

MORAL DISTRESS

A Missing but Relevant Concept for Ethics in Social Work

Merlinda Weinberg

Abstract: The theoretical concept of “moral distress” developed in the field of nursing to identify the psychological and emotional effects experienced by professionals when they feel blocked by institutional constraints from pursuing a course they perceive is right. While social work literature has recognized the ethical dilemma that workers face in choosing between several appropriate courses of action, each of which may have positive and negative consequences, the idea of moral distress has received little attention. Despite its flaws, the concept of moral distress names political dimensions in professional practice revealing structural issues as ethical concerns. The article also addresses how social workers can overcome the disjunctions between how they would like to act and the constraints they experience.

Abrégé : Le concept théorique de la « détresse morale » a vu le jour dans le domaine des soins infirmiers pour identifier les effets psychologiques et émotionnels que ressentent les professionnels lorsqu'ils estiment que les contraintes institutionnelles les empêchent de suivre ce qui leur apparaît comme le droit chemin. Bien que la littérature en service social reconnaisse le dilemme éthique auquel les travailleurs font face lorsqu'ils choisissent entre diverses lignes de conduite appropriées, chacune porteuse de conséquences positives et négatives, on s'est très peu arrêté à l'idée de la détresse morale. Malgré ses défauts, la notion de détresse morale nomme des dimensions politiques en révélant des questions structurelles préoccupantes sur le plan de l'éthique. L'article traite également de ce que les travailleurs sociaux peuvent faire pour venir à bout des disjonctions entre la façon dont ils voudraient agir et les contraintes auxquelles ils font face.

*M*ANY CHILD protection workers are leaving the field due to unmanageable work conditions. As an example, between 2002 and 2006, British Columbia's child welfare ministry lost 10 per cent of its staff through

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turnover, and sick leave averaged 12.39 days per employee, an unusually high statistic compared to other government departments (Pivot Legal Society, 2009, p. iv). In a study in 2009 designed to address issues of retention, social workers from child welfare reported four main reasons for leaving their employment: “unmanageable caseloads, a lack of confidence in all levels of leadership and management, high stress levels, and a lack of preventative and supportive resources for children and families” (Pivot Legal Society, 2009, p. iv). The concerns of these BC child protection workers could be echoed by social workers in every practice field throughout Canada and the Western world generally. During the current period of neo-liberalism in which the welfare state is being dismantled and constraints on practitioners are escalating (Baines, 2007; Healy, 2000; Weinberg, 2008), stresses have intensified. Social workers’ everyday practices are contextualized by increasingly limited resources (Aronson & Sammon, 2000; Fook, 2002), scarce agency supports, frequent reorganizations, an intense work pace (Dominelli, 2004), stressful statutory responsibilities such as reporting abuse (Hough, 2003), a market-driven system that places the bottom line before client needs (Cohen, 1997), and political restructuring towards a global capitalist society (Midgely, 2000). The effects of this environment on practitioners are clear-cut: resources have shrunk and expectations on practitioners have mushroomed, leading to distress and burnout. In the study mentioned above, one respondent stated that colleagues were “institutionalized to think, act and respond in ways which [were] unethical, disrespectful and damaging to the families [they were] meant to care for” (Pivot Legal Society, 2009, p. 8).

In the field of nursing, a theoretical concept called “moral distress” has developed that identifies the psychological and emotional pain that arises when professionals feel blocked, due to institutional constraints, from doing what they perceive is right. Yet there is a lag in social work literature between the restrictive environments in which social workers function and issues of ethics. The concept of moral distress, for the most part, is absent from North American social work writing. Historically, in social work publications, burnout has been viewed as an individual problem, and the social causes have been missing in debate. There has also traditionally been insufficient focus on the macro factors in examinations of ethics in social work practice. At times, social work students from progressive programs find themselves in placements where they feel prevented from operating in ways that reflect the values being inculcated at school. They often speak about the discrepancies between what they would like to do and what seems feasible in their agencies, but there is a dearth of theoretical tools for articulating these discrepancies.

