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## Ethical Decision-Making and Modification of Service Delivery: Social Workers in Connecticut During COVID

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# Walden University

College of Social and Behavioral Health

This is to certify that the doctoral dissertation by

Marie E. Hollingsworth

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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Walden University  
2026

Abstract

Ethical Decision-Making and Modification of Service Delivery: Social Workers in

Connecticut During COVID

by

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MSW, Fordham University, 2002

BS, Southern Connecticut State University, 1988

Dissertation Submitted in Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work

Walden University

February 2026

## Abstract

Social work professionals often experience demanding and intense situations while facing organizational restructuring during crisis situations. The purpose of this generic qualitative study was to explore the viewpoints of frontline social workers regarding their ethical decision-making processes in response to the mandatory modifications of the service delivery protocol during the COVID-19 pandemic. Enck's biomedical and ethical decision-making framework grounded the study. Data were collected from semi-structured interviews with 10 frontline social workers in Connecticut who had been employed with a social service agency for at least 3 years, but no more than ten. Findings from coding and thematic analysis yielded themes and subthemes: (a) period of adjustment with two subthemes (adjusting to new roles and adjusting to policies /procedures), (b) concern with confidentiality with online video platforms with two subthemes (addressing clients environment and adapting to verbal and non-verbal cues), (c) moral distress and shifting ethical boundaries with two subthemes (prioritizing protocols and bending the rules), (d) communication strategies for ethical decision-making with two subthemes (active listening and giving voice to clients), and (e) systemic failures and individual resilience with two subthemes (diminish resources and redefining practices). Findings confirmed that frontline social workers ethical decision-making processes are influenced by the modifications of service delivery. Findings may be used to create positive social change through new social work policies and procedures that could enhance the delivery of service and the ethical decision-making processes during a crisis.

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## Dedication

This dissertation was dedicated to my Lord and Savior, my creator, my source of inspiration, strength, and wisdom on this doctoral journey. To those who walked with me on this journey: my husband, Terrence, son & daughter-in-law, Brandon and Leanna (Ian), and my confidant, Olympia Reyes Arnold, who encouraged me when I wanted to surrender. This journey could not have been accomplished without your continued support and prayers. I would like to extend a special dedication to my Pastor, Rev. Dr. Robert A. Jackson, Jr., who provided me with encouragement, knowledge, patience, and the art of perseverance.

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## Chapter 1: Introduction to the Study

### **Introduction**

In the past, and more recently during the COVID-19 pandemic, social work played an integral role in the workforce. However, the profession received minimal recognition (Blau et al., 2021). Although it was clearly defined as promoting both human well-being and societal justice, social work grappled with the paradox between the “person” and “society.” Social workers had to establish their foundation for making moral judgments and defend these within their duties and responsibilities because they were not always impartial and had limited independence (Mattison, 2000). This research study drew on interpretive elements that shaped social workers’ moral values and justified the need for social work in a world of organized oppression.

This study aimed to understand the viewpoints shared by frontline social workers regarding their ethical decision-making processes in response to the modifications in service delivery procedures during the COVID-19 pandemic. Based on consensus within professional organizations, these ethical decisions served as a guide for implementing the resources needed for service delivery. The conceptual framework used in this study offered insight into how society needed to examine perpetuating social inequalities and systemic injustices. In accordance with decision-making processes that maintained the same level of ethical consideration outside of crisis conditions, this study supported social change efforts related to modifying service delivery to ensure that all individuals received an equal standard of services during a crisis (Uriz et al., 2021). Due to the differences in service delivery, marginalized populations were at a heightened risk of

experiencing negative health consequences when modifications were enforced. When marginalized individuals were exposed to discrimination in housing, employment, healthcare, and medical treatment, the risk increased. In Chapter 1, I presented the problem, the purpose of the study, the research questions, and conceptual frameworks. Chapter 1 also discussed the nature of the research and its significance and limitations regarding the topic.

### **Background**

The COVID-19 pandemic brought attention to global problems at the nexus of community, social, and health needs. The adverse effects of the COVID-19 pandemic on the welfare of health and social work professionals were highly severe, in addition to disrupting how individuals received health and social care (World Health Organization [WHO], 2021). Furthermore, the modification of service delivery to vulnerable populations was further exacerbated by the reorganization of policies and resources, including the need to learn to implement new rules and standards.

Frontline health and social care workers continued to experience severe effects from these changes (WHO, 2021). The COVID-19 pandemic dramatically changed how services and community-based resources had been distributed to those in need. For the profession's future, it is critical to focus on how the pandemic had impacted the modification of service delivery and its subsequent impact on the health and welfare of social work professionals. Social workers who are well-equipped and empowered were able to alleviate the effect of the COVID-19 pandemic on vulnerable populations.

Underappreciated and burned-out social work professionals eventually left their organizations, leading to instability and vulnerability (Deng et al., 2020).

Social workers adhered to ethical values and held a belief in social justice as a profession. The National Association of Social Work (NASW) Code of Ethics was a set of standards that affirmed the ethical responsibility of all social workers to provide their clients with superior treatment, demonstrate moral obligations to their colleagues, fulfill ethical obligations in their work environments, carry out ethical responsibilities as professionals, acknowledge responsibility to the profession, and comply with societal obligations under the law (NASW, 2021).

The global health pandemic caught the world by complete surprise. However, it was necessary to first grasp the complexity of this catastrophic event, particularly regarding the invaluable role of frontline social workers in society (Crisp et al., 2021). Frontline social workers were often referred to as first responders in the aftermath of natural disasters such as floods, pandemics, or hurricanes. Yet there was a disconnect between the service delivery provided and the ethical decision-making processes imposed upon them. Social workers possessed a vast array of skills and expertise, which proved crucial during the COVID-19 pandemic in addressing the ever-changing needs of the vulnerable populations they served.

Research was not lacking on the modification of service delivery during crises involving the social work profession. Understanding the social workers' experiences of how modified service delivery during the COVID-19 pandemic affected their work was essential for assessing daily risk factors (Holmes et al., 2021). According to Crisp and

Moulding (2021), frontline social workers acknowledged that crisis response shifted significantly because of the COVID-19 pandemic outbreak. Government regulations on technology and public health measures, such as masking, social distancing, and testing, forced society, and local communities to adapt to these modifications quickly. Such daily life changes could raise anxiety and cause professionals to make hasty decisions (Okafor, 2021).

Despite previous research, there were still studies that acknowledged frontline social workers' experiences and ethical decision-making processes regarding changes in social service delivery during the COVID-19 pandemic (Holmes et al., 2021). Identifying gaps in this research revealed a broader perspective of the ethical decision-making processes presented to frontline social workers, as these crucial resources informed change during these crises. The results of this research significantly impacted society by contributing to social and economic changes within the social work profession and progress. For example, modifying the decision-making processes for services to marginalized populations was not burdensome and did not create additional social economic hardship. Organizations and agencies that were able to implement changes in service delivery ensured that all persons were treated equally when allocating scarce resources such as food, health, and shelter during the COVID-19 pandemic.

The ethical decision-making process highlighted the need for interdisciplinary cooperation to address multidimensional issues and enhance service delivery. Consequently, coordination between services was required to tackle these complex issues and improve outcomes. According to the Council of Social Work Education (CSWE,

2021), social work programs' curricula articulated the need for social workers to apply critical thinking, uphold ethical standards, and use practical knowledge of the NASW Code of Ethics when making ethical decisions during service delivery. When social workers initially entered the workforce, they were hired by organizations based on skills specific to their profession.

To comply with official standards surrounding public health mandates, such as social distancing, masking, isolation, and homestay orders, front-line social workers needed to change their delivery of services quickly. However, they perceived that these changes amid the COVID-19 pandemic created ethical dilemmas, resulting in a breakdown in service delivery (WHO, 2021). For example, front-line social workers raised concerns that "teleworking" from home via phone and internet services was problematic (Holmes et al., 2021). This modification in service delivery presented challenges in ensuring privacy while interacting with families. Furthermore, there were instances in which families had no access to technology due to their living situation and financial constraints (Igras et al., 2020).

Despite the then-current research studies, there was a need for research that closely examined frontline social workers' perceptions, experiences, and ethical decision-making processes regarding the modifications in the delivery of social services during the COVID-19 pandemic (Holmes et al., 2021). Addressing this gap in research would have provided a more in-depth perspective on the ethical decision-making process presented to frontline social workers, as these essential resources would have influenced change during crises. Furthermore, the findings of this study could have demonstrated how

frontline social workers might have felt empowered by being included in the implementation of the mandatory modifications to the ethical decision-making processes involved in the delivery of services during the COVID-19 pandemic.

### **Problem Statement**

Every day, social workers responded to natural disasters, but they also do so in response to other crises in society that were just as essential, if not more so. As crises became more evident and frequent, it was imperative for frontline social workers to respond appropriately and use ethical decision-making procedures to meet the needs of society with assurance and ethical standards (Crawford, 2021). The NASW Code of Ethics served as a standard of practice that held social workers accountable to several parties (clients, colleagues, employers, and municipalities). To reduce this risk of harm, frontline social workers had to adhere to modifications in service delivery, especially when working with populations who have been exposed to the virus (WHO, 2021). Therefore, the role of the frontline social worker was significant in implementing the mandatory modifications during the service delivery process when working with at risk individuals within society (Deng et al., 2020; Sevelius et al., 2020).

Furthermore, an agency's responsibility to adhere to the pandemic's protocols, which mandated the use of technology (such as video conferencing) in place of in-person interactions, reduced social workers' level of expert autonomy when determining the best way to provide services to clients. The implementation of video conferencing resulted in "worse than ideal" consequences that posed problems (Brue, 2023). For over a decade, the leading organization in the decision-making process had been the NASW, which

played a significant role in ensuring that social workers acted ethically when working with society. Prior findings on these matters were detailed in the literature review in Chapter 2. The problem identified in this study explored the perspectives of frontline social workers regarding their ethical decision-making process amid the mandatory service delivery modifications during the COVID-19 pandemic while they strived to provide quality services and achieve the most favorable outcomes for their clients.

### **Purpose of the Study**

The purpose of this generic qualitative study was to explore, through a generic qualitative research approach methodology, the viewpoints shared by frontline social workers regarding their ethical decision-making process in response to the modification of the service delivery procedures during the COVID-19 pandemic. This approach was chosen because ethical decision-making involved informed judgment and critical thinking in situations where ethical solutions were not apparent. Under certain circumstances, the social workers had ethical responsibilities that occasionally conflicted with agency policies or regulations. The NASW Code of Ethics (2021) and Enck's (2014) biomedical ethical decision-making model were the conceptual frameworks used to understand what guided social work practice for front-line social workers who were directly involved in a crisis. The term *modification of service delivery* was used to describe the changes in the delivery of services provided to a targeted population at a given point in time. Ultimately, these modifications in service delivery contradicted the ethical standards that social workers were accustomed to, namely, advocating for clients to receive the highest quality of service and programs available to them (Mattison, 2000).

### **Research Questions**

For this qualitative study, the research questions were as follows.

RQ1: What were the perspectives of frontline Connecticut social workers regarding their ethical decision-making processes in response to the mandatory modifications of the service delivery protocol during COVID-19 in Connecticut?

RQ2: What components of Enck's ethical decision-making model did these social workers utilize to communicate how their ethical decision-making was impacted in response to the mandatory modifications service delivery protocol during COVID-19?

RQ3: What were the barriers to the decision-making process that impacted frontline social workers ability to employ the components of the Enck's ethical decision-making model as it relates to the mandatory modifications service delivery protocol during COVID-19?

These questions were answered by conducting interviews with frontline social workers from local NASW chapters in Fairfield, New Haven, and Hartford Counties in Connecticut.

### **Conceptual Framework for the Study**

The conceptual framework that grounded this study was ethical decision-making in the delivery of services. Ethical decision-making served as a key component of professional social work practice. On a daily basis, frontline social workers in all areas practiced making informed judgments and used critical thinking in circumstances where ethical explanations were not noticeable. Throughout this study, I applied Enck's

(2014) biomedical ethical decision-making model and the NASW Code of Ethics (2021) as frameworks to fully understand the viewpoints of frontline social workers regarding their ethical decision-making process in response to the mandatory modification of service delivery during the COVID-19 pandemic. Conceptual frameworks were derived from a set of concepts, beliefs, values, and principles that aided the profession in understanding how individuals functioned and changed (Ravitch & Carl, 2019). According to Grant and Osanloo (2014), a paradigm's elements had to agree with the overarching conceptual framework for it to be considered academically sound. The qualitative contextual lens for this study was used by social work practitioners in making service delivery decisions. These lenses were called ethical codes.

The study was grounded in Enck's (2014) biomedical and ethical decision-making framework, which supported an understanding of the safety and risk factors that emerged during a crisis. This framework assisted the reader in understanding the perspective of frontline social workers who were directly involved in the modifications of service delivery. According to Enck's model, frontline social workers preferred to gather relevant information before making decisions about a person's well-being and evaluated how these decisions could impact an individual's physical and emotional well-being (Banks et al., 2020; Enck's, 2014). This conceptual framework was chosen for the study as it established guidelines with uniform expectations for practitioners. Enck's framework could be applied to the research questions: RQ1: *What were the perspectives of frontline Connecticut social workers regarding their ethical decision-*

*making processes in response to the mandatory modifications of the service delivery protocol during COVID-19 in Connecticut, RQ2: What components of Enck's ethical decision-making model did these social workers utilize to communicate how their ethical decision-making was impacted in response to the mandatory modifications service delivery protocol during COVID-19, and RQ3: What were the barriers to the decision-making process that impacted frontline social workers ability to employ the components of the Enck's ethical decision-making model as it relates to the mandatory modifications service delivery protocol during COVID-19?*

For example, all professionals in a particular circumstance were subjected to the ethical requirements of a duty or appropriate action. Their in-depth viewpoints as frontline social workers provided insight into the ethical dilemmas that social workers encountered, which guided best practices and assisted in making moral decisions during crises. Additionally, this study was grounded in the NASW and the Code of Ethics, which provided guidance for social workers when delivering services within society. These principles improved the ethical standards set forth by social workers when integrating within society. During COVID-19, the NASW needed to amend these guiding principles to incorporate a change in how front-line social workers implemented the delivery of services to include the latest technology and standards (NASW, 2021). During these critical situations, front-line social workers made sound ethical decisions to resolve crises (Mattison, 2000). Enck's (2014) biomedical and ethical framework model, along with the NASW Code of Ethics (2021), was utilized in the social sciences by social workers to make ethical decisions after completing

assessments. These frameworks served as the underpinning of social work practice (Sobelman & Younggren, 2016).

NASW (2021) noted that organizations did not consider social workers' commitment to the Code of Ethics valuable in their service delivery during COVID-19. However, these identified frameworks were aligned with the generic qualitative research approach methodology used for this study and the referenced research questions. In Chapter 2, I presented more information on the theoretical frameworks and their relation to the research questions and frameworks.

### **Nature of the Study**

To address these research questions in this qualitative study, the research design included a generic qualitative research methodology. The foundation of this approach was to provide a descriptive methodology for explaining how individuals interpreted the significance of a circumstance, depending on “what worked best” in acquiring answers to the problem (Patton, 2015). Using this method, I was able to understand the viewpoints of frontline social workers regarding their response to the mandatory modification of service delivery and how it impacted their ethical decision-making during the COVID-19 pandemic in Connecticut. The rationale for choosing this approach was that a generic qualitative research methodology assisted the researcher in comprehending the conceptual perspectives that supported the ethical decision-making process in response to the modification of the delivery of services. Additionally, it allowed for further research to address the potential gap in the literature (Patton, 2015). This method also enabled the

researcher to demonstrate to participants how individuals interpreted and made meaning from their experiences (Kahlke, 2018).

During the study, the research questions that had been identified were addressed through interviews with frontline social workers from the local NASW chapters in the Fairfield, New Haven, and Hartford County areas in Connecticut. I sought to recruit 15-20 social workers from these chapters, all of whom had been employed with a social service agency for at least three years and had accumulated no more than ten years of experience in the Connecticut area (Creswell & Creswell, 2019). In qualitative research, sample sizes can often be small, supporting the in-depth case study analysis essential for this type of research (Malterud et al., 2016). Qualitative samples were also deliberately selected for their potential to offer detailed information relevant to the phenomenon under study (Creswell & Creswell, 2019). To address the research questions, I utilized a semi-structured interview guide that included questions related to historical data gathering. Participants were required to have frontline experience working with marginalized populations during the COVID-19 pandemic. Interview protocols were developed to align with the scope of the research questions. To gather information and understand frontline social workers' viewpoints on their ethical decision-making processes in response to required changes in service delivery protocols during the COVID-19 epidemic, I conducted semi-structured interviews. Participants received the informed consent form along with other documents required for the interview. I used the template offered by Walden University, as it complied with Walden University's Institutional Review Board (IRB). I advised the participants of their rights as they pertained to the

research study to ensure their confidentiality. Additionally, I stored all the information pertaining to the study in a secured, locked file cabinet as instructed by Walden University.

The data collection method for this study was conducted by using semi-structured interviews with open-ended questions via in-person, Zoom, and Teams platforms. This approach was in accordance with generic qualitative research (Kahlke, 2018) and aligned with the purpose of the study. Jamshed (2014) served as the foundation for my decision to utilize semi-structured interviews because they provided participants with sufficient time to answer their questions and reduced research bias with the use of an interview guide. To increase participant involvement, I utilized nonprobability purposive sampling and promoted snowball sampling. Purposive sampling allowed me to ensure that the selection of participants represented a diverse group of frontline social workers who had experience using the ethical decision-making process during crises, enabling them to answer the research question effectively (Kahlke, 2018).

### **Definitions**

*Assessment:* Assess the client's interests, strengths and needs, values, and quality of life (Enck, 2014).

*Clarification:* The understanding and comprehension of the situation or problem during a crisis. Are there any options that are available, namely, community support, services, or any other options to aid the client? Pose the question as an ethical dilemma (Enck, 2014).

*Coronavirus pandemic:* (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus (Miller & Lee, 2020).

*Documentation:* Ensure that all information is clearly documented in the client's record. Follow up with the client, and illicit feedback from the individual and their support network for any comments, and or recommendations regarding the situation (Enck, 2014).

*Experience:* First-hand involvement or direct experiences and choices of a given person, and the knowledge that they gain from it, as opposed to the knowledge a given person gains from second-hand or mediated source (Mattison, 2000).

*Front-line workers:* Individuals including, by not limited to, health care workers, protective service workers (CPS, police, and EMS), persons who have been deemed essential (Mattison, 2000).

*Identification:* Determine whether the crisis is best managed by other services or agencies if it is a legal, institutional, or societal issue (Enck, 2014).

*Information:* Gather as much as you can about the client's medical and social background, including any diagnosis, prognosis, goals of care, treatment plan, medications, and primary and consultation services that were used (Enck, 2014).

*Mandatory Modifications to Service Delivery:* Laws and/or regulations defining changes in procedures to prevent spread of COVID (Banks et al., 2020).

*Pandemic:* An outbreak of a disease that spreads internationally or over a very broad area, typically impacting a lot of people (Crawford, 2021).

*Recommendation:* Suggest that all persons involved can understand (Enck, 2014).

It was predictable to presume that based on the framework in Enck's biomedical ethical decision-making model, social workers and other professionals assessed safety and risk using similar tools and protocols. For example, most professions collected and processed the problem in its entirety by utilizing the code of ethics (Enck, 2014).

*Service delivery:* Any contact with the public during which citizens or residents seek or provide data, manage their affairs, or fulfill their duties (Crawford, 2021).

*Social distancing:* Minimizing physical contact between people, as it decreases the probability of spreading infections between those people (Holmes et al., 2021).

### **Assumptions**

The assumptions made in this study had an impact on the outcome of the research conducted and were essential, as the study would not have been possible without them. Assumptions were understood as generalizations about society and how people were accepted by individuals or groups (Marshall & Rossman, 2016). These assumptions were susceptible and could result in either explicit or unconscious biases concerning social workers' relation to society, and, in this specific instance, how services were provided (Creswell & Creswell, 2019). Furthermore, I assumed that in making these ethical decisions, it was crucial to recognize and eliminate unethical choices and select the best alternative. As a social work professional, it was imperative for me to maintain confidentiality and respect when working with individuals regarding the modifications of service delivery during the pandemic. In the past, I frequently had trouble managing and balancing my feelings, tiredness, and the need for taking care of oneself when working under pressure. According to the NASW (2021), social workers were required to respect

the dignity and worth of all individuals. Additionally, social workers took an oath to always treat everyone in a caring and respectful manner, regardless of the situation. Wolgemuth et al. (2017) explained that assumptions played a crucial role in research techniques, as they increased the study's validity, dependability, and trustworthiness, allowing for replication by other researchers. The assumptions considered for this research study were:

- 1) During the pandemic, it was important for the social worker to evaluate the delivery process and ensure that it was consistent with ethical principles.
- 2) The participants considered the biases that might have influenced their decision-making process, including values, individual personalities, propensity for risk, and the potential for dissonance.
- 3) The participants' mental health and well-being were indirectly or directly impacted by the delivery of services provided to the client.
- 4) The participants were capable of completing the decision-making process and became competent with the newly designed changes without proper training to track their training.
- 5) The participants communicated their ethical challenges and experiences as they related to the modification of service delivery.

