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Crisis Mitigation and Ethical Decision-Making in a Nonurban Community A Social Work Perspective

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Walden University

College of Social and Behavioral Sciences

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Lisa Woolston

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Walden University
2021

Abstract

Crisis Mitigation and Ethical Decision-Making in a Nonurban Community

A Social Work Perspective

by

Lisa Marie Woolston

MSW, Marywood University, 2010

BSW, Saint Leo College, 1998

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

November 2021

Abstract

While social workers respond to human and natural disasters daily, they also respond to other crises equally important. The 2019-2020 global health pandemic has required social workers to prepare for the unknown. Social workers must prepare for those events by planning, training, and knowing agency policies, and procedures (formal rules). This capstone study's objective was explored through a qualitative action research methodology discovering ways social workers use ethics for decision-making during crisis mitigation in a nonurban community. A biomedical ethical decision-making model, along with the National Association of Social Workers Code of Ethics was utilized to understand what guides social workers practice when choosing options during a crisis. Enck identified a six-step framework for ethical decision making: information gathering, identification, clarification, assessment, recommending, and documenting. The central research question examined how social workers make an ethical decision when mitigating a crisis in a nonurban community. The purpose of the study was to explore how social workers use ethics to decision-make during crisis mitigation in a nonurban community. Data collection was during the COVID-19 shelter in place mandate which consisted of five individual face-to-face Zoom interviews. Participants collectively experienced unintended consequences from their agency by following professional ethics such as professional livelihood. The findings of this study may be used for positive change by understanding how social workers contribute to frontline work during a crisis.

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Acknowledgments

I am the granddaughter of Italian immigrants. I am the daughter of a first-generation Italian American. I am the first generation to achieve a doctoral degree. Therefore, I am a vessel for another's journey.

I dedicate this capstone study to my husband (my prince) James R. Woolston, Jr., without his love and devotion I could not achieve the impossible. I also want to acknowledge the encouragement and love of my three children, Nicole Poorman, Brandon and Kristian Woolston. It is an understatement to say that my family sacrificed while I completed this capstone study.

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Table of Contents

Section 1: Foundation of the Study and Literature Review	1
Introduction.....	1
Problem Statement.....	4
Purpose Statement and Research Questions(s).....	6
Nature of the Doctoral Project	15
Significance of the Study	18
Theoretical/Conceptual Framework.....	20
Definitions of Core Concepts Based on Enck's Theory-Based.....	24
Values and Ethics.....	27
National Association of Social Work Code of Ethics: Do No Harm.....	28
Review of the Professional and Academic Literature.....	30
Summary	33
Section 2: Research Design and Data Collection	35
Introduction.....	35
Research Design.....	35
Interview Guide	36
Nature of the Capstone study	37
Methodology	38
Prospective Data	39
Participants.....	40
Instrumentation	41

Data Analysis	43
Trustworthiness and Rigor Limitations	43
Ethical Procedures	44
Summary	45
Section 3: Presentation of the Findings	47
Introduction.....	47
Data Analysis Techniques.....	48
Findings.....	52
Summary	58
Section 4: Application to Professional Practice and Implications for Social	
Change	63
Introduction.....	63
Application to Professional Ethics in Social Work Practice.....	65
Recommendations for Social Work Practice	68
Implications for Social Change.....	69
Summary	70
References.....	73
Appendix A: Recruitment Flyer.....	94
Appendix B: Participant Interview Questions	95

Section 1: Foundation of the Study and Literature Review

Introduction

While social workers respond to human and natural disasters daily, they also respond to other crises that are equivalently important. Today, as crises become more severe and frequent, it is imperative for social workers and human service agencies to mitigate events by safeguarding the vulnerable with confidence and ethical standards (Taylor & Whittaker, 2018). Social workers must prepare for those events by planning, training, and knowing agency policy, and procedures (formal rules). Demarcation between formal rules and professional ethics becomes apparent when a crisis event renders intractable problems. Thus, forcing one to make a choice resulting in an ethical dilemma.

As all social workers are to answer a crisis event with confidence and without fear when addressing clients' psychosocial needs with unique professional skills (Izzo & Miller, 2010; Lanzieri, Bowen, Lasala, et al., 2020; Standora, 2009) unfortunately ethical dilemmas occur when the opposite transpires. Answering a crisis event means to immediately mitigate the crisis beginning with a risk assessment to establish a favorable outcome. No matter what geographic community they serve, social workers face challenges.

Indeed, social workers in urban and nonurban communities face similar barriers when mitigating in human-made or environmental crisis by assessing risk (Izzo & Miller, 2010; Lee, 2016). However, social workers in nonurban communities providing crisis mitigation face service delivery deficits more often. Those deficits are associated with a

lack of modern infrastructure, resources, technology, and inadequate staffing patterns. The root cause, budgetary constraints from a low populous and socioeconomic income base (Sweifach, Linzer, & LaPorte, 2015; McFadden, 2009; Lynn, 2005; Lonne & Cheers, 2004). Faced with shortfalls, finding common ground to make ethical decisions could pose a quandary for the social worker, the agency, and the client.

Research Methodology

This capstone study supported the need to explore how social workers used ethics in decision-making during crisis mitigation in a nonurban community. I explored the use of Enck's (2014) biomedical ethical decision-making model along with the NASW Code of Ethics (2021) to understand what guides social work practice when mitigating a crisis in a nonurban community. Enck's biomedical ethical decision-making model coupled with the NASW Code of Ethics grounded this capstone study by exploring the struggles social workers face and the way risk is deduced when mitigating a crisis (Bland & Roberts-Pittman, 2014; van de Luitgaarden, 2009).

When this capstone study was completed the National Center for Disease Control (CDC) guidelines and New York State social distance mandates, guided the way participants joined this study due to the 2019-2020 global health pandemic. As a result, a qualitative component, with an action research methodology was used. To meet the federal and state guidelines I interviewed individual participants in a virtual Zoom platform. The participants' virtual interview occurred one time via video teleconferencing. Each participant was a social work professional within a nonurban community in Upstate, New York (McBride, 2005; LeBlanc et al., 2015).

Social Change Implications

This capstone study will encourage social change through engagement in discussions with social workers by giving them a voice to talk about decision-making barriers when mitigating crises. This capstone study pointed out how social workers provided support and made decisions based on training and professional standards (Landau & Osmo, 2002). This capstone study also brought a social change by demonstrating that social workers in nonurban communities used ethics to make decisions during crisis mitigation. Another social change may occur when social work agencies give social workers the latitude to make ethical decisions during crisis work.

A literature review produced many topics regarding crisis work and ethics in the social work professional. Unfortunately, no researchers applied a biomedical ethical decision-making model to social work practice. Thus, social workers must begin to add new knowledge and legitimize the occupation to other professionals. New knowledge through this capstone study led to an awareness that social workers were empowered to use unconventional means to mitigate crises. This capstone study demonstrated a social worker's competency, which could change agency culture (Bright & Pryor, 2001; Barsky, 2015; Diakopoulos, 2016).

This capstone study could impact broader society through social and economic change to social work practice through advocacy. Nonurban social workers and agencies deserve equal funding and compensation for a value-based practice regardless of geographic and economic status. This capstone study's findings were an instrument for

change to the broader society by shedding light on the contributions a social worker brings to a crisis.

Before this capstone study, social work research did not include decision-making coupled with biomedical ethical decision-making model and its relevance to social work practice. A positive change would empower social workers to blend disciplines and unconventional macro research studies (Bright & Pryor, 2011; Diakopoulos, 2016). This capstone study's findings displayed how nonurban community social workers felt liberated to make discretionary (good clinical judgment) decisions mitigating crises (Castellucci, 2016).

The following sections included: introduction, problem statement, purpose statement, research questions, nature of the doctoral project, significance of the study, theoretical/conceptual framework, review of the professional and academic literature, and summary.

Problem Statement

While social workers respond to human and natural disasters daily, they also respond to other crises that are equally important. Today, as crises become more severe and frequent, it is imperative for social workers and human service agencies to mitigate events by safeguarding the vulnerable with confidence and ethical standards (Taylor & Whittaker, 2018). If ever there was a time for social workers to prepare for the unknown, it is now during a global health pandemic. Social workers must prepare for those events by planning, training, and knowing agency policies, and procedures (formal rules). This

capstone study supports the need to explore how social workers use ethics for decision-making during crisis mitigation in a nonurban community.

This capstone study scope explored how social workers made ethical decisions in a nonurban community during crisis mitigation. Social workers in nonurban communities often face service delivery deficiencies from a lack of modern infrastructure, resources, technology, and inadequate agency staffing. Deficiencies are related to budgetary constraints from a low populous and socioeconomic income base (Sweifach, 2015; Mosley et al., 2012; Lynn, 2005).

Low wages for social workers lead to high turnover and increased caseloads for those remaining on the job. Agencies continue to fight for economic sustainability in a work environment, placing more responsibility and liability on the workforce with less pay (Paarlberg & Yoshioka, 2016). To meet a community's needs, a social worker might make independent ethical decisions outside of formal rules because of sparse resources. Social workers in urban and nonurban communities utilize the same skills to face similar challenges when problem-solving despite scarce resources (Izzo & Miller, 2010).

Fossen et al. (2014) explained how, during crises, social workers refer to many skills that assist in decision-making when responding to each crisis, those skills were developed in the collegiate milieu. Formal learning brings an array of social work knowledge on skill development during undergraduate and graduate studies. The Council of Social Work Education (CSWE) (2015) dictates the social work curriculum in all social work school programs accredited by the CSWE. The curriculum required by the CSWE throughout the nation remains consistent with critical thinking, ethics, and

practical knowledge of the NASW Code of Ethics (2021) (McLaughlin et al., 2010).

Once a social worker graduates, they are employed by community agencies across America with skills that are only knowledgeable to the profession.

Although community agencies prepare for unforeseen events by training staff through formal rules and resources, when it is time to problem-solve a crisis, a social worker may not feel liberated to mitigate that crisis using professional, ethical judgment (Keenan & Grady, 2014). Researchers have detailed how social workers in nonurban areas appear to be undervalued by their agency and require decision-making assistance (Ellor & Dolan, 2016; Huang, Fu, & Wong, 2014; Kilgannon, 2011; Lemieux, Plummer, Richardson, et al., 2010). Social workers may disparage independent decision-making for several reasons: first, lack of confidence in ethical decision-making (Ki, & Brown, 2013) and second, apathy in decision-making outside of formal rules. Lastly, social workers may fear losing support from the agency or the profession when using professional judgment, especially if a crisis has an unfavorable outcome.

Purpose Statement and Research Questions(s)

This capstone study's purpose explored how social workers used ethics for decision-making during crisis mitigation in a nonurban community. Enck's (2014) biomedical ethical decision-making model, along with the NASW Code of Ethics (2021), was used to understand what guides social work practice when social workers in a nonurban community mitigate a crisis. This capstone study's outcome would build upon current research within the social work profession on topics such as ethics and decision-making. Second, this capstone study revealed that when social workers are left to make

decisions on their own in a crisis; they referred to their ethical training to ground decision-making.

This capstone study explored social work crisis mitigation in a nonurban community. Nonurban communities present challenges as social workers work under unique conditions when responding to a crisis event. Social workers within a nonurban milieu are vulnerable while navigating through an array of obstacles only those communities experience. Considered are those conditions a nonurban community social worker undergoes during a crisis response. This capstone study sheds light on specific challenges and strengths exclusive to the profession of social work.

