

REVIEW ARTICLE

ETHICS OF PROFESSIONAL ACTIVITIES OF SOCIAL WORKERS IN THE FIELD OF HEALTH: THE AMERICAN EXPERIENCE

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ABSTRACT

The aim: Coverage of the American experience of successful application of professional ethics of social workers in the field of health to solve complex ethical dilemmas in the activity of a social worker.

Materials and methods: The methodological basis of the study was the use of an axiological approach in identifying the values and ethics of the professional activity of social workers, a competence approach in determining the competence of a social work specialist in the field of health in matters of professional ethics, an interdisciplinary approach in integrating the ethical competence of a social work specialist in the practice of solving ethical dilemmas in the field of health, including in the process of work of an interdisciplinary team of specialists.

Conclusions: The content and specifics of the practical application of the Code of Professional Ethics of the National Association of Social Workers of the USA in social work in the field of health were studied. It was determined that many situations in the practice of social work do not have simple answers when solving complex ethical issues in the field of health. Social workers, in addition to the values, principles and standards of the Code, in making decisions about professional actions in the field of health, must take into account their own beliefs and those of the client. The mechanism for the adjustment of difficult ethical choice cases in the practice of a social worker in the field of health is described.

KEY WORDS: social work; social worker; ethics of professional activity; values; the field of health; standards of practice

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INTRODUCTION

The mission of the «Social Work» profession is rooted in a set of core values. Values recognized by social workers throughout professional history form the foundation of the unique purpose of social work and its prospects: service, social justice, human dignity and worth, the importance of human relationships, integrity, competence. This complex of key values reflects the professional uniqueness of social work. Core values and the principles derived from them must be balanced in the context of complex human experience.

Health social workers are constantly faced with ethical dilemmas in their daily work. They resolve ethical issues arising from such diverse factors as the contradiction between unlimited demands for desired care (on the part of clients) and limited resources (of social work), between technological progress and the level of interventions in human life, especially at the beginning (fertilization and correction of genetic «errors» in vitro, surrogate motherhood) and at the end of life (resuscitation, euthanasia); internal conflict between the patient's right to knowledge and potentially negative consequences of unwanted knowledge, between the lack of clarity regarding the diagnosis and treatment, etc. The situation is often complicated by the pressure to make a quick decision. Practitioners and scholars of social

work agree on professional values and ethics as a priority in decision-making by social workers. It was social workers who enriched hospital practice and health care activities with their professional values, principles, and definitions of what makes practice high-quality [1-3].

In many countries of the world, in particular in the United States, social work has become an integral component of the field of healthcare, has a wide range of applications and is an extremely valuable field for practical and scientific exploration. In our opinion, it is relevant to study the practices of the implementation of social work in the field of health in the USA in a value-ethical context in order to take into account this experience in the formation of the code of professional ethics of a social worker in the healthcare system of Ukraine.

THE AIM

The aim of the article is to highlight the American experience of successful application of professional ethics of social workers in the field of health to solve complex ethical dilemmas in the activities of social workers. The study of the practices of social work implementing in the field of health in the USA in a value-ethical context is relevant, given the possibility of taking this experience into account

in the formation of the code of professional ethics of a social worker in the healthcare system of Ukraine.

MATERIALS AND METHODS

The methodological basis of the study was the use of an axiological approach in identifying the values and ethics of the professional activity of social workers, a competence approach in determining the competence of a social work specialist in the field of health in matters of professional ethics, an interdisciplinary approach in integrating the ethical competence of a social work specialist in the practice of solving ethical dilemmas in the field of health, including in the process of work of an interdisciplinary team of specialists.

The method of critical literature review was used. Sources reflecting the ethical aspects of the professional activity of social workers in the field of health in the USA were taken into account (publications in scientific periodicals, including those indexed by scientometric databases Scopus, WoS, etc., monographs, collections of scientific works, materials of conferences, etc.). Search and selection of literature was carried out on the basis of keywords (social workers, ethics of professional activity of social workers in the USA, health, development of social work in the USA, etc.). Mostly English-speaking sources published in the last 10 years of the 20th century and 20th years of the 21st century were taken into account, in particular, the Code of Professional Ethics of the National Association of Social Workers of the USA, standards of social work practice in health care institutions, in palliative/hospice care, and in long-term care institutions.