### **Scope and Delimitations**

This study focused on frontline social workers' perspectives regarding their ethical decision-making processes amid mandatory service delivery modifications during the COVID-19 pandemic in CT. I decided to recruit participants from the Fairfield, New

Haven, and Hartford County NASW chapters, as there was a significant difference in the statuses of the populations served based on the distribution of resources and services to the public. The participants were licensed social workers identified in these catchment areas. Other larger counties in the state had similar demographics. Connecticut had a population of just over 3.5 million; however, in 2019, there were only 10,360 licensed social workers in Connecticut. Given these statistics, it was unfathomable that the 477 social workers in Fairfield, 306 social workers in New Haven, and 537 social workers in Hartford could meet the needs of the population during the pandemic with the changes that were implemented (U.S. Census Bureau, 2019). The study did not include frontline social workers from the other counties within Connecticut, such as Windham, Tolland, and Litchfield, because the research did not show disparities as significant for these populations, as the resources and distribution of protective equipment were more accessible (CT Data Update, 2022). If other researchers could draw conclusions from or apply the findings of this study to different situations or contexts, that would determine how transferable this study was (Creswell & Creswell, 2019). Given the detailed information shared within the study, readers might be able to apply the findings to other circumstances and populations.

### **Limitations**

A potential limitation and barrier to my study was the fact that Connecticut was a large state, and not all frontline social workers encountered the same experiences during the pandemic, given their geographical area. Due to the high infection rates and lockdown rules that varied across Fairfield, New Haven, and Hartford counties, the

recruitment process of frontline social workers in this study could have become challenging. Given this potential barrier, I chose to disseminate flyers describing the intention of my research by contacting local NASW chapters. In addition, frontline social workers were not homogenous in their experiences because there was a wide range of employer types, organizational mandates, and access to benefits such as paid sick leave, and some social workers worked remotely. These differences, along with individual biases and perspectives, could have impacted participant responses and results (Creswell & Creswell, 2019). As a licensed clinical social worker who experienced the role of being a frontline worker during the pandemic, I observed how a lack of resources played a major role in the need to remain focused during the delivery of service with marginalized populations.

### **Significance of the Study**

The significance of this qualitative research was that it filled a gap in the literature. The findings also had the potential to contribute to positive social change within the social work profession. The use of ethics in social work practice signified its global clarity and acceptance as a profession. This, in turn, encouraged informed decisions regarding how to modify the manner in which social services were offered during a crisis. This research may also increase social workers understanding of the internal and external factors that influence ethical decision-making processes and their perspectives regarding the modifications to their policies and procedures (Lwin & Beltran, 2020). The study provided frontline social workers with essential skills for effective decision-making despite modification to service delivery. An extensive search

of the literature revealed no studies related to the perspectives of frontline social workers regarding their ethical decision-making processes in response to the mandatory modifications of the service delivery protocols during the pandemic. The deficiency of literature about frontline social workers and their perspectives on service delivery modifications during COVID-19 made it challenging to address the actual issues that communities encountered. More recently, the disproportionate impact of COVID-19 had been the subject of in-depth discussion, but the magnitude of disproportionality was remarkable as it related to persons in communities of color who often suffered from chronic health conditions that, during this pandemic, were described as “underlying” (Vasquez Reyes, 2020).

These systemic disparities had direct implications for frontline social workers, particularly during crisis situations such as the COVID-19 pandemic. Dickman et al. (2017) explained that although health spending in the United States exceeded that of other developed countries, many individuals remained restricted from accessing care due to “inadequate insurance coverage, high-cost sharing by patients, and geographical barriers” (p. 300). These conditions likely intensified ethical dilemmas for frontline social workers, who were required to meet clients’ needs while navigating resource limitations, inequitable service access, and rapidly changing service delivery protocols.

This study was relevant in that it expanded on how frontline social workers were taught to adhere to high-ethical standards, as outlined in the NASW Code of Ethics. Given this fact, the results might have provided increased awareness of how front-line social workers made ethical decisions regarding service delivery to

disproportionately impacted populations in response to the modification of service delivery, which could have occurred as an outcome of a crisis or other major catastrophic disaster. For decades, periods of crisis tested the structures and safeguards of society. Hence, the COVID-19 pandemic exposed the inequities that were part of the very fabric of human life. These injustices—racism, sexism, classism—exacerbated the impact of the pandemic on vulnerable populations and made the steps taken to advocate for this population even more oppressive. However, the outcome of this study had the potential to positively influence how decisions about service delivery were constructed with the highest ethical standards while keeping the populations' needs at the forefront.

On the other hand, when examining macro issues, such as organizational changes related to crisis protocols, governmental agencies needed to make frequent revisions to the policies and procedures to comply with the rapid changes at the local, state, and federal levels. Hence, if social workers collectively were to play an effective role during the COVID-19 pandemic, other crises, and beyond, then international agencies, governments, professional associations, and employers all had a part to play alongside social workers in implementing the conditions for ethical decision-making practices (Wilson et al., 2020). Research was needed to answer the gap in the literature as it examined how frontline social workers perspectives shaped their ability to make ethical decisions amid mandatory service delivery modifications during a crisis. Further research had the potential to evoke positive social change by impacting on the quality-of-service delivery to communities who disproportionately affected by a crisis. The results from this study could have fostered improvements of human and social

conditions as well as the betterment of society. Such changes could have occurred at many levels, including families, neighborhoods, agencies, and government policies.

### **Summary**

The role of the social worker and frontline professionals was to educate and empower individuals whom they met to create a change in their lifestyles and situations (Walden University, 2020). Positive social change occurred at multiple levels and paradigms. It was known that social change began with ideas, and eventually, individuals started working within their social structures to bring about change.

Chapter 1 played an instrumental role in establishing background on the facets of frontline social workers' frameworks for ethical decision-making amid mandatory service delivery modifications during the COVID-19 pandemic. The headings for Chapter 1 included the scope of the problem, the significance of the research study, and the rationale for the research design. I used Enck's (2014) biomedical ethical decision-making model and the NASW Code of Ethics (2021) as the contextual lens through which the study was framed as I explored frontline social workers' frameworks for ethical decision-making. Keywords relevant to the study were defined to support the exploration of the research questions. Chapter 2 connected the literature to generic qualitative research approach methodologies to examine frontline social workers' frameworks for ethical decision-making.

Chapter 3 provided a deeper understanding of the research design and methodology of the study. Using comparable data, I identified the participants and the instrument I used to collect information. The Research Design, Methodology, Data

Analysis, and Ethical Procedure sections provide offered clarity regarding the use of the specified research methodology. Chapter 4 presented the findings from the thematic analysis of the interpreted data obtained during the semi-structured interview process with frontline social workers. The results validated how modifications within the ethical decision-making process impacted the service delivery protocols and standards set forth for frontline social workers throughout the pandemic. Chapter 5 offered conclusions and recommendations for future research on the ethical decision-making processes for frontline social workers amid modifications to their service delivery protocols in a crisis.

## Chapter 2: Literature Review

### **Introduction**

In this chapter, I explored the viewpoints shared by frontline social workers regarding their ethical decision-making process in response to the modification of the service delivery procedures during the COVID-19 pandemic. Frontline social workers encountered difficult situations while modifying the decision-making process, which was brought on by the pandemic and proved uncontrollable. Unlike any other profession providing services to the community, frontline social workers faced unique challenges. For instance, they needed to create and maintain relationships with individuals in an environment that required social distancing and PPE, which could potentially impede communication (such as non-verbal cues and touch) when assessing risk. These challenges included, but were not limited to, mandatory modifications of service delivery, resource shortages, inadequate technological training, and managerial oversight during crisis situations. Adhering to best social work practices, such as quality patient care, responsive services, and successful outcomes for communities at large, proved difficult for frontline social workers. The social work profession relied on the ethical decision-making process as a guide when providing direct service to clients, especially during crisis situations. The frontline social workers' ethical decision-making process was designed to promote consistency among all social work professionals and enable ethical decision-making within the field.

In the study, emphasis was placed on the ethical decision-making process and the need for cross-disciplinary collaboration to address complex situations and enhance

service delivery. To address complex problems and enhance service delivery, coordination between services was necessary (McIntosh et al., 2021). According to the Council of Social Work Education (CSWE, 2020), social work programs' curricula stated that social workers needed to demonstrate consistency in their ethical judgment, critical thinking, and practical knowledge of the NASW Code of Ethics when providing social services. When social workers first entered employment, organizations hired them because of their profession-specific skills. Ultimately, the modification in the way services were delivered during COVID-19 conflicted with the ethical principles social workers had been trained to uphold, which included the delivery of services to achieve positive outcomes.

In the chapter, I explored the literature regarding front-line social workers' views as they related to their ethical decision-making processes amid mandatory service delivery modifications during the COVID-19 pandemic. I also explored the ethical challenges and areas of controversy surrounding service delivery in the context of the COVID-19 pandemic response with community agencies. Additionally, I examined how social workers perceived changes in ethical decision-making during times of crisis and how they addressed these changes on a professional level, while also meeting the needs of society and providing continuity of care for individuals impacted by the crisis.

### **Literature Search Strategy**

I utilized the Walden University Library to search for literature related to the topic. The initial search included Social Work Abstracts, SAGE Journals, SocINDEX, ERIC, ScienceDirect, EBSCOhost, and CINHALL to locate peer-reviewed journals from

2017 onward using keywords “*social worker*,” “*COVID-19*,” “*ethical decision-making*,” “*public health challenges*,” “*pandemic*,” “*crisis*,” “*Ethics*,” “*service delivery*,” “*modifications/changes*,” and “*social work profession*.” The preliminary keyword search yielded approximately 115 studies; however, some were duplicates and/or unrelated to the topic. A review of the references for each selected article that I discovered provided additional literature to examine. At that point, I had a total of 76 articles that had been reviewed for the study and included in the proposal. Because new research on COVID-19 and its effects continued to emerge, I continued to conduct research for additional articles in 2022 and 2023 as they related and were significant to the topic. In addition, I used the following databases for additional articles: Academic Search Premier, PsycINFO, PsycARTICLES, as well as the Google Scholar search engine to locate future articles. I also identified articles that contained relevant statistical information on the NASW, International Federation of Social Workers (IFSW), and Connecticut Department of Health and Human Services (CTDHHS) websites. The search within the SOCINDEX, revealed a need to contribute to social work knowledge by applying Enck’s (2014) ethical decision-making model in conjunction with the NASW Code of Ethics (2021).

### **Conceptual Framework**

Through the study, I applied Enck’s (2014) biomedical ethical decision-making model, along with the NASW Code of Ethics (2021), to explore the viewpoints shared by frontline social workers regarding their ethical decision-making processes in response to the modification of the service delivery procedures during the COVID-19 pandemic. According to Grant and Osanloo (2014), a paradigm’s elements had to agree with the

overarching theoretical framework basis for it to be considered academically sound. The removal of a child for protection, assessing a client's mental competence, a breach of the Health Insurance Portability and Accountability Act (HIPAA), or a global pandemic could all be considered crises. Regardless of the circumstance, whether an occurrence reached a crisis level depended on the professional's ability to impart sound decision-making skills in a way that produced a positive outcome for the client (Crawford, 2021). For many populations, front-line social workers were considered essential professionals working collaboratively with other agencies within the community to prevent or minimize crisis situations (Crawford, 2021; Murdach, 2009). Social workers tended to bring a different contextual lens to a crisis. The foundation of the social work profession and their assessment skills were rooted in values connected with ethical standards and encompassed crises in their inclusiveness to society, making it distinct from other helping fields (Murdach, 2009).

There were advantages to using an ethics-based point of view, as Edwards and Addae (2015) suggested that by comprehending ethical concerns during practice, front-line social workers enhanced their frame of reference and ameliorated their clinical practice. For this research study, Enck's (2014) biomedical ethical decision-making model was integrated with the NASW Code of Ethics (2021) to explain the significance of the ethical decision-making processes and how they were essential for frontline social workers when dealing with crises. The use of these two frameworks in social work practice could enhance the social worker's decision-making. Although Enck's model was ill-suited for use in a hospital setting, I explored its six-step structure, employing the

principles of information gathering, identification, clarification, assessment, recommendation, and documentation as they related to social work practice. In the implementation of the model's six-step foundation, the following concepts were integral to ethical decision-making: information, identification, clarification, assessment, recommendation, and documentation (Enck's, 2014). The significance of this model in social work practice was that it guided the social worker through the decision-making process to ensure that all pertinent information was received and taken into consideration so that the practitioner could make a sound ethical decision regarding the situation (Enck's, 2014). Ethical decision making was a combination of learned discernment and critical thinking in cases where ethical explanations were not transparent (Varkey, 2020). In some instances, agency policies or appropriate regulations might have contradicted a social worker's moral values. Given this, Enck's model allowed the social worker to rely on a framework to guide them in the process of making ethical decisions. The significance of the NASW Code of Ethics (2021) in social work practice was equally crucial, as it demonstrated the profession's commitment to respecting ethical principles. The standards were implemented by individuals who had good character, were competent in detecting moral issues, and sincerely attempted to make trustworthy decisions (Enck's, 2014).

In Enck's (2014) model, the frontline social worker used the initial step with clients to gather information for the psychosocial history. Through the identification process, the frontline social worker assessed whether the client's initial problem could be resolved or whether it required further oversight from another professional provider. In

the model, clarification allowed the frontline social worker to engage the individual in a meaningful conversation to uncover any potential ethical issues that might have arisen before rendering a decision (Enck's, 2014).

At the next stage, frontline social workers conducted assessments to ascertain the situation. During the assessment process, the frontline social worker needed to be cognizant of how the NASW Code of Ethics (2021) provided a roadmap in the ethical decision-making, regardless of the outcome. For example, social workers used the Code of Ethics to guide their standard of behavior when working with individuals, helping them answer the question: *Were we acting in the best interests of those we served?* Once the assessment step was completed, the frontline social worker could offer recommendations to the client for further services or treatment (NASW, 2021). Ultimately, frontline social workers utilized the documentation to record pertinent information, aiding in determining whether a final decision could be made regarding any ethical concerns. Ethical decision-making models that incorporated multiple theoretical foundations allowed professionals to include different perspectives when making decisions.

The NASW Code of Ethics (2021), identifies six core values on which their code of ethics is founded and are used as a guide for social work professions in their work:

- *Service*: Assist people with issues of poverty and social problems.
- *Social justice*: Challenge social injustices and advocate for social change on behalf of the vulnerable and oppressed.

- *Dignity and worth of a person*: Respect all people and be mindful of cultural and ethnic diversity.
- *Importance of personal relationships*: Recognize and appreciate the importance of personal relationships and aspire to reinforce those relationships to enhance the well-being of society.
- *Integrity*: Hold a value of trustworthiness, and uphold the mission, values, ethical standards of the code.
- *Competence*: The ability to practice in the field with confidence, consistently developing professional capabilities and expertise in the profession.

Social workers applied these principles across diverse practice settings, reflecting the profession's commitment to serving individuals, families, groups, organizations, and communities. In doing so, social workers frequently collaborated with interdisciplinary professionals to support client-centered change at multiple levels of practice. This included providing direct services and interventions with individuals and families (*micro practice*), strengthening group and community resources through coordinated supports (*mezzo practice*), and advocating for systemic change through policy development and reform at the local, state, and federal levels (*macro practice*) to promote a broader social impact (Wilson et al., 2020).

### **NASW Code of Ethics**

Social workers faced many ethical challenges prior to the development of the NASW Code of Ethics (2021). Since the NASW was founded in 1955, social workers

had been examining the morals of their clients. The code of conduct was developed as a guide to improve ethical principles. Professional judgment, rules of good conduct in society, and moral standards were the core values of the NASW Code of Ethics. The most recent interpretation of the NASW Code of Ethics encompassed the requirements set forth in the 2021-2024 Delegate Assembly Handbook as the standard by which the profession was governed. The version at that time included principles related to social workers' limitations and dual relationships. This significant change occurred after 1996 because it reflected a broader understanding of ethical issues that were not conveyed in the original doctrine and introduced the importance of self-care (NASW, 2021). These changes allowed frontline social workers to have a greater awareness when working with people during a crisis.

Before the implementation of the NASW Code of Ethics in 2021, social workers had relied on their instincts when they contemplated critical decision-making. However, the NASW Code of Ethics reshaped social work perspectives and helped the profession gain recognition as a legitimate professional body (NASW, 2021). More specifically, the NASW offered an explanation for social workers' initial reservations about the morality of their profession in 1955. It developed a Code of Ethics to guide the profession and strengthen ethical standards (NASW, 2021).

However, there were instances in which the NASW Code of Ethics (2021) did not align with an agency's formal policies, resulting in ethical dilemmas for the social worker. For example, although it was a client's right to refuse care as noted in the guiding principles; the social worker had to assess whether this refusal could place the

client in further jeopardy and ensure they were aware of all possible consequences. In these circumstances, social workers sometimes relied on subjective decision-making (NASW, 2021). The ability to make sound decisions while applying critical thinking skills, knowledge, and training was referred to as using good clinical judgment (NASW, 2021).

Pugh (2017) stated that social workers took a chance when making ethical decisions from an emotional standpoint, as the outcome could produce liability for their practice, agency, and society. In many organizations, social workers referred to agency policies, procedures, and protocols when making critical decisions. Protocols were designed to alleviate risk to the agency and guide workplace practice (Crisp, 2021). However, protocols could restrict a social worker's creativity in addressing a client's needs as the agency's policies might take precedence (Banks et al., 2020). Social workers were accountable to the regulatory nonprofit organization, the Association of Social Work Boards, and were required to uphold professional standards (NASW, 2021). Issues could arise during complex situations, which made the decision-making process difficult in making the appropriate choices (Lidskog & Sjodin, 2015; McIntosh et al., 2021).

### **Ethics and Practice**

Utilizing an ethics-based perspective had advantages, as Edwards and Addae (2015) noted that by comprehending ethical dilemmas in practice, social workers could improve their clinical practice and opinions. The populations that the practitioner served were reassured by this paradigm because it allowed them to hold practitioners accountable if they did not deliver reliable, moral care (NASW, 2021). The ethical

framework was built around a commitment to the client's well-being. Practitioners had to possess good character in discerning moral questions and, in good faith, sought to make reliable ethical judgments in applying principals and standards (NASW, 2021).

According to Beauchamp and Childress (2012), normative ethics was the study of ethical behavior and constituted the aspect of philosophy that focused on issues relevant to what an individual should do in a moral context. Similar rules applied to social work ethics (Reamer, 2013a). The approach provided guidance in the ethical decision-making process and was commonly used in complicated circumstances (O'Sullivan, 2010; Pugh, 2017; Reamer, 2013a).

Social workers accepted differences and ethical diversities by drawing upon the principles and the vast foundations of philosophy and ethics (Bachman, 2009; Reamer, 2013; Reynolds, 2006). A common morality was what Beauchamp and Childress (2012) alluded to as a set of universal ethical principles that everyone shared, independent of subjective opinions or societal cultural background. This model's deficiencies in terms of social work ethics education could be ascribed to inadequacies with the NASW Code of Ethics, which impeded practitioners from the use of specific and deliberate ethical reasoning processes. To address these issues, social work ethics education needed to be enhanced and strengthened (Crisp et al., 2021).

The primary concern was that social workers might have allowed their personal beliefs and views to interfere with the application and adherence to professional ethics, rather than utilizing professional standards (Miller & Lee, 2020; Nicholas et al., 2023; Rawles, 2016). This was attributed to the fact that, in almost every ethical dilemma,

problem, or issue, our instinctive propensity was to respond emotionally (Congress, 2000; Rhodes, 1991; Silverman et al., 2017), a fact that was not often addressed in ethical texts or ethical education.

It was crucial for social workers and other professionals to protect vulnerable populations with confidence and ethical standards, as crises became more severe and frequent (Lwin & Beltrano, 2020). The approach of ethics required global attention. For social workers, their commitment to clients and the social work profession could sometimes compete with workplace standards when they were mitigating a crisis.

### **Literature Review Related to Key Variables and/or Concepts**

#### **Evolution of Social Work Ethics**

Only a limited amount of the history and development underlying our current involvement with social work ethics was experienced firsthand by me. Although values and ethics remained a central theme in the profession, social workers' perceptions of these principles and how they governed practice evolved throughout time (Reamer, 2013a). Five important phases existed in the development of social work ethics and values: the morality era, the values period, the ethical theory and decision-making phase, the ethical standards and risk management phase, and most recently, the digital phase (Reamer, 2013a). For the purposes of this study, I discussed how the morality era and values and ethics formed the foundation for the social work profession as they related to the decision-making process in the modifications in service delivery.