Identification of exclusivity could only improve social workers' crisis response efficacy. Gonzalez-Protillo et al., (2015) emphasized that an efficient crisis response could position a social worker to react to a client in a timely way, restoring a sense of normalcy and supporting uniqueness. Under those circumstances, developing a social worker's ethical character is at the heart of the social work profession. Social workers begin by understanding ways to identify personal characteristics that influence ethical decision-making (Banks, 2016). Banks (2016) explained that occasionally, social workers in nonurban environments face ethical issues and develop blurred lines between personal and professional roles since "everyone knows everyone" and having a social connection to a crisis victim may influence decision-making (p. 88).

Crises in urban communities may have similarities with nonurban communities. For instance, crises do not discriminate by only affecting a few people or a specific geographic area. One small crisis in any community has the potential to snowball into

something uncontrollable. Mason (2011) suggested that a crisis in any situation is unpredictable, comes with no advanced warning, and in all forms. Similarities may include suicide prevention, drug overdose, or protecting children from abuse and neglect. However, a nonurban community crisis could also include advocacy for families facing farm foreclosure, barn fires, grief counseling for deceased livestock, loss of crops due to drought or flooding, and climate change. Regardless of the geographic area, social work practice begins with skill development.

While social workers respond to human and natural disasters daily, they also respond to other equally important crises. Today, as crises become more severe and frequent, it is imperative for social workers and human service agencies to mitigate events by safeguarding the vulnerable with confidence and ethical standards (Taylor & Whittaker, 2018). The current global health pandemic presents a critical time for social workers to prepare for the unknown. Social workers must prepare for those events by planning, training, and agency policy, and procedures (formal rules). This capstone study supports the need to explore how social workers use ethics during decision-making while mitigating a crisis in a nonurban community.

In human service agencies across America, social workers utilize agency policies and procedures, also known as formal rules, in their practice. Formal rules are intended to alleviate risk to the agency and stakeholders and guide workplace practice (Evans, 2013). Inadvertently, formal rules may also restrict social workers from addressing clients' needs as the agency's goals may override an individual's needs (Cooper & Gottlieb, 2000; Griffiths & Royse, 2017). Formal rules must also meet stakeholders and budgetary needs

while meeting their workforce's needs (Park & Mosley, 2017). Social workers would always be at odds with formal rules if a crisis does not fit within the perimeter of agency formal rules.

Formal rules aside, in the current economic milieu nonurban human service agencies' sustainability can be quite challenging when community agencies compete for the same grants and funding sources. As federal funding for human service agencies becomes almost nonexistent, agency survival depends on creative ways to meet client needs (Mosley et al., 2012). In nonurban communities, human service agencies anticipate funding difficulty as community resources are sparse, and Medicaid funds are used to fill any gaps.

Funding initiatives and social workers mitigating a crisis are not new to agencies across America. In fact, social work efforts are rooted in historical events. Those events included military operations during the civil war, disaster recovery efforts in Hurricane Katrina, and school shootings like Sandy Hook Elementary (Lemieux et al., 2010; Zakour, 2007). While such large-scale crisis events are essential, one cannot deny a social worker's daily efforts at community agencies. Although crises are unlike, social workers responding to the crisis have similarities as they carry out tasks by making decisions to reduce risk, protect the vulnerable, and prevent further harm.

All social workers are to answer a crisis event with confidence and without fear when addressing clients' psychosocial needs with unique professional skills and service delivery (Izzo & Miller, 2010; Standora, 2009). Answering a crisis event means

immediately mitigating the crisis through assessing risk to inaugurate a favorable outcome. Social workers face challenges no matter what community they serve.

Indeed, social workers in urban and nonurban communities face similar challenges when mitigating crises and assessing risk in human-made or environmental crisis events (Izzo & Miller, 2010). However, social workers in nonurban communities providing crisis mitigation more often face service delivery deficits. Those deficits are associated with a lack of modern infrastructure, resources, technology, and inadequate agency staffing. The root cause, budgetary constraints from a low populous and socioeconomic income base (Lonne & Cheers, 2004; Lynn, 2005; McFadden, 2009; Sweifach et al., 2015). Faced with shortfalls, finding common ground to make ethical decisions could pose problems for the social worker, the agency, and the client.

Research Questions

For this capstone study, the central research question asks: What does it mean to social workers to make an ethical decision when mitigating a crisis in a nonurban community? Conducting research answered this question when gathering data from social workers employed in human service agencies in a nonurban community. To answer the central question, it was essential to utilize seven semi structured interview guide questions related to the historical data gathered affecting professional judgment and vulnerability:

1. Talk about any unintended consequences when ethics are/were not used to improve a crisis?

2. Talk about the time you felt liberation to use professional judgment outside of formal rules to improve a crisis?
3. Talk about extenuating factors when professional judgment is appropriate to use during a crisis?
4. Talk about any community, state, and national, formal rules that influence decision-making during a crisis?
5. Talk about an ethical framework you used when improved a crisis? What does it look like?
6. Talk about the processes you used in the beginning, middle, and ending to assess the crisis.
7. Talk about times when the NASW Code of Ethics (2021) were used to improve a crisis.

Core Concepts

There are six core concepts Enck (2014) identified in his six-step framework for ethical decision making. The framework begins with *information gathering* by; obtaining as much information as possible about the client's medical and social history: mental or physical diagnoses, prognosis, goals of care, treatment plan, medications, and the primary and consulting services involved. *Identification* was the next step by assessing ethical issues or legal, institutional, or social issues better addressed by services or departments (Enck, 2014). Continuous assessment prompts additional clarification. Enck described the *clarification* step is an essential part of the ethical framework. There, the social worker and other members of the team have all relevant information about the situation. The

clarification stage is also where all questions within the information are framed as ethical questions. Moving towards the final step is the *assessment* step, which determines whether ethical decisions were made. Consideration during the assessment step is given to safety indications, the client's strengths, needs, interests, values, and quality of life with autonomy (Enck, 2014). Steps conclude by *recommending* and *documenting* in a client's records; team comments, suggestions, thoughts about ethical issues or dilemmas, recommendations, or decision-making processes (Enck, 2014).

It is probable that based on Enck's biomedical ethical decision-making framework, social workers and medical professionals are alike in the way risk and safety are assessed. For insistence, both professions gather and process a crisis by a professional code of ethics (Enck, 2014). Like Enck's model, a social worker may utilize the first step by gathering *information* for the client's biopsychosocial history.

Next, through Identification, the social worker may assess whether the client's presenting problem is within his/her expertise or if a referral to another professional agency is necessary. For instance, is the client at risk of harm, is law enforcement needed, or is the client in need of medical attention. The social worker would engage the client in a reciprocal dialog to explore any possible ethical issues before providing services through the *Clarification* step. At this point, interviewing the client allows for a relationship to develop. Then, the social worker may use the *Assessment* phase to determine the totality of the situation. The social worker may be mindful of how the NASW Code of Ethics (2021) will guide decisions, risks, harm, benefits, and ethical concerns. For instance, can the client make autonomous decisions and comprehend

informed consent? Afterward, the social worker may provide *Recommendations* to the client if an ethical issue exists. The social worker discusses concerns and options to resolve any ethical issues. Finally, the social worker may use the *Documentation* step to write up the case record efforts to rectify the situation and document ethical dilemmas and resolutions.

Decision-making: The literature related to decision-making revealed situational variables social workers face when deciding ways to mitigate a crisis, such as personal wellbeing, moral/ethical dilemmas, uncertainty in decisions (Graham & Shier, 2014). Graham and Shier shared that social workers with a low level of the workplace and professional satisfaction struggled with making decisions, thus impacting their perception of wellbeing. Keinemans and Kanne (2013) noted other variables that inhibit social workers' decision-making abilities, including social workers' experienced moral and ethical contention while decision-making without using the NASW Code of Ethics (2021). In other words, social workers struggle when agency formal rules conflict with professional ethics. Ethical contention is an ethical dilemma.

Sweifach et al. (2015) inferred that if formal rules overshadow client's needs, then social workers use ulterior motives and creativity to meet client's needs in crisis. Fitzgerald and Clark (2012) posit that human service workers grapple with variables such as internal and external work locus of control when constructing decisions. Those workers using internal work locus make decisions based on personal responsibility for the client's wellbeing and quality of life. Further exploration revealed that social workers

experience uneasiness when making decisions without using a decision-making tool (Hoybye-Mortensen, 2015).

Ethical decision-making: Within this capstone study, Enck's biomedical ethical decision-making, coupled with the NASW Code of Ethics (2021), was used to explore what it means to make an ethical decision when mitigating a crisis in a nonurban community. Agency administrators across America require staff to follow formal rules during crisis mitigation regardless of the understanding that formal rules will keep the agency's reputation from liable situations, not staff's obligation to their profession (Evens, 2013). Administrators must not overlook the needs of clients and staff while protecting the agency. Those requirements stifle a social worker's decision-making when formal rules do not fit a crisis (Evans, 2013; Slam et al., 2015). Social workers will not overlook the client's needs when they follow the NASW Code of Ethics (2021) and training and education.

This capstone study was needed so long as social workers provide crisis interventions and face uncertainty when making decisions without reassurance that professional judgment is acceptable to use (Lidskog & Sjodin, 2015; Cnaan & Dichter 2008). The issue may be that social workers do not feel liberated to use professional judgment to act outside formal rules and resources. For example, in child abuse cases, social workers are exposed to professional liability when determining risk; in doing so, they must quickly decide whether to return a child and utilize unconventional means to reduce risk or keep the child in care. However, decisions outside the constraint of formal

rules may scrutinize the social worker if the outcome becomes unfavorable for the child (Spratt et al., 2015). The implications are vast.

This capstone study results would have implications on a larger scale as social workers are among those providing crisis intervention to clients while being mindful that each intervention may present professional liability if things go wrong (Douglas, 2013). Despite critics, social workers acquire a vast amount of training, advanced education, and skills to make a professional judgment. However, independent decisions outside of formal rules are always frowned upon; blame on the social worker is unfairly placed (McLaughlin et al., 2009).

Nature of the Doctoral Project

This capstone study's nature explored how social workers use ethics to mitigate and decision-make a crisis in a nonurban community. Frunza and Sandu (2017) pointed out that ethical values are the foundation of social work practice. While practicing in communities throughout America, social workers often face ethical concerns with their workplace policies and procedures (formal rules). It is also uncommon for formal rules to consider social workers committed to the NASW Code of Ethics (2021).

Research Methodology

I used an action research methodology with a qualitative component to interview individual participants in a Zoom Virtual Meeting platform. The virtual interview occurred one time via a virtual meeting with social work professionals within a nonurban community (McBride, 2005). There are benefits in using an action research method for this capstone study as it allowed for a real-world exploration into the use of ethics in

decision-making, as explained by nonurban community social workers (LeBlanc et al., 2015; McBride, 2005).

Individual Interviews

I used an action research methodology with a qualitative component to interview individual participants in a Zoom Virtual Meeting platform. The virtual interview occurred one time via a virtual meeting with social work professionals within a nonurban community in Upstate, New York (McBride, 2005) (LeBlanc et al., 2015; McBride, 2005). A series of questions were asked of the participants about their practice experience in decision-making when mitigating a crisis. Social workers' answers to a series of questions add knowledge to social work practice working in nonurban communities.

