M2: Value Conflicts in the Workplace Case Study Discussion

1. Fundamental difference in value perspective

At its simplest, conflict exists between (a) the management of the community center, acting as the employer/governing body, and (b) the social worker, acting as clinician and advocate for the group members portrayed in the role of client. Since this is an important inherent conflict, it is fueled by a second, concurrent focus of conflict that arises between the management and the clients themselves. The scenario is especially applicable in the realm of management decision-making over services, including whether they are feasible and whether they can generate revenue, then impacting women served by the group in the short-and-long term (National Association of Social Workers, 2021).

The dual-loyalty problem conceptually defines a situation that arises when competing obligations to the institution and to vulnerable clients complicate matters of ethical decision-making. Health care providers willingly admit the complexities surrounding the dual-loyalty concern, recognizing that the institution's overarching goals can serve to undermine the well-being of the clients. Social workers come under conflict of interest, caught between the requirements of their own role for the institution and the requirement to hold paramount the interests of the clients they represent and serve. The ethical dilemma highlights the need for clearly stated policies and open communication within institutionalized social work organizations and for giving social workers discretion to act in the interests of the clients despite institutional requirements.

2. Both dimensions of the conflict

Essentially, the problem is in the conflict between (a) the organizational administration, including the employer or institution's leadership, and (b) the social worker as clinician and advocate for the group of the clients. The second, interrelated dimension is for the management and for the clients themselves, for whom decisions by management during program sustainability and finances directly impact women depending upon the group. In the context of the dual-loyalty dilemma, these constitute competing obligations: one for an employer and another for a powerless client. It is commonly known by health practitioners to be ethically challenging, usually putting the goals of the institution against the client's well-being.

3. The social worker's obligations

The paramount professional obligation of social workers is to the client, and can be concisely described as the promotion of well-being alongside the upholding of the value of dignity and of self-determination, maintenance of competence in the delivery of services, refraining from exploitation, and conformity to truth-telling as professional conduct (National Association of Social Workers, 2021). The social worker is bound to the client, of course, but is also bound to the institution that he or she is representing (which includes to all applicable agency policies, fulfilling all of the obligations owed to the employee, and maintaining vigorous work habits), to the profession itself (which entails conformity to codified professional conduct codes), and to a paramount obligation to society at large (being prudent steward of limited resources). In the situation of competing obligations becoming evident, the Code argues that "ethics codes or rules should say the practitioner must 'make a responsible effort to deal with the conflict in a manner consistent with the values, principles, and standards of the profession,' and seek advice when there is no reasonable means of resolving the conflict."

4. Addressing loyalties and responsibilities (methodological approaches)

In practical application, the social worker is expected to undertake a series of essential procedures to ensure both ethical standards and effective practice.

First, appropriate documentation of clinical rationale for the group needs to be drawn up. It includes defining desired outcomes and identification of potential risks of abrupt discontinuation of the services. Documenting is necessary as it does not only describe the rationale of decision for treatment but also provides basis for regular communication to different parties.

Secondly, it is required that the social worker submit a formal grievance to the administrative body. It necessitates the correlating of ethical obligations to measurable risks or contact with community relationships potentially affected by proposed modifications. In detailing those relationships, the social worker can discuss the interests of consumers while explicating the ethical duties of the agency.

Third, it is important to propose credible alternatives to sudden dismissal. Some of these may be the use of a sliding scale fee to increase access, planned fundraising activities, seeking of appropriate grants, or the formation of collaborations with local organizations that cater to the Spanish-speaking population. The social worker should also consider the merging of groups or the proposition of a phased change process with informed consent to enable the client to gradually accommodate changes in their care.

Lastly, in the event of disagreements over the appropriate course of action, it is critical that the social worker access an ethics consultation or retain the services of an ethics committee for the benefit of the organization. It is a necessary step as it allows for continued investment in

the value of acting ethically and allows for mechanisms for conflict resolution within the organization.

As social workers attend to these matters, they need to actively counter the injustice inherent in lying. Telling clients that they "no longer need services" is itself a lie that can seriously damage the trust and therapeutic rapport that have been developing. Therefore, all terminations should be marked by complete openness, mutual planning, and provision of appropriate referrals or transition aids. This is in line with National Association of Social Workers termination practice standards, under which the overarching importance of client welfare at all times takes precedence.

5. The social worker ought to see the members of the group

She must be able to understand the women through the profession's value system of integrated individuals with dignity, rights, and needs in context, many of whom are vulnerably at risk (e.g., background of intense mental health emergency) and also largely Spanish-speaking, thus language concordance and cultural humility are paramount to safety and successful intervention. Moral practice requires culturally competent and traumainformed care, and acknowledgment that abrupt changes to programming inappropriately disadvantage already marginalized populations (Tarshish, David, & Krumer-Nevo, 2024; Nguyen et al., 2024).

6. How the administration is likely to react to the group members

Administratively, the group can be considered through an operational and budget perspective: as a low-income program with subsidized expenses, stretching the center's budget and disrupting fee-generating services.

Pragmatic style of administration in non-profit administration is also a frequent approach that may be prone to treating the customers merely as sources of funding and not as human beings with basic human rights. Organizational ethical dilemmas strike a balance between financial authority and the non-profit's purpose, finishing up by including the perspective and experience of consumers of the services in the decision-making model to ensure that trust within society relationships is guaranteed (Reamer, 2022).

7. In what ways can the social worker use herself to resolve conflict

Ethical use of self" is the utilization of clinical relational techniques, advocacy, and reflective use of oneself for the benefit of the client, with professional boundaries and integrity maintained at all times during treatment. For instance, she can:

Use of the therapeutic relationship as a vehicle for mutual decision-making. We will be "open with members about funding constraints, listening to case members' needs and wants, and collaboratively developing transition plans (emphasizing empowerment and self-determination NASW, value of human relationships, and termination criteria.

Acting as an internal advocate (take evidence-based practice, safety issues, and client examples to administration); present practical alternatives (e.g., fundraising, partner agencies, switching to a fee-for-service), and warn them of the reputation and equity cost of shutdown effectively. Employ a trauma-informed advocacy frame (TI-ATA) to establish that you can advocate for clients & perform therapy are not opposing but complementary tasks.

Membership in an ethics consultation, oversight, or organizational ethics committee can permit the institutionalization of the dispute resolution process and for protection of client well-

being, and of the professional reputation of the practitioner, thus ensuring a overall ethical resolution of the situation (Reamer, 2022).

If the administration continues to act unethically (e.g., dishonest plans of care or terminations that potentially can be harmful to the client), note problems that you want to bring up, follow through on the internal grievance or appeals procedure, and, as appropriate by law or by agency standard, report the concern or seek external representation (NASW ethical resources).

Keep records of the clinical reasons for your actions during the procedure to prevent discontinuation (National Association of Social Workers, 2021).

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