This emphasis is especially relevant to ethical practice, as social workers are expected to evaluate both personal needs and systemic influences when supporting

clients. The NASW (2021) affirmed that the profession's historical and distinguishing characteristic had been its emphasis on societal and individual well-being in social contexts. Social work practice was intricately and unavoidably involved in moral and ethical controversies (Crawford, 2021; Edwards & Addae, 2015; Frunză & Sandu, 2017), as values and ethics always held a central place in social work (Reamer, 2013a). Concurrently, as with all historically situated ethics, social work's professional values and ethics were sensitive to political, economic, social, and cultural influences (Frunză & Sandu, 2017). This implied that, for the sake of advancement, social workers needed to take a proactive stance in ethical practice rather than simply react to social, cultural, and legal events (Reamer, 1992; Rhodes, 1991). It also meant that solidarity in the social work profession had to maintain its unique attention on personal, professional, and social values and value conflicts (Clark, 2012; Silverman, 2017). This researcher chose to use Enck's (2014) biomedical model and the NASW Code of Ethics (2021) to fully understand what had guided the social work practice for front-line social workers who were directly involved in the crises when making ethical decisions amid mandatory service delivery modifications during the COVID-19 pandemic.

Extensive research revealed that ethical decision-making during crisis situations was not a practiced model used by other professions to guide their decisions (Taylor & Whittaker, 2018). During the pandemic, crises became increasingly complex, and it was imperative for social workers to be equipped to address multiple social facets within society (Taylor & Whitaker, 2018). For social workers, it was important to anticipate the potential impacts before they unfolded, as they were the front-line professionals

responding to the needs of the population. As a result, social workers faced dilemmas that conflicted with workplace standards when making ethical decisions on behalf of the clients they served. During the COVID-19 pandemic, the world spun out of control, and the social work profession found itself on the frontlines, responding to the outcries of society, particularly the marginalized populations who lacked a voice. In a study conducted by Weinberg (2021), ethical dilemmas faced by social workers during the pandemic were surveyed. The study revealed that COVID-19 and the measures taken to control its spread disrupted the direct service delivery and responsibilities that these professionals typically carried out. Redondo-Sama et al. (2020) also conducted a study that, when considering the effects of the COVID-19 pandemic, allowed conclusions to be viewed through the lens of moral anguish. Moral distress occurred within social work practice, manifesting in situations where individuals defied their better judgment due to internal or external limitations (Holmes et al., 2021). For social workers, acting against their moral convictions and disregarding their principles put their ability to practice with integrity at risk (Flanagan, 2019).

In their studies, Massey and Larsen (2006) and Lidskog and Sjödin (2015) noted that a crisis responses needed to be moved beyond conventional response models and become personalized due to the unique nature of each crisis and the circumstances surrounding the problem. It was imperative that social work professionals received formal training that covered a wide range of scenarios, as the term “crisis” was ambiguous. Organizations also had to take into account both formal regulations and the

workers' experiential knowledge when determining modifications to service delivery, as per Hybye-Mortensen (2013) and Smith (2014).

According to Keinemans and Kanne (2013), organizations did not embrace the NASW Code of Ethics (2021) when addressing moral dilemmas. Chase (2015) discussed how applying the NASW Code of Ethics (2021) to make decisions when you did not have enough information about a crisis could lead to conflicts in social work practice. Chase (2015) argued that when frontline social workers utilized this doctrine instead of relying on illicit emotions, they responded in an expeditious manner, even though many uncertainties existed. As such, there was not enough information to accurately apply the ethical framework to decision-making. Instead, they had to rely on their instincts.

More significantly, Taylor (2017) proposed the use of heuristic models because they found that this approach allowed professionals to solve problems and make sound judgments more methodologically during a crisis. The heuristic model stated that social workers made choices based on what felt right at the time, such as removing a child from a situation where they might have been in danger until further information was acquired to validate their ethical decision.

Koggel and Orme (2013) suggested that care ethics had been profoundly acknowledged in the field of social work, as the attitudes and beliefs of professionals varied greatly. However, there were few studies that addressed how practitioners used judgments of care and justice in ethically complex situations (Barnes, 2011; Gregory, 2011). It was further argued that while care-based ethical decision-making was a primitive but undervalued form of social workers' professional preference, it still

required further research. The social workers' Code of Ethics confirmed that they were culpable to society (clients, colleagues, employees, and laws), and these culpabilities could conflict and be perceived as efforts to minimize harm to individuals.

Osmo and Landau (2001) suggested that a framework for resolving ethical dilemmas in social work needed to permit continuous discussion and rationalization. They asserted that perhaps the more useful question to ask when determining an ethical dilemma was "what should not be," rather than remaining preoccupied solely with what should be. Antle (2005) described this process in the model outlining the components of ethical practices that were valued by the social work profession in collaborating with clients. Social workers were strongly advised to use this model when working in crisis situations, as it promoted critical thinking and observations. Chenoweth and McAuliffe (2005) observed that despite the strengths of ethical decision-making frameworks, ethical problems often disguised themselves as other issues. Problem solving was never a structured, linear process of decision-making; people were not always available for advice, and even when they were, the advice was not always good; clients frequently did not understand the circumstances; and there was always a chance of unintended or unexpected outcomes (Chenoweth & McAuliffe, 2005). In summary, the literature supported that idea that this capstone study could explore how the NASW Code of Ethics (2021) coupled with Enck's (2014) biomedical ethical decision-making model would assist social work practice in managing a crisis with efficiency and confidence.

## **Challenges Faced by Front-Line Social Workers**

Healthcare workers encountered obstacles related to the changes in service delivery during the COVID-19 pandemic, which affected the way in which social workers advocated for vulnerable populations to meet their basic needs. Ashcroft (2022) observed in the article, “*The Impact of the COVID-19 Pandemic on Social Workers at the Frontline: A Survey of Canadian Social Workers*,” that social workers needed to revise and reconsider their social work practices and procedures when advocating for families to meet their most basic needs. No longer could social workers rely on families utilizing food pantries and health care facilities, as their basic resources to obtain these necessities were modified, due to the risk of exposure. Despite using their competency skills and knowledge to maneuver through the pandemic, social workers needed to learn how to integrate virtual technology effectively and ethically into their practice (Miller & Lee, 2020). The COVID-19 crisis compelled social workers to quickly adapt to changes without jeopardizing their ethical beliefs and values. The pandemic impacted the ways in which the community reacted to crises by implementing crisis action plans for future issues (Miller & Lee, 2020).

## **Physical and Psychological Exhaustion**

The present-day health dilemma emerged from the COVID-19 epidemic increased the stress and anxiety levels of healthcare professionals, especially front-line social workers. In the article titled, *The COVID-19 Pandemic as a Scenario for Analysis*, Martínez-López (2021) observed that during the initial phase of the pandemic, social workers conducted crisis intervention to ensure that the families they served had the

essentials, rather than focusing solely on preventative work. However, this level of intervention was carried out while they dealt with their own unaddressed fears and anxieties. Despite their daily, often unnoticed efforts to meet people needs, leadership failed to address the mounting burnout experienced by these professionals.

Subsequently, this behavior continued to manifest exhaustion, and fatigue, or vicarious trauma (Oakman et al., 2020). It became evident that the impact of this pandemic traumatized social workers, and its devastation would remain unknown for several years. However, what was crucial was the way leadership addressed the effects on the mental and physical health of their employees and worked to improve communication in order to mitigate secondary negative effects. As a result of the COVID-19 pandemic, it was imperative for frontline social workers to utilize ethical decision-making procedures to address the demanding issues that resulted in an increase in workloads (Oakman et al., 2020).

### **Core Concepts of Ethical Decision-Making**

Enck's (2014) identified six steps for ethical decision-making in his framework model. The framework began with *information gathering*, which involved obtaining detailed information regarding the client's medical and social history. Mental or physical diagnoses, prognosis, goals of care, treatment plan, medications, and primary and consulting services were considered. *Identification* was the next step, during which ethical, institutional, or societal issues were assessed to better address the services being used (Enck's, 2014). Additional clarification was prompted by ongoing evaluation. At this stage, the social worker and other members of the team had relevant

information about the situation, Enck's (2014) described the clarification step as an essential part of the ethical framework, as it was the phase in which questions within the information were framed as ethical questions. The process then moved towards the final steps of Enck's ethical decision-making paradigm. *Assessment* involved determining whether the ethical decisions made were appropriate and aligned with the client's best interests. In this step, practitioners took into consideration a multitude of factors such as safety indicators, the client's strengths, needs, interests, values, and general quality of life, especially in relation to the client's autonomy (Enck, 2014). A formal *recommendation* and *documentation* in the client's record marked the end of the assessment. This documentation includes team comments, recommendations, concerns about ethical challenges or issues, and any ideas or feedback on the actual decision-making process (Enck, 2014).

### **Decision-Making and Ethical Dissension in Social Work Practice**

The literature related to decision-making revealed situational variables that social workers face when deciding ways to mitigate a crisis, such as personal well-being, moral/ethical dilemmas, and uncertainty in decisions (Sobelman & Younggren, 2016). Greenslade (2015) suggested that social workers who experienced inadequate support from superiors tended to struggle with making sound decisions, thus impacting their perception of well-being. Graham and Shier (2013) noted other issues that notably prevent social workers' decision-making capabilities, including social workers experiencing moral and ethical conflicts while making decisions without using the NASW Code of Ethics (2021). In other words, social workers struggled when agency

formal rules conflicted with professional ethics. Ethical dissension constituted an ethical dilemma.

Ethical decision-making was crucial within the social work profession. Social workers faced daily ethical dilemmas that demanded careful consideration and critical thinking. A moral dilemma involved choosing between two actions based on competing ethical ideals; both options could have been morally justifiable and acceptable from the practitioner's perspective (NASW, 2021). These choices were often valid and potentially beneficial. Social workers found themselves in difficult situations due to this uncertainty (Schippers and Rus, 2021). When social workers encountered ethical dilemmas in the course of their professional practice, it was essential for them to review and reflect on the NASW Code of Ethics (2021) and Guidelines for Ethical Practice (2005). Additional tools and resources that supported ethical decision-making included consultations with superiors, review of best practices and relevant standards, and seeking ethical consultations. Ethical dilemmas in social work practice were rarely resolved (Graham & Shier, 2013).

Ethical dissent, on the other hand, was an action taken through an individual's personal choice in social work practice. In many social work settings, this was known as a form of "whistleblowing," as the social worker was aware of actions, policies, or procedures that were in place but caused a negative impact on individuals who needed services (Graham & Shier, 2013). Usually, when brought to the attention of management, it could be easily rectified; however, there were times when these matters had to be addressed more judiciously. The process of ethical decision-making during a crisis

became more focused and required the social worker to use their knowledge and skills in addressing the initial physical and psychological concerns of the person during the crisis. After the crisis was resolved, the social worker could address secondary and tertiary issues affecting the individuals.

### **Decision Making Procedures**

A crucial point of this study was the ethical decision-making processes used in the field of social work by frontline professionals. When making an ethical decisions in practice situations, social workers first acknowledged conflicting values, obligations, and principles that emerged due the modifications in service delivery (Schippers & Rus, 2021). The second stage, after recognizing the ethical problem, involved understanding the methods used within the social work profession to determine whether a problem existed, which could involve identifying multiple possible solutions while assessing the ethical issues present (Schippers & Rus., 2021). The resolution procedure used to facilitate ethical outcomes constituted the third step in the ethical decision-making process (De Dreu et al., 2008). Social workers addressed ethical conundrums in a variety of ways as part of the resolution process. One approach involved examining the ethical facts, identifying potential courses of action, applying ethical theory and principles, and considering the effects of various resolution options in order to determine the most appropriate course of action (Proctor, 2017; Rawles, 2016). The conceptual framework for this study was provided by an understanding of how practitioners recognized the existence of an ethical issue and determined how to resolve it.

The importance of decision-making procedures was to provide guidance to front-line social workers in making effective decisions on behalf of the individuals they served. Although most informed judgments were made using a collaborative approach, there were times in crisis situations when front-line social workers had to make decisions based on the knowledge available at that point in time (Banks, 2019). This initial step in decision-making was grounded in understanding and ultimately served as an important framework utilized by frontline social workers when constructing service delivery decisions while seeking to comply with the procedures set forth by the agencies (Greenslade et al., 2015).

Greenslade (2015) asserted that this knowledge-based decision-making process had been identified as a barrier when differences emerged across professions regarding service delivery and outcomes related to clients' experiences. This was also evident during interdisciplinary differences when collaborating on a client's behalf. Social workers learned this method through practice (Banks, 2019). Here, clinical insight and strong therapeutic partnerships were developed through challenging circumstances. Clinicians relied on their "gut instincts" while performing assessments based on face-to-face interviews or direct observations (Sicora, 2021).

### **Perception of the Modifications In Service Delivery**

The significance of this study was to address the perspectives and ethical decision-making of social workers when working with vulnerable populations. Cooper (2018) suggested that when social workers expanded their critical thinking skills and practice beyond the immediate requirements of their clients to whom they served, they

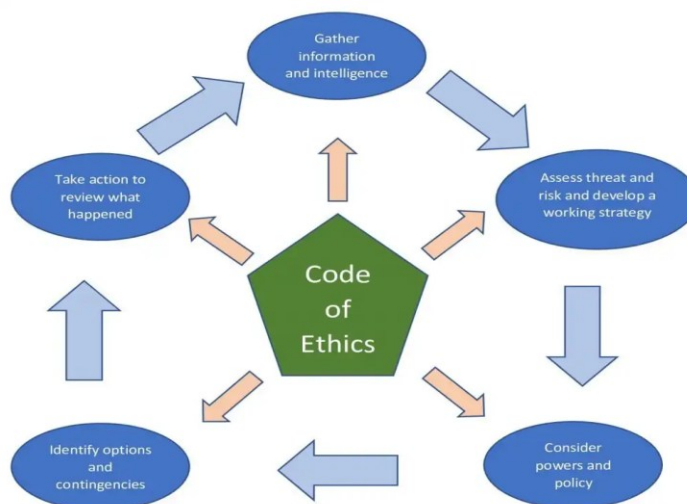
obtained a sense of fulfillment. Given these facts, social workers frequently encountered constraints due to modifications in service delivery resulting from the onset of COVID-19 (Cooper et al., 2018). Social workers felt uneasy about having to rely on the virtual contact rather than face-to-face interaction. The key challenge was ensuring that the therapeutic alliance remained intact. Social workers reported feeling overwhelmed during the transition to the virtual environment. They also described the initial impact of using the computers as the platform for assessing and addressing client risk factors (Cooper et al., 2018).

Consistence in decision-making could have also benefited from standardized assessment methods and agency regulations (Cottone, 2012). However, estimating risk was challenging and complex, and there was no assurance that the evaluation would be accurate (Crisp & Moulding, 2021). Additionally, there was no proof that using the assessment's results to guide decisions would lower the level of risk to individuals and families (Wilson et al., 2020). Studies showed that evaluation tools often focused on a specific event or incident in the client's life, failing to identify chronic issues that were the root cause of the client's struggle (Platt, 2008). Congress (2000) suggested that social workers could also use the Ethics Model of Decision-Making (ETHIC) when facing ethical decisions in crisis situations. This model has been frequently utilized by practitioners when resolving ethical dilemmas and conflicts. The five-step process included closely *evaluating* the identified dilemma, *thinking ahead* (preparing for future situations and outcomes) for the next response, being receptive in receiving help and assistance from specialists or experts in the field, contemplating pertinent *information*

(i.e., literature and mandates from outside resources), and lastly, calculating all practical risks that the practitioner could be exposed to, such as liability (Ling & Hauck, 2017). In essence, the ethics model focused on maintaining and securing relationships through responding and meeting the needs of individuals, while the ethic of justice entailed maintaining equity and fairness through application and standards for the clients that were served (Gilligan & Attanucci, 1988; Lyons 1983). Competitive demands often created issues, such as whether self-determination obligations came first or if it was ever appropriate to reveal confidential information (Mattison, 2000). However, the perception for frontline social workers of the modifications in service delivery was that the assessment tool in and of itself could encourage mistakes improperly.

**Figure 1**

*ETHIC – Ethical Model of Decision-Making*



### **The Use of Professional Experience in Ethical Decision-Making**

In social work, objective knowledge could only go so far; secondary forms of experiential knowledge instead drew on the social worker's experience to create cultural,

practical, and practice knowledge (Munro, 2018). Social workers filtered each scenario through their own thought processes, which was influenced by prior experience. Through this process, social workers gathered pertinent data, identified meaningful patterns, and validated the person's view of the outside world (Munro, 2018).

The use of professional experience in decision-making was also identified as an important finding in a study on child welfare workers, according to Parada, Barnoff, and Coleman's 2007 analysis. The researchers noted that decision-making in this field required the use of assessment tools and adherence to exacting criteria. They found that employees with less professional expertise were less likely to adhere to protocols as strictly as those with greater experience in the field. For fear of making a mistake, new employees reverently followed protocols. Furthermore, Parada et al. (2007) argued that the relationship between modifications in service delivery and the work environment in which social workers operated was particularly important.

### **The Morality Period**

When social work was formally established as a profession in the late nineteenth century, the first stage of the morality period began to unfold. During this time, the morality of the client became considerably more important to social work than the morality or ethics of the field or its practitioners. The profession's primary goals were to coordinate relief efforts and combat starvation and poverty (Reamer, 1992). This concern often manifested in benevolent efforts to improve the moral character or decency of the impoverished whose "wayward" lives had taken control of them. Throughout the 1930s, the number of social workers in the profession increased, ranging from about 30,000 to

over 60,000 positions. The practice of social work underwent a significant transformation because of the increase in jobs, shifting from clinical responsibility and private agency settings to public agencies and social activism (McNutt, 2008).

### **The Values Period**

In the late 19th century, social work was formally established as a profession. During that time, social workers were concerned about the morality and values of their clients, and later, they focused on the ethics of the profession (NASW, 2021). According to the Code of Ethics for Professional Workers published by the National Association of Social Workers (NASW) in 2021, social workers had an obligation to advance social work practice through research and analysis. The research question identified allowed us to understand social workers' perceptions of the modification of service delivery during COVID-19 in Connecticut, using the NASW Code of Ethics framework.

The NASW Code of Ethics (2021) acknowledged the value of competency, as it aimed to enhance social work practice by assisting practitioners in understanding the ethical foundation for decision-making while collaborating with clients in crisis. Consequently, the Code of Ethics guided decision-making processes by articulating the social worker's obligation to their clients' autonomy and self-determination.

### **National Association of Social Work Code of Ethics: Do No Harm**

The agency's policies and procedures dictated how social workers needed to address crises, but the procedure did not always resolve the ethical dilemmas social workers faced (Harrington & Dolgoff, 2008; Proctor, 2017). For social workers, ethics, risk reduction, critical thinking, and empowerment were standards for the profession.

Although the NASW Code of Ethics (2021) prescribed best practices, its use in practice did not absolve accountability. Accountability took various forms for social workers and agencies (Chenoweth, 2005; Greenslade et al., 2015). Social workers not only gave thought to the risk to clients and agencies but also their professional employment. During a crisis, social workers had to make swift decisions to manage crises and rapidly restore a sense of normalcy for all parties involved (O’Sullivan, 1999). Unfortunately, social workers in the midst of a crisis often faced uncertain decisions (Lidskog & Sjokin, 2015). Since the late 1970s, social workers’ interest in professional ethics and values has grown significantly. Practitioners then possessed an unusually deep understanding of the challenging issues related to personal and professional values, moral choices, and service delivery (Taylor & Whittaker, 2018). Since the inception of social work in the nineteenth century, ethical ideas, conceptions, decision-making procedures, and related legal norms had undergone significant changes (Chamsi-Pasha et al., 2020).

Based on additional research by Boland-Prom and Anderson (2005), the National Association for Social Workers recognized that dual partnerships could be an element of excellent social work practice when it adopted the Code of Ethics in 2008. However, it was discovered that more work needed to be done to educate students about how to make ethical decisions in complex situations and how to evaluate and manage crisis situations ethically (Boland-Prom & Anderson, 2005).

### **Summary and Conclusions**

The extensive literature review commenced with studies that focused on social workers employed by social service agencies in Connecticut during the pandemic. These

workers were directly impacted by the modification to their service delivery tools, which compromised their ethical decision-making procedures for the vulnerable populations they served. Previous researchers investigated the maladaptive behaviors experienced by frontline workers and how these behaviors significantly affected their ability to address the disproportionalities and disparities faced by marginalized individuals during crises (Greenslade et al., 2015). Marginalized populations, including those excluded due to ethnicity, gender identity, sexual orientation, age, physical ability, language, and/or immigration status, were not fully integrated into mainstream social, economic, educational, or cultural life. The unequal power between social groups resulted in marginalization (Wurtz et al., 2022).