REVIEW AND DISCUSSION

The development of medical science and practice, especially intensive in the late 1940s and early 1950s, influenced the formation of the professional ethics of social workers in the field of health. The development of medical technologies (A. Jonsen, in particular, the development of the vaccine against poliomyelitis (1949), the discovery of antihypertensive (for the treatment of hypertension, 1950) and neuroleptic (for the treatment of schizophrenia, 1952) drugs led to a significant weakening of the position of medical ethics. In response to the growth of professional authority and a sense of pride among physicians for fulfilling their duty to protect the lives of patients, the medical community has come to the conclusion that consideration of ethical dilemmas may not be necessary [4, 5]. This self-confidence weakened in the 1960s, when it became clear what unforeseen difficulties opened up with biotechnology. Thus, with the invention of the arteriovenous shunt (an artificially created confluence of large arteries and veins that allows the patient's blood to be purified with the help of special filters) and the introduction of the «artificial kidney» (a device for hemodialysis - blood purification) into medical practice. Saving a person with an incurable disease at the terminal stage of life thanks to hemodialysis has opened

up new opportunities for millions of patients with kidney failure. However, the high cost of the procedure (even today in Ukraine it costs almost 100 USD) necessitated the selection of potential patients.

This work was performed by admission committees for hemodialysis, whose members had to decide the sequence of patients on the basis of non-medical criteria, whether or not, to determine «who should live and who should die.» Thus, the question of individual social value and significance arose. These ethical dilemmas have become the subject of the study of bioethics [5].

Another aspect of medical progress - the development of transplantology (the first successful heart transplant was performed by K. Barnard, 1967) - revealed a number of bioethical dilemmas in connection with the rehabilitation of American soldiers after the Vietnam War. This prompted bioethical discussions in the USA and other countries, contributed to the definition of dilemmas in genetics, eugenics, transplantology. Discussions and publications on ethics resulted in the founding of the Hosting Center, the Kennedy Institute for Ethics at Georgetown, and the Society for Health and Human Values [5, 6].

Current issues of bioethics, such as care at the end of life, behavior management, experiments involving humans, received a response at the state level, which contributed to the creation in 1968 of the National Bioethics Commission (NBC), which operates in the USA to this day. The commission consists of 17 people (scientists, doctors, ethics specialists, social workers, lawyers, theologians), appointed by the US president; the main task is to assist the president in formulating policy on ethics [4, 7-9].

The Code of Professional Ethics of the National Association of Social Workers (NASW) adopted by the Assembly of Delegates of the US NASW in 1996, revised in 2008 obliges every professional to clearly demonstrate its core values, ethical principles and norms. Values, principles and standards of management of the professional behavior of social workers defined in the Code of Ethics are mandatory for all social workers and students of social work, regardless of professional functions, places of practice or population groups they serve [10].

The NASW Code of Ethics is designed to implement six goals: 1) define the core values of the mission of social work; 2) generalize ethical principles that reflect the core values of the profession and establish a set of specific ethical standards for the practice of social work; 3) help social workers make appropriate decisions in conditions of ethical conflict or ethical uncertainty; 4) ensure the social worker's responsibility for fulfilling the ethical standards of the profession, which the general public is guided by; 5) to ensure professional socialization of new practitioners of social work in the context of the mission, values, ethical principles and ethical norms; 6) demonstrate standards of ethical behavior in the activities of social work professionals. All social workers must cooperate to implement the Code of Ethics, fulfil all disciplinary decisions of the NASW based on it.

The values, principles, and standards defined by the Code

contribute to the adoption of ethically balanced decisions in situations of dilemmas. Although they do not have the status of unequivocal rules or orders that social workers must follow in all situations, they help resolve conflicts between values, principles, given the context of the situation. Ethical duties arise in all human relationships - personal, family, social and professional. The Code of Ethics does not specify which values, principles, and standards are most important and should prevail over others in case of conflict [10]. Ethical decision-making is a process, and many situations in social work do not have simple answers to complex ethical issues, especially in the work of health social workers. Here, social workers, in addition to the values, principles and standards of the Code, must take into account specific values, principles and norms determined by areas of activity in the field of health and contexts of practice. In particular, related to treatment and medical institutions, the field of public health, palliative and hospice care, long-term or at the end-of-life care, and the formation of a healthy lifestyle or the field of mental health, etc.