Recruitment

Utilizing a public internet platform, Western New York Social Workers on Facebook, I posted a flyer to recruit social work participants. I posted to the platform the recruitment flyer three times to obtain at least a minimum of five participants. The flyer noted information to enlist social work participants to engage in a doctoral research study related to crisis response and decision-making in a nonurban community. The flyer provided a contact number for potential participants. When I was contacted by potential participants, I provided each with a date and time for an independent Zoom meeting.

Qualitative research provided opportunities to enhance community relationships by networking with community members and collaborate on a common goal (Sandelowski, 2000). Individual interviews provided rich data delivered by social workers entrenched in the human service field. The results of this capstone study helped

conceptualize issues and uncovered ways to support nonurban community social workers in practice (Crandall et al., 2014). The intent was to document social workers experiences through discussion and reflection. By analyzing statements and documenting the findings, I conceptualized the problem's nature from the participant's perspective.

Social workers are among those helping professionals knowing that each event presents with professional liability. Under those circumstances, policies and procedures often do not address the risk to a social worker's professional integrity when making decisions if formal rules do not solve the crisis at hand (Smith, 2014). Moreover, policies and procedures are designed to meet the mission of an agency, and federal standards, leaving out the uniqueness of clients and staff (Chase, 2015; Proctor, 2002; Vaughan, 1999).

Current research indicated that social workers who understand ethical issues in practice strengthen their viewpoints and improve clinical practice (Edwards & Addae, 2015). I explored the use of a biomedical ethical decision-making model authored by Enck (2014), along with the - Code of Ethics (2021), to understand what guides ethical practice when social workers mitigate a crisis in nonurban community. Enck's biomedical ethical decision-making model is prescriptive to a healthcare setting; however, I modified the model's core concept definitions to fit a social work practice application. The intent addressed the assumption that the model's concepts would identify an ethical decision-making framework used by social workers during a crisis.

Significance of the Study

Ethics in social work practice requires global attention. This capstone study's findings contributed to advancing social work practice knowledge as it sheds light on the good work social workers accomplish in nonurban communities when doing crisis work. Presently, literature about decision-making, ethics, and crisis mitigation in the social work database is limited to one or two search components; this posed a challenge in identifying the totality of the problem. Social work literature for nonurban communities is limited and hinders real-world problems that exist in those communities. This capstone study holds significance for the field of social work practice by demonstrating that nonurban social workers have strong ethical values and professional standards, and value-based compensation is warranted for the social worker and the communities they serve.

This capstone study would authenticate the profession by contributing to knowledge using action research to explore an ethical framework social workers use during crisis mitigation. It would begin with a philosophical assumption that social workers use a method of inference and ethical deductions when mitigating crises (Creswell & Poth, 2017).

Through data collection, I used a semi structured interview to gather information amid engagement and conversations. Next, participants felt free to talk openly about issues utilizing a virtual meeting space. I documented observations during the interview and made audio recordings to gather participants' experiences contemporaneously. After that, I transcribed verbatim each audio recording. Then participants' transcripts were interpreted by categories, patterns, and themes, bringing participants' meanings to the

forefront. McNiff and Whitehead (2010) noted that action research allows for new knowledge to occur by minimizing the risk of harm through; obtaining informed consent, protecting anonymity and confidentiality, avoiding deceptive practices, and providing the right to withdraw. The authors further explained, "Remember that action research is about both taking action and also doing research with social intent" (p. 39).

This capstone study would be a driving force for a positive change as it demonstrates how social work is a value-based profession. To support the idea, Chechak (2015) noted: "Scholars have consistently posited that the social work profession's commitment to its values and ethics is unlike any other profession" (p.41). This capstone study explored ethical decisions social workers face in nonurban communities and how they problem-solve through crisis mitigation. Also, it is past time first responders embrace the social work profession, and the potential for change would come with documented findings of this capstone study and advocacy.

This capstone study would be available for community leaders to spearhead initiatives for funding by demonstrating that social workers use ethical practice solutions to mitigate crises. Finally, throughout the globe, social work salaries are unequal to other professions especially when an occupation in the social work profession requires advanced education to meet entry-level employment opportunities (Lane & Flowers, 2015). This capstone study would bring another possibility for change by empowering social workers to advocate for value-based pay as they are professionals obligated to work to a code of ethical values, principles, and responsibilities.

Theoretical/Conceptual Framework

Through this capstone study, I explored the use of Enck (2014) biomedical ethical decision-making model, along with the NASW Code of Ethics (2021), to understand what guides social work practice when mitigate a crisis in a nonurban community. For communities across America, social workers are considered essential personnel working collaboratively with other professionals to provide crisis mitigation in times of need (Dominelli, 2015). Social workers bring a different perspective to a crisis. The basis for the difference is related to ethical standards and a view that encompasses the crisis in its totality to the micro, mezzo, and macro milieu (Murdach, 2009). Notably, Zakour (2007) explained: "In the social work perspective, the environment included among the physical, biological and social factors influencing the welfare of individuals, groups, and populations" (p.1).

For this capstone study, the definition of "crisis" is used as "Interchangeably with some other terms, including disasters, business interruption, catastrophe, emergency, or contingency" (Crandall, Parnell, & Spillan, 2014, p. 3). A crisis can also bear a resemblance to the act of removing a child for protection, determining the mental capacity of a client, a Health Insurance Portability and Accountability Act (HIPAA) breach, or a global health pandemic. Regardless of the situation, it is the individual's perception to determine if an event rises to a crisis level (Pervan & Bove, 2015).

During the 2019-2020 global health pandemic, I completed this research with the CDC guidelines and State mandates, which guided the ways participants joined this capstone study. As a result, I used a virtual Zoom platform. The virtual interview

occurred one time via video conferencing with social work professionals within a nonurban community in Upstate, New York (McBride, 2005; LeBlanc, McConnell & Monteiro, 2015). Enck's biomedical ethical decision-making model and the NASW Code of Ethics (2021) ground this capstone study. I explored how social workers use ethics for decision-making during crisis mitigation in a nonurban community (Bland & Roberts-Pittman, 2014; van de Luitgaarden, 2009).

There are benefits in using an ethics-based perspective, as Edwards and Addae (2015) indicated that by understanding ethical issues in practice, social workers strengthen their viewpoints and improve their clinical practice. For this capstone study, I utilized Enck (2014) biomedical ethical decision-making model coupled with the NASW Code of Ethics (2021) to understand how social workers use ethics for decision-making during crisis mitigation in a nonurban community. Enck's model is prescriptive to a healthcare setting, however; I explored the model's six-step framework using the model's concepts; Information, Identification, Clarification, Assessment, Recommendation, and Documentation applied to social work practice.

Social workers faced ethical dilemmas long before developing the profession's NASW Code of Ethics (2021), but it was the NASW Code of Ethics (2021) that altered attitudes and was instrumental in gaining respect for the social work profession from other professionals. To be exact, social workers started questioning clients' morality in 1955, with the National Association of Social Workers (NASW). The tables turned after that when the NASW developed a code of conduct to guide the social work profession and improve ethical standards. Professional judgment and consumer/client protection are

at the core of the newest revision of the NASW Code of Ethics (2021). Today, the NASW Code of Ethics (2021) represents current technology standards with the latest revision to the NASW Code of Ethics approved by the 2017 Delegate Assembly, ethical standards, Web technology, and social media progression guidelines.

All in all, social work professionals rejoice about the NASW Code of Ethics (2021) and its guidance for ethical decision-making as the profession progresses towards legitimacy amongst other occupations. There are, however, times when one can appreciate an opportunity to use the NASW Code of Ethics (2021), and social workers refer to the document whenever possible for guidance. There are other times when the NASW Code of Ethics (2021) does not apply to a practice situation. Those situations may result in a social worker making a discretionary (good clinical judgment) decision to resolve a situation or a crisis event. Good clinical judgment refers to using critical thinking, experience, and training to make decisions independently.

Boin and Nieuwenburg (2013) emphasized how there are ethical risks in discretionary decision-making, and as a result, the liability is a high cost for the client, agency, profession, and community. What matters most is that social workers are given the leeway to make decisions based on expert and ethical judgment (Hoybye-Mortensen, 2015). In human service agencies across America, social workers utilize agency policies and procedures, also known as formal rules, in their practice. Formal rules intend to alleviate risk to the agency and stakeholders and guide workplace practice (Evans, 2013). Inadvertently, formal rules may also restrict social workers from addressing clients' needs as the agency's goals may override an individual's needs (Cooper & Gottlieb, 2000).

Social workers will always be at odds with formal rules if a crisis does not fit within the perimeter of agency formal rules, left to make independent decisions to mitigate the crisis.

As noted in those mentioned above, I utilized Enck (2014) biomedical ethical decision-making model coupled with the NASW Code of Ethics (2021) to understand ethics as a factor in decision-making in a crisis in a nonurban community. Complying with ethical principles does not necessarily generate positive opinions. Even so, social workers are compliant with professional standards and answerable to a governing board. Social workers may disagree with professional standards at the time of decision-making. Tension in specific crises may bring incredible complexities to make the right choices and be accountable for those choices (Harbeck Voshel & Wesala, 2015; Landau & Osmo, 2003).

For social workers, their commitment to clients and the social work profession may compete with workplace standards when they mitigate a crisis. Lennon-Dearing and Delavega (2015) noted: "Social workers are expected to practice by professional standards and to uphold the National Association of Social Worker Code of Ethics (NASW, 2021) (p. 414)". Like Enck's model, social workers may use similar processes to make ethical decisions when facing a crisis. Solving social problems in a crisis is described as one of the most daunting tasks by social workers (Murdach, 2009). Crises are not linear by nature. Using clinical judgment in a split second to address an event brings anxiety for the social worker with fears about losing human life and professional credibility (Sobelman & Younggren, 2016). In any event, social workers must make

decisions to the best of their ability using all the tools in their toolbox and professional judgment.

This capstone study seeks to understand those situations where ethical decisions occur during a crisis. The results of this capstone study have the potential for an original contribution as current social work literature does not identify the use of a biomedical ethics decision-making framework to determine ethical decisions. This capstone study's results would empower social workers to go outside their research comfort zone and explore blended disciplines. This capstone study would also have other outcomes such as identifying ethical decision-making by social workers during crisis work, validating a need to include them in first responder work. Also, demonstrating a social worker's competency and ethical decision-making would change agency culture and community mindset.

Definitions of Core Concepts Based on Enck's Theory-Based

Information: Obtain as much information as possible about the client's medical and social history: mental or physical diagnoses, prognosis, goals of care, treatment plan, medications, and the primary and consulting services involved (Enck, 2014).

Identification: Assess whether this crisis is an ethics issue, or a legal, institutional, or social issue better addressed by other services or departments (Enck, 2014).

Clarification: Do the social worker, and other team members know and understand all the necessary and relevant information about the crisis? Do the client and their family know and understand all the necessary and relevant information about the crisis? Are there options readily available, e.g., services, community support, or other

ways to support the client? Is there a safe place to go until crisis resolution? Finally: Is it an ethical issue or dilemma? Frame the question as an ethical question (Enck, 2014).