The continued review of relevant literature included studies on COVID-19 and its impact on social workers, with multiple changes in the delivery of services. Additionally, the behavioral and emotional impact of front-line social workers during this modification was outlined through conceptual frameworks. The literature review suggested that front-line social workers were integral parts of society and played major roles in implementing thorough decision-making processes related to service delivery changes. Over the past decades, the role of frontline social workers and their responsibilities had dramatically changed. This study opened a discussion among frontline social work professionals, agencies, organizations, and practitioners who worked with vulnerable populations. It emphasized how critical service delivery modifications are and highlighted the importance for those in authoritative positions to understand what defines an ethical

decision in a crisis (Frunză & Sandu, 2017). In Chapter 3, I presented an overview of the research methodology for the current study.

## Chapter 3: Research Method

### **Introduction**

The purpose of this generic qualitative study was to explore the viewpoints shared by frontline social workers regarding their ethical decision-making process in response to the modification of the service delivery procedures during the COVID-19 pandemic. In Chapter 3, I provided a comprehensive outline of how the research was conducted in an ethically sensitive manner following recognized research methods. The following areas were addressed in detail: research design and rationale, sampling, data collection and instruments, my role as a researcher, methodology, participant selection logic, instrumentation, and procedures. This chapter also included the plan for data analysis, issues of trustworthiness, and ethical procedures.

### **Research Design and Rationale**

The problem addressed in this research was to explore through a generic qualitative research approach methodology the viewpoints shared by frontline social workers regarding their ethical decision-making process in response to the modification of the service delivery procedures during the COVID-19 pandemic. The research questions were: RQ1: What were the perspectives of frontline Connecticut social workers regarding their ethical decision-making processes in response to the mandatory modifications of the service delivery protocol during COVID-19 in Connecticut, RQ2: What components of Enck's ethical decision-making model did these social workers utilize to communicate how their ethical decision-making was impacted in response to the mandatory modifications service delivery protocol during COVID-19, and RQ3:

What were the barriers to the decision-making process that impacted frontline social workers ability to employ the components of the Enck's ethical decision-making model as it relates to the mandatory modifications service delivery protocol during COVID-19? The generic qualitative research approach methodology proved to be the best design for answering these research questions because the design facilitated the exploration of human phenomena and participants' first-hand experiences without methodological constraints (Creswell & Creswell, 2018). Despite the lack of a unique design, the generic qualitative research approach methodology allowed the researcher the ability to view the lives of the participants through their lens in utilizing the ethical decision-making processes and modifications in service delivery during COVID-19 pandemic in CT. This method afforded the researcher the opportunity to assess the participants' views as constructs of their lives and outcomes and gave meaning to their experiences.

The chosen research design excluded philosophical presumptions and allowed for flexibility in building on ideas, concepts, and practices from earlier research (Kahlke, 2018). For example, the subcategories of the generic qualitative research approach methodology used in this study were interpretive and descriptive. The interpretive approach enabled the researcher to develop research questions from practice, providing theoretically sound evidence for that setting (Kahlke, 2018). The research applied the narratives from the interview questions regarding the participants' expertise and skill-set in their ethical decision-making capabilities regarding the modifications in service delivery.

The descriptive approach allowed the researcher to observe the phenomenon of the study and minimize any inferences to protect the purity of the data (Kahlke, 2018). This was the design most often chosen when the researcher sought accurate information about the population or situation being studied. For instance, the frontline social workers' perception of the vulnerable populations they served might have been that "all people are created equal and are seen as equal in the eyes of the law." Hence, modifying the ethical decision-making process in service delivery required an equal playing field for all persons regardless of their ethnic background or financial status (Kahlke, 2018).

### **Role of the Researcher**

My role as a researcher was to recruit, select, and interview participants; manage interview transcripts; and complete the analysis and interpretation of the collected data for this study. After selecting participants, I scheduled interviews with selected participants based on their availability. I reviewed the informed consent form and answered any participant questions prior to the interviews. I ensured that there were no issues regarding personal or professional relationships and was prepared to manage any issues that might develop or arise. For example, as the researcher, I avoided biases and self-deception within the study by keeping my promises and agreements with the participants, while acting sincerely and remaining consistent. The researcher served as the instrument in this qualitative study (Ravitch & Carl, 2019). As the researcher, I ensured that biases did not produce inconclusive outcomes and unstable problems to avoid compromising the study's validity. To address the potential biases, I remained objective and intentional when analyzing methods and procedures. For instance, I used

reflective journaling, reviewed findings with the participants, and acknowledged the study's limitations and assumptions (Creswell & Creswell, 2018). I also utilized an interpretive approach, which required iterative data gathering, thematic analysis, and descriptions of the participants' subjective opinions (Ravitch & Carl, 2019).

Worldviews, experiences, and beliefs played a crucial role in ethical decision-making and the modification of service delivery. Researchers needed to be cognizant of these additional ethical concerns, as they could have an adverse impact on the research process. Culture, religion, education, and personal convictions were just a few of the many influences that could shape an individual's experience and values. These factors potentially impacted how participants approached modification in service delivery when making ethical decisions during the COVID-19 pandemic.

As a researcher with a background in social work, I potentially approached a scenario that required ethical decision-making from the perspective of social justice rather than using the universal standards set forth in the Code of Ethics (NASW, 2021). This different perspective could have resulted in different conclusions about what constitutes ethical behavior in the modification of service delivery during the pandemic. When researching ethical decision-making and modifications to service delivery, it is critical for researchers to be conscious of their own experiences and values. This awareness could have helped researchers identify potential biases and ensure that their research was conducted in an objective and unbiased manner.

Furthermore, it was essential for me to ensure that the participants during the interview received all pertinent information and that everything was documented

accordingly. This could be verified by asking the participants to summarize their responses to guarantee that the notes were accurate. It was imperative during the study process that I preserved objectivity, exercised integrity, and adhered to ethical principles and rules when conducting ethical decision-making during the interview process (Sutton, 2015). Given the fact that I was also a member of the Local Fairfield County NASW chapter as well as a former recruitment officer, the participants could have viewed my professional position as an authoritative divergence. Participants may have felt as if they had to comply or participate solely due to my role with the organization. I ensured that my role did not sway the participants' preference in participating in the study by advising them that it was their choice to participate. I also informed them that they could withdraw from the study at any point they chose to do so. Additionally, I recruited participants by sending an email requests to social workers who were members of the Local Fairfield, New Haven, and Hartford Counties NASW chapters and met the sampling criteria. The participants did not have to make the decision to participate 'on the spot' in front of me after I had asked about their interest in the study. Instead, they had the option to contact me if they were interested, in order to prevent any problems that could arise during the research process and data analysis. Social workers had a duty to treat all of their clients with respect, irrespective of their circumstances or socioeconomic status. They embraced the NASW Code of Ethics by advocating for social justice, speaking out for those without a voice, and enhancing the quality of life for both individuals and communities.

## **Methodology**

For the purposes of the research study, I initiated research in accordance with the Center for Disease Control guidelines and state mandates, which assisted in developing the criteria for participants who were chosen for this study. Consequently, I conducted the interviews using a virtual Zoom or Teams platform. The virtual interviews were conducted via video conference with front-line social work professionals from Fairfield, New Haven, and Hartford County areas. Enck's biomedical ethical decision-making model and the NASW Code of Ethics (2021) grounded the study.

### **Participant Selection Logic**

The identified population consisted of frontline social workers who resided in Fairfield, New Haven, and Hartford Counties in the State of Connecticut. The participants were licensed social workers from diverse backgrounds who had been employed with a social service agency for at least three years and had no more than 10 years of experience. Additionally, these workers had frontline experience in working with marginalized populations during the COVID-19 pandemic. To maintain transparency, I requested that all participants provide a copy of their license credentials. For this research study, I recruited 15-20 licensed social workers, or until saturation was met from the local NASW chapters in the designated counties (Patton, 2015). Purposive sampling was appropriate for generic qualitative research to ensure that the collected data aligned with the research question (Kahlke, 2018). Since this study sought to understand the ethical decision-making frameworks of frontline social workers who had personal experience providing direct services to vulnerable populations during COVID-19, purposive

sampling was appropriate for choosing participants based on experience rather than population (Bullard, 2022).

The data collection method for this study involved semi-structured interviews, which were conducted until the data became repetitive, and no new themes emerged, thereby indicating data saturation (Kahlke, 2018). The sample size used in this study was limited to 15-20 participants, since most qualitative research studies typically involved about 25 participants. This identified number was considered valid to reach saturation (Mason, 2010). The goal of the study was to recruit 15 participants.

### **Instrumentation**

As the researcher, I was considered the primary instrument. Other instruments that were included were a digital tape recording and a researcher-produced interview guide. The semi-structured interviews in this study included precise information that was shared by all parties and questions with different meanings (Rubin & Rubin, 2012). During the interview process, I closely observed the participants and asked open-ended questions to obtain sufficient information. Additionally, I made mental notes throughout the interview and went back to elaborate or omit biased information, as well as conversing with participants regarding the topic (Ravitch & Carl, 2019). The various instruments that I found beneficial for the study were semi-structured interviews and direct observations of the participants in their own settings (Ravitch & Carl, 2019). These instruments were commonly used in social and healthcare research, as researchers conducted in-person or telephone interviews and focus groups to collect their data. During the interviews, I reviewed with the respondents how they made informed

decisions in alignment with Enck's six-step process while adhering to the NASW's Code of Ethics.

### **Procedures for Recruitment, Participation, and Data Collection**

For the purposes of the research study, I contacted local presidents of the National Association of Social Worker "NASW" chapters in Fairfield, New Haven, and Hartford Counties to assist with recruiting participants. However, this was challenging due to the distances between each county and the time constraints faced by the participants. Initially, I sent out a written email explaining the criteria, purpose, and nature of my research study, along with instructions on how the participants could contact me. Furthermore, I distributed flyers to the attention of the local chapter Presidents and the National Association of Social Workers (NASW) in Fairfield, New Haven, and Hartford Counties. Additionally, I wrote letters to colleagues with whom I am acquainted, and who met the criteria set forth by the study. Upon receiving contact from the participants, I conducted a brief screening via telephone, Zoom, and Teams platforms to ensure that all parties were clear with the instructions and met the criteria of being licensed social workers from Fairfield, New Haven, and Hartford Counties. They were required to be employed with a social service agency for at least three years as frontline social workers, with no more than 10 years of experience in working with marginalized populations during the COVID-19 pandemic. At that point, I was able to screen out any participants who did not meet the criteria or who were unable to feasibly participate in the interviews. Recognizing the importance of data saturation, I expanded my recruitment to include community (non-profit/for-profit) agencies as well as private practitioners

from the local telephone directory. To ensure that the interviews had uniformity, I utilized a screening form and pre-interview guide to assist in managing the questions asked, as well as housekeeping tasks to ensure that I stayed on track and did not omit any pertinent information. Eventually, when I was given permission to proceed with data collection, I expanded recruitment to include all independent social workers across the three counties to maximize participation. In this process, I identified potential research participants who had not already been interviewed by making an appeal on social media (Facebook), personal referrals, and electronic flyers. I provided participants with information to establish their interest in joining the proposed research study.

I ensured that all participants were given the option of in-person interviews, considering social distancing guidelines and their comfort level. Zoom and Team platforms were used during the virtual interview process, and participants had the opportunity to ask additional questions via email.

With the participants' permission, I requested that the interviews be audio-recorded. If participants were unwilling to be recorded, I took copious notes. For all the interviews, I utilized a generic form of coding to capture verbal and non-verbal information. To provide the participants with a level of privacy, I conducted the interviews in my private home office and advised the participants prior to the commencement of the interviews that all information received would be stored in a locked file cabinet. Regardless of whether it was in-person, telephonic, or virtual, I devoted a total of 1.5 hours for the interview, which included housekeeping rules, reviewing of the contract, and follow-up questions and answers.

To prevent any issues of information misinterpretation, I debriefed my interviews and checked for accuracies. Additionally, I advised the participants of the follow-up meeting to review their transcript interviews for the accuracy of their responses and authenticity, thereby ensuring trustworthiness (Kahlke, 2018; Kennedy, 2016). For each interview, I completed a thematic analysis, not only to save time but also to retain the content of the interview as it occurred.

Before implementing the interviews, participants were provided with assurance regarding the maintenance of participant confidentiality. They were also informed that they could withdraw from the study at any time or refuse participation. Once I had established a preliminary list of participants, I began scheduling interview times according to their schedules. My plan was to conduct at least 3-4 interviews a week, depending on any cancellations and allowing time for coding, debriefing, and transcription. I continued the process of collecting data with scheduled participants until I reached the point of thematic saturation (Guest et al., 2020). Participants were provided with details of the study and its findings.

The interview questions used in this study aligned with the main research questions, the phenomenon of interest studied, and the conceptual frameworks used. All interview questions were open-ended to elicit responses from the participants, obtaining insight from the front-line social workers in CT on how they made their ethical decisions amid mandatory service delivery modifications during the COVID-19 pandemic. The research questions and interview questions are summarized in Table 1.

**Table 1***Alignment of Research Questions With Interview Questions*

Research questions	Interview questions
<p>Research Question 1:            What are the perspectives of frontline social workers regarding their ethical decisions processes in response to the mandatory modifications of the service delivery protocol during the COVID-19 in CT?</p>	<p>How did you as a frontline social worker, identify a problem as being an ethical issue within the guidelines of social work practice during the COVID-19 pandemic?</p>
<p>Research Question 2:            What components of Enck's ethical decision-making model did these social workers utilize to communicate how their ethical decision-making was impacted in response to the mandatory modifications service delivery protocol during COVID-19?</p>	<p>Explain a situation during the pandemic where you were required to modify your decision-making process with respect to an ethical dilemma in working with a client.</p>
<p>Research Question 3:            What were the barriers to the decision-making process that impacted frontline social workers ability to employ the components of the Enck's ethical decision-making model as it relates to the mandatory modifications service delivery protocol during COVID-19?</p>	<p>How did this modification affect your recommendation regarding the ethical issue on behalf of a client?</p> <p>What are some ethical principles and values that you considered and utilized during the pandemic when making ethical decisions for clients?</p> <p>What challenges did frontline social workers face during the pandemic when making ethical decisions?</p>

**Data Analysis Plan**

Ravitch and Carl (2019) noted that data analysis in qualitative research required precise analysis of the data collected and modification to be appreciated by society. Upon

completion of the interviews, I reviewed the interview transcripts to identify themes which described how frontline social workers ethical decision-making processes were impacted when their service delivery methods were modified during the COVID-19 pandemic in Connecticut. Each interview was transcribed and coded accordingly (Sutton, 2015; Kahlke, 2018). I checked the observation notes, videos, and other pertinent materials for accuracy, while listening closely and reading along with the text. Codes were given according to the short phrases that summarized the information provided by interviewees/sources, to identify a common theme (Saldana, 2016). While compiling each interview data, I created a record of my written observations and interview notes. Following transcribing and audio data collection, qualitative information often underwent thorough written transcription (Kahlke, 2018; Sutton, 2015).

In addition, I manually identified the themes in my research study by utilizing NVivo or electronic coding as a measure of validity. I also used a summative coding table to help organize the themes throughout the interview process. Thematic analysis was also used to assist in identifying patterns across the data sets (Azungah, 2018). Thematic analysis also allowed me to determine when the point of saturation had been met. By initiating the coding table, with prior codes identified from my theoretical framework literature, I was able to foresee the outcomes that were presented in my data analysis plan. NVivo allowed me to efficiently work with various themes and qualitative data. Hence, this software afforded me the opportunity to theorize and prepare for future research questions related to my topic.

Smith and Firth (2011) presented a framework in which the participants' interviews were documented, categorized, and applied by taking copious notes and closely observing body language. I used an inductive analysis to review the data themes, categories, and similarities of the data gathered (Patton, 2015). During the analysis process, I employed a realistic approach to bring about concepts from each component of the process, subsequently providing me with a final report of the findings, which I explained in detail in Chapter 4. In case any discrepancies occurred, or outcomes that differed from the vast majority (Babchuk, 2017), all documentation of the discrepancies was presented to ensure validity.

### **Issues of Trustworthiness**

The principal factor in determining the quality of a study was to ensure that the data collected, sample size, research questions, and methodology were consistent with the intended results (Ravitch & Carl, 2019). In preparation for my research, it was important that I ensured that the data collection methods were appropriate for the study so that the results were credible and trustworthy. Consequently, I ensured that specific steps were taken to make certain that the data's trustworthiness through credibility, transferability, dependability, and confirmability were guaranteed. Research was found to be credible when the outcome was convincing and justified by the evidence presented (Simon et al., 2015).

Trustworthiness was crucial to the usefulness and integrity of its findings in research. It constituted the main qualitative content analysis phase from data collection to reporting of the results (Stahl & King, 2020). It was necessary for me to maintain an audit

trail of the data collected and research activities through memos and research journals related to the theoretical, methodological, and analytical findings (Carcary, 2020).

Triangulation, in addition to the audit trail, enhanced the credibility of qualitative research by providing details that supported and strengthened the data gathered (Carcary, 2020). To ensure the process of triangulation was supported in this study, I broadened my search for participants through referrals from social workers in counties within Connecticut. Research bias and the number of responses were both reduced through triangulation, which eventually posed a threat to internal validity.

The previous study outlined the interview settings and participants thoroughly to achieve transferability. Dependability was ensured when other researchers achieved similar results by duplicating the study (Ravitch & Carl, 2019). The earlier research included a detailed audit record to ensure dependability. Confirmability was established when other researchers could confirm the outcome of the research study (Ravitch & Carl, 2019). As the researcher, I assured that the results of the study reflected the participants' phenomenology and not my opinions or assumptions, thus controlling confirmability. I made sure that when initiating interviews, I remained impartial and exercised self-scrutiny to protect the sincerity of the results.

### **Ethical Procedures**

To ensure this study's research participants; autonomy and civil liberties were protected and ethical obligations were upheld. I requested and received Walden University Institutional Review Board (IRB number 11-07-23-1036568) approval before initiating my research . As the researcher, I ensured that all participants did not encounter

harm during the study (Patton, 2015). I offered each participant the opportunity to choose their location and time for the interview to optimize comfort and confidentiality. In addition, I assigned each participant a pseudonym when coding to ensure confidentiality was always maintained. Prior to the interview, I advised all participants that the interview was voluntary and that they could cancel at any time, even during the interview, without repercussions. All participants were given an informed consent document (upon approval from the IRB), which provided another level of safety precaution for the participants.

One ethical issue that posed a problem was my then-current membership and previous position as the Recruitment and Retention liaison with the NASW Fairfield County local chapter. Given my former professional role, I needed to prevent any consideration of coercion with any participant who might have felt obligated to participate. As a social worker, I was also required to uphold ethical standards set forth by the NASW Code of Ethics, including those relating to maintaining confidentiality (see NASW, 2021). I did not share any data with the Fairfield County NASW local chapter. Additionally, I requested permission from Walden University's Institutional Review Board (IRB) to address these limitations and other pertinent issues that might arise.

As the researcher, I assured that all participants did not encounter harm due to the study, that no coercion occurred to obtain participants, and that I minimized safety and privacy risks. Furthermore, I complied with the NASW Code of Ethics mandate regarding research and participant standards and guidelines, which, in part, required participants to be voluntary and provided them with written informed consent (NASW,

2021). Upon completion of this study, once published and confirmed, I planned to destroy all materials per Walden University guidelines.

### **Summary**

The chosen research design and rationale for utilizing a generic qualitative research approach methodology were presented in Chapter 3, which answered my research questions. The research topic, goal, and theoretical underpinnings of the current study were best served by the approach that I had chosen. I also delved into detail in this chapter about the researcher's role and its importance, criteria in selecting the participants, instruments used in data collection, procedures for recruitment of the participants and tools that were used, a data analysis plan outlining how the data collected aligned with the research questions, issues of trustworthiness, and ethical considerations. In Chapter 4, I presented the current study's procedures, including the research finding.