Health social workers identify themselves as a completely homogeneous group with a unique professional system of values and beliefs. All social workers in the field of health are convinced of the specifics of the ethics of social work in the field of health, but not all of them understand them in exactly the same way. D. Diderot also indicated certain «inconveniences» in considering the possibilities of understanding the same phenomenon in the interpretation of different people [4]. Research on the ethics of health social work has shown that reaching consensus is not always easy, rather the opposite, especially given the need to respect different opinions. Throughout their careers, health social workers are most likely to encounter situations for which there are no fully desirable solutions, because each alternative has its own set of undesirable consequences. Supervisors define ethical dilemmas as situations when a social worker cannot adhere to professional values or, while adhering to one ethical position, must behave in a way that takes into account another [4].

In practice, all social workers are often forced to be participants in ethical discourse. A basic understanding of terminology helps to make an adequate decision in the field of ethics. The concepts of «values», «morals», «ethics» are often used as synonyms, but their differences are important for the practice of social work. It is worth stopping at their identification [10]. The term «ethics» (from the Greek «ethos») means a person's character, mood or disposition. The ethics of social work in general and social work in the field of health in particular, according to the American specialist P. Angeles, are formed by three branches: meta-ethics, normative and applied ethics. Meta-ethics allows to get answers to the question: «What does it really mean?» or «What does it really mean to be 'good' or 'bad'?». Meta-ethics is related to the study of «methods, language, logical structure, argumentation» used to develop and justify moral decisions and knowledge [11].

In contrast to meta-ethics, normative ethics is concerned with the identification of morals, values, principles or

standards that might be relevant in solving a particular dilemma. Several values and principles may be relevant in the development of a normative and ethical response to a certain situation. The Code of Ethics provides wise guidance on situations in which values, standards, and principles may conflict [4]. Applied ethics is related to normative ethics because it suggests the application of morals, values, principles, and standards to specific situations. Its application is the stage of making a final decision. Thus, ethics can be defined in three contexts – meta-ethics, normative and applied ethics; is considered a branch of philosophy concerned with considerations of human behavior based on values. At the same time, ethics in social work is a «framework» of morals, values, principles and standards and a stage of making a final decision [11-13].

For practical social work, it is important to understand the ethical behavior of social workers in the field of health; M. Joseph (M. Joseph) and A. Conrad (A. Conrad) define it as the professional behavior of a social worker in connection with biomedical ethical choice [2, 4].

The most urgent issue in the practice of social work in the field of health concerns values. Thanks to shared values, social workers in the field of health are aware of their professional identity and are able to successfully implement activities in the field of health, solving ethical dilemmas. American researcher of the social work values F. Reamer (F. Reamer) points to the following significant areas of ethical dilemmas in social work: confidentiality and privileged relationships; truthfulness; paternalism and self-determination; laws, policies and regulations; artificial exaggeration of the complexity of the intervention; allocation of limited resources; personal and professional values; making ethical decisions [14].

American researchers of ethics, morality, principles and standards in social work, F. Lowenberg and R. Dolgoff, believe that in order to effectively solve ethical dilemmas, these concepts should be differentiated and not replaced by one another in practical activity [15]. Therefore, let's dwell on the essence of these basic definitions, in particular in the context of health preservation. The meaning of the word «value» comes from the Latin «valery» - «to be worthy, strong». In the philosophical dictionary of H. Collins, values are defined as «...a quality that makes it desirable; worthwhile, useful or object of interest», as well as «best practice; that which is respected, or highly valued; good» [16, 4]. M. Rokeach correlates the meaning of this word with human behavior and defines value as «a strong conviction that is a certain way or final state of existence (being), which is personally or socially preferable to the opposite state of existence» [3, 4]. This means that serving ideals is right. In a professional context, values are what is unique and good (appropriate) that makes one profession different from others [17].