For these reasons, “moral distress” is a useful adjunct in theorizing about ethics in practice. I speculate why it is missing in social work and consider the differences between “moral distress” and “ethical dilemma,”

a key theoretical tool that is frequently utilized in social work. While “moral distress” is a flawed theoretical notion (an argument that I amplify below), it is still valuable to social workers in tying the personal with the political by recognizing the institutional barriers that hamper practitioners from functioning in ways they would deem ethical as well as the emotional fall-out from those difficulties. Social work professionals have a political responsibility to act as agents for social transformation. Recognizing the systemic forces that impede anti-oppressive practice is a necessary first step in that social action. Moral distress is one concept that helps us to frame those structural barriers and social work’s ethical responsibility to fight for societal change.

The concept of moral distress

Ethics involves cognitive, affective, and behavioural components. While social workers often think about ethics in the narrow sense of decision-making in the client-worker relationship, they often feel constrained in what they would like to do as practitioners because of wider organizational or societal realities. The field of nursing recognizes the relationship between professional actions and the perceived constraints in practising ethically, expressed in a concept that links systemic barriers with the internal distress workers experience. In 1984, Andrew Jameton, a bioethicist, coined the term “moral distress,” which he defined as arising “when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action” (p. 6). His book, *Nursing Practices: The Ethical Issues*, was written as a comprehensive survey of ethics in the nursing profession. Jameton wished to correct an imbalance in medical ethics by putting attention on nurses, the largest health care profession in the United States, but with limited autonomy (Jameton, 1984; Redman & Fry, 2000), in the hopes of helping them “find their rightful place” in health care (p. xvi). He identified moral distress as a key problem for nurses, stating that it arises from a sense of powerlessness that he identified as being endemic to nursing (p. 54), in part due to the gendered nature of the profession. He was also disturbed by unresolved issues of justice in the field and believed that, while individual nurses might “not be able to do very much, the profession acting collectively [had] the ability...to address” injustices (p. 274). One step in that process was to recognize the discrepancy between knowing what one would like to do on moral grounds and feeling blocked from implementing those actions.

In general, moral distress is understood as relating to “painful feelings and/or the psychological disequilibrium” that arises when one’s professional conscience of morally appropriate action cannot be carried out due to institutional obstacles or other impediments (Corley, Minick, Elswich & Jacobs, 2005, p. 382). Jameton developed the concept further

in 1993, making a distinction between initial moral distress and the reactive distress that ensues when solutions are not found and the moral distress continues (Corely, 2002). It can result in a “moral residue,” “the cumulative effects of unresolved moral distress” (Webster & Baylis, quoted in Corley et al., 2005, p. 386). Moral distress has been linked to burnout, reduced job satisfaction, and high turnover (Corley, 2002; Kälve mark, Höglund, Hansson, Westerholm & Arnetz, 2004; Sundin-Huard & Fahy, 1999), all factors having a negative impact on the quality of care provided to service users.

Many authors (both in nursing and in allied professions) have elaborated on the concept of moral distress (Austin, Rankel, Kagan, Bergum & Lemermeyer, 2005; Corley, 2002; Corley, Elswick, Gorman & Clor, 2001; Corley et al., 2005; Kälve mark et al., 2004; Redman & Fry, 2000; Sundin-Huard & Fahy, 1999; Tiedje, 2000; Varcoe, Rodney & McCormick, 2003), but this idea has hardly infiltrated social work literature. This is a puzzling finding considering that there are many similarities between the professions of nursing and social work. Both disciplines are applied sciences, dealing with health and well-being, and view professionals as being in the business of helping to improve the quality of lives. Also, they are gendered professions with strictures on autonomy and status that contribute to the stress of pursuing what one views as the right course of action. Both nursing and social work have codes of ethics, perceive their professions as moral endeavours (Corley, 2002; Reamer, 1999), and are faced on a daily basis with value conflicts that must be resolved “on the ground.” The gap in the social work literature is especially surprising when one considers that in some settings social workers and nurses work side by side.