## Chapter 4: Results

### Introduction

The purpose of this qualitative study was to explore the viewpoints shared by frontline social workers regarding their ethical decision-making processes in response to the modification of the service delivery procedures during the COVID-19 pandemic. In this chapter, I present the findings of the data acquired through semi-structured interviews. This chapter also includes in-depth discussions that demonstrate how the analysis was conducted within the conceptual frameworks guiding the study. Prior research has shown that the pandemic introduced numerous challenges for frontline social workers in integrated and community healthcare settings, particularly regarding their ability to make ethical decisions (Ashcroft et al., 2021; Blau et al., 2021). The conceptual frameworks, Enck's (2014) biomedical model and the NASW Code of Ethics (2021) guided the study and offered clarity and deeper insight into how frontline social workers described their experiences with ethical decision-making amid the mandatory modifications to service delivery during the pandemic (Crawford, 2021; Okafor, 2021). The research questions that guided this study were: RQ1: What were the perspectives of frontline Connecticut social workers regarding their ethical decision-making processes in response to the mandatory modifications of the service delivery protocol during COVID-19 in Connecticut, RQ2: What components of Enck's ethical decision-making model did these social workers utilize to communicate how their ethical decision-making was impacted in response to the mandatory modifications service delivery protocol during COVID-19, and RQ3: What were the barriers to the decision-making process that

impacted frontline social workers ability to employ the components of the Enck's ethical decision-making model as it relates to the mandatory modifications service delivery protocol during COVID-19? During the pandemic, it was essential to understand how frontline social workers ethical decision-making processes were impacted by the modifications to the delivery of service and how it influenced the social decision-making and outcomes for the families they served (Crawford, 2021; Okafor, 2021).

In addition, a demographic description of the participants professional background is provided. The chapter laid out the approach for identifying codes and themes in the transcripts of the 10 individual interviews. The study consisted of three phases: open coding, selective coding, and theoretical coding. To further extrapolate themes from the data, I continued to search for groups of words and phrases that had a mutual connection at every stage of the analysis process. The NASW Code of Ethics (2021) and Enck's (2014) biomedical ethical decision-making model frameworks helped explain how frontline workers incorporated ethical decision-making in their roles during the pandemic. This chapter also describes a summary of the data collection process and analysis including the setting, participant demographics, descriptions of data collection and data analysis, and evidence of trustworthiness. Finally, this chapter concludes with the study findings and summarization of the main ideas.

### **Setting**

The conditions for the interview were consistent, as noted in Chapter 3, with the data collected via the Zoom platform and an additional audio recording device. A total of 10 participants volunteered to be involved with the study. Two participants who had

inadequate Internet access encountered interruptions with the video technology. As a result, I had to ask repetitive questions. Throughout the interview, one of the participants appeared to be frustrated and was unable to use their audio device on the computer; thus, the interview proceeded over the phone. Two participants refused the idea of using their video for the meeting as they reported feelings of being uncomfortable, therefore, the two interviews were conducted without the use of Zoom's camera capability. Not having use of a camera made it difficult to establish a rapport. One participant revealed that she was worried about becoming known as a participant, so she chose not to turn on her camera. One participant stated that she chose to conduct her interview at her home instead of at her employment as she shared an office space with a colleague and did not want anyone to be aware of her participating in the study. I gave the participants the option to decide where the interviews would take place. For every interview, I used the same computer and recording device in the same workspace. For this study, there were no collaborative organizations.

### **Demographics and Participant Descriptions**

This qualitative study utilized a purposive sampling approach, which allowed me to select participants who had insight to the topic as well as experience, and expertise (Creswell & Creswell, 2019). For this study, 10 participants were interviewed; however, at interview number seven, it became clear that saturation had been reached since similar phrases and words were noted throughout multiple earlier interviews. I completed the remaining three interviews as they had already been scheduled and still utilized the data in my results. All participants volunteered by email for this qualitative study and

consented to being interviewed as well as met the inclusion criteria. These participants were licensed clinical social workers by State of Connecticut, who had been employed as frontline social workers in Fairfield, New Haven, and Hartford counties during the pandemic. Their post-graduate experiences ranged from at least 3 to 10 years. The ages of the participants spanned from 29 to 62 years of age. Participants came from various ethnic backgrounds across the three counties. The majority of the participants were of African American descent (n=6) and were males (n=6). The employment status of the majority of the participants was full-time (n=6). The majority of the participants had been employed between 3 – 5 years (n=6). The participants' demographics are summarized in Table 2.

**Table 2**

*Participant Demographics*

Participant pseudonym	Gender	Ethnicity	Age	Employment status	Number of years	License
Mary	Female	Latinx	62	Full-time	5	LCSW
Paul	Male	Asian	47	Full-time	4.5	LCSW
Greg	Male	African American	31	Full-time	10	LCSW
Sam	Male	African American	28	Full-time	9	LCSW
Brian	Male	African American	42	Full-time	4	LCSW
Michelle	Female	African American	44	Full-time	5	LCSW
Larry	Male	Caucasian	41	Full-time	8	LCSW
Grace	Female	African American	49	Full-time	3.5	LCSW
Brandon	Male	African American	29	Full-time	4.5	LCSW
Shelly	Female	Caucasian	53	Full-time	8	LCSW

Mary was a 62-year-old Latinx female who had been employed for the past 5 years as a full-time, licensed medical social worker in a local hospital in Fairfield County. She has been an active member of the NASW CT Chapter for the past 10 years. Mary's role consisted of assessing patients discharge readiness back into the community.

Paul was a 47-year-old Asian male who had been employed for the past 4.5 years as a full-time, licensed social worker at a nursing home in New Haven County. He has been an active member of the NASW CT Chapter for 6 years. Paul's role consisted of discharge planning for patients who received physical and occupational resources.

Greg was a 31-year-old African American male who had been employed for the past 10 years as a full-time, licensed social worker, in a local hospital in Hartford County. He has been an active member of the NASW CT Chapter for 15 years. Greg's role consisted of assessing client's medical history and making referrals to local agencies based on client needs.

Sam was a 28-year-old African American male who was employed for the past 9 years as a full-time, licensed social worker, in a child welfare agency in Hartford County. He has been an active member of the NASW CT Chapter for 4 years. Sam's role consisted of assessing the safety and well-being of children and youth who had been referred to by the agency for allegations of abuse and neglect.

Brian was a 42-year-old African American male who had been employed for the past 4 years as a full-time, licensed social worker, in a behavioral health agency in Fairfield County. He has been an active member of the NASW CT Chapter for three

years. Brian's role was to determine if clients had been successfully rehabilitated and to prepare a comprehensive treatment for discharge back to their community.

Michelle was a 44-year-old African American female who had been employed for the past 5 years as a full-time, licensed social worker, in a substance abuse treatment agency in Hartford County. She has been an active member of the NASW CT Chapter for seven years. Michelle's role was to assess clients' needs at discharge for appropriate level of services in order to reintegrate successfully back to their community.

Larry was a 41-year-old Caucasian male who was employed for the past 8 years as a full-time, licensed social worker, in a dialysis clinic in Fairfield County. He has been an active member of the NASW CT Chapter for over 10 years. Larry's role was to assess patients' medical management of their disease and to provide guidance with obtaining community resources.

Grace was a 49-year-old African American female who was employed for the past 3.5 years as a full-time, licensed social worker, in a hospice agency in New Haven County. She has been an active member of the NASW CT Chapter for over 7 years. Grace's role was to provide ongoing assessments of patient medical diagnosis and make referrals and decisions when their situations change.

Brandon was a 29-year-old African American male who had been employed for the past 4.5 years as a full-time, licensed social worker, in a developmental service agency for adolescents in New Haven County. He has been an active member of the NASW CT Chapter for over 8 years. Brandon's role was to advocate and prepare adolescents for independent living skills.

Shelly was a 53-year-old Caucasian female who was employed for the past 8 years as a full-time, licensed social worker, in a local hospital in Fairfield County. She has been an active member of the NASW CT Chapter for over 11 years. Shelly's role was supervising newly hired social workers who conducted discharge plans for patients admitted to nursing facilities for chronic medical needs.

### **Data Collection**

Data collection for this generic qualitative study commenced after receiving Walden University's Institutional Review Board (IRB number 11-07-23-1036568) approval. The data collection procedures aligned with the recruitment method that was discussed in Chapter 3. To initiate the recruitment process, I created a flyer and posted it on a closed, private NASW page for social workers in Fairfield, New Haven, and Hartford counties via Facebook and Instagram, as well as a Facebook page for Walden University PhD prospective students. The purpose of this site was to share resources, accomplishments, emotional support, and networking. Access to the page was restricted, making it impossible for outside individuals to locate it through search engines. Additionally, because data collection occurred during the holiday season, participant responses were delayed, extending the overall data collection period to approximately three months. I received email responses from 21 potential participants. Of the 21 participants, 10 individuals participated in the study, while nine participants were excluded as they were employed as licensed professional social workers for 2 years but did not have frontline experience. One participant was excluded because they were licensed as a social worker but had worked in the field for less than 2 years before the

onset of the pandemic. The remaining participant failed to confirm a time for the scheduled interview. A total of 10 interviews were conducted with frontline social workers who were employed during the pandemic.

Participants who were interested in being a part of the research study contacted me via email. I, in turn, emailed the participants a consent form outlining the requirements of the study, including IRB information and instructions for the participants to respond by stating “I consent.” The format required their email addresses so I could follow up with an email request and confirm their interview. As the participants responded to the emails, interviews were scheduled based on the participants availability. I collected data between November 27, 2023 and March 24, 2024 by conducting one-on-one semi-structured interviews with 10 participants who were frontline social workers in the State of Connecticut.

All of the semi-structured interviews were held via Zoom platform for uniformity purposes. I conducted the interviews from my home office. I assured that no one else was present and that the participants were in a space specifically designated for them to share their perspectives openly and discreetly. Ten participants consented to participate in the research study; however, saturation was reached after the seventh interview. Participants gave consent to conduct the interviews, which lasted an average of 35 to 40 minutes. Zoom’s built-in software feature allowed me to record the interviews. Participants also gave consent for the interviews to be recorded. Once the interviews were completed, this software offered a transcription of the interviews. I also took notes during the interviews to make sure I did not miss anything crucial. After the interviews were completed, I went

over each transcription to make sure they were accurate and corrected any grammatical errors. To ensure accuracy, I sent the participants a clean transcript via email. All participants confirmed that the clean transcripts received were accurate in their responses. Data collection for this qualitative research consisted of virtual face-to-face Zoom meeting interviews with frontline social workers who resided in Fairfield, New Haven, and Hartford counties in Connecticut, and who have experience in being employed with a social service agency for at least three years, but no more than 10 years.

Using NVivo software, I transcribed 10 interviews to manage, organize, and analyze the qualitative data (Woods et al., 2016). To perform my study, I printed out the interview transcripts after transcribing and storing them on a password-protected external hard drive. Participants were given pseudonyms and also identified as P1, P2, P3, P4, P5, P6, P7, P8, P9, and P10 and asked the same twelve questions from the semi-structured interview guide about ethical decision-making and the modification of their service delivery tool during a crisis. I adhered to the data collection plan outlined in Chapter 3. None of the interviews had any unexpected situations, and the transcripts were left unchanged following member verification as a means to ensure validity (Creswell & Creswell, 2018).

Semi-structured interviews with questions that were open-ended, and a research guide were the methods used. The interview guide was created in alignment with the research purpose and questions, allowing for consistency and versatility during the interviews (Ravitch & Carl, 2019). After conducting the 10 interviews, it was found that saturation had been reached after interview seven. No new data was found, there were no

recurring themes, and through the responses received from the participants the research question had been answered, giving me a full understanding of the study's topic (Guest et al., 2020; Malterud et al., 2016).

### **Data Analysis**

My research focused on the viewpoints of frontline social workers, and how the modification of their service delivery procedures impacted their ethical decision-making processes during their direct care interaction with families during the pandemic in Connecticut. I collected data through a pre-interview questionnaire and used a semi-structured interview guide, prepared for this study with each participant. Before the recorded interviews, a pre-interview was conducted to establish rapport and determine whether each participant satisfied the study's eligibility requirements. A qualitative data coding technique was applied for this study to interpret participant responses. Upon completion of the 10 semi-structured interviews, thematic saturation was reached.

The transcript process via the Zoom software was found to be seamless. It allowed me to ensure that each participant's responses were accurate and authentic. To allow time for analysis, I analyzed the interviews in groups of three participants. I coded the participants' identities and gave each one a pseudonym, ranging from Participant 1 (P1) to Participant 10 (P10), to maintain their privacy and adhere to study ethics. I consulted the interview guide throughout each interview with participants and made copious notes about their responses. All interviews were coded manually using open coding. Subsequently, the three-step coding process was used which produced associated codes, categories, and themes that emerged according to their commonality or

significance (Babchuk, 2017; Ravitch & Carl, 2019). I then initiated a six-step coding process as outlined by Saldana (2016). Using the semi-structured interviews, I identified the initial codes and manually reviewed participants' responses. During this review, I examined words and phrases to categorize them into subcategories based on similarities, after which I assigned the corresponding codes (Braun & Clarke, 2006; Ravitch & Carl, 2019). The categories allowed the initial codes to be condensed into broader concepts relevant to the phenomenon. These codes were then examined for recurring patterns and relationships, which supported the development of themes. The themes emerged from phrases that explained what was occurring and why, based on the conceptual connections and associations identified among the ideas. The emerging themes brought forth meanings from the data that related to the study's research questions: RQ1: What were the perspectives of frontline Connecticut social workers regarding their ethical decision-making processes in response to the mandatory modifications of the service delivery protocol during COVID-19 in Connecticut, RQ2: What components of Enck's ethical decision-making model did these social workers utilize to communicate how their ethical decision-making was impacted in response to the mandatory modifications service delivery protocol during COVID-19, and RQ3: What were the barriers to the decision-making process that impacted frontline social workers ability to employ the components of the Enck's ethical decision-making model as it relates to the mandatory modifications service delivery protocol during COVID-19? According to Saldana (2016), the interactions between categories produced themes that the researcher could utilize to address the research question and offer a rationale for the study's findings.

Following the interviews, the transcripts were uploaded into NVivo 14 for further analysis. A qualitative coding approach was used to examine participant responses. Using NVivo enabled the completion of an inductive and thematic analysis of the data (Braun & Clarke, 2006). The software also facilitated the visualization of each code alongside the corresponding participant quotations that supported them (see Woods et al., 2016). During the transcript evaluation procedure, Saldaña and Sage Publications (2016) I utilized codes and coding to identify relevant details related to the data. To answer the research questions, data analysis unfolded concurrently with the gathering of data, as is common in qualitative research (Carcary, 2020). I hand-coded the information I obtained from the interviews, which helped me recognize the preliminary codes. Semi-structured interviews yielded primary codes. Data was gathered until saturation was reached, and no more themes or trends could be found.

I then arranged the codes into groups of similar codes to form categories. By analyzing the depth of codes, or the number of narratives assigned to a code group or grouping of codes, selective codes emerged from the data. Braun & Clarke (2006) noted that the categorization of codes is a method used in qualitative research to identify excerpts in your data to find themes and patterns. The data retrieved from the interviews was organized into over 73 codes and categories (see Table 3). Some of those codes were too general, ambiguous, or irrelevant to all participants. The remaining codes were found to be amidst all or the majority of the participants. A broad summary of the recurring meanings in the data was given by these codes. I maintained my search for further patterns in the codes, followed by themes.

In order to create categories, I next grouped the codes into related code groups. The codes were categorized in order to identify trends and new themes in the data. The emerging themes and subthemes described the research questions: RQ1: What were the perspectives of frontline Connecticut social workers regarding their ethical decision-making processes in response to the mandatory modifications of the service delivery protocol during COVID-19 in Connecticut, RQ2: What components of Enck's ethical decision-making model did these social workers utilize to communicate how their ethical decision-making was impacted in response to the mandatory modifications service delivery protocol during COVID-19, and RQ3: What were the barriers to the decision-making process that impacted frontline social workers ability to employ the components of the Enck's ethical decision-making model as it relates to the mandatory modifications service delivery protocol during COVID-19?

The themes began to reveal the shared viewpoints from frontline social workers with regarding to the impact of their ethical decision-making processes amid the modification of the service delivery protocol during the pandemic. I initially found over 73 codes (see Table 3), however, some of the codes were too general and others were ambiguous to the participants. Codes were ultimately created from the statements given by the participants that were aligned with and relevant to the research topic and questions (Creswell & Creswell, 2018; Ravitch & Carl, 2019). I went on to evaluate the coding for new patterns and themes. I continued reading and rereading the data collected to better comprehend the similarities between the words and phrases. This process allowed me to see how the phrases and words emerged to categories and ultimately to themes. Based on

the significance and relationships between the codes, the categories were determined.

Categorization of the codes was a way to spot patterns and recognize emerging themes in the data. I organized data into multiple codes: understanding responsibilities, remote/virtual meetings, new roles, phone calls/texting, flexibility, accessing medical/social history, burn-out, community agencies, collaborative support, community organizations, client strengths and resilience, client confidentiality, body language, building support, building support, respecting one's cultural background, protocols, standards, providing clear expectations. cultural consideration, balance client needs, adapting to agency procedures, professional responsibilities, policy interpretation, and integration of technology. I then placed the codes into categories: clear and definitive boundaries, creating adapting capacities, ethical dilemmas while maintaining professionalism, effective communication, profession/practice, and systemic issues (Ravitch & Carl, 2019). (see Table 3). The categories were identified based on the meaning and the mutual relationship presented from the codes. Finally, the themes emerged.

**Table 3**

*Codes to Categories: Thematic Analysis*

Code	Category
Understanding responsibilities	Clear and definitive boundaries
Remote/In-person Meetings	
Using phone/texting	
Virtual Interviews	
Integration of Technology	
Comprehensive assessments	

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Interviewing Collaterals	
Contacts	Creating adaptive capacities
Community Organizations	
Accessing Medical	
Records/History	
Advocating for Clients	
Establishing Rapport/Trust	
Cultural Sensitivity	Ethical Dilemmas while
Active Listening	maintaining professionalism
SDOH	
Providing clear	
expectations	
Safe space to	
communication	Effective Communication
Healthy Relationship	
Flexibility and adaptations	
Organizational Support	
Respecting one's cultural	
background	
Professional responsibilities	
Community services	Systemic Issues
Adaptions agency	
procedures	
Policy interpretation	
Advocating for clients	
Multi-disciplinary team	
Complex cases	
Cultural Awareness	
Understanding Disclosures	

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I distinguished between the major themes emerging and secondary themes that were less common but connected back to the research questions. Several of the codes were apriori codes identified from the conceptual frameworks (Saldana, 2016). Six themes and related subthemes emerged from the categories. At that point, I charted the associations between the participant observations. The categories simplified the codes

into concepts about what was happening. The data retrieved from the interviews was organized into categories and themes (see Table 4).

**Table 4**

*Thematic Analysis Process*

Codes	Category	Themes
Understanding responsibilities Remote/In-person Meetings Using phone/texting Virtual Interviews	Clear and definitive boundaries	<b>Period of Adjustment</b> <i>Sub themes:</i> Adjusting New Roles Adjusting to Policies/Procedures
Integration of Technology Comprehensive assessments  Interviewing Collaterals Contacts Community Organizations Accessing Medical Records/History Advocating for Clients	Creating adaptive capacities    Ethical Dilemmas while maintaining professionalism	<b>Systemic Failures and Individual Resilience</b> <i>Subthemes:</i> Diminish Resources/Increased Redefining practices
Establishing Rapport/Trust Cultural Sensitivity Active Listening SDOH		<b>Moral Distress and Shifting Ethical Boundaries</b> <i>Subthemes:</i> Prioritizing Protocols Ethics “Bending the Rules”
Providing clear expectations Safe space to communication Healthy Relationship Flexibility and adaptations Organizational Support Respecting one’s cultural background	Effective Communication	<b>Communication Strategies Ethical Decision-Making</b> <i>Subthemes:</i> Active Listening Empowering Clients
Professional responsibilities Community services	Systemic Issues	<b>Concern with Confidentiality with Online Video Platforms</b> <i>Subthemes:</i>

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Adaptions agency procedures	Addressing Clients Environment
Policy interpretation	Adapting to verbal and non- verbal cues
Advocating for clients	
Multi-disciplinary team	
Complex cases	
Cultural Awareness	
Understanding Disclosures	

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### **Evidence of Trustworthiness**

In a qualitative research study, trustworthiness was determined by the presence of confidence and credibility in both the methodology and the findings (Creswell & Creswell, 2018; Stahl & King, 2020). From data collection to results reporting, it constituted the primary phase of qualitative content analysis (Adler, 2022). By using documents and research journals related to theoretical, methodological, and analytical discoveries, I maintained an audit trail of the data gathered and all research activities (Carcary, 2020). Trustworthiness is one technique for researchers to prove to others as well as themselves and readers that their study conclusions are significant (Creswell & Creswell, 2018; Ravitch & Carl, 2019). In this qualitative research study, the philosophies of credibility, transferability, dependability, and conformability were utilized to guarantee trustworthiness. The responses to the research questions were strengthened by the data collected and analyzed from the semi-structured interviews. The themes and sub-themes framed the components used by frontline social workers with their ethical decision-making processes during the pandemic amid the mandatory modifications of the service delivery methods. The requirements outlined in Chapter 3 were adhered to ensure trustworthiness in this study.