Assessment: Assess the considerations of safety indications, the client's strengths and needs, interests, values, and quality of life with autonomy (Enck, 2014).

Recommendation: Make a recommendation that all parties can understand (Enck, 2014).

Documentation: Document the recommendations in the client's records. Follow up. Feedback: ask the client and the client's team for comments, suggestions, and thoughts about the ethical issue or dilemma, recommendation, or decision-making process (Enck, 2014).

It is probable to assume that based on the framework in Enck's biomedical ethical decision-making model, social workers and medical professionals are alike in the way risk and safety are assessed. For insistence, they both gather and process a crisis's totality by a professional code of ethics (Enck, 2014).

Like Enck's model, the social worker may utilize the first step by gathering *information* for the client's biopsychosocial history. Through Identification, the social worker may assess whether the client's presenting problem is within his/her expertise or is a referral to another professional agency necessary. For example, is the client at risk of harm, is law enforcement needed, or is the client in need of medical attention.

Clarification may allow the social worker to engage the client in a reciprocal dialog to explore any possible ethical issues before providing services. At this point, interviewing

the client allows for a relationship to develop. Then, the social worker may use the *Assessment* phase to determine the totality of the situation.

During the process of assessing, the social worker may be mindful of how the NASW Code of Ethics (2021) guides decisions, risks, harm, benefits, and ethical concerns. For example, is the client able to make autonomous decisions and comprehend informed consent? Afterward, the social worker may provide *Recommendations* to the client if an ethical issue exists. The social worker discusses concerns and options to resolve any ethical issues. Finally, the social worker may use the *Documentation* step to write up the case record efforts to rectify the situation and document ethical dilemmas and resolutions.

For this capstone study, ethical decision-making is defined as a principle-based approach. Meaning, the NASW Code of Ethics (2021) guides social workers in their decisions to manage a crisis. Those decisions reflect ethical principles within the profession, such as the commitment to the client and a client's right to self-determination. There are times when social work ethics contrast with agency formal rules causing an ethical dilemma for the social worker. Ethical principles bring social workers an ethical compass for practice. The assumption is that if a social worker navigates a crisis using those principles, each decision can be supported by the NASW Code of Ethics (2021) (Banks, 2016; Edwards & Addae, 2015).

Social workers consider that by understanding ethical issues in practice, they can strengthen their viewpoints and improve clinical practice (Edwards & Addae, 2015). I explored the use of Enck's biomedical ethical decision-making model coupled with the

NASW Code of Ethics (2021) to understand the meaning of ethical decision-making when social workers mitigate a crisis in a nonurban community. Enck's model is prescriptive to a healthcare setting; however, I modified the model's core concept definitions to fit a social work practice application. By doing so, I address the assumption that the model's concepts may be used to identify an ethical decision-making framework for social workers during a crisis.

Values and Ethics

The National Association of Social Workers (NASW) Code of Ethics (2021) noted that social workers have an ethical responsibility to improve social work practice through research. This capstone study's research question allows for a better understanding of how social workers use ethics when decision-making during crisis mitigation in a nonurban community. The NASW Code of Ethics (2021) identifies the value of competence and the ethical principle. The value of competence is evident in this capstone study as it intends to enhance social work practice by understanding social workers' ethical decision-making framework through crisis work in nonurban communities. The NASW Code of Ethics (2021) would guide clinical social work practice in ethical decision-making during crisis work by demonstrating their ethical responsibility to client's autonomy through self-determination.

Participants received an Informed Consent Form among the various documents needed for the virtual interview. I used Walden University's Informed Consent template. The form complies with Walden University's Institutional Review Board (IRB). I thoroughly discussed the participant's rights. To ensure participant confidentiality, I used

the participant's initials for identification in this capstone study. A secured locked file cabinet will keep participant audio-recording and transcripts for a time, as outlined by Walden University (McNiff & Whitehead, 2010).

This capstone study will uphold qualitative research rigors by capturing participants' points of view through audio tapes and accurately transcribing word for word those tapes. Also, I summarized critical points with participants before ending interviews. I allowed for each participant to withdraw at any time so that only willing participants engage in the capstone study. Confidentiality was discussed with participants before discussions begin. I discussed with participants that they cannot divulge confidential information with others, including friends or family, by eliminating a name. Finally, I welcome peer review to scrutinize the findings of this capstone study.

National Association of Social Work Code of Ethics: Do No Harm.

Agency's formal rules dictate how to handle a crisis response, but the procedure may not resolve ethical dilemmas social workers face (Sterett, 2015; Harrington & Dolgoff, 2008). For a social worker, ethics, risk reduction, critical thinking, and empowerment are standards for the social work profession. Although the NASW Code of Ethics (2021) notes best practice, its use in practice does not escape vulnerability.

Vulnerability comes in many forms for a social worker and an agency (Evans, 2013; Savary et al., 2015). A social worker not only considers the risk to a client and agency but also professional livelihood. During a crisis, a social worker must make quick decisions to manage crises and rapidly regain a sense of normalcy for all parties involved

despite feeling vulnerable (Evetts, 2002). Unfortunately, social workers amid a crisis may face uncertain decisions (Lidskog & Sjokin, 2015).

Any random event can make a profound difference in a social worker's profession, and the odds increase by making decisions in the absence of resources, especially when policies and procedures do not apply to a situation (Evans, 2013). A social worker will always go with what they know, and "social workers use knowledge to inform their practice decisions" (Smith, 2014, p. 407). Convincing others that social workers make a professional judgment with confidence and efficacy is the challenge (Beckett et al., 2007).

Despite agency shortcomings, social workers persevere to the best of their abilities utilizing decisions when policies and procedures do not fit the situation event and in the absence of resources. The need to further explore ethics in decision-making and professional judgment from a social worker's perspective provides a real-world perspective. Participants could endure uncomfortable emotions when talking about their experiences. To reduce harm, I voiced acceptance of leaving the room at any time if they feel uncomfortable emotions. I offered a counseling resource list for any participant who felt they needed to process their emotions due to this research study.

New knowledge was gained by exploring nonurban community social workers' professional lived experienced in crisis management because the literature on social work, crisis management, and ethics in a nonurban community was limited. This research study's findings would empower social workers to advance their knowledge in ethical

decision-making and crisis management by learning through research and networking with other social workers in a nonurban community.

The NASW Code of Ethics (2021) reflects that a social worker has an ethical responsibility to "Act on behalf of clients who cannot make informed decisions." Crisis events cripple clients' ability to function after experiencing trauma, (Binder, Baker, & Barile, 2015). A social worker's responsibility goes beyond acting on behalf of a client by decision-making not to harm. This capstone study will bring new knowledge identifying an ethical framework social workers go through to make decisions during a crisis while keeping in line with the NASW Code of Ethics. Ethical decision-making theory provides a social worker with a moral compass to guide through challenging decisions. From this capstone study, agencies may support social workers' decisions by understanding that crisis management consists of an ethical decision-making framework and the use of the NASW Code of Ethics.

Review of the Professional and Academic Literature

Today, as crises become more severe and frequent, it is imperative for social workers and human service agencies to mitigate events by safeguarding the vulnerable with confidence and ethical standards (Taylor & Whittaker, 2018). Ethics in practice requires global attention. For social workers, their commitment to clients and the social work profession may compete with workplace standards when they mitigate a crisis. The purpose of this capstone study was to explore how social workers use ethics to decision-make during crisis mitigation in a nonurban community.

I reviewed the literature from both past and current knowledge of ethics and decision-making through ERIC, EBSCO Host, ProQuest Central, SAGE Premier, and Thoreau Multi-Database Search to explore the fundamental components. Key terms included crisis management, social work, ethics implications, wellbeing, trauma, expectations, crisis, and nonurban communities. The listed search components produced a plethora of articles. Further exploration in the development of this capstone study led to searching for dissertations and theses at Walden University. The Homeland Security Digital Library was used to gather information on crises. Finally, searching SOCINDEX revealed a need to add to social work knowledge by utilizing Enck's ethical decision-making model (2014), coupled with the NASW Code of Ethics (2021).

The literature on ethical decision-making outside an agency's formal rules was the topic of research in areas of child welfare, domestic violence, and clinical practice (Beckett, McKeigue, & Taylor, 2007; Edwards, 2015; Evans, 2013; Heffernan, Blythe, & Nicolson, 2014). However, researchers revealed that ethical decision-making during crisis management is not a practical model used to make social work decisions or other professions (Fossen, Anderson-Meger, et al., 2014; Wilkins, 2012). More than a few authors pointed out the uncertainty that goes with making decisions and identifying ethical challenges social workers experience in decision-making (Edwards & Addae, 2015; Mosley, Maronick & Katz, 2012; Mason, 2011; Proctor, 2002). On the other hand, Enck's biomedical ethical decision-making model and the social work NASW Code of Ethics (2021) during crisis management would bring new knowledge to social work practice (Murray-Roman, 2015; Enck, 2014; Palombo, 2013; Bright & Pryor, 2011).

Literature also revealed that a crisis response should move beyond standard response models and formal training because the word crisis is interchangeable. Høybye-Mortensen (2015) and Smith (2014) recommended that agencies incorporate workers' experiential wisdom alongside formal rules. Keinemans and Kanne (2013) found that organizations also did not use the NASW Code of Ethics (2021) to resolve moral issues. Chase (2015) discussed conflicts in social work practice when using the NASW Code of Ethics (2021) to make decisions without being well informed about a crisis. Chase questioned the existence of a professional code in place of intuition. Even more interesting, Taylor (2016) suggested that social workers' decision-making in a crisis should use 'Heuristic models of cognitive judgment in social work' (p, 1047). The heuristic model essentially means that social workers make decisions that satisfy the moment, for example, removing a child from the potential risk of harm until more information can be gathered at another time.

On social work decision-making, Fitzgerald, and Clark (2012) explored internal work locus of control where public welfare workers felt having personal responsibility for the client's wellbeing and quality of life. Graham and Shier (2014) reported a low workplace and professional satisfaction level, supporting that work expectation could impact workers' perceived wellbeing.

While Bjorkhaug and Ronningen (2014) explored rural communities and crises related to climate change and the effects on its topography, such as agriculture and farming, the authors recommended that state and local policies must change fluidly decision-making must be quick because climate change is upon us. Romich (2017)

explored raising the minimum wage in social work and its outcome in all areas of social work. The author recommended that social workers should work for higher wages and advocated for reform.

Meanwhile, Helm and Roesch-Marsh (2017) explored social work judgment and the intricacies social workers face when making child protection decisions. The authors recommended an ecological approach when understanding a situation requiring a decision. Kettle (2015) goes beyond Helm and Roesch-Marsh to an ecological decision-making process and argues that a 'case' takes many twists and turns. There are mitigating factors, such as one specific identifier that would be the 'tipping point' (p33), changing the outcome of a decision.

To summarize, current literature supports that this capstone study could explore ways that the NASW Code of Ethics (2021) coupled with Enck (2014) biomedical ethical decision-making model will assist social work practice in managing a crisis with efficiency and confidence (Liska, Petrun, Sellnow, & Seeger, 2012; Niedernhuber, Kastenmueller, & Fischer, 2014). The research study would also support that a formal rule outlined in agency policy may solve a crisis.