The nursing literature identifies many of the same sources of moral distress as social workers experience: resource insufficiencies, struggles between rules and how one wants to act, conflicts of interest or of values, and a lack of structures to support ethical decision-making (Kälve mark et al., 2004). Power arrangements that inhibit individual nurses, institutional policies, and legal considerations are also identified as bases of moral distress (Corley et al., 2001; Kälve mark et al., 2004). One nursing academic labelled the causes of moral distress as “harm to patients...treatment of patients as objects when meeting institutional requirements, policy constraints...inadequate staffing, [and the] effects of cost containment” (Corley, 2002, p. 639).

Social work literature recognizes these same factors as affecting day-to-day practice (Aronson & Sammon, 2000; Baines, 2007; Healy, 2000; Smith, 2007). Reductions in staff complements at the same time as increased paperwork, inadequate supports or professional development, stingy resources, problematic institutional policies and legal requirements, and the intense pace of work are all identified as pressures on social work practitioners. In fact, a National Association of Social Work

study in the United States found that the two greatest pressures for workers were the lack of time to do the work and the size of workloads, not stressors from clients (Arrington, 2008). Explained as an effect of globalization (Baines, 2007; Dominelli, 1999, 2004; Ghorayshi, 2004), the welfare state in Euro-Western countries is under attack. Fundamental shifts in the nature of social work have resulted, with profound implications for both service users and providers. Globalization has resulted in increased economic competition. With that competition, social work jobs have been fragmented into component parts with increasing expectations that results be quantifiable. Professional autonomy has been eroded, with management maintaining more centralized control and surveillance through data collection (Fook, 2002). As a consequence, the emphasis has shifted from care and the needs of service users to the management of risk and the importance of the marketplace in decision-making for service delivery. Evidence-based practice and an orientation towards proceduralism have led to a change from social work as a “practical-moral” activity to one that is “rational-technical” (Parton, 2000). The outcome is the inventory of stressors listed above, which result in moral distress. However, the discourses on ethics in social work only rarely address these concerns as ethical considerations (Prilleltensky, Rossiter, & Walsh-Bowers, 1996; Weinberg, 2008) and do not incorporate the concept of moral distress in the lexicon.

Why is this concept missing?

How is it that this concept, for the most part, has not been a part of the social work canon? Perhaps, in part, this lack is due to that fact that the outcomes of decisions in nursing are more dramatic and concrete—physical pain and death—whereas, in social work, the consequences are more often less tangible. I would suspect that the absence also relates to the silos of knowledge that have developed in modern subject fields. How issues are constructed and problems defined determines which solutions are justified and who has the expertise to solve them (Edelman, 1988). In part, academic disciplines profess discrete bases of knowledge so that separate professions can claim themselves as the authorities and experts.

I would also suspect that the absence of this concept relates to the overall social construction of ethics in social work (Weinberg, in press). The history of the profession of social work, which embraced social casework and an individualized response to the plight of marginalized groups, has contributed to viewing ethics narrowly within the dyadic relationship between worker and service user. Also the bifurcation of social work into practice and policy streams results in front-line workers missing the connections between their day-to-day work and the systemic factors that affect their practice. As part of the emphasis in Euro-Western values generally, while there is discussion of broader dimensions of ethics in social

work, the emphasis is on decision-making as a private matter, not an institutional or communal responsibility. It is ironic that, given social work's contribution of an approach that identifies and addresses persons within their environments (Kondrat, 2002; Miley, O'Melia & Dubois, 2009), it overlooks a concept such as moral distress, which recognizes that connection of person and broader structures.