Credibility in this research was achieved when the findings were convincing and supported by evidence (Creswell & Creswell, 2018; Korstjens & Moser, 2018; Ravitch & Carl, 2019). The principles of credibility, dependability, transferability, and confirmability were used to guarantee thoroughness and reliability in this study. The integrity and usefulness of the outcomes depend on trustworthiness. Each participant's transcript was checked for accuracy and to guarantee that their responses were adequately reflected. I retained all my audio recordings and the handwritten notes that I composed while conducting the interviews. To gather the information needed for this study, I conducted interviews with each participant according to the interview protocol. I followed up with each participant via email to ensure that the responses received from the transcripts were accurately recorded and that nothing had been modified.

One technique I used to collect a deeper understanding of knowledge was to seek a detailed description of participant responses, including asking participants to expand further on their “yes” or “no” responses. In addition, I used inquiries, and at times rephrased the question(s) if the subject matter or answer deviated from the interview question or the participants’ answer was too ambiguous. In this study, saturation was used to ensure the validity of the findings. Based on the literature review, I set an achievable target of 10 frontline social worker interviews to achieve saturation (Creswell & Creswell, 2018).

Transferability denotes the generalizability of the study. Due to the transferability of results, the outcome of the study could have been interpreted differently (Ravitch & Carl, 2019). To guarantee transferability, a thorough explanation of how interviews were

carried out, as well as the criteria for inclusion of participant profiles, were given.

Transferability was ensured by illustrating that the study procedures could be applied in various circumstances, therefore I offered extensive details of my recruiting methods and setting. Data acquired from the interviews was used in the analysis and outcomes of this study, and the interview notes could be reviewed upon request (Malterud et al., 2016).

Dependability was achieved when another researcher could perhaps replicate a study with alike participants, under comparable conditions and concur with the phases of the research procedure (Korstjens & Moser, 2018). I developed an audit trail that included information about the procedures I used for recruiting, informed consent, and data collecting. Additionally, I have the audio recordings, transcribed interviews, and handwritten notes in a secured cabinet for review if requested. In addition, I manually coded all written and printed notes alongside the audit trail. Upon the conclusion of the study, all research components were securely stored on a password-protected external disk which I will maintain for at least five years, after which time I will engage the services of a professional data destruction company to shred and destroy the documents (Walden University, 2020).

Confirmability in a qualitative study alludes to the assurance that the analysis and data accurately depicts the ethical experiences and claims of the participants in relation to the modification of the protocols rather than the researchers' biased opinions (Patton, 2015). Direct quotes from interview transcripts were used in data analysis and coding to ensure that the participant's viewpoints were reported accurately. Throughout the study process, I conducted routine audits as well as reflective journaling. By doing so, the

study's overall research bias was reduced, and confirmability was maximized. Transcripts will be kept for a period of at least five years for confirmability.

## **Results**

The research questions explored was: RQ1: What were the perspectives of frontline Connecticut social workers regarding their ethical decision-making processes in response to the mandatory modifications of the service delivery protocol during COVID-19 in Connecticut, RQ2: What components of Enck's ethical decision-making model did these social workers utilize to communicate how their ethical decision-making was impacted in response to the mandatory modifications service delivery protocol during COVID-19, and RQ3: What were the barriers to the decision-making process that impacted frontline social workers ability to employ the components of the Enck's ethical decision-making model as it relates to the mandatory modifications service delivery protocol during COVID-19? The study participants shared and discussed their point of view amid the mandatory modification of the service delivery protocol during COVID-19 in Connecticut and how it impacted their ethical decision-making processes. Five themes and subthemes emerged from the data analysis: (1) period of adjustment with two subthemes (adjusting to new roles and adjusting to policies/procedures), (2) concern with confidentiality with online video platforms with two subthemes (addressing clients environment and adapting to verbal and non-verbal cues), (3) moral distress and shifting ethical boundaries with two subthemes (prioritizing protocols and bending the rules), (4) communication strategies for ethical decision-making with two subthemes (active listening and giving voice to clients), and (5) systemic failures and individual resilience

with two subthemes (diminish resources and redefining practices). The results were presented based on the themes and categorized within Enck's biomedical framework and the NASW Code of Ethics (2021). (see Figure 2). Participants did not use all of Enck's (2014) biomedical framework and the NASW Code of Ethics in succession in making ethical decisions amid mandatory service delivery modifications during the COVID-19 pandemic in Connecticut when working with their clients. Enck's (2014) biomedical framework and the NASW Code of Ethics (2021) allowed for some comprehension of how the perceptions of frontline social worker were shaped regarding their ethical decision-making processes amid the mandatory modifications of the service delivery protocol.

The themes were organized from the most central aspect of the social workers' roles to those more secondary to their decision-making processes. The *period of adjustment* reflected the time during which social workers were required to adapt to their new responsibilities, policies and procedures that shaped their professional decisions (Enck, 2014, NASW, 2021). *Issues of confidentiality* in the use of online video platforms heightened the need for strict adherence to ethical standards to ensure the protection of clients' privacy (NASW, 2021). *Moral distress* and *shifting ethical boundaries* represent the ethical dilemmas that emerged during the pandemic, particularly as social workers were forced to prioritize rapidly changing protocols to meet clients' needs (Enck, 2014, NASW, 2021). *Communication strategies* for ethical decision-making also became a critical concern, as disruptions caused by the pandemic influenced how social workers engaged with clients and colleagues (Enck, 2014, NASW, 2021). Lastly, *systemic*

*failures and individual resilience* highlighted the challenges social workers experienced as they navigated complex and often invisible patterns of inequality, limited resources, discrimination, and community level disadvantages (Enck, 2014, NASW, 2021).

## Figure 2

*Themes Related - Enck's Biomedical Framework and the NASW Code of Ethics*



## Findings on Research Questions

The first research question (RQ1) was: What were the perspectives of frontline Connecticut social workers regarding their ethical decision-making processes in response to the mandatory modifications of the service delivery protocol during COVID-19 in Connecticut? This question was designed to explore how frontline social workers understood, interpreted, and navigated ethical considerations as state-mandated changes to service delivery, such as remote practice, limited face-to-face contact, and heightened safety requirements, which were implemented during the COVID-19 pandemic.

**Theme 1: Period of Adjustment**

The first theme that emerged was the period of adjustment, which answered the research question regarding the study participants ethical decision-making processes in response to the mandatory modifications of the service delivery protocol during the pandemic, as well as the challenges that impacted their ability to utilize Enck's decision-making model and the NASW Code of Ethics as it related to these changes. Thus, compelling social workers to navigate conflicts between their professional values and ever-changing circumstances. Whereas the ethical principles of social work remains constant as social workers need to acclimate to new professional environments, roles, and organizational change. It involves the professional to understand the dynamics, communication styles, bureaucratic hurdles, and bridging the gap between theory and practice. It addresses the viewpoints shared by participants regarding how their new role as social workers impacted their ethical decision-making processes and prohibited the manner in which services were provided due to the modification of service delivery during the pandemic. The participants described and affirmed how the adjustment within their new roles during the pandemic affected their ethical decision-making process when interacting with clients and families. Despite the participants' adjustment to the new role, they were presented with during the global crisis, their ethical decision-making processes were still impacted given the radical change with the policies and procedures. The participants shared that their roles have always been to empower and assist clients in meeting their basic needs. Prior to the pandemic, there was a wealth of resources available to meet the needs of the communities. The participants reported that their ability

to acclimate to their new environment of the pandemic and organizational change was a struggle due to the abrupt changes in the service protocols which affected their decision-making process. Those changes included increased responsibility, independent decision-making, work-load management, and their ability to bridge the gap between theory and practice. For example, Mary reported that, “navigating the new protocols during the decision-making process was emotional.” Because instead of guidance of her supervisor on her new role she was met with additional responsibilities and roadblocks in identifying the problem. Whereas Shelly reported that “in her new role there was no room for independent critical thinking in the decision-making process,” she had to follow the detailed guide in gathering the new information in order to make decisions which at times left no room for creativity, which was similar to issues Larry reported, “I was confused” during the decision-making process, there was separation between the knowledge-foundation that I learned as a social worker and my ability to effectively implement interventions for clients during the assessment phase.” “The pandemic felt quite severe, and navigating new protocols and learning my role was difficult. I collaborated with various agencies during the *assessment* and *clarification* phase to ensure that patients’ needs were met, however; there were still gaps in treatment and I was more confused” (Brandon). Two subthemes also emerged, adjusting to new roles and adjusting to policies and procedures (Enck’s, 2014).

### ***Subtheme 1: Adjusting to New Roles***

The first subtheme focused on the adjusting to new roles within the ethical decision-making process during the pandemic. Three participants reported that the period

of adjustment equated to their inability to navigate interpersonal dynamics, which significantly impacted their effectiveness to make sound ethical decisions. This period of adjustment was relayed from participants, regarding their inability to grasp their new responsibilities and expectation as outlined by their organizations, “the organizations culture had drastically changed with the pandemic.” I could not get out of my way.” (Brandon) Additionally, another participant reported, “there was simply not enough direction, regarding the changes.” (Sam) These additional quotes highlighted period of adjustment being equated to adapting to new roles: “I have found that adaptability is about the influential difference between adapting to survive and adapting to succeed.” (Paul) While Greg reported, “I find myself constantly readjusting to learn my role as social worker during these chaotic times; however, I’m not satisfied with the intervention or recommendation that I’m giving to the client.”

***Subtheme 2: Adjusting to Policies and Procedures***

The second subtheme focused on the adjusting to policies and procedures. Four participants reported that during the period of adjustment, their ability to grasp an understanding of the new policies and procedures prevented them from staying on task during the ethical decision-making process. Participants shared that actively understanding, adapting to, and navigating the evolving framework of rules were crucial to the practice key to decision making. Michelle, reported that, agency protocols are just that; but can only be carried out when your professional ethical standards aligns with the mission of the agency.” While Greg reported, “the procedures directly impact client access to services and the social worker's own ethical obligations, the ability to adjust is a

core professional competency.” Participants described this chaotic period, when many agencies were shut down, many policies and procedures were not in effect, and new “blanket” norms were put in place that frequently seemed unjust or unsuitable. Like the majority of helping professionals, social workers were tasked to assist individuals and families in making decisions throughout the pandemic. The policies and procedures that regulate the social work practice are influenced by social mandates, which form the cornerstone of social work practice. Understanding and executing social policies into practice are essential to effective social work practice, and social work participation in policymaking is associated with the efficacy of social policies.

Participants echoed the importance of policies and procedural adaptations. This subtheme focuses on understanding how the role of the frontline social worker is shaped through the policies that they use during decision-making; if altered can affect the service delivery and intervention strategies used to uphold society. This process entailed engaging frontline social workers in policy decisions at their level to guarantee their viewpoints were taken into account. Policy advocacy plays a vital role in social work, allowing professionals to address systemic issues and effect meaningful change. NASW (2021) addressed legislative barriers and broadened access to essential community resources. Policy changes significantly impacted social work practice, affecting case management procedures and service delivery. Social workers must stay informed and adapt to continue providing effective support for their clients. Three participants acknowledged that the social work profession is vital to society and played a major role during the pandemic. “It was difficult to make a decision.... with daily changing

directives,” (Mary) “I felt like I was incompetent and did not know my role, since my decisions change minute to minute,” (Brandon) whereas Grace said, “when I did gather my ideas from information shared by clients, the protocols provided were obsolete.”

Particularly pivotal elements of ethical decision-making are the purposes one wants to convey, the strategies to use, and the "real-life" consequences of communication. According to the NASW (2021), social workers should utilize the Code of Ethics and adhere to the values and principles set forth in this manual when implementing ethical decisions while challenging social justice for their clients. It is their ethical responsibility to adhere to the core values of their profession, regardless of changes made to policies and procedures.

Participants shared that they were challenged with the concept of upholding their ethical commitment to their client amid protocol and policy changes. Those modifications were made without consulting with social workers on the frontline. There was no specific reason behind this notion or thought. Brian stated, “reviewing policies and procedures were part of job; however, there were clients who requested additional funding for services that were not in existence-yet according to the Code of Ethics as the professional the focus was identifying the ethical need”, Shelly reported that, “I reviewed the policies in place; ethically there was a need, so advocated for the client and made the appropriate recommendations for them to receive funding. This is what social work is all about.” Ethical decision-making is based on core values like dependability, decency, accountability, and equity. Ethical decisions lead to moral actions and serve as a basis for good faith conduct.

For the most part, participants related their experiences by accepting the modifications to the policies and procedures, emphasizing how essential it was for them to stay informed in order to continue effectively supporting their clients. At least three participants described that they chose to be a part of solution instead of the problem. Those situations were expressed in the following quotes, “There were new regulations regarding patient discharge planning...I decided to attend training sessions offered off campus on the updated requirements,” (Brandon), “I could now make sound decisions regarding the new discharge protocols,” (Paul) “Joined a statewide advocacy group...collaborating with other professionals (Grace) I shared my struggles and clients’ stories, this help with non-traditional resources.” Overall participants reported that the adjustment period is a critical phase that helps social workers integrate in their new roles and navigate ethical challenges effectively.

## **Theme 2: Concern With Confidentiality With Online Video Platforms**

The second theme that emerged from this study was concerned with confidentiality with online video platforms as it relates the decision-making process amid the modifications to service protocols. Despite the changes in service delivery brought about by the pandemic, this theme examined research questions about frontline social workers' ethical decision-making processes, the challenges they encountered in putting Enck's (2014) decision-making model into practice, and how the model's elements were intended to illustrate how their decision-making was impacted. The ethical decision-making processes of frontline social workers in response to the pandemic's changes in service delivery were examined in this theme, along with the challenges they encountered

when implementing Enck's (2014) decision-making model into practice in spite of these changes and how the model's elements were intended to illustrate how their decision-making was impacted. Participants reported that there were concerns in regard to online video platforms utilized during the pandemic, as they had limited control over the security of private sessions. There were issues related to risk like data breaches, eavesdropping by others in client's home, and unauthorized third-party access, all of which compromised the professional-client relationship. The NASW Code of Ethics emphasizes the significance of obtaining informed consent from client's when using technology to provide services. Social workers must assess clients appropriateness and ability for remote services and ensure that they understand the potential benefits, risks, and limitations of such services. If client finds that these services are intrusive and choose not to use them it is the social worker's responsibility to seek alternative methods.

Participants discussed how navigating the difficulties of upholding professional boundaries when interacting with customers online were essential during the ethical decision-making process because it may result in boundary violations. The challenges were evident for the need to the establishing of clear guidelines and maintaining ethical standards within their practice. Brandon reported, "I was concern with the personal information I was discussing with client, as I was unaware of who else was in the household," another participant reported, "informed consent was only "verbal" as clients could only verbalize that they were giving permission; nothing in writing; my integrity was on the line" (Sam). Whereas, Shelly reported, "In my initial statement in gathering personal history from the client, I had them state in their own words, " I give consent for

this meeting to be recorded,” then I would proceed with interview.” Additionally, another participant reported, “There was concern for blurred boundaries with clients, which could create ethical issues” (Paul). The most recent interpretation of the NASW Code of Ethics encompassed the requirements set forth in the 2021-2024 Delegate Assembly Handbook, as the standard by which this profession was governed. The current version included principles associated with the social workers’ limitations and dual relationships. This significant change occurred after 1996, as this change spoke to a broader understanding of ethical issues that were not conveyed in the original doctrine, as well as introduced the importance of self-care (NASW, 2021). These changes have allowed frontline social workers to have a greater awareness when working with people during a crisis.

Participants echoed that this theme underscored the considerable difficulties encountered by frontline social workers during the pandemic in acquiring medical, social history, and treatment planning documentation throughout the pandemic. The intricacies linked to preserving client confidentiality in a virtual service setting highlight the ethical considerations that professionals must address to ensure they collect essential information while honoring client privacy and autonomy.

### ***Subtheme 1: Addressing Clients Environment***

The first subtheme of addressing client’s environment focused on the need to understand, interact with, and adapt to the client's unique circumstances in order to provide effective solutions or services. The exact meaning depends on the context, but it broadly refers to the physical, technical, and/or clinical environment in which the client operates. In order for this to occur, social workers need to ensure that they clarify and

understand all necessary and relevant information shared by the client before decisions are acted upon. Addressing these issues prior to decision-making is essential for maintaining trust and ensuring the safety and well-being of the client. Three participants reported that they experienced barriers during the ethical decision-making process when attempting to implement treatment plans for client during the crisis, such as, one participant reported, “I had identified that client’s issue of food shortage in the home; referral was made to the food-bank via a virtual meeting; when the client went to pick up the food the building was closed; it appeared there was a greater demand that was not on the website, in person assessment would have alleviated this problem” (Paul). Another participant reported that, “I noticed through my assessments and documentation with clients that there was a demand for shelter placement for the homeless; however, there was a barrier to obtaining housing; I provided this data to upper management and they were able to obtain a housing grant and open additional shelters in the area” (Grace).

***Subtheme 2: Adapting to Verbal and Non-Verbal Cues***

The second subtheme focused on adapting to verbal and non-verbal cues within the decision-making process amid changes to the service delivery. Social workers describe this subtheme with regard to the delivery of services or instruction to a person in a remote location due to a crisis, as emergency remote teaching or tele-emergency medicine. Participants reported that they had to adapt to new digital practices, which included the need for innovative approaches to address the barriers posed by the pandemic. These barriers illustrate the complexities of social work during the pandemic and the need for ongoing training and support to navigate these new challenges

effectively. The NASW Code of Ethics provides direction and guidance with social work professionals being sensitive to the cultural and ethnic diversity of their clients, while also being mindful of the non-verbal cues that may be present in the communication process.

Four participants reported issues related to non-verbal and verbal cues that were of concern during the ethical decision-making process with regard to online video platforms. One participant reported, “I was gravely concerned with the issue of duty to warn, as an employed Child Welfare worker, body language was something of the past, I was careful during the assessment and clarification phase of my decision-making process; asking repetitive questions for the child’s safety” (Sam), another participant reported, “I raised the concern with my superior, about the authenticity of the assessment; arriving at the correct decision, based on possibility of skewed information” (Mary). Additionally, another participant reported, “The interview process, gathering the information and identifying the ethical issues was a concern; there was no social worker-client relationship; it felt robotic” (Shelly). Whereas Brian reported, “The barrier for me was language, cultural; adding an interpreter to assist with the interview would impact the manner in which services were delivered.” The foundation of an effective strategy in social work; is the ability to empathize, understand, and communicate effectively, which could make the difference. In any case, whether you're interacting with a client for the first time or navigating a crisis, your ability to react effectively can mean the difference between success and failure.

The second research question (RQ2) was: *What components of Enck's ethical decision-making model did these social workers utilize to communicate how their ethical decision-making was impacted in response to the mandatory modifications service delivery protocol during COVID-19?* The findings indicate that participants did not employ Enck's ethical decision-making model in a linear or comprehensive manner. Instead, they demonstrated a fragmented and situational use of the model's components as they navigated the mandatory modifications to service delivery during COVID-19. Their use centered on the parts of the model that were most immediately relevant to the crises they were managing.

### **Theme 3: Moral Distress and Shifting Ethical Boundaries**

The third theme that emerged was moral distress and the shifting of ethical boundaries by frontline social workers. The participants did not apply Enck's (2014) model in its entirety or in a sequential manner; rather, the data indicated a fragmented use of the model to inform their ethical decision-making. This theme examined research questions concerning the ethical decision-making procedures of frontline social workers in response to the pandemic's changes in service delivery, the difficulties encountered while implementing Enck's decision-making model in spite of these changes, as well as how the elements of the model were constructed to communicate how their decision-making was impacted. There was an internal conflict that social workers were presented with, the issue of choosing between strict, often rigid, new protocols and their professional ethical obligations to clients. Participants shared that they often were met with constraints in executing their decisions due to poor interdisciplinary communication

and systemic policies and protocols. The connection, interactions, and communication between the social work professional, providers, client, and community are also representative of this theme as well.

Additionally, participants at times struggled to identify ethical decisions that met the needs of their clients. It was a daunting task in choosing to either adhere to local, governmental, or national policies, procedures (new or old) or to exercise professional judgment when the policies appear unclear, ineffective, or inappropriate. Sebati (2020) suggests a greater knowledge base in social work is the individual who advocates for going above the understanding of what happens; by looking at how knowledge affects the clinician and the situations in which these processes take place. Grace reported that, “the Code of Ethics is crucial to ensure that I’m ethically meeting the client’s needs, this guide will help me when identifying the root of the problem.” Whereas Sam reported that he “always relied on the Code of Ethics when he felt powerless with institutional constraints,” however, another participant reported, “It is simply a lack of respect for one’s values, I was there to make the situation better by making a recommendation for client’s best interest; true decision-making” (Mary).