Laws are an important aspect of solving ethical dilemmas and tasks of a social worker in the field of health. The concept of «law» has different interpretations: from the problem of protection against abuse of power by the authorities or private individuals to social control and well-being, the

need to increase attention to social justice. At the same time, a social worker's compliance with the law alone does not protect him/her from professionally unethical actions. Therefore, it is necessary to take into account the principles and standards of professional activity. Principles, according to the Code of Ethics, are considered stages of value formation, they can serve as a kind of ideals [15].

A number of ethical decision-making models are presented in foreign literature (M. Bloom, R. Becker, M. Joseph, K. Lewis, L. Litke, F. Lowenberg and R. Dogoff, F. Rimer, R. Porter) [18]. The Israeli researcher of ethical dilemmas in social health work R. Landau [3], believes that two models that allow for ranking the principles of social work by their importance deserve the most attention. The first model of ethical decision-making (F. Lowenberg, R. Dolgoff) [15], recognizes the principle of protecting life as a priority obligation. The second model (F. Rimer) is based on the recognition of rules as a prerequisite for actions aimed at preventing various dangers: taking into account the rules of action in preventing threats to life and health are of primary importance compared to the danger of inaction [14, 19].

American theoreticians and practitioners of social work in the field of health S. Gelert and T. Brown indicate the need to take into account the theoretical foundations of ethics in the choice of ethical decision-making models. Some theories of ethics are more focused on the results of actions, others on the selection of principles, standards and rules that can guide behavior, so the most normative ethical theories belong to two categories - deontological or teleontological. Deontological theories prioritize an ethical value, standard, or principle in determining the right action, regardless of its outcome. For example, from the point of view of the principle of confidentiality, the deontological theory suggests that a social worker should not under any circumstances violate this principle. Teleontological theory focuses more on the result of a certain action than on the meaning of principles or standards ("teleontology" from the Greek "telos" - "end" or "purpose"). For example, in a teleontological consideration of privacy, more attention will be paid to what would happen if this privacy was violated [4]. Deontology and teleontology often conflict, as do the values, principles and standards of the ethical code.

In attempting to resolve complex situations, the health social worker must first identify his or her own values as they relate to the needs of the client. The social worker's understanding of this meaning may differ from the client's perception and may even conflict. A study of 110 hospice social workers by E. Csikai found that the least discussed issues in hospice care were euthanasia and patients' suicidal thoughts, while 34% of social workers indicated that their conversations with patients had to do with facilitating death [20]. According to the Code of Ethics, a social worker under no circumstances has the right to agree to this. In situations where the social worker's values come into conflict with the client's personal values, it is necessary to involve colleagues in the discussion. One of the first responses to a patient's request for «assistance in dying» should be a

thorough analysis of the depression and consideration of any other possible treatment and health support methods. It is possible that after a detailed consideration and analysis of solution options, the client will still insist on the wish to die. However, it is possible that such conversations are an attempt by a person to communicate to his family that he does not want to be a burden or about a feeling of abandonment, or that a person simply does not know what life options his family could endure. When all of these issues are properly addressed, clients may stop desiring euthanasia or assisted dying [20].

Social workers in the field of health make key decisions in various settings, in particular, in the work of committees on health care policy and ethics (according to B. Mulvey) [21]. The use of a decision-making model helps to ensure transparency and accessibility of the results of debates. The main factors of the effectiveness of the model: reliance on personal and collective values, consideration of institutional and social influences; application of ethics theory and decision-making models; use of social work theory, research results and practice standards; taking into account the provisions of ethical codes of social work and ethical codes of other professions; use of policies of relevant agencies, federal and state laws and other regulations; taking into account the impact on patients and in some cases the impact on practitioners [21].

Considering these aspects is a difficult task, M. Mattison believes, especially in the view of the interdisciplinary nature of the work of most social workers in the field of health as part of a team of specialists [22]. After the social worker has worked out the essence of the dilemma, he/she must first of all refer to the ethical code of social work to determine the values, principles and standards that may be important in solving this problem. Finally, feedback should be obtained from colleagues, agencies, committees, local or state social work examining boards, professional social work organizations, the NASW, or legal counsel [23, 24].