Summary

Section I is instrumental in setting up this research study by providing a background into topics of ethics and decision-making in a nonurban community and social workers. Headings for Section I included the scope of the problem, the research study's significance, and the research design rationale. I presented an ethical framework

using Enck's biomedical ethical decision-making model for social work practice.

Keywords in the model were defined to assist in exploring the research question.

Section II will connect the literature to a qualitative action research methodology to explore ethical decision-making by social workers in a nonurban community. Section II will take a concentrated look into ways social workers problem-solve a crisis in a nonurban community.

Section 2: Research Design and Data Collection

Introduction

Section I was instrumental in setting up this research study by providing a background into ethics and decision-making in a nonurban community of social workers in human service agencies. Headings for Section I include the scope of the problem, the study's significance, and the research design rationale. I presented an ethical framework for social work practice by using Enck's biomedical ethical decision-making model. Keywords in the model were defined to assist in exploring the research question.

Section II explores several areas such as research design and methodology. I identify the study participants and the instrument for collecting the data through qualitative discussions. Sections such as Research Design, Methodology, Data Analysis, and Ethical Procedures explain the rationale for using an action research methodology. Action research lays out the groundwork for an application to this research study's data collection.

Research Design

While social workers respond to human and natural disasters daily, they also respond to other crises that are just as important. Today, as crises become more severe and frequent, it is imperative for social workers and human service agencies to mitigate crisis events by safeguarding the vulnerable with confidence and ethical standards (Taylor & Whittaker, 2018). Social workers must prepare for those events by planning, training, and formal rules.

There could be several reasons social workers face ethical decision-making challenges. First, social workers may disparage independent decisions. Some social workers may lack confidence in ethical decision-making (Ki & Brown, 2013; Mapp et al., 2019). Others may experience apathy in decision-making outside of formal rules. Lastly, social workers may fear losing support from the agency or profession when using professional judgment, especially if a crisis could have an unfavorable outcome. For the reasons listed, there is a need to understand whether social workers in nonurban communities use an ethical decision-making framework to mitigate a crisis. This capstone study supports the need to explore how social workers use ethics to decision-make during crisis mitigation in a nonurban community.

For this qualitative research, the central research question asked: What does it mean to make an ethical decision when mitigating a crisis in a nonurban community? Data collection for this capstone study consisted of participants answering the following seven questions on a visual Zoom video platform individually due to the nation's current COVID-19 pandemic restrictions. To answer the central question, it was essential to utilize seven interview guide questions related to the historical data gathered affecting professional judgment and vulnerability:

Interview Guide

Introduction: Recall a time when you were responsible for handling a crisis situation where you had to assess the risk. How did you mitigate the situation?

1. Talk about any unintended consequences when ethics are/were not used to mitigate a crisis?

2. Talk about the time you felt liberation to use professional judgment outside of formal rules to mitigate a crisis?
3. Talk about extenuating factors when professional judgment is appropriate to use during a crisis?
4. Talk about any community, state, and national, formal rules that influence decision-making during a crisis?
5. Talk about an ethical framework you used when mitigating a crisis? What does it look like?
6. Talk about the processes you used in the beginning, middle, and ending to assess the crisis situation.
7. Talk about times when the NASW Code of Ethics (2021) was used to mitigate a crisis?

Nature of the Capstone study

The nature of this capstone study explored how social workers use ethics to mitigate and decision-make a crisis in a nonurban community. Frunza and Sandu (2017) pointed out that ethical values are the foundation of social work practice. While practicing in communities throughout America, social workers often face ethical concerns with formal workplace rules. It is also uncommon for formal rules to consider social workers' commitment to the NASW Code of Ethics (2021).

The purpose of this capstone study explored how social workers use ethics for decision-making during crisis mitigation in a nonurban community. Enck's (2014) biomedical ethical decision-making model, along with the NASW Code of Ethics (2021),

was used to understand what guides social work practice when mitigating a crisis in a nonurban community. The outcome of this capstone study would build upon current research within the social work profession on topics of ethics and decision-making.

Second, this capstone study discovered that social workers are left to make decisions on their own in a crisis. In doing so, they referred to ethical training to ground decision-making.

This capstone study explored social work ethical decision-making and crisis mitigation in a nonurban community. Nonurban communities present challenges as social workers operate under unique conditions when responding to a crisis event. Social workers are vulnerable while navigating through an array of environmental obstacles that only nonurban communities experience. Considered are those conditions a social worker undergoes during crisis mitigation. Specific challenges and strengths in nonurban communities which brand social workers exclusive to the profession.

Operational definitions of Enck's biomedical ethical decision-making model such as Information, Identification, Clarification, Assessment, Recommendation, and Documentation are critical aspects that this capstone study would examine further.

Methodology

I used an action research methodology with a qualitative component to interview individual participants in a Zoom virtual meeting platform. The virtual interview occurred one time via a virtual meeting with social work professionals within a nonurban community (LeBlanc et al., 2015; McBride, 2005).

Action research brings together a certain richness of findings through engagement and relationships (Flannagan 2020; Massey & Larsen, 2006). This capstone study involved degreed social work participants. I used a virtual Zoom platform. The virtual interview occurred one time via video teleconferencing with social work professionals within a nonurban community (LeBlanc et al., 2015; McBride, 2005). A series of questions were asked of the participants about their practice experience in decision-making when mitigating a crisis. Social workers also answered a series of questions adding knowledge to social work practice in nonurban communities.

Through data collection, I used a semi structural interview to gather information amid engagement and conversations. Data collection consisted of observations and voice recordings during discussions and transcriptions of the interviews. Data analysis would consist of overarching themes that are unanticipated as the discussions progress. During individual interviews, I explored decision-making and crisis management in a rural community.

Prospective Data

During the 2019-2020 global health pandemic, I completed this research with the CDC guidelines, New York State social distance mandates, and travel restrictions which guided the way participants joined this capstone study. The virtual interview occurred one time via video teleconferencing with social work professionals (LeBlanc et al., 2015; McBride, 2005;). A series of questions were asked of the participants about their practice experience in decision-making when mitigating a crisis. Answers to a series of questions add knowledge to social work practice in a nonurban community.

Participants

Utilizing a public internet platform, Western New York Social Workers on Facebook, I posted a flyer to recruit social work participants. (See Appendix A) I posted to the platform the recruitment flyer three times to obtain at least a minimum of five participants. The flyer noted information to enlist social work participants to engage in a doctoral research study related to crisis response and decision-making in a nonurban community. The flyer provided a contact number for potential participants. When I was contacted by potential participants, I provided each with a date and time for an independent Zoom meeting.

Qualitative research provided opportunities to enhance community relationships by networking with community members and collaborate on a common goal (Maehder et al., 2020; Sandelowski, 2000). Individual interviews provided rich data delivered by social workers entrenched in the human service field. The results of this capstone study helped conceptualize issues and uncovered ways to support nonurban community social workers in practice (Crandall et al., 2014). The intent was to document social workers experiences through discussion and reflection. By analyzing statements and documenting the findings, I conceptualized the nature of the problem from the participant's perspective.

According to Doody et al. (2012), qualitative research brings out the richness of data beyond formulas and values. Through this capstone study, social workers would explain their perspectives on crisis management and decision-making. The action

research method would bring together a certain richness of information through engagement and relationship development (Massey & Larsen, 2006).

Instrumentation

During the 2019-2020 global health pandemic, I utilized virtual interview occurred one time via video teleconferencing with social work professionals within a nonurban community in Upstate, New York (LeBlanc et al., 2015; McBride, 2005). As a result, I used an action research methodology with a qualitative component to interview individual participants in a virtual Zoom platform. The virtual interview occurred one time via video teleconferencing with social work professionals within a nonurban community in Upstate, New York (LeBlanc et al., 2015; McBride, 2005;).

The instrument used for this capstone study was Enck's (2014) biomedical ethical decision-making model and the NASW Code of Ethics (2021). Using a biomedical ethical decision-making model with a professional code of ethics allowed exploration into the struggles social workers face and how they deduce risk to mitigate a crisis (Bland & Roberts-Pittman, 2014; Luckock et al., 2017; van de Luitgaarden, 2009).

Among the various documents needed for this capstone study, I use an interview guide as the measurement instrument (Appendix B). The interview process would be considered semi structured with exploratory questions (Doody et al., 2013). The central research question asks, "What does it mean to make an ethical decision when mitigating a crisis in a nonurban community?" To answer the central question, it would be essential to utilize seven interview guide questions related to the historical data gathered affecting professional judgment and vulnerability:

1. Talk about any unintended consequences when ethics are/were not used to mitigate a crisis?
2. Talk about the time you felt liberation to use professional judgment outside of formal rules to mitigate a crisis?
3. Talk about extenuating factors when professional judgment is appropriate to use during a crisis?
4. Talk about any community, state, and national, formal rules that influence decision-making during a crisis?
5. Talk about an ethical framework you used when mitigating a crisis? What does it look like?
6. Talk about the processes you used in the beginning, middle, and ending to assess the crisis situation.
7. Talk about times when the NASW Code of Ethics (2021) was used to mitigate a crisis?

Operational definitions began with Enck's biomedical ethical decision-making model (2014), having the potential to demonstrate how social workers go through an ethical framework when mitigating a crisis. A social worker is experiencing transitions from assessment towards completion. Transition happens through assessment phases towards uncertainty and unpredictable situations. Unpredictability is where the ethical framework begins for the social worker. Enck's biomedical ethical decision-making model coupled with the NASW Code of Ethics (2021) would explain how social workers

discover new possibilities that support their efforts and promote confidence in decision-making with harm reduction to victims, self, and agency.

Afterward, the social worker may provide *Recommendations* to the client if an ethical issue exists. The social worker discusses concerns and options to resolve any ethical issues. Finally, the social worker may use the *Documentation* step to write up the case record efforts to rectify the situation and document ethical dilemmas and resolutions. For this capstone study, ethical decision-making is defined as a principle-based approach. Meaning, the NASW Code of Ethics (2021) guides social workers in their decisions to manage a crisis.

Data Analysis

During the Zoom interview, data collection would include audio recordings. Identification would be limited to labeling Participants 1, 2, 3, 4, and 5 to ensure participant confidentiality. For data analysis, I listen to audio recordings, transcribe those recordings verbatim, coded responses line by line, use colored index cards to seek out themes. I broke down each themed category. Then, I organized and grouped the themed cards categorically. Finally, card content and ideas during the Zoom interview were compiled for review and ordering by themes. I then interpret and document data for results.

Trustworthiness and Rigor Limitations

Researchers are skeptical about qualitative research, questioning the data's legitimacy because of how data is gathered (Merriam & Grenier, 2019; Stringer, 2014). Changing a mindset begins by utilizing a qualitative research methodology that meets

research expectations. Those expectations are the moving parts of action research. Although not adhering to action research concepts, trustworthiness and rigors will not meet researcher's expectation. Action research uses concepts such as credibility, transferability, dependability, and confirmability to legitimize a study.

This capstone study would display trustworthiness in the following ways. First, participants would clarify as they understand the problem, thus bringing credibility to the study. Second, transferability uses the participant's knowledge to capture bountiful information applied to other research in the field of social work. This research study's design followed all systemic processes of action research, and by doing so, the findings are likely to have more substantial outcomes. I welcome audits by peers to substantiate processes used to achieve this study's findings.