Further discussion with the participants revealed that frontline social workers drew on several components of Enck’s (2014) ethical decision-making model; however, their use of the model was fragmented, and often influenced by the uncertainty and pressures of pandemic-era practice. While participants did not employ the model in full or in sequential order, their accounts demonstrated clear reliance on discrete elements of the framework as they navigated moral distress, rapidly shifting ethical norms, and

mandatory state and agency directives. Larry reported that, “the mandatory modifications to the service delivery, especially the transition to remote practice and limitations on in-person contact triggered distress, I became aware of my ethical choices, especially those that restricted client access.” Whereas Shelly reported that, “there were times that I needed to “mark” the section of my assessment where there was an ethical dilemma before taking action.” I tended to use reflective awareness during my assessments in ensuring effective client care; it allowed me to learn from my experiences and enhance my skills (Brandon).

The NASW Code of Ethics was heavily depended upon by social workers to guide their professional behavior and decision-making. The norms, values, and policies that social workers adhere to daily are outlined in this framework. Policies were regularly supported and pushed by frontline social workers. Social work professionals handle complex moral dilemmas. The Code of Ethics guided social workers on how to address those ethical dilemmas by emphasizing client autonomy, informed consent, and confidentiality. It became clear that the pandemic’s healthcare policies and practices had an impact on expenses, harm to society, and the physical and mental well-being of those working in this field as reported by the participants of this study. Participants reported that they were fully aware of the ethical correct decision to make, but at times external stressors were overbearing.

### ***Subtheme 1: Prioritizing Protocols Over Client Relationships***

The first subtheme focused on the importance of clients’ needs regardless of policies and procedures in place. In keeping with this mindset, professionals ensured that

the focus is on the client's well-being and the achievement of their goals at all times, rather than adhering to the rigid agency protocols. Four participants shared that there were advised by leadership within their agencies, that it is essential for social work professionals to be prepared in a crisis regardless of the modification of service delivery, and to be able to implement ethical decisions under pressure, often with the guidance of ethical principles and strategies that they have learned. Brandon reported that, "At times, I needed to place emphasis on agency mandates when making decisions over client need, while gathering information in interview process such as becoming familiar with telehealth," another participants shared, " I was forced to prioritize safety and administrative rules over building trusting relationships with my clients; during the gathering and clarification stage." (Grace). One might describe the difficulty of building rapport virtually and the emotional toll of not being able to offer a kind word to a client when the needed service is not obtainable" (Brian). Another participant reported that, "At times I was forced to act against my ethical beliefs, and I felt miserable" (Mary).

The following viewpoints shared by these participants highlighted the importance of where moral distress and the shift of ethical boundaries meet with regard to social work practice. Clear effective communication was the key. "Social work is the skill of elevating others; we rise by elevating others" (Sam). "A resource that never diminishes is compassion" (Paul). "The change we want starts inside of us" (Mary). According to the participants, this pandemic made them realize that altering one's boundaries requires altering one's ethical decision-making processes.

Participants described how the mandatory modifications to service delivery during COVID-19, especially the necessity to prioritize safety protocols over traditional relationship-based practice amended their ethical decision-making. Although none of the social workers applied Enck's ethical decision-making model in a comprehensive manner, several components of the model emerged as critical touchpoints as they navigated the tension between public-health directives and their professional obligation to sustain meaningful therapeutic relationships. One participant shared, "I felt like I was choosing policy over people, even though I didn't have a choice. And that felt ethically wrong, even when I knew it was necessary for safety."(Greg) The fragmented and reactive aspect of emotional management during the crisis is expressed in this reflection. Whereas Brian stated, "It felt as though I was "letting clients down," particularly those who have experienced trauma and struggled with communicating."

***Subtheme 2: Bending or Modification of Rules***

The second subtheme focused on the ethics of modifying the rules as it relates to the modification of service delivery in the ethical decision-making process. Participants further described this subtheme as ethical judgments that were made by social workers when there is a need to subvert or ignore specific protocols in order to provide what they felt was necessary client well-being. Examples might include meeting clients in person despite official policy or using personal resources to deliver essential supplies when agency channels fail. Despite the participants' varied awareness of what the term "the ethics of bending the rules" meant, the messages still seem to impact how the modification of service delivery was impacted in the decision-making process. Larry

reported that, it was like “building a bridge as you were crossing it,” while another participant responded, “it was critical to be innovative and resilient in your approach with making decisions for clients”(Grace). Whereas, Shelly reported, “It was necessary for me to navigate the mounting challenges with which I was faced. I reminded myself to act in good faith and be genuine in making sound decisions.” Another participants expressed, “I knew what my role was, sometimes I needed to articulate the ethical dilemma in my head, review the NASW Code of Ethics, and then implement the decision,” (Brandon) however, there was a need to be culturally sensitive during this time” (Mary).

One participant stated, “I felt compelled to overstate or reassess guidelines when working with clients who experienced domestic violence, housing issues, or mental health instability.” (Michelle) Whereas Sam stated, “there were times when inflexible protocols, such as restrictions on in-person contact, newly telehealth standards conflicted with my assessment of what needed to protect clients.”

Overall, participants shared, there was a need to adapt to the constant modifications of policies and procedures while being able to make ethical decisions based upon their own biased assessment. Participants shared that it is important to realize where you are in the decision-making process in order to redirect your mindset and approach in working with families. The ENCK 6-Step Model identifies a structured approach to ethical decision-making for professionals in practice. This model generally involves gathering pertinent facts and information, defining the problem, identifying affected parties and their values, assessing various courses of action, applying ethical theories, and ultimately reaching a resolution or decision with a plan for follow-up. The themes and

subthemes in communication strategies align with common components of this ethical decision-making framework, in addition to those outlined in the National Association of Social Workers (NASW) Code of Ethics and other models. The guide for Enck's (2014) decision-making model can be found in Table 5.

**Table 5**

*Enck's Model – Guide for Decision-Making*

Steps	Themes
Gathering information	Theme (1) Period of Adjustment (new roles, policies, and procedures) Theme (2) Systemic Failures (limited resources, redefining practices)
Identifying problem	Theme (4) Communication Strategies Theme (2) Systemic Failures (limited resources, redefining practices) Theme (3) Moral distress and shifting of boundaries Theme (5) Concern with confidentiality Online Video Platforms
Clarification of ethical issue	Theme (2) Systemic Failures (limited resources, redefining practices) Theme (4) Communication Strategies Theme (5) Concern with confidentiality Online Video Platforms
Assessment phase	Theme (4) Communication Strategies Theme (5) Concern with confidentiality Online Video Platforms
Recommendation	Theme (3) Moral distress and shifting of boundaries Theme (4) Communication Strategies Theme (5) Concern with confidentiality Online Video Platforms
Documentation	Theme (4) Communication Strategies

The third research question (RQ3) was: *What were the barriers to the decision-making process that impacted frontline social workers ability to employ the components of the Enck's ethical decision-making model as it relates to the mandatory modifications*

*service delivery protocol during COVID-19?* This question was developed to explore the barriers that frontline social workers encountered that hindered their ability to affectively apply components of Enck's model during their decision-making processes amid the changes of the delivery protocol.

#### **Theme 4: Communication Strategies for Ethical Decision-Making Process**

This fourth theme that emerged was communication strategies for ethical decision-making processes. This theme explored research questions related to frontline social workers' ethical decision-making processes in response to the pandemic's changes in service delivery, the difficulties they faced when applying Enck's decision-making model into practice despite these changes, and how the model's components were designed to convey how their decision-making was affected. It explores the social workers need to utilize clear, accurate, and respectful language when working with clients, while sharing power, and promoting transparency in the ethical decision-making process. During the semi-structured interviews, participants emphasized the importance of effective communication strategies while working with clients amid a crisis, given the modification of their service delivery. Participants shared the importance of incorporating non-traditional methods of communication throughout the different components of the decision-making model. In the initial stage, informational gathering, the social worker needs to adopt the idea of discovering "something new," different information that could assist in making sound decisions.

All four participants followed the ethical framework in their ethical decision-making process with clients during the pandemic. For example, participants recognized

assessing for risk by gathering information for safety issues and observing their environment. Paul reported that “I was concern with providing service to a client who resided in my community, although I did not know the client personally.” Whereas, Brian reported, “ I utilized the last two steps in the ethical framework model (recommendation and documentation) to reduce the risk for my clients by documenting their efforts to rule out ethical dilemmas.” Greg indicated during at-risk assessment a determination was made to include whether a client could 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.” Another participant shared, “As a seasoned social worker, it was easy to obtain critical information needed for this pandemic, I’m glad that this craziness did not occur five years ago when I just started with the agency” (Mary).

Participants shared that a primary aspect of Enck’s model centers arounds consultation and collaboration with colleagues and upper management to clarify ethical issues and assess other possible options. There was a consensus that there was a sudden transition to remote practice and the modification of in-person interaction debilitated the communication amongst professionals. Brandon stated that, “informal discussions in open spaces were no longer the norm, they were replaced with virtual meetings that were too brief.” Whereas Paul echoed, “I felt professionally isolated, as peer dialogue was gone.” Participants said that their abilities for common reasoning, a crucial component of Enck's model was impaired by their remoteness.

***Subtheme 1: Active-Listening***

The first subtheme focused on active listening during the ethical decision process. Participants shared that there is a need to give clients their complete attention in order to fully understand their view and emotions, using techniques like paraphrasing and summarizing to confirm one's understanding without judgment or interruptions . Participants reported that in reviewing the decision-making model, the identification stage is crucial for social workers to use active listening. During this stage social worker can identify the clients challenges and strengths and clarify the roles in the helping relationship. One participants reported, "I always think of the best for my clients. Always that is my north, especially when identifying culturally specific strengths, support, and resources" (Mary). Another participant reported, " I try to assess based on my experience what is going to happen, what could happen, what's the probability of the assessment tool being successful" (Michelle). Whereas, Paul reported, "I leaned towards establishing rapport with my client during my assessment during the ethical decision-making process." During the COVID-19 pandemic, a major obstacle to frontline social workers' full participation in Enck's ethical decision-making model was the substantial disruption to active listening, which is an essential component of the model's focus on understanding the client's story, clarifying ethical concerns, and establishing significance.

***Subtheme 2: Empowering Clients***

The second subtheme focused on empowering clients during the ethical decision-making process. Participants shared that it was essential to provide the client with the necessary skills, confidence, and resources for them to take control of their lives, make

their own decisions, and achieve their goals. This theme highlighted the need to rely on their ethical principles, core beliefs, and values. As frontline social workers, these standards, and principles serve as a guide for their daily decision-making and professional conduct. In addition, social workers need involve clients in the decision-making process regarding their goals, treatment plans, and interventions.

Three participants reported that it was necessary for them to respect the clients' preferences, values, and cultural beliefs when developing intervention strategies. Allowing the client the right to refuse to engage in this process is key as well. One participant reported, "I allowed my client to reflect on her "personal feeling" when sharing her story; this helped her understand what the potential impact of her decision would be" (Shelly). Another participant reported, "I was not able to help my client, I did not understand the information that the client was sharing, she was unable to clarify what the presenting problem was, there was a language barrier" (Michelle). Additionally, another participant reported, "I included the client in their own action plan, consistent with their ethical priorities, this allowed me to remain focus and address the dilemma" (Brian).

Participants shared that they had to adapt their service delivery methods and use active listening skills while empowering clients, while repeating their responses for clarity and accuracy. Social workers must be in reaction mode most of the time to handle the complex and increased needs of their clients because of economic challenges and safety concerns. Brian gave his viewpoint regard to how the modification of service delivery tool greatly impacted his delivery process in many ways, for example, "there

were times I found myself relying on the ethical principles and standards when needing to clarify statement made by clients in emotional situation.”

Many participants reported that the transition to virtual communication reduced relationships and unplanned discussions, both of which tend to be beneficial to empowerment. They found it challenging to interpret emotional cues, acknowledge client’s concerns or confirm their request without face-to-face interaction, all of which are important to ethical empowerment strategies. One participant voiced, “Clients were actively participating in discussions, but not in the same way. It was difficult to tell what they really wanted or if they were understanding what I was saying.” (Sam)

#### **Theme 5: Systemic Failures and Individual Resilience**

The fifth theme that emerged was systemic failures and individual resilience of frontline social workers during the ethical decision-making process. This theme addressed the research questions about how frontline social workers conducted ethical decisions in response to the modifications to service delivery during the pandemic and the barriers that affected the implementation of Enck's decision-making model in light of these modifications. It was found that social workers' ethical decision-making processes are shaped by the breakdown of support systems at both the organizational and societal levels. This theme further described the exacerbation between systemic failures, individual resilience’s, and ethical decision-making processes as complexed and multi-faceted. Ethical decision-making processes must address both the systemic failures and individual resilience’s to generate a balanced approach that addresses the ethical implications of these challenges.

According to the participants, this involved being aware of how the two interact with one another, realizing the importance of both group efforts and personal initiative, and making sure that ethical issues are incorporated into frameworks for making decisions. This theme regarding systemic failures and individual resilience was reported by participants, regarding the impact of their decisions on the clients resilience, as well as their actions in undermining the capacity of persons addressing their own needs to overcome their shortcomings, “I struggled at times with my professional obligations conflicting with my agencies policies during the decision-making process.” I often sought consultation from upper management to fact check prior to implementing my treatment plan or decision.” (Grace) Furthermore, another participant reported, “I recognized that my values and ethical principles needed to be prioritized.” (Paul) These additional quotes highlighted the issues related to systemic failures and participants resilience while conducting their decision-making with clients: “I have found that adaptability is about the influential difference between adapting to survive and adapting to succeed.” (Paul) While Greg reported, “I find myself constantly readjusting to learn then policies; however, I’m not satisfied with the intervention that I’m recommended to the client’s and families.”

***Subtheme 1: Diminished Resources and Clients’ Needs***

The first subtheme that emerged focused on diminished resources to meet client’s need. Three participants reported that systemic failures equated to creating adaptive capacities as they relate to social workers and their ethical decision-making process. The systemic failures were relayed from participants in regard to their capacity to evaluate and adjust strategies based on feedback and new information received. Participants

reported that it was critical during the pandemic for them to be able to recognize when their clients lacked capacity, as it was important for them to step in and provide support and advocacy in referring them to appropriate services and resources, “I often found myself in situations where my caseload increased daily; however, the resources needed for families did not, it was frustrating with having to maneuver through long waitlists for resources” (Shelly), Whereas Sam stated that, “it felt like I was always at a crossroad, not knowing if this crisis was going to end and normalcy of services return”.

Four participants described their experiences during the height of the pandemic when agencies were closed and there were no resources available, all their options had been exhausted and there was no guidance from community providers and their concerns were reported as follows: “There were agencies that literally had to close their doors, due to staff shortages, which meant there was a disruption to essential health care services, including mental health and immunizations” (Paul). “It was challenging to access services daily, clearly an economic instability of human and social services, which was critical at this time” (Grace), another participant expressed, “ It is apparent that systemic failures in a crisis can lead to a culture where safety is an issue” (Shelly), while another participant shared, “I was told by my manager, that as long as I followed the decision-making process guide, I could not be held liable for inadequate resources for the increased client population. I felt ashamed” (Brandon).

In these viewpoints shared by the participants, their organizational infrastructure had failed them and there was nothing else they could do or no one to turn to in a time of crisis; however, this did not make them feel any better with the situation and challenges

with which they were met. There was a participant who offered a unique perspective in her role as a social worker during the pandemic, “As a professional, I take pride in my professional career and stay true to my beliefs and values laid out by Code of Ethics that I live by, it is only this that helped me when modifications were made amid this crisis, it empowered me to make sound decisions and recommendations for the clients (Mary). Whereas Sam shared that “it was the ethical principles and standards outlined in the Code of Ethics, that helped me during the assessment phase of the ethical decision-making process (Paul). In both cases, the participants demonstrated their ability to be creative in their approach within the ethical decision-making process regardless of the modification of their service delivery tools.

***Subtheme 2: Redefining Social Work Practice***

The second subtheme that emerged focused on the redefining of social work practice in a chaotic system, three participants equated the integration of pertinent services. Participants voiced that they struggled to remain innovative in their practice; sometimes working off the cuff, while navigating constant, unclear policy changes. This was found evident by Grace, “I was not able to show my flexibility in my decision-making process amid the crisis, there was no room for creativity.” Additionally, another participant reported, “I had to adapt to complex client issues, incomplete information, limited resources, and administrative burdens” (Shelly), Whereas Paul reported that, “ in my viewpoint the ethical decision-making process was further complicated with the need to balance your clients complex problems,” which at times was non-existent.

## Summary

In this chapter, the data collection and process of analysis were reviewed. The findings were based on semi-structured interviews with 10 frontline social workers who were employed during the pandemic as frontline social workers in Fairfield, New Haven, and Hartford counties, and their post-graduate experiences ranged from at least 3 to 10 years. I used a purposive sampling strategy to select participants, recruiting them through social media platforms focused on ethical decision-making and knowledge of NASW Code of Ethics (2021) and Enck's' (2014) biomedical decision-making model. Each participant carefully reviewed and signed an informed consent document. I transcribed and reviewed the recorded responses from Zoom videoconference interviews to explore the perspectives of frontline social workers regarding their ethical decision-making processes in response to the mandatory modifications of service delivery protocol during the pandemic. This research study could enhance treatment modalities through reviewing the perspectives of frontline social workers during the pandemic when the modification of the service delivery tools impacted their decision-making abilities.

The transcribed data from the interviews were reviewed for patterns, then codes were extracted until no other patterns remained, from the patterns and codes, categories and themes emerged. The themes allowed me to address the research questions regarding RQ1: What were the perspectives of frontline Connecticut social workers regarding their ethical decision-making processes in response to the mandatory modifications of the service delivery protocol during COVID-19 in Connecticut, RQ2: What components of Enck's ethical decision-making model did these social workers utilize to communicate

how their ethical decision-making was impacted in response to the mandatory modifications service delivery protocol during COVID-19, and RQ3: What were the barriers to the decision-making process that impacted frontline social workers ability to employ the components of the Enck's ethical decision-making model as it relates to the mandatory modifications service delivery protocol during COVID-19? The results aligned with the concepts of Enck's (2014) biomedical ethics decision-making model, along with the NASW Code of Ethics (2021). In Chapter 5, I provide a summary of the chapter, interpretation of the findings, limitations of the study, recommendations for further research, implications for positive social change, and a conclusion of the study.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

For this research, I explored the shared viewpoints of frontline social workers regarding their ethical decision-making processes in response to the mandatory modifications of the service delivery protocol during the COVID-19 pandemic. Guided by the conceptual frameworks of the NASW Code of Ethics (2021) and Enck's (2014) biomedical ethical decision-making model, this study examined how practitioners navigated ethical challenges during an unprecedented crisis when traditional modes of service delivery were abruptly altered. Extensive literature has examined guiding principles in ethical decision-making and the various models that professionals employ to address ethical questions and dilemmas in practice. Additionally, substantial research has highlighted the role of social workers during the pandemic, including their efforts to advocate and lobby for the inclusion of the most disadvantaged populations in economic support systems (Barnes, 2011; Crawford, 2021; Crisp, 2021; Okafor, 2021; Vasquez, 2020).

Frontline social workers were required to employ critical thinking and informed judgment when ethical alternatives were not immediately apparent. There were circumstances in which practitioners' ethical responsibilities conflicted with agency rules or policies, forcing them to balance professional obligations with organizational constraints. However, a gap in the literature remained, as no studies were identified that specifically examined frontline social workers' perspectives on their ability to readily adapt their ethical decision-making amid the COVID-19 pandemic, particularly when

direct service delivery methods were modified. This qualitative study was therefore undertaken to understand how mandated changes to service delivery protocols affected frontline social workers and how these shifts were reflected in their ethical decision-making with clients during a crisis. The findings show that employing established ethical frameworks such as the NASW Code of Ethics and Enck's biomedical model amid crisis conditions contributed to positive outcomes for marginalized communities and helped advance ethical practice and social welfare at the societal level.

Ten frontline social workers participated in semi-structured interviews and provided the data used to address the research questions. The results revealed that social workers were required to skillfully adapt and modify their ethical decision-making processes by drawing on various ethical frameworks while remaining grounded in the NASW Code of Ethics. Their use of Enck's (2014) model was applied selectively and situationally, depending on the complexity and context of each presenting issue. The participants' lived experiences shaped their perceptions of how to navigate ethical decision-making during future crises, underscoring the importance of flexibility, professional competence, and situational awareness. Therefore, I conducted a qualitative study to understand the impact that the modification of the service delivery protocol had on these social workers and how it was played out in their decision-making process with clients during a crisis. The use of necessary ethical frameworks during the pandemic had a significant positive influence on the lives of marginalized groups and society as a whole (Banks et al., 2020; Beauchamp & Childress, 2012; Kitchener & Anderson, 2011).