Moral distress and ethical dilemma

Moral distress needs to be distinguished from the concept of ethical dilemma, which is extensively used in social work (Congress, 2000; Mattison, 2000; Reamer, 1990). Ethical dilemmas concern two or more courses of action that are in conflict (and will potentially have both positive and negative consequences), each of which can be defended as viable and appropriate. In contrast, moral distress arises if one action is preferred and seen as morally superior, but the actor feels blocked from pursuing it by factors outside the self. As an illustration in social work literature, Egan and Kadushin (2002) tackle "ethical conflicts over access to services," but these conflicts are framed by the authors as "a conflict between the workers' commitment to the agency and their commitment to the best interests of the client" (p. 2), giving both sides of the equation equal weight and validity. Their framework misses the nuance of a worker potentially being clear on the right thing to do but being prevented from enacting it. The notion of ethical dilemma can eviscerate the political responsibility of social workers to be agents of change in unjust or inadequate situations that maintain the marginalization of their clients. These are key dimensions in the moral distress literature. Moral distress involves perception of moral accountability and the "degree to which a person views herself or himself as individually responsible or as restricted by circumstances" (Corley et al., 2001, p. 251).

Moral distress also relates to the internal psychological dynamics of the individual worker. In post-structural theorizing, the view of the self is not unified and fixed, but seen as constituted by an infinite range of possible subject positions that are in constant flux and that an individual can enact as ways of being (Weedon, 1997). Consequently, a self can speak from different voices that are contradictory, even on ethical issues. At the same time, we understand ourselves as being unified beings, in part because, since the Enlightenment, the understanding of the healthy self has been that of persons having a fixed core identity. Therefore, individuals have notions of an internalized ideal self (Benjamin, 1995) in which certain ways of behaving at a particular moment in time are preferred (Weinberg, 2007). A component of this internalized notion may include a moral commitment to engage with ethical concerns and to take risks to support positions that are viewed as moral stances (Corley, 2002). Workers hold values and strive to maintain those values in their

work. However, people do not always enact those preferred ways of being in relation to their values, so at any instant in time there is an actualized self that may differ (Weinberg, 2007) from the preferred self. “Contradictory positions” are experienced by individuals as “problematic,” needing to be “reconciled or remedied” (Davies & Harré, 1990, p. 47). When those subject positions cannot be reconciled, moral distress results. The factors that may lead to a discrepancy between the preferred self and the actualized self are infinite in number. For workers in social service agencies, a lack of resources or of support from management to do what one thinks is right set the stage for moral distress. Fear of losing one’s job, a lack of confidence to fight for what one believes, group pressure to behave in a particular way towards service users, battle fatigue when one’s ethical notions are at odds with others in an agency, fear of surveillance and litigation, and loyalty to one’s agency or to one’s supervisor are some examples of the dynamics that might interfere with enacting the preferred self.

Consider a worker in a social assistance office, dealing with a woman with a disability. How the worker may prefer to act may be to provide additional assistance, both monetarily and by making visits to the client’s home, to spare a barely mobile service user from having to make a lengthy ride by bus in inclement weather with three preschool children. Heavy strictures on the worker’s time, with a caseload of 300, and tight policies requiring clients to come to the office, as well as precise tables determining the financial assistance for which this client is eligible, may mean that the worker’s actualized self does not conform to her idealized notion of herself as a social worker. This worker may disagree with the policies and feel that the entitlements for this service user are inadequate and inhumane, but she may not believe she has any choice. Her work group may be unsympathetic towards service users, seeing them as “malingerers,” individuals who could get work and get off the dole if they only so chose. This employee may not feel she can stand up to her colleagues. Also she may fear being ostracized as the new kid on the block who is a bleeding heart and simply has not “learned the truth about these clients.” Not acting on what she feels is right may cause internal anguish. At such moments as these, moral distress will arise. The notion of moral distress and the recognition that there are ethical and emotional components that linger after one has acted (moral residue) are important but missing elements in the theorizing of social work ethics.

A useful concept for social work

The concept of moral distress identifies a context in which workers sometimes do not fulfil an ethical stance they would like to take. Furthermore, it prompts recognition that a disjuncture between what one wishes to do professionally and what one enacts entails psychological ramifications that

can have lasting effects. As a profession committed to the psychological health of people, social work harbours an irony in that the emotional well-being of providers is not addressed through use of this concept in the literature. In an era that assumes the autonomy, expertise, and responsibility of individual practitioners for judgments rendered, and in which legal action can follow if those judgments are deemed erroneous, moral distress is a helpful adjunctive analytical tool to highlight the discrepancy between supposed autonomy and the structural strictures that impede ethical behaviour. Adopting the concept of moral distress would demonstrate self-reflexivity as a profession by incorporating an idea that squarely acknowledges the divergence between preferred and actualized selves. This would underscore the way in which practitioners fall short of their best intentions and values.