Decision-making models differ in components, for example, principles, hierarchy of components, which is associated with different scientific schools on which the authors of the model rely, similar to how models of treatment and assistance in the field of health and theories of treatment differ. Authors F. Netting (F. Netting), P. Kettner (R. Kettner), S. McMurty [25]; A. Jensen, M. Ziegler, U. Winslade [26]; F. Lowenberg, R. Dolgoff [15]; M. Mattison [22] in their reviews of the practice of social work in the field of health single out different models and approaches to decision-making.

According to research by F. Netting and his colleagues [25], the main steps to decision-making are as follows: define the problem → examine the variables → get feedback from others → conduct a value assessment, belonging to the dilemma → evaluate the dilemma → identify and think about possible alternatives → weigh the pros and cons of each option → make own decision [4]. The main difficulty lies in the latter task, since making a decision requires weighing all principles and comparing or even ranking them (for example, freedom or well-being).

F. Rimer suggests comparing the principles with each other. For example, «a person's right to liberty takes precedence over his own right to well-being» [14]. A decision made in this way will enable the patient to practice self-destructive behavior in the future and allow a person addicted to alcohol continue abusing alcohol. When considering other principles, the author attempts to foresee interference with the definition of "voluntariness and informed choice", as well as the prevention of harm to other people. But in this example, ontological considerations of freedom are replaced by teleontological ones, such as effects on family, friends and work, and long-term health consequences such as cirrhosis. That is, protecting individual freedom may be seen as a more important principle than forcing someone to lead a healthy lifestyle [14].

F. Lowenberg and R. Dolgoff propose a ranking of principles in the context of human existence [15], so the satisfaction of basic needs is of primary importance; next - in order of importance - receiving treatment on equal terms; freedom of will and choice; minimal or no losses; development of a good quality of life; personal security and privacy; understanding the truth; obtaining available information.

Among the problematic situations of interaction between a social worker in the field of health and a patient, «ambiguous relations» deserve special attention. In the practice of social work in the field of health, this concept refers to a broad definition of a violation of the relationship between a social worker and a patient. The existence of ambiguous relations in the field of health preservation is evidenced by records from the time of Hippocrates, as their prohibition is mentioned in a famous oath [4]. In the study by K. Boland-Prom (K. Boland-Prom) 27 councils for the regulation of issues of social work practice in the field of health were examined and 874 complaints were considered, most of which were provoked by such actions. Most often, violations related to sexual relations [27].

Definitions of dual relationships today are quite varied, being described as «ambiguous relationships in which goals and boundaries are specifically designed to meet the needs of the counselor.» Researchers M. Hill (M. Hill), P. Mamalakis (R. Mamalakis) define such a relationship as «any simultaneous or sequential relationship between a therapist and a client that differs from a therapeutic relationship» [12]. Over time, the interpretation of ambiguous relationships has changed - from a prohibitive nature to the division of double ties into those that «cross borders» and «borderline violations.» The latter are not recognized as alternative because they contain «exploitative, manipulative, deceptive, or coercive actions» [14].

The NASW Code of Ethics (2000) prohibits social workers from engaging in «dual or multiple relationships with clients or former clients in which there is a high risk of exploitation or potential for harm to the client» [10]. Another danger is related to the inappropriate «use» of the social worker by the patient to obtain various benefits (amount of services, conditions of receipt, changes in the course of therapy) [3].

Another aspect of the ambiguous relationship between the health social worker and the client concerns the quality of direct clinical social work practice, which differs significantly from community work. Scientist D. Hardinia believes that the level of ethical interaction in public work is much higher than in clinical work [28]. In support of this, K. Strom-Gottfried (K. Strom-Gottfried) gives data indicating a higher level of ethical violations in private practice than in the work of social workers in health care institutions [29]. It was possible to "measure" this by analyzing 894,901 ethics complaints received by the NASW during 1986–1997.