The findings of this study could help enlighten, empower, and inform practitioners and organizations about how essential adequate training, strong professional relationships, and clear communication are to effective ethical decision-making during periods of societal modification or crisis. These findings are consistent with prior research indicating that social workers strive to mediate concerns related to social justice, human dignity, values, client autonomy, and relationship-building factors often complicated by the competing demands of secondary environments (Bolin et al., 2009). In this chapter, I present an interpretation of the findings, discuss the study's limitations, offer recommendations for future research and social work practice, and outline the implications for positive social change.

### **Interpretation of the Findings**

In Chapter 4, the data reflected the shared viewpoints of frontline social workers regarding their ethical decision-making processes amid the mandatory modifications to service delivery protocols during the pandemic. The research questions that guided this study were as follows: RQ1: What were the perspectives of frontline Connecticut social workers regarding their ethical decision-making processes in response to the mandatory modifications of the service delivery protocol during COVID-19 in Connecticut?, RQ2: What components of Enck's ethical decision-making model did these social workers utilize to communicate how their ethical decision-making was impacted in response to the mandatory modifications service delivery protocol during COVID-19?, and RQ3: What were the barriers to the decision-making process that impacted frontline social workers ability to employ the components of the Enck's ethical decision-making model

as it relates to the mandatory modifications service delivery protocol during COVID-19? There had been a significant amount of research on social workers and their ability to make ethical decisions during a crisis amid changes to their protocols (McIntosh et al., 2021; Pugh, 2017; Schippers, M.C., & Rus, D.C., 2021; Sicora et al., 2021; Silverman et al., 2017; Simon Lewin et al., 2015; Sobelman, S. A. & Younggren, J. N., 2016; Taylor, B., & Whittaker, A., 2018; Uriz et al., 2021).

Ten frontline social workers participated in this study, sharing their perspectives on how mandated modifications to service delivery influenced their ability to engage in ethical decision-making and support positive client outcomes. As noted by Okafor (2021), altering service protocols without adequate training or skill can intensify already complex situations during times of crisis. Community engagement emerged as a critical factor during the pandemic, motivating social work professionals to develop workshops and support groups that reinforced community connections. These initiatives created opportunities for shared dialogue and enabled more responsive and contextually grounded interventions.

To more fully understand the descriptive phenomenology underlying how frontline social workers constructed their ethical decision-making processes amid mandatory service delivery changes, I employed a generic qualitative research approach. This methodology allowed for a focused exploration of informed judgment and analytical reasoning in situations where ethically sound solutions were not immediately evident (Truell, 2020).

Enck's (2014) biomedical ethical decision-making model and NASW Code of Ethics (2021) were the conceptual frameworks that guided the current study and suggest that the ethical decision-making processes in response to the modification of service delivery protocols and the outcome of the modification tend to have a substantial effect on social workers in crises (see Banks et al., 2020; Varkey, 2020). There was evidence to support the study's conceptual frameworks outcome predictions in all of the study's participants' viewpoints and lived experiences; nevertheless, outcomes had become less significant. The majority of participants reported that during crisis situations, their ethical decision-making abilities were significantly challenged, requiring them to rely heavily on the profession's guiding principles, knowledge base, and practice skills (Lwin & Beltrano, 2020). Participants also reported that due to the complexities of their roles, their duties to society outweighed their allegiance to their agencies regarding the change in policies that were put in place. Bolin et al. (2009) examined the ethical dilemmas social workers face within society (local, federal, and state) regarding the policies and procedures that guide their practice. Their findings showed a positive relationship between limited support by agencies at all levels and satisfaction with social workers (Bolin et al., 2009). The significance of the frontline social worker's responsibilities and actions throughout the crisis gives these issues a dynamic quality. In the ethical decision-making process demonstrated by the study participants, an important understanding emerged: in any given circumstance, social workers must engage in evaluative judgment grounded in their professional knowledge, while also considering how ethical concepts are interpreted and applied throughout the process. This aligns with

Mattison's (2000) assertion that ethical standards serve as a guiding framework for practice. The experiential narratives shared by the frontline social workers I interviewed both reaffirmed and extended the seminal works discussed in Chapter 2, demonstrating how these theoretical foundations take shape in everyday practice. The following sections offer a detailed account of the research findings within each thematic area. Moreover, the study's findings align with Clark's (2011) assertion that navigating ethically challenging situations is inherently a hermeneutic process—one that requires ongoing, sustained effort to balance complex and continually evolving ethical standards. Participants expressed a shared belief that social workers must be able to recognize when clients are hesitant to disclose information that is essential for making ethical and well-informed decisions. In these moments, it becomes especially important for social workers to adapt their communication style to encourage openness and ensure that decisions are grounded in accurate and comprehensive information. The capacity to effectively gather, interpret, and analyze relevant details is therefore a critical component of social work practice.

To support ethical decision-making when confronted with barriers to providing direct services and resources, social workers reported relying on the NASW Code of Ethics (2021) as a guiding framework. Additionally, participants noted that during their direct interactions with clients, they often drew upon Enck's (2014) biomedical model to obtain the information necessary to make ethical choices and promote positive outcomes for individuals and families.

The first theme was period of adjustment, and subthemes adjusting to new roles and policies and procedures. This theme and subthemes addressed the research questions

about how participants were required to make adjustments to their new roles, policies, and procedures during the COVID-19 pandemic. This adjustment period was a crucial part of their ethical decision-making, as social workers needed to juggle new expectations and responsibilities while also addressing their own physical needs. This at times compromised their ability to apply ethical decision-making frameworks effectively. Furthermore, this theme answered the research questions by showing how frontline social workers made ethical decisions while adapting to changes in how services were delivered, as well as the challenges that prevented them from fully utilizing Enck's ethical decision-making model as intended. This theme represents the key factor in decision-making for professionals as it could influence social workers ability to navigate new role and policies effectively. Their general effectiveness may be impacted by the complex problem or challenge of balancing their social, psychological, and physiological requirements. (Congress, 2000; Clark, 2011; Crawford, 2021). The findings of this study aligned with Høybye-Mortensen, (2013), who endorse that central decision maker is the social worker who assesses clients' needs and issues regardless of changes in society and impacts how the ethical decision are perceived and delivered. Participants shared that while the ethical principles of social work practice remain constant, social workers must continually acclimate to new professional environments, roles, and organizational change. This ongoing adjustment process required practitioners to draw upon the NASW Code of Ethics (2021) and their professional judgment to maintain ethical integrity amid shifting practice conditions. Social workers reported that effective practice required a structured approach to decision-making, including careful consideration of potential

actions and their consequences. Participants also described experiencing feelings of incompetence and resistance when they were unable to adapt quickly to changes, suggesting that rapid organizational or practice-level modifications can erode professional confidence and destabilize workers' sense of competence. This emotional disruption is not trivial; emotionally charged ethical decisions carry significant risk, as poor judgment can negatively affect not only the individual worker but also their agency, the profession, and society as a whole (Pugh, 2017). Taken together, these findings reinforced Cottone's (2012) argument that ethical decision-making was not merely a rational, linear process but one that required practitioners to integrate cognitive reasoning with emotional awareness. When workers understood how their emotions interacted with their judgments, they were better positioned to navigate dilemmas without becoming overwhelmed or distracted by affective responses (Crisp et al., 2021).

At the same time, the literature emphasizes that decision-making does not occur in a vacuum. Lidskog and Sjödin (2015) highlighted how contextual conditions such as organizational pressures, policy constraints, and the expectations of multiple stakeholders shaped the options available to practitioners and influenced how they interpreted ethical tensions. This situates emotional responses within a broader ecology of practice, suggesting that feelings of uncertainty or resistance may be as much a product of structural conditions as of individual capability. Moreover, Schippers and Rus (2021) conceptualized decision-making in social work as an ongoing, iterative process in which small, incremental choices accumulate to produce meaningful and positive change over time. This perspective reframes ethical practice as dynamic rather than episodic,

underscoring that confidence and competence are built through repeated engagement with complex situations rather than through immediate mastery.

Together, these insights suggest that ethical decision-making in social work is best understood as a relational, context-dependent, and emotionally infused process. Workers must continually negotiate the interplay between their internal emotional landscape and the external demands of their practice environment, developing adaptive strategies that allow them to remain both reflective and responsive. This synthesis points toward the need for organizational cultures that support emotional reflexivity, provide space for uncertainty, and recognize that ethical competence develops gradually through sustained practice rather than instantaneous decision-making.

The second theme was concern for confidentiality with online video platforms and subthemes addressing client environment and adapting to verbal and non-verbal cues. This theme and subthemes addressed the research questions regarding frontline social workers' limited control regarding clients physical surrounding, which tended to raise concerns about who might overhear interviews or whether conversation were truly private. It was noted that virtual communication at times could distort or limit non-verbal cues, therefore social workers needed to adjust how they interpreted client's emotions, needs, and ethical cues. Furthermore, this theme answered the research questions by showing how frontline social workers made ethical decisions during the pandemic while using these platforms, the challenges they experienced when applying Enck's and NASW Code of Ethics frameworks, and how the frameworks were intended to help explain their ethical responses even when modifications to their service delivery disrupted the usual

decision-making processes. In hindsight, this theme illustrated that confidentiality concerns arising in virtual service environments created ethical challenges that directly influenced how social workers interpreted, understood, and applied both Enck's biomedical ethical decision-making model and the NASW Code of Ethics during their interactions with clients in crisis situations. The professional–client relationship may be jeopardized by risks inherent to virtual service environments, including potential data breaches, unauthorized eavesdropping by individuals within the client's home, and unpermitted access or listening by others who may be present in the client's residence. According to participants, they utilized variations of Enck's (2014) biomedical ethical decision-making model as a tool when making impromptu decisions during these unsafe platforms. Rubin and Rubin (2012) emphasized that effective communication in social work relies heavily on the practitioner's ability "to adapt, to evolve, to intentionally choose from an extensive array of behaviors, knowledge, skills, and approaches." This flexibility enables social workers to respond appropriately to diverse client needs and ethically navigate complex or rapidly changing circumstances. The cultivation of expertise in practice could be defined as developing confidence when faced with uncertainty during the ethical decision-making process and thinking about past experiences to improve efficiency. Participants emphasized that a critical component of ethical decision-making involves understanding the problem from the client's point of view. This client-centered orientation was described as essential for recognizing the full context of a client's experiences, needs, and vulnerabilities. Moreover, participants stressed that ethical competence requires more than a passive familiarity with the NASW

Code of Ethics. Instead, they argued that practitioners must actively interpret and apply its standards and principles in their daily work. By doing so, social workers can better ensure that services are delivered in a manner that is fair, equitable, and responsive to the diverse circumstances of the individuals and communities they serve. Participants emphasized the importance of grounding their practice in core ethical principles—truthfulness, accuracy, and honesty. These values not only guide responsible social work practice but also empower practitioners to advance social justice through both direct client support and broader systemic change. Engaging in this approach also underscored the essential role of effective communication, a foundational value of the profession. Social workers are expected to communicate clearly and purposefully in order to advocate for individuals and communities whose voices are often marginalized. The NASW Code of Ethics explicitly identifies integrity, honesty, and accuracy as foundational professional values. It states that social workers must “behave in a trustworthy manner” and uphold standards of honesty and responsibility in practice.

Scholars also emphasize that these core values form the backbone of ethical decision-making and professional identity in social work. For example, Gross (2024) discusses how the Code of Ethics establishes norms that shape ethical thought and guide justice-oriented practice.

These findings also aligned with Rawles (2016), who argued that critical reflection and efficient guidance were needed to recognize, investigate, and control communication strategies that could help reinforce and improve the decision-making process. Munro (2019) clarified that organizational culture can limit professional

practice, it promotes an "optimistic error mindset" to enhance decision-making by recognizing that oversights are to be expected and embracing them as a chance to grow rather than impose criticism.

The third theme was moral distress and shifting of ethical boundaries, subthemes prioritizing protocols and bending the rules. This theme and subthemes addressed the research questions as it relates to the emotional and ethical strain frontline social workers' experienced when they were unable to practice according to their usual standards during the pandemic. Given the fact that the pandemic required strict protocols and changes were made to the service delivery, social workers often had to choose between following agency mandates and meeting the needs of clients. Participants shared that this created a level of moral distress, in which they felt conflicted when they believe the ethical decisions they were making were correct when it was not fully possible; which caused them to shift ethical boundaries, including modifying or bending rules in order to provide support to their clients while still trying to adhere to the ethical guidelines. Furthermore, this theme answered the research questions by showing how the internal conflicts social workers grapple with when faced to choose strict, often rigid, new protocols and their professional ethical obligations to their clients, as well as how they approached ethical decisions under these conditions. The results from the study highlighted how social workers utilized the different components of these models to assist them in communicating and understanding the impact these challenges had on their decisions. Participants shared that they are governed by the NASW Code of Ethics (2021), which requires them to uphold confidentiality and integrity at all times in order to safeguard

clients' rights. During the pandemic, this ethical issue was challenged given the circumstances surrounding the pandemic mandates, which employed them to create strategies to address the complex client needs.

Social workers in the study emphasized that systemic regulations, procedural demands, and limited interdisciplinary communication often restricted their ability to act on their professional judgment. These constraints required them to constantly recalibrate their practice—adapting their methods, negotiating institutional barriers, and finding creative ways to advocate for clients within rigid systems. Participants reflected not only on the practical implications of this adaptability but also on its emotional and ethical weight. They described the ongoing challenge of balancing compassion, professional responsibility, and personal well-being, acknowledging that “we as social work professionals adapt as best as we can; we are only human, and we have compassion for meeting the needs of our clients.” Taylor & Whittaker (2018) highlight how failures in social services often stem from structural and communication breakdowns across professional boundaries, reinforcing constraints on effective practice.

These findings also aligned with Lwin and Beltrano (2020), who argued that effective social workers drew on what they observed and assessed both during and after their interactions with families. The results further suggest that decision-making is a form of scholarly expertise that develops and deepens with professional maturity. Yet current treatment processes offer no clear framework for evaluating decision-making in social work practice, nor do they provide structured ways to integrate learning into future interventions. Empirical wisdom enables practitioners to synthesize multiple sources of

information to reach well-reasoned conclusions (Graham & Shier, 2013). This form of expertise is expressed as legitimate professional intuition rather than bias (Sicora et al., 2021), grounded in informed understanding and the capacity to make sound judgments amid uncertainty.

The fourth theme was communication strategies for ethical-decision making, subthemes active listening and empowering clients. This theme and subthemes addressed the research questions as it showed how frontline social workers needed to adapt their communication methods in order for them to continue to make sound ethical decisions. Social workers at times found it difficult to apply Enck's and NASW Code of Ethics frameworks fully because the pandemic created obstacles, such as non-verbal cues, technological issues, or reduced privacy which at times affected their ability to communicate effectively. Even though the workers managed to use the model continually, the components of the model nonetheless helped show which areas of their decision-making were affected. For instance, it might have been more challenging to actively listen during video calls, or security protocols might have prevented clients from being empowered. This theme represents the key factor in decision-making for professionals to effectively communicate their needs, which encompasses the goals of key messages strategies, and performance goals. Participants shared that effective communication is critical when gathering pertinent information decision-making purposes, which framed their ability to address the challenges and limitations that were presented. The results from the study found that many frontline social workers were impacted by challenges to effectively communicate with clients regarding their complex

needs; with the purpose of invoking change. It was further shared that social workers are unable to identify and assess the needs of underserved clients, due to communication challenges, it prevents them from achieving and resolving multifaceted problems. Participants emphasized that active listening and the use of both verbal and nonverbal communication strategies during assessment interviews are essential for achieving effective outcomes. Prior research similarly identifies communication competence as a core component of social work practice, particularly in contexts requiring accurate assessment and rapport building (Malikhao, 2020; Reamer, 2013a). The findings from this study suggest that strong communication skills support informed decision-making and reduce the likelihood of miscommunication, interpersonal discrepancies, and delays in accessing appropriate resources (McAuliffe & Greenslade, 2015). Taylor and Whittaker (2018), argue that developing a deeper understanding of effective communication strategies enhances practitioners' ability to make informed ethical decisions when these strategies are applied in practice. Moreover, ethical decision-making requires taking into account how communication decisions may affect clients as well as the overall ethical framework within agencies.

The fifth theme systemic failures and individual resilience, and subthemes addressed pandemic-induced service adaptations and challenges and the subthemes diminished resources and redefining practices. This theme and subthemes addressed the research questions as it showed how more expansive structural problems, such as organizational breakdowns, unclear protocols, and limited institutional support can affect frontline social workers during a crisis. It further highlighted how frontline social

workers demonstrated resilience by adapting their own practices to continue serving clients despite those systemic challenges. Participants shared the difficulty they endured when needed to make the shift in order to meet the client's needs; while dealing with the reduction of staffing, funding, and the availability of services. This theme further described how the pandemic created tremendous disturbances in healthcare systems worldwide, demanding rapid adaptation to comprehensive changes, impacted by related or unrelated systemic breakdowns. Social workers found that the distancing guidelines and modifications of their protocols prompted them to restructure their ethical decision-making approach amid organization and societal failures (Nicholas et al., 2023). Research has shown that it was beneficial for frontline social workers to have been proactive in their response to families to overcome the challenges that they faced, both during and beyond the pandemic, using the patient-centered care approach (Holmes et al, 2021). The current findings confirm major adaptations to handling the challenges of COVID-19 and being resilient. Consequently, health professionals had to adapt to these changes for ethical decision-making purposes in order to meet complex case needs of their clients (Khalid & Ali, 2020). Furthermore, multi-disciplinary team meetings in healthcare settings revealed that this collaborative involvement lessened the impact that was felt by social workers on the ethical decision-making process during a crisis. Participants described while continuing to explore any potential conflicting values or unwanted principles that may arise, it was important to examine the immediate reactions from clients and look for any ethical conflicts that may aid in their decision-making. Nicholas (2023) studied how the pandemic affected frontline social workers and their views on

overcoming obstacles for the good of society. It was noted that social work professionals could be faced with challenges within their roles, but it was how they address these issues and the outcome through skills utilized during the ethical decision-making process that could produce positive outcomes for society. These findings align with Taylor and Whittaker (2018), who argue that developing a deeper awareness of these complexities can support more informed ethical decision-making when practitioners face uncertainty particularly in areas shaped by culturally and individually specific beliefs, opinions, understandings, and standards. For social workers, consistent access to social services and state-affiliated resources is essential. Without such access, circumstances can quickly deteriorate, leaving clients to suffer when their concrete needs remain unmet. The COVID-19 pandemic further exposed and intensified these long-standing inequities, highlighting the magnitude of the challenges faced by individuals living in poverty. Participants in this study found themselves using Enck's (2014) modified decision-making process in some form i.e., informational gathering, identification, clarification, assessment, recommendation, and documentation during the pandemic to address complex scenarios for clients. It was discovered that during this phase of systemic failures, social workers concentrated on critical thinking to identify problematic areas, while considering the patient's values, beliefs, and culture before proposing the best course of action.

Decision-making in the social work profession is complex and multifaceted; there is no perfect algorithm to give the correct outcome (Sobelman & Younggren, 2016). Social work foundation shows that it is crucial for this profession to closely review the

identified problem during the ethical decision-making process, be open to receiving assistance from experts or colleagues, consider mandates and practices, and evaluate potential risks that might have occurred before making that decision (Lwin & Beltrano, 2020).

In reviewing the interpretations of the data in this study, several unexpected and, at times, contradictory findings emerged regarding frontline social workers' ethical decision-making in the context of mandatory modifications to service delivery during the COVID-19 pandemic (e.g., lockdowns, social distancing, remote work, and resource allocation). These unexpected and, at times, contradictory findings can be further understood through the lens of Enck's (2014) biomedical ethical decision-making model and the NASW Code of Ethics (2021). Enck's model emphasizes deliberate problem identification, contextual analysis, consideration of ethical principles, and balanced judgment. However, the pandemic conditions described by participants often disrupted these steps. Frontline social workers reported being required to make rapid decisions in environments characterized by uncertainty, limited information, and evolving mandates. As a result, the ability to fully engage in systematic ethical deliberation was frequently constrained, leading social workers to rely more heavily on professional judgment and experiential knowledge than on formalized decision-making processes.

Similarly, the NASW Code of Ethics (2021) underscores social workers' ethical responsibilities to promote client well-being, uphold service, dignity and worth of the person, and exercise professional judgment while adhering to organizational policies. Participants' accounts revealed that these ethical standards often came into conflict with

rigid institutional protocols implemented during the pandemic. Many social workers described ethical dilemmas in which strict compliance with organizational directives risked causing harm, delaying services, or exacerbating client vulnerability. In these situations, social workers were forced to navigate competing ethical obligations while balancing fidelity to agency policies with their professional duty to advocate for and protect clients.

The unexpected and/or contradictory findings are well supported and explainable with the existing literature. In total, these findings suggest that while Enck's (2014) model and the NASW Code of