The concept of moral distress would also be a significant addition to the arsenal of social work theorizing because it recognizes the importance of context in ethical action. The field of ethics is broader than the individual worker-client relationship. Practitioners are not entirely autonomous actors, a notion to which I will return. Instead, social workers are part of a web of relationships that are affected by policies, laws, and organizations that can both enable and constrain ethical behaviour. While the literature in ethics recognizes these relationships, often they are viewed as secondary rather than primary to the ethical problems workers must confront. The Canadian Nurses Association (2003) suggested including the concept of moral distress arising from structural constraints in a draft of the Code of Ethics for Registered Nurses because these barriers were understood to be central to the moral landscape that nurses must face (Corley, 2002). Yet social work has not seen fit to do the same.

Flaws in moral distress as a concept

The idea of personal agency is somewhat rudimentary, and consequently a concept that hinges on it, such as moral distress, is not fully adequate. Individuals are neither completely autonomous nor are they purely victims of systems. Moral distress assumes the dichotomy of human agency and structure, the old sociological chestnut. In so doing, it could allow workers to sustain a stance of victimization by the system. Practitioners, however, are not separate from their environment. People form the structures that govern lives. Social institutions are the creation of human beings. Every time an individual enacts practice in a particular way, what constitutes social work is constructed at that moment. Every time a worker implements or resists a policy, structure is created or maintained (Kondrat, 2002).

The notion of moral distress also carries with it the assumption that there is an appropriate way of behaving. However, the field of social

work is filled with paradoxes in which no correct response can be assured or entirely right. For this reason, the notion of ethical dilemma is useful, but it too is insufficient. One of the complexities of the field is that, at times, regardless of what stance an individual practitioner takes, both good and harm will follow (Weinberg, 2005). Because workers are viewed as experts, they contribute to the dominant discourses of what is taken to be normalcy or health. This power carries with it the potential to injure because some ways of being will be supported and others suppressed. I refer here to the idea of ethical trespass, "the harmful effects ... that inevitably follow not from our intentions and malevolence but from our participation in social processes and identities" (Orlie, 1997, p. 5). It is neither completely possible to enact proper action nor entirely to avoid damage. Social workers, as citizens charged with responsibilities to determine norms, through the construction of those standards put some actions outside the boundary of acceptable behaviour. Thus individuals who function beyond those discursively framed boundaries can be disciplined for violations. Contributing to this problem is the reality that practitioners usually have responsibilities to more than one client at a time, such as in a family situation or a group setting. As an illustration, suppose a worker allows a youth in a day treatment program to stay, although he has violated the policy of no drug dealing, because the practitioner understood there were extenuating circumstances. This may (or may not) ultimately be good for that client but may (or may not) put other students at risk or erode an important policy that ultimately may (or may not) injure another youth. Practitioners cannot ever fully know the complete extent of the consequences of their actions and thus are involved in ethical trespass. Consequently, workers must confront the harm inherent in their positions and be self-reflexive and humble in their practice. A concept of moral distress does not incorporate the possibility that there may not be a right course of action in which all harm can be avoided or that some harm in practice is ineluctable.

Dealing with moral distress

Despite its limitations, the concept of moral distress is helpful, but how should social workers address it? A range of strategies are utilized by nurses to deal with moral distress. At one end of the continuum, in response to the anxiety generated, there are nurses who detach psychologically, perform tasks in a ritualistic manner or refer to those further up the hierarchy (Corley, 2002). Recognizing their own marginality in the helping professions (Tiedje, 2000), some nurses use indirect methods such as "covert communication" in interactions with those higher up in the chain of command (Sundin-Huard & Fahy, 1999, p. 12). Finding role models or coaches is another method (Tiedje, 2000). More direct approaches include sharing stories through talk and writing (Tiedje,