Explanation of the reasons for this situation: greater degree of control and less possibility of violations in social work hospitals compared to private practice; relations between a social worker and a client in a hospital (non-psychotherapeutic) setting are less prone to abuse. According to J. Schoener (G. Schoener) [30] and R. Simon (R. Simon) [31], inappropriate dual relationships lead to dangerous consequences, among which - devaluation of the practice itself due to incompetence.

The urgency of the issue of social work ethics in the USA is confirmed by the fact that universities and institutions that provide health care services are required to have their own institutional review boards (IRBs) to protect against potentially dangerous research and such that can exploit their members. IRBs provide informed consent, confidentiality review, data storage policy, and other guarantees. Unfortunately, problems with research security guarantees often arise. When conducting research, social workers may deviate from the requirements of ethical practice for a number of reasons. One of the most tempting motivations may be the result of the researcher's assumption that the benefit of the research results or knowledge gained by «bending» the rules is far greater than the human harm caused by violating the research protocols. Therefore, the ethics of research in social work in the field of health must take into account the following aspects: voluntary participation or consent of participants; no harm or danger to participants; anonymity and confidentiality; honesty; analysis and reporting; justice and charity [4].

Threats to ethical health care can be addressed through the efforts of health social workers committed to and convinced of the profession's mission, values, and ethics. With a clear understanding of purpose, health social workers can help redirect health care activities toward the ethical best course of action for patients [4]. Scientist R. Landau states that empirical studies confirm the leading role of health social workers in making ethical judgments in comparison with other spheres of activity, as well as in comparison with other specialists of multidisciplinary teams in the field of health. Today, the influence of social workers on ethical decision-making in hospitals depends on two interrelated factors - the clarity of the defined role of social work in health care and the ability of social workers to communicate and exchange information with other specialists at the appropriate level [3]. Experience shows that the priorities of values in one or another area of activity in the field of

health may change in accordance with current conceptual ideas, but the commitment to the key values of social work remains unchanged.

Standards of practice of social workers in the United States for various places of the practice of social work specialists - in health care or long-term care facilities in residential facilities, end-of-life care, hospice, and palliative care, clinical social work, public health, gerontological care or in children's inpatient facilities, etc., the first point, without exception, define the ethics and values of social workers in the relevant area. It is obvious that the specifics of ethics and values in each of the areas are determined by the specifics of the health problem, about which professional intervention is carried out, the characteristics of the group of clients who need help, and the conditions under which this help is provided. A common and invariable requirement for all localizations of practice is the social worker's demonstration of commitment to the values and ethics of the «Social Work» profession, an emphasis on expanding the rights and opportunities of clients in self-determination, the use of the NASW Code of Ethics as a «guide for making decisions on ethical issues» [32-35].

CONCLUSIONS

Therefore, the activity of a social worker in the field of health is based on values, principles, ethics, which are of critical importance in making ethically balanced decisions, that is, in ensuring effective practice. The practice of social work is oriented to the standards of professional activity, in which the primary importance is given to the issues of ethics, values and principles laid down and substantiated by the theory of social work.

The NASW Code of Ethics establishes all the ethical obligations of social workers towards themselves, clients, colleagues, employees and organizations with which they cooperate, towards the «Social Work» profession and society. Recognition of these obligations contributes to the competent practice of social workers in the implementation of all tasks and the implementation of measures to ensure the well-being of clients. Compliance with the requirements of ethics and adherence to the values of the profession in the social worker's provision of social protection to clients is possible thanks to the integration of the social work specialist's knowledge of relevant local, federal, state legislation and rules, policy requirements. Legal and regulatory guidelines, administrative practices may conflict with the best interests of the client or family, and reaching an ethically sound decision may be unattainable. To prevent such situations, social workers must constantly update their knowledge, learn more about the decision-making process, acquire skills that will protect their clients from harm, and social workers themselves from litigation.

The Code of Ethics helps bring professional activity into line with the challenges of the modern situation, but at the same time requires continuous professional development of a social work specialist.

The limitation of this study is that it mainly took into account the experience of social workers in the USA; the specifics of the implementation of social work in the field of health in Ukraine are not presented. This will be the subject of our further study.

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