rural areas, practitioners often need to be more generalists rather than specialists.
 - In small groups, discuss how you approach this challenge, and how you might advise others so as to best respond to this most ethically as possible.
 - Ask/address: Competence concerns? Allocating limited resources? How to make these determinations?

PRACTICE CONSIDERATIONS IN DETAIL

Problem

- Visibility/involvement of SWer in community – potential for multiple relationships with consumers
 - Dual relationships in rural communities is real concern, and largely unavoidable.
 - “Blurring” between public and private life and the need for self-care.
 - In small groups, discuss how to best address dual relationships.
 - Ask/address: How do you manage professional & personal? What strategies have been found more effective?

PRACTICE CONSIDERATIONS IN DETAIL

Problem

- “Fishbowl” effect/Confidentiality
 - Where do you run into consumers/former consumers? Can these encounters be mitigated?
 - What is your ethical obligation when you see consumer outside of work?
 - What is your obligation if you see something that doesn't fall under “mandated reporter” statutes?
 - How do we respond when someone we know BECOMES a consumer?

LEARNING OBJECTIVE #3 CHECK IN

LO #3: Identify 3 rural practice considerations that complicate rural practice from an ethical perspective

- Possible answers:
 - Too few practitioners in rural areas
 - Challenges associated with generalist practice approaches common in rural areas
 - Visibility, involvement, “blurring” of social worker in rural places; self-care issues
 - Dual/multiple relationships
 - “Fishbowl” effect / Confidentiality issues
 - Familiarity with those who BECOME consumers

CONCLUSION

- Understanding difference between morals, values, ethics important for clarity of thought and definition.
- Consider strengths associated with rural culture rather than deficits.
- Practice the practice of ethical practice. Consider what is unique and different about practicing in rural areas from a socio-cultural rural perspective.
- Remember always that rural is a fishbowl.