2000), which empowers through ending silence. Either acting alone or in concert with others, some nurses engage in direct advocacy, activism, and whistle-blowing (Corley, 2002; Sundin-Huard & Fahy, 1999; Tiedje, 2000), acts of “responsible subversion” (Corley, 2002, p. 640) that run the gamut from in-house attempts through ethics committees or in-service training to strikes or collaborations with other professional groups. These latter strategies are at the other end of the continuum of engagement to eliminate moral distress. Despite not labelling the issue as moral distress, social workers too have responded to stressors in similar ways. While Dominelli (1999) frames the issue as the consequences of globalization, the strains of structural barriers are addressed by social workers through “accommodation, escapism or resistance” (p. 20).

For social workers, a component of viewing structural issues as ethical concerns relies on having a political analysis and depends also on the extent to which workers believe they can or have a right to change broader social systems. The profession of social work needs to view deficiencies in resources as ethical concerns with practitioners as actors responsible for shifting the terms of practice. Every action has political consequences, and shortfalls in resources are moral issues for practitioners. Social workers can choose to engage in contextual practice, using the same set of skills employed with service users but at the level of organizations and seeing their work as involving continual change with whole contexts, not just separate individuals (Fook, 2002).

Practitioners often comment on the isolation they experience and their fear of raising issues of ethics in their agencies. Clemency in organizations and in professional associations is needed. Social work agencies should frame ethics as a collective, not just an individual, responsibility. Infrastructures are required that support the possibility of safe spaces for dialogue in which to explore the ethical conundrums that arise. There is a growing field of organizational ethics that has begun to connect the practice of individuals with the broader moral responsibility and values manifested in agencies as a whole (Kenny, Downie, Ells & MacDonald, 2000). While currently it has been focused primarily in the United States and on health care, there are indications that it is expanding to incorporate other contexts and countries, including Canada (Simpson & Kirby, 2004; Kenny et al., 2000).

Conclusion

Those who have embraced the notion of moral distress have noted, “being a professional is making a moral claim” (Austin et al., 2005, p. 202). While moral distress has its imperfections as a concept, adding the concept of moral distress to social work’s theoretical repertoire would strengthen the ethical claims of the profession. Bob Mullaly (2007) crafted a code of ethics for progressive social workers in which he identified that

“we never claim to be ‘apolitical’ or ‘neutral’ and we define social justice in political, material and global terms” (p. 149). The concept of moral distress recognizes the political nature of the work in a manner that “ethical dilemma” does not. Professional self-reflexivity is crucial, and moral distress provides a vehicle for identifying the gap between best intentions and what is actualized on the job. People enter social work desiring to do good. However, the neo-liberal environment in which social workers function creates huge stressors due to erosion of the social safety net, reductions in resources, and increasing restrictions on the autonomy of professionals, making it very difficult for them to fulfil that desire for goodness. Consequently, professionals sometimes fail in doing what they perceive of as their best, most ethical practice, and the theoretical tool of moral distress allows for a recognition of both that failure and the emotional price that workers pay when failure occurs. Mullaly states in his progressive code, “we respect the need for resources and the decision-making processes to be fairly shared and we realize that this will be hard to achieve given the current political order” (2007, p. 149). If social workers do not have humility but also forbearance for themselves, I do not believe they can provide them for service users. Compassion towards oneself, as well as an awareness of one’s failures, are necessary elements for social work professionals in moving towards a more socially just society. Both of these stances are aided by recognizing the concept of moral distress.