Ethical Procedures

Data collection began when the Walden University Institutional Review Board (IRB) approved my research study. I used the following ethical and safety precautions to protect participants from undue harm. I ensured confidentiality and privacy for each participant involved in this capstone study by not identifying participants by their name but by labeling them Participants 1, 2, 3, 4, and 5. I used nonurban town social workers, and there could be some potential for personal conflict between participants. I was mindful of any bias and discussed the participants' conflicts, giving them the option to withdraw before participation. I verbally convey to each participant they can withdraw from the research at any time.

Utilizing a public internet platform, Western New York Social Workers on Facebook, I posted a flyer to recruit social work participants. I posted the recruitment flyer three times to the platform to obtain at least a minimum of five participants. The flyer displayed the profession's integrity and respect for research using Walden University's research integrity statement. Among the various documents needed for a virtual Zoom interview, participants would receive an Informed Consent Form. I used Walden University's Informed Consent Template. The form complies with Walden University's (IRB). Before the virtual interview, I discussed the participant's rights to confidentiality and to participate in research. Respect for confidentiality was paramount. Participants were identified as P1, P2, P3, P4, and P5. A computer with only password access secured interview information after data coding and transcription using participants' initials. This capstone study and all data collected remain in a secure location with turnkey access.

Summary

For this capstone study, I used action research, a qualitative approach, to discover rural community social workers' perceptions on the topic of decision-making and ethics during a crisis. I expanded on social work research using a biomedical ethical decision-making model through an action research methodology. This capstone study opened a dialog amongst social work professionals revealing that qualitative research captures the essence of ethical decision-making through a crisis.

From the findings of this research, would support that a social worker often makes decisions outside of formal rules. Another finding would support that a social worker was

afraid of making decisions outside of formal rules because of professional liability
(Congdon & Dunham, 1999; Gricus, 2019).

Section 3: Presentation of the Findings

Introduction

This capstone study's purpose explored how social workers use ethical decision-making during crisis mitigation in a nonurban community. Enck's (2014) biomedical ethical decision-making model, along with the NASW Code of Ethics (2021), was used to understand what guides social work practice in a nonurban community when mitigating a crisis. This capstone study's outcome could build upon current research within the social work profession on topics such as ethics and decision-making. Second, this capstone study can reveal that social workers are left to make decisions on their own in a crisis; they perhaps refer to ethical training for guidance in the absence of formal rules or supervision.

Action research has several advantages in its use (Flannagan, 2020; Massey & Larsen, 2006). First, it brings together a certain richness of information through engagement and relationships. This capstone study involved participants degreed in social work for an individual virtual Zoom interview. Data collection consisted of observations, responses to a semi structured interview guide, and transcriptions of the interviews. I used probing questions to understand participants' characteristics with such questions as, "Can you tell me more about?"

Action research is a qualitative research methodology used in this study; the central research question asked, "What does it mean to make an ethical decision when mitigating a crisis in a nonurban community?" Data collection consisted of participants

answering seven interview guide questions in an individual Zoom Video Platform due to the nation's current global health pandemic restrictions.

This capstone study explored literature and the potential problems related to decision-making in a rural community during a crisis. Included in Section III are the following topics: Introduction, data analysis techniques, findings, and summary.

Data Analysis Techniques

In this capstone study, I focused on social work ethical decision-making in a nonurban community of Western New York State. I used Enck's (2014) biomedical ethics decision-making model, along with the NASW Code of Ethics (2021). I used a qualitative action research methodology, and a purposeful research question was applied—"What does it mean to make an ethical decision when mitigating a crisis in a nonurban community?"

Data collection for this qualitative research consisted of one individual face-to-face Zoom meeting interview with social work participants practicing in a nonurban community. The sample size consisted of five social workers who practiced and provided services in organizations in nonurban communities. The sample size was small due to conducting this research in the middle of a global health pandemic—the CDC guidelines restricted meeting places, meeting in large groups, and travel restrictions. During the month of October 2020, I faced barriers in recruiting a large sample size for this capstone study. Recruitment strategies included multiple listings of the recruitment flyer on the public domain, and networking with social workers on the public domain to engage them with this study's participation. Originally, I secured eight participants as a sample size

before data collection, unfortunately, at the time of the scheduled Zoom call only 5 participants were used. Although the sample size was small, there was, however, value in the rich data collected.

Qualitative research is gathering information from participant's real-life experiences. Crisis management and ethical decision-making are imperative to the social work profession to avoid consequences not favorable to the vulnerable population served. Data collection included emails, telephoned each participant, consent for participation was accepted with email verification. Participants received each question through dialog during individual interviews and in a private setting within the participant's home/office. I conducted each interview in a private office for confidentiality.

Participant recruitment for this capstone study was the Western New York State Region (WNY) was the geographic area. It was seven months into the 2019-2020 global health pandemic. On October 7, 2020, I began recruiting participants for this capstone study. Specific geographic area was nonurban WNY counties of Erie, Niagara, Chautaugua, Cattaraugus, and Allegany. Due to New York State's travel restrictions, I was unable to travel. Federal and State travel restrictions were in place, resulting in changing recruitment and sampling strategies from the original in-person, face-to-face methods. Recruitment included the first posting on the public domain, which produced zero participants. Struggles to obtain participants were real. I was forced to explore how the health pandemic was affecting the WNY milieu.

Western New York State faced significant healthcare and resource challenges in October 2020 due to a significant rise in COVID-19 positive cases and hospitalizations

(WGR2 Staff, October 14, 2020). New York State Governor Andrew Cuomo (2020) implemented strict COVID-19 quarantine and travel restrictions. By October 25, 2020, Governor Cuomo's daily updates mentioned positive COVID cases within the State - 495,464; and 25,730 total deaths. Governor Cuomo reported COVID-19 positive cases within WNY counties - Niagara - 2041; Erie - 12,819; Chautaugua - 884; Cattaraugus – 461; and Allegany - 271.

The lack of participation in this case study and the rise in COVID-19 cases resulted in multiple listings of this capstone study's recruitment flyer on the public domain and networking with social workers in the public domain to engage in participation. The outcome of increased flyer postings only produced a total of 8 committed participants as this study's sample size. Originally, I secured eight participants as a sample size before data collection, unfortunately, at the time of the scheduled Zoom call only 5 participants answered the call.

For this capstone study, a qualitative data coding model was used to break down participant's responses. After reviewing participant's statements, I reread the statements, identified words to categorize them for data then assigned codes. I used coding, and concept mapping to interpret the responses. For instance, key concepts such as safety first, fear of repercussions and risk assessment were used by all participants. I used an electronic word document to code the data manually. For confirmability, transcripts will be saved for 5 years. I mapped out the connectiveness to participant's statements until a theme emerged. Themes such as unsupported, safety, repercussions, experiential wisdom, agency rules and professional ethics became apparent. From there, appeared

narratives that was interrelated. I then began to explore the problem. Data for this capstone study was password-protected on a laptop that I could only access. No other computers or storage devices were used in this capstone study. Member checking was not used as this capstone study was a qualitative research study.

There were limitations to this capstone study, including the small sample size (N=5). The absence of similar research articles on the topic was a challenge to completing a comprehensive review. Also, delimitation of using social workers who practice in a nonurban community mitigating crisis was essential to obtaining information about strengths and barriers in their practice. Other limitations included the lack of transferability if social workers in urban communities find the findings of this capstone project like their experience. Finally, this research study has specific limitations unique to completing a research study during a global health pandemic such as accessibility to participants and connectiveness.

The 2019-2020 global health pandemic presented specific limitations that decreased the validity of this capstone study: Regarding time constraints, gathering participants, technology, and the lack of connectedness. For instance, it required time to complete the minimal recruiting of participants required for data collection necessitating multiple postings to recruit participants from the public domain. Participants claimed that time restraints to commit to participation were not primary to worrying about self and family contracting the coronavirus. Another concern participants presented were limitations due to unemployment because of the New York's lockdown.

The world was in lockdown, and travel restrictions were throughout the country. To complete this capstone study required me to use technology that I was unfamiliar with to capture research data from participants. Zoom, a video conferencing platform, was used to link participants to this capstone study. Of the limitations that a video conferencing platform brought was a lack of connection between each participant and the researcher. For instance, zoom times out whether the conversation was completed. It was challenging to re-engaging participants in a new Zoom dialog to complete the interview. English was not their first language for several of the participants, and I feel that dialog was lost in translation.

Although I identify the 2019-2020 global health pandemic presented many limitations, one strength that I recognized is its uniqueness in completing research during a global health pandemic as the last global health pandemic was approximately 103 years ago, 1918 (H1N1 virus) (www.cdc.gov). The data collected from this capstone study will be an asset for future social work research studies during global health pandemics.

Findings

Participant characteristics and the CDC guidelines within the United States specific to New York State inhibited sample size. For instance, gathering participants for this capstone study occurred during the federal mandate to shelter in place. As such, I used a public domain on Facebook, Western New York Social Workers Group. This capstone study utilized social workers employed in agencies in rural areas of Western New York to include the Great Lakes, lowlands of Niagara Frontier, the Genesee Valley, and Chautaugua-Allegany (www.city-data.com/city/Western-New-York.html).

Participant volunteers were welcomed by posting the flyer on the group's website. For this capstone study, I recruited five respondents who volunteered to participate in this research. All participants were group members of the public domain Facebook, Western New York Social Workers. Participants worked in various social work positions and different agencies throughout the area. Participants were identified as P1, P2, P3, P4, and P5 and asked the same seven questions from the interview guide about decision-making during a crisis.

The capstone study addressed the central research question which asked: What does it mean to make an ethical decision when mitigating a crisis in a nonurban community? Additionally, there are seven interview guide questions: (a) talk about any unintended consequences when ethics are/were not used to mitigate a crisis; (b) talk about the time you felt liberation to use professional judgment outside of formal rules to mitigate a crisis; (c) talk about extenuating factors when professional judgment is appropriate to use during a crisis; (d) talk about any community, state, and national, formal rules that influence decision-making during a crisis; (e) Talk about an ethical framework you used when mitigating a crisis? What does it look like?; (f) Talk about the processes you used in the beginning, middle, and ending to assess the crisis; and (g) Talk about times when the NASW Code of Ethics (2021) was used to mitigate a crisis?

There is no social work literature identifying the use of a biomedical ethics decision-making framework to determine ethical decisions. Therefore, I used the six-step ethical framework of Enck's (2014) biomedical ethical decision-making model modified for social work practice. I used the keywords in the model to assist in exploring the

research question: (a) gather information, (b) identification, (c) assessment phase, (d.) Recommendations, and (e) documentation stage. There were several themes related to the research question: What does it mean to make an ethical decision when mitigating a crisis in a nonurban community? that emerged from data collection.

Unsupported

Data reflected participants collectively experiencing unintended consequences from their agency by following professional ethics mitigating a crisis in the absence of agency formal rules. For instance, unsupported by their agencies and colleagues was a consequence of making independent ethical decisions. Participant 3 explained when a crisis event occurred a female colleague said “What are you going to do about it? I, responded by saying what are you going to do about it, you are senior staff? She did nothing. So, I did she did not support the outcome.” Participant 4 explained “I had a crisis, and my supervisor was not there at the time to staff the crisis, so I decided to speak with the child’s parents. My supervisor found out and she was not happy with me.” Participant 1 shared “It takes a toll by feeling defeated and knowing that the employer wants us to ignore our professional ethics.” Participant 3 stated “I tried to follow protocol and use my walkie-talkie to get a hold of someone but again, nobody responded.”