REFERENCES

- Aronson, J., & S. Sammon (2000). “Practice and Social Service Cuts and Restructuring: Working with the Contradictions of ‘Small Victories’.” *Canadian Social Work Review* 17, no. 2, 167-187.
- Arrington, P. (2008). *Stress at Work: How do Social Workers Cope? NASW Membership Workforce Study*. Washington, DC: National Association of Social Workers. Retrieved from <http://workforce.socialworkers.org/whatsnew/stress.pdf>.
- Austin, W., M. Rankel, L. Kagan, V. Bergum & G. Lernermeier (2005). “To Stay or to Go, to Speak or Stay Silent, to Act or Not to Act: Moral Distress as Experienced by Psychologists.” *Ethics and Behavior* 15, no. 3, 197-212.
- Baines, D., ed. (2007). *Doing Anti-oppressive Practice: Building Transformative Politicized Social Work*. Halifax: Fernwood Publishing.
- Benjamin, J. (1995). *Like Subjects, Love Objects: Essays on Recognition and Sexual Difference*. New Haven: Yale University Press.
- Canadian Nurses Association (2003, October). “Ethical Distress in Health Care Environments.” *Ethics in Practice for Registered Nurses*. Retrieved from http://www.cna-nurses.ca/cna/documents/pdf/publications/Ethics_Pract_Ethical_Distress_Oct_2003_e.pdf.
- Cohen, M. G. (1997). “From Welfare State to Vampire Capitalism.” In P. M. Evans & G. R. Wekerle (eds.), *Women and the Canadian Welfare State: Challenges and Change* (pp. 28-67). Toronto: University of Toronto Press.

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- Congress, E. P. (2000). "What Social Workers Should Know about Ethics: Understanding and Resolving Practice Dilemmas." *Advances in Social Work*, 1, no. 1, 1-25.
- Corley, M. C. (2002). "Nurse Moral Distress: A Proposed Theory and Research Agenda." *Nursing Ethics* 9, no. 6, 636-650.
- Corley, M. C., R. K. Elswick, M. Gorman & T. Clor (2001). "Development and Evaluation of a Moral Distress Scale." *Journal of Advanced Nursing* 33, no. 2, 250-256.
- Corley, M. C., P. Minick, R. K. Elswick & M. Jacobs (2005). "Nurse Moral Distress and Ethical Work Environment." *Nursing Ethics* 12, no. 4, 381-390.
- Davies, B., & R. Harré (1990). "Positioning: The Discursive Production of Selves." *Journal for the Theory of Social Behaviour* 20, no. 1, 43-63.
- Dominelli, L. (1999). "Neo-liberalism, Social Exclusion and Welfare Clients in a Global Economy." *International Journal of Social Welfare* 8, 14-22.
- Dominelli, L. (2004). *Social Work: Theory and Practice for a Changing Profession*. Malden, MA: Polity Press.
- Edelman, M. J. (1988). *Constructing the Political Spectacle*. Chicago: University of Chicago Press.
- Egan, M., & G. Kadushin (2002). "Ethical Conflicts over Access to Services: Patient Effects and Worker Influence in Home Health." *Social Work in Health Care* 35, no. 3, 1-21.
- Fook, J. (2002). *Social Work: Critical Theory and Practice*. London: Sage.
- Ghorayshi, P. (2004). "The Discourse of Globalization and the Alleged Inevitability of our Global Future?" In L. Samuelson & W. Antony (eds.), *Power and Resistance*, 3rd ed. (pp. 201-224). Halifax: Fernwood Publishing.
- Healy, K. (2000). *Social Work Practices: Contemporary Perspectives on Change*. London: Sage.
- Hough, G. (2003). "Enacting Critical Social Work in Public Welfare Contexts." In B. Pease, J. Allan & L. Briskman (eds.), *Critical Social Work: An Introduction to Theories and Practices* (pp. 214-227). Melbourne, Australia: Allen & Unwin.
- Jameton, A. (1984). *Nursing Practice: The Ethical Issues*. Englewood Cliffs, NJ: Prentice-Hall.
- Källemark, S., A. T. Höglund, M. G. Hansson, P. Westerholm & B. Arnetz (2004). "Living with Conflicts-Ethical Dilemmas and Moral Distress in the Health Care System." *Social Science and Medicine* 58, 1075-1084.
- Kenny, N. P., J. Downie, C. Ells & C. MacDonald (2000). "Organizational Ethics Canadian Style." *HEC Forum* 12, no. 2, 141-148.
- Kondrat, M. E. (2002). "Actor-centred Social Work: Re-visioning 'Person-in-Environment' Through a Critical Theory Lens." *Social Work* 47, no. 4, 435-448.
- Mattison, M. (2000). "Ethical Decision Making: The Person in the Process." *Social Work* 45, no. 3, 201-212.
- Midgely, J. (2000). "Globalization, Capitalism and Social Welfare: A Social Development Perspective." In B. Rowe (ed.), *Social Work and Globalization* (pp. 13-28) (*Canadian Social Work* 2, no. 1, special issue).
- Miley, K. K., M. O'Melia & D. DuBois (2009). *Generalist Social Work Practice: An Empowering Approach*, 6th ed. Toronto: Pearson Educational Publishing.
- Mullaly, B. (2007). "Forward to the Past: The 2005 CASW Code of Ethics." *Canadian Social Work Review* 23, no. 1-2, 145-150.

- Orlie, M. A. (1997). *Living Ethically, Acting Politically*. Ithaca, NY: Cornell University Press.
- Parton, N. (2000). "Some Thoughts on the Relationship Between Theory and Practice in and for Social Work." *British Journal of Social Work* 30, 449-463.
- Pivot Legal Society (2009). *Hands Tied: Child Protection Workers Talk about Working in, and Leaving, B.C.'s Child Welfare System*. Retrieved from <http://www.pivotlegal.org/Publications/reportsht.htm>
- Prilleltensky, I., A. Rossiter & R. Walsh-Bowers (1996). "Preventing Harm and Promoting Ethical Discourse in the Helping Professions: Conceptual, Research, Analytical, and Action Frameworks." *Ethics and Behaviour* 6, no. 4, 287-306.
- Reamer, F. (1990). *Ethical Dilemmas in Social Service: A Guide for Social Workers* (2nd ed.). New York: Columbia University Press.
- Reamer, F. G. (1999). *Social Work Values and Ethics* (2nd ed.). New York: Columbia University Press.
- Redman, B. K., & S. T. Fry (2000). "Nurses' Ethical Conflicts: What Is Really Known about Them?" *Nursing Ethics* 7, no. 4, 360-366.
- Simpson, C., & J. Kirby (2004). "Organizational Ethics and Social Justice in Practice: Choices and Challenges in a Rural-Urban Health Region." *HEC Forum* 16, no. 4, 274-283.
- Smith, K. (2007). "Social Work, Restructuring and Everyday Resistance: 'Best Practices' Gone Underground." In D. Baines (ed.). *Doing Anti-oppressive Practice: Building Transformative Politicized Social Work* (pp. 145-159). Halifax: Fernwood Publishing.
- Sundin-Huard, D., & K. Fahy (1999). "Moral Distress, Advocacy and Burnout: Theorising the Relationship." *International Journal of Nursing Practice* 5, 8-13.
- Tiedje, L. B. (2000). "Moral Distress in Perinatal Nursing." *Journal of Perinatal and Neonatal Nursing* 14, no. 2, 36-43.
- Varcoe, C., P. Rodney & J. McCormick (2003). "Health Care Relationships in Context: An Analysis of Three Ethnographies." *Qualitative Health Research* 13, no. 7, 957-973.
- Weedon, C. (1997). *Feminist Practice and Poststructuralist Theory* (2nd ed.). Cambridge, MA: Blackwell.
- Weinberg, M. (2005). "A Case for an Expanded Framework of Ethics in Practice." *Ethics and Behavior* 15, no. 4, 327-338.
- Weinberg, M. (2007). "Ethical 'Use of Self': The Complexity of Multiple Selves in Clinical Practice." In D. Mandell (ed.) *Revisiting the Use of Self: Questioning Professional Identities* (pp. 213-233). Toronto: Canadian Scholar's Press.
- Weinberg, M. (2008). "Structural Social Work: A Moral Compass for Ethics in Practice." *Critical Social Work*, <http://www.criticalsocialwork.com>, 9, no. 1.
- Weinberg, M. (in press). "The Social Construction of Social Work Ethics: Politicizing and Broadening the Lens." *Journal of Progressive Human Service*.

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