Other themes that surfaced during data collection were safety, repercussions, experiential wisdom, agency rules, and professional ethics.

Safety

All participants agreed that safety was a primary concern for self, client, and colleagues involved in the crisis event. Participant 1 explained “The risk was being (client) left out homeless in the elements, a huge safety risk which is a priority.” Participant 3 stated “It was more from an aspect of personal safety and trying to minimize destruction of property. I was not going to restrain 20 kids. There was nobody else to really help for about a good 20 to 25 minutes.” Participant 2 expressed “I would say safety has to come first, if there is any doubt about if someone is lethal in any capacity.” Mutually participants described how crisis event begins by gathering information about the problem to assess risk and safety.

Repercussions

The decision to make safety a priority has collateral damage, a negative perception from others if the outcome is not favorable by management. Participant 2 stated “I did an unannounced visit and I found 3 children home alone. I called my supervisor who told me to call the police. Later that day, I spoke to the children’s case manager who was mad at me for calling the police and said I should have waited until the mother returned home.” Participant 1 stated “Regardless of the outcome, the liability still falls on the shoulders of the social worker.” Participant 4 explained “Will my story hold up when I try to back up my actions?”

Experiential wisdom

Data collected indicated that a social worker's experience increased confidence in making independent decisions during a crisis event. Participant 5 explained how confident decision-making and experience is a reason for their current employment as she

stated, “That’s why my current employer hired me, because of my experience.”

Participant 4 expanded on the confidence in decision-making “Timeline steps are skipped especially in a large agency, like the sign-off of paperwork for admissions when you know the client does not have one more day to wait.”

Information also indicated that the more experienced the social worker, the more confidence to make decisions outside formal rules when formal rules do not fit the crisis. For instance, Participant 3 stated “I try to assess based on my experience what is going to happen, what could happen, what’s the probability of the protocol working. Or do I have a backup in case it goes array, and how can I mitigate things the next time?” Participant 3 stated “Professional judgment has to come with experience. You cannot have professional judgment if you are a newbie.”

Agency Rules

Participants expressed that every crisis is different, and formal agency rules cannot address the unpredictable. Participant 1 stated “If someone is suicidal or homicidal, to me, you want to de-escalate in any way that I can.” Participant 5 stated “I always think of the best for my clients. Always that is my north.” Participant 4 explained a crisis event that his professional judgment was being challenged by administration, but it turned out in the participants favor as stated “There wasn’t any written thing (agency rule). I think that’s what later got me out of the written is because there was no formal policy on client overdosing.”

Professional ethics

All five participants follow an ethical framework in crisis mitigation. For instance, participants acknowledged assessing for risk by gathering information for safety and observing the environment. During information gathering, present a conflict of interest. For instance, one participant was concerned with providing service to a client who lived in the same community, although they did not know the client personally. The last two steps in the ethical framework were making decisions to reduce the risk and documenting efforts to rule out ethical dilemmas in a case file or electronic medical records.

Participants demonstrated efforts in crisis mitigation that reflect professional ethics. Participant 1 stated “If I violate my code of ethics, is my employer going to protect me? Probably not, because the licensing board is going to be the ultimate decision.” Participant 5 indicated during at-risk assessment determinations were made to include whether a client can make autonomous decisions by stating that “I was looking for staff to watch her, because she told me that she had the idea of hurting herself.” The second ethical value expressed by participants was supporting the client's self-determination. For instance, participant 1 stated “I always refer to the code of ethics. Some of the standards in the code of ethics that I use most are autonomy, I always go towards autonomy, can they make independent self-determination.”

Participants agreed that a crisis resolution becomes convoluted when the client develops a plan autonomously, but those plans conflict with agency policies. For instance, Participant 4 stated “A dying client at a hospice facility knew there was no time to spare when he asked to see a family member. The dying client perceived his situation

as a crisis. Facility rules did not allow visitors. I made decisions to address the client's crisis, respect autonomy, and allow the client's loved ones to visit the client until the client's death.”

In this capstone study, I focused on social work ethical decision-making in a nonurban community of Western New York State. To explore ethical decision-making, I used Enck's (2014) biomedical ethics decision-making model, along with the NASW Code of Ethics (2021). Data collection for this qualitative research consisted of individual face-to-face Zoom interviews. The sample size consisted of 5 social workers who practiced and provided services in organizations in nonurban communities. The sample size was small due to conducting this research in the middle of a global health pandemic. The CDC and New York State guidelines restricted meeting places, meeting in large groups, and travel restrictions. Although the sample size was small, there is, however, value in the rich data collected.

Summary

The capstone study's purpose explored how social workers use ethics for decision-making during crisis mitigation in a nonurban community. Enck's (2014) biomedical ethics decision-making model, along with the NASW Code of Ethics (2021), was used to understand what guides social work practice in a nonurban community mitigating a crisis.

During the 2019-2020 global health pandemic, I completed this research with the CDC guidelines, State mandates, and travel restrictions, which guided the way participants joined this capstone study. As a result, I used an action research methodology with a qualitative component to interview individual participants in a Zoom Virtual

Meeting platform. The virtual interview occurred one time via a virtual meeting with social work professionals within a nonurban community in Upstate, New York (LeBlanc, & McConnell, et al., 2015; McBride, 2005)

Current literature supported how this capstone study could explore ways that the NASW Code of Ethics (2021) coupled with Enck (2014) biomedical ethical decision-making model would assist social work practice in managing a crisis with efficiency and confidence (Liska, Petrun, & Sellnow, et al., 2012; Mok, Ku, & Yuda, 2021; Niedernhuber, Kastenmueller, & Fischer, 2014).

This capstone study addressed the central research question asked, "What does it mean to make an ethical decision when mitigating a crisis in a nonurban community?" Additionally, there are seven interview guide questions: (a) Talk about any unintended consequences when ethics are/were not used to mitigate a crisis; (b) Talk about the time you felt liberation to use professional judgment outside of formal rules to mitigate a crisis; (c) Talk about extenuating factors when professional judgment is appropriate to use during a crisis; (d) Talk about any community, state, and national, formal rules that influence decision-making during a crisis; (e) Talk about an ethical framework you used when mitigating a crisis? What does it look like; (f) Talk about the processes you used in the beginning, middle, and ending to assess the crisis; (g) Talk about times when the NASW Code of Ethics (2021) was used to mitigate a crisis?

While social workers respond to human and natural disasters daily, they also respond to other crises that are just as important. Today, as crises become more severe and frequent, it is imperative for social workers and human service agencies to mitigate

events by safeguarding the vulnerable with confidence and ethical standards (Taylor & Whittaker, 2018). If ever there was a time for social workers to prepare for the unknown, it now during a global health pandemic. Social workers must prepare for those events by planning, training, policy, and procedures (formal rules). This capstone study supports the need to explore how social workers used ethics for decision-making during crisis mitigation in a nonurban community.

This capstone study's scope explored how social workers make ethical decisions in a nonurban community during crisis mitigation. Social workers in nonurban communities often face service delivery deficiencies from a lack of modern infrastructure, resources, technology, and inadequate agency staffing. Deficiencies are related to budgetary constraints from a low populous and socioeconomic income base (Lynn, 2005; Mosley, Maronick, & Katz, 2012; Sweifach, Linzer & Laporte, 2015).

In this capstone study, I focused on social work ethical decision-making in a nonurban community of Western New York State. To explore ethical decision-making, I used Enck's (2014) biomedical ethics decision-making model, along with the NASW Code of Ethics (2021). Data collection for this qualitative research consisted of individual face-to-face Zoom interviews. The sample size consisted of 5 social workers who practiced and provided services in organizations in nonurban communities. The sample size was small due to conducting this research in the middle of a global health pandemic. The CDC guidelines restricted meeting places, meeting in large groups, and travel restrictions. Although the sample size was small, there was, however, value in the rich data collected.

There were limitations to this capstone study, including the small sample size (N=5). Also, the absence of previous research articles on the topic was a challenge to completing a comprehensive review. Furthermore, the 2019-2020 global health pandemic presented specific limitations that decreased the validity of this capstone study: Time constraints, gathering participants, technology, and the lack of connectedness. For instance, it was intensive to recruit the minimal required number of participants for data collection. Multiple postings on the public domain occurred to recruit participants. Participants claimed that time restraints to commit to participation were not primary to worrying about self and family due to the possibility of contracting the coronavirus disease. Another concern participants presented with were the possibility of being unemployment because of New York State's lockdown restrictions.

Completing this capstone study required innovative technology to capture research data from participants due to the country's lockdown and travel restrictions. Zoom, a video conferencing platform, was used to link participants to this capstone study. Of the limitations that a video conferencing platform brought was a lack of connection between me and each participant. For instance, Zoom times out before the conversation was completed and it was challenging to re-engaging participants in a new Zoom dialog to complete the interview. There was one revelation about this capstone study, the current data collected would be an asset for future social work researcher studies doing crisis work during a global health pandemic because the last global health pandemic was 1918 (H1N1 virus) approximately 103 years ago (www.cdc.gov).

In Section IV, I reviewed the application of professional ethics in social work, implications, recommendations for social work practice, the implication for social change and a summary.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

The capstone study's purpose explored how social workers use ethics for decision-making during crisis mitigation in a nonurban community. Enck's (2014) biomedical ethical decision-making model, along with the NASW Code of Ethics (2021), was used to understand what guides social work practice when mitigating a crisis in a nonurban community. This capstone study's outcome would build upon current research within the social work profession on topics such as ethics and decision-making. Second, this capstone study reveals that social workers are left to make decisions on their own in a crisis; they referred to their ethical training to ground their decision-making.

This capstone study explored social work crisis mitigation in a nonurban community. Nonurban communities present challenges as social workers work under unique conditions when responding to a crisis event. Social workers are vulnerable while navigating through an array of environmental obstacles only nonurban communities experience. Considered are those conditions a nonurban community social worker undergoes during a crisis response; this capstone study sheds light on specific needs and strengths that make them exclusive to the profession of social work.

The nature of this capstone study was to explore how social workers use ethics to mitigate and decision-make a crisis in a nonurban community. In support, Frunza and Sandu (2017) pointed out that ethical values are the foundation of social work practice. While practicing in communities throughout America, social workers often face ethical

concerns with formal workplace rules. It is also uncommon for formal rules to consider social workers' commitment to the NASW Code of Ethics (2021).

Findings that answer the research question— "What does it mean to make an ethical decision when mitigating a crisis in a nonurban community?" According to participants, it means being unsupported, safety, repercussions, experiential, wisdom, agency rules, professional ethics. It also means safety for clients, colleague, and self is the number one priority. Moreover, data supports that the NASW Code of Ethics is always used by social workers to mitigate a crisis in a nonurban community in the absence of formal rules. It means that social workers mitigate the crisis through an ethical framework like Enck's (2014) biomedical ethical decision-making model including Enck's keywords such as a.) Gather information, b.) Identification, c.) Assessment phase, d.) Recommendations, and e.) Documentation stage. Finally, to make an ethical decision when mitigating a crisis in a nonurban community means that formal rules do not address the unpredictable.

The data collected from this research study would inform social work practice by presenting a conceptual framework of ethical practice that nonurban community social workers use to mitigate crises. I recognized that the participant group was diminutive; however, there was significance in the knowledge gained from the data in this study. Documented is an ethical standard of practice identified by social workers utilizing information gathering, assessing ethical conflicts, risk assessment, and documenting recommendation/outcomes, key terms comparable to Enck's (2014) biomedical ethical decision-making model.

This capstone study is a building block for future social work biomedical ethical research where limited research exists. This study also informs the social work profession by validating vulnerability social workers feel when making professional decisions outside of agency policy and procedures. Findings revealed how social workers deliberate decision-making in the absence of policy and procedures, by reflecting on training and recalling the profession's ethics code.

It is incumbent on social workers to advocate for change within the communities served and the social work profession. All social workers share the responsibility to inform micro, mezzo, and macro-organizations to render assistance to each other by supporting ethical decisions. The data findings of this capstone study laid out an ethical framework with the essential ethical components of the oldest profession- the medical profession. Social workers have a duty to expand on this research, demonstrating the social work profession's legitimacy and new knowledge.

Application to Professional Ethics in Social Work Practice

The capstone study's purpose explored how social workers use ethics for decision-making during crisis mitigation in a nonurban community. Enck's (2014) biomedical ethical decision-making model, along with the NASW Code of Ethics (2021), was used to understand what guides practice when social workers in a nonurban community mitigate a crisis. This capstone study's outcome could build upon current research within the social work profession on ethics and decision-making. Second, this capstone study revealed that social workers are left to make decisions independently in a crisis; they referred to their ethical training to ground decision-making.

This capstone study explored social work crisis mitigation in a nonurban community. Nonurban communities present challenges as social workers work under unique conditions when responding to a crisis event. Social workers are vulnerable while navigating through an array of environmental obstacles only nonurban communities experience. Considered are those conditions a nonurban community social worker undergoes during a crisis mitigation. This capstone study sheds light on specific needs and strengths that make skills exclusive to the profession of social work.

The nature of this capstone study was to explore how social workers use ethics to mitigate and decision-make a crisis in a nonurban community. In support, Frunza and Sandu (2017) pointed out that ethical values are the foundation of social work practice. While practicing in communities throughout America, social workers often face ethical concerns with formal workplace rules. It is also uncommon for formal rules to consider social workers' commitment to the NASW Code of Ethics (2021).

The findings of this capstone study answer the research grounding question—"What does it mean to make an ethical decision when mitigating a crisis in a nonurban community?" According to participants, it means being unsupported and a fear of termination or punishment. It also means safety for self, client, and colleague. Moreover, data supports that the NASW Code of Ethics is always used to mitigate crises in the absence of formal rules in a nonurban community. It means mitigating the crisis through an ethical framework similar to Enck's (2014) biomedical ethical decision-making model which includes keywords such as (a) Gather information; (b) Identification; (c) Assessment phase; (d) Recommendations; (e) Documentation stage. Finally, to make an

ethical decision when mitigating a crisis in a nonurban community means that formal rules do not address the unpredictable.

The findings from this research study would inform social work practice by presenting a conceptual framework of ethical practice that nonurban community social workers use to mitigate crises. I recognized that the participant group was diminutive; however, there was significance in the knowledge gained from the data in this study. Documented is an ethical standard of practice identified by social workers utilizing information gathering, assessing ethical conflicts, risk assessment, and documenting recommendation/outcomes, key terms comparable to Enck's biomedical ethical decision-making model.

This capstone study is a building block for further social work biomedical ethical research where limited research exists. This study also informs the social work profession by validating vulnerability social workers feel when making professional decisions outside of agency policy and procedures. Revealed in the findings were how social workers deliberate decision-making in the absence of formal rules, by reflecting on training, and recalling the profession's ethics code.

According to the NASW Code of Ethics (2021), it is incumbent on social workers to advocate for change within the communities they serve and the social work profession. They share the responsibility to inform micro, mezzo, and macro-organizations to assist social workers by supporting ethical decision-making. The data findings of this capstone study laid out an ethical framework with the essential ethical components of the oldest

profession- the medical profession. Social workers have a duty to expand on this research, demonstrating the social work profession's legitimacy.

The findings of this capstone study would impact social work practice, particularly concerning the area of professional ethics, by contributing to the development of new knowledge as defined in the NASW Code of Ethics (2021). This capstone study coupled a biomedical ethical decision-making model with social work practice. In doing so, the data inform social work practice by identifying how social workers make ethical decisions comparable to a distinguished profession known for its ethical values. The literature review did not generate social work research studies comparing professional ethics to a biomedical ethical decision-making model.

Recommendations for Social Work Practice

Social workers make decisions daily. For instance, decisions may determine the welfare of a child or prevent the endangerment of a vulnerable adult. Literature supports social workers share the same experiences in a nonurban community or a metropolis. One action step I would recommend for clinical social work practitioners in nonurban communities is to advocate for social work ethical practice. The findings in this capstone study identified how social workers experienced vulnerability when making decisions outside of formal agency rules.

Agencies must understand that social workers do not make arbitrary decisions. Data in this study reflected those decisions made by social workers in a crisis are considered ethical decisions based on training in social work values and principles. Social

workers must feel confident in decision-making. Advocacy from all parties would open a dialog, changing perceptions and the views of the social work profession.

Another action step I would recommend for clinical social work practitioners in nonurban communities is to accept the liability of an unfavorable outcome when their ethical decision does not meet agency expectations. The social work profession holds some responsibility for the ambiguity of a social worker's decision-making doubt and unsupported feelings. One way to improve the confidence level of social workers is through universal licensing and practice standards as well as reciprocity within states. Nonurban social workers in this case study shared negative experiences in securing state social work license because they cannot find a clinical supervisor within the area. For instance, one participant traveled over 100 miles to obtain clinical hours.

Furthermore, in New York State, a social worker must complete 2000 hours of clinical supervision to take the clinical licensure exam. The first level of licensure in New York State is a licensed master social worker. In contrast, Florida State allows a social worker with endorsement from another state to take the clinical licensure exam before completing the 2000 clinical hours. The first level of licensure in Florida State is a registered intern. Hence, as identified by a participant in this capstone study, ambiguous formal rules are associated with insecure and uncertain social workers.

Implications for Social Change

Social workers participating in the capstone study completed a minimum of graduate studies, and yet they collectively reported a sense of vulnerability through unsupported crisis events. Data collected reflected insecurities felt by social workers

when making independent decisions outside of formal rules. Participants also discussed how the perception of others impedes confidence levels in making independent decisions. While changing a perception is difficult, we as social workers can reflect an image of confidence in knowing we practice within the scope of the profession's ethics, values, and standards. The responsibility lies on the social worker to enhance skills and become experts within their perspective field. The NASW Code of Ethics (2021) identifies the value of competence, and the ethical principle reflects that a social worker has an obligation to develop and enhance professional expertise.

Utilizing the data from this capstone study to impact a positive change in practice and social work education would not be an easy task. First, participants conceptualized what it means to make an ethical decision in a nonurban community without resources and agency support; this is the baseline for professional conversations. It is incumbent on social workers to have those conversations with colleagues, administrators, and educational staff as the NASW Code of Ethics (2021) outlines that social work has an ethical responsibility in practice settings to have those discussions.

Research is another opportunity for how this study's findings could impact a positive social change in policy by continuing to evaluate social work practice to other professional disciplines just as I did with a biomedical ethical decision-making model. Changing a mindset begins with changing one mind at a time to think differently.

Summary

In this capstone study, I focused on social work ethical decision-making in a nonurban community of Western New York State. I used Enck's (2014) biomedical ethics

decision-making model, along with the NASW Code of Ethics (2021). I used a qualitative research methodology, and a purposeful research question was applied—"What does it mean to make an ethical decision when mitigating a crisis in a nonurban community?"

During the 2019-2020 global health pandemic, I completed the research for this capstone study with the CDC guidelines, New York State mandates, and travel restrictions, which guided the way participants joined this capstone study. As a result, I used an action research methodology with a qualitative component to interview individual participants in a Zoom virtual meeting platform. Virtual interviews occurred one time via a virtual meeting with social work professionals within a nonurban community in Upstate, New York (McBride, 2005; LeBlanc, McConnell & Monteiro, 2015).

Social workers make decisions daily. For instance, decisions may determine the welfare of a child or prevent the endangerment of a vulnerable adult. Literature supports ways social workers share the same experiences in a nonurban community or a metropolis. Data collected reflects insecurities felt by social workers when making decisions outside of formal rules. Participants also discussed how the perception of others impedes their confidence in making independent decisions.

Agencies must understand that social workers do not make arbitrary decisions. Data in this capstone study identified in what way decisions made by social workers in a crisis could be considered ethical decisions based on social work training, ethics, values, and principles. Utilizing the data from this capstone study to impact a positive change in

practice and social work education would not be an easy task. First, participants conceptualized what it means to make an ethical decision in a nonurban community without resources and agency support; this is the baseline for professional conversations. Research is another opportunity for how this study's findings could impact a positive social change in policy by continuing to evaluate social work practice to other professional disciplines.

This capstone study coupled a biomedical ethical decision-making model with social work practice. In doing so, the data informed social work practice by identifying how social workers make ethical decisions comparable to a distinguished profession known for its ethical values-the medical profession.

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Appendix A: Recruitment Flyer

PARTICIPANTS NEEDED FOR A DOCTORAL ACTION RESEARCH STUDY

Lisa Marie Woolston, LMSW, BSW, a Doctoral Candidate at Walden University, is looking for social workers to volunteer to participate in a research study of decision-making in a crisis. As a participant, you will be part of an individual virtual Zoom interview. Your participation involves one session, no more than 1 hour.

To volunteer in this study, you must be 18 years of age and have a degree in social work.

In addition, participants should have practical knowledge
of mitigating crises in a rural community.

If you like more information, please contact:

Lisa Marie Woolston, LMSW, BSW

at

607-760-3157

Email: lwoolst66@yahoo.com

The Research Ethics Review Board (IRB) at Walden University approved this study.

Their role in this research study would be to address any questions you have about your rights as participants.

Appendix B: Participant Interview Questions

For this capstone-study, the central research question asks, “What does it mean to make an ethical decision when mitigating a crisis in a nonurban community?”

Conducting research would answer this question by gathering data from social workers employed in human service agencies in a nonurban community. In order to answer the central question, it would be essential to utilize seven interview guide questions related to the historical data gathered affecting professional judgment and vulnerability.

Interview Guide Questions:

Introduction: Recall a time when you were responsible for handling a crisis situation where you had to assess the risk. How did you mitigate the situation?

1. Talk about any unintended consequences when ethics are/were not used to mitigate a crisis?
2. Talk about the time you felt liberation to use professional judgment outside of formal rules to mitigate a crisis?
3. Talk about extenuating factors when professional judgment is appropriate to use during a crisis?
4. Talk about any community, state, and national, formal rules that influence decision-making during a crisis?
5. Talk about an ethical framework you used when mitigating a crisis? What does it look like?
6. Talk about the processes you used in the beginning, middle, and ending to assess the crisis situation.

7. Talk about times when the NASW Code of Ethics (2021) was used to mitigate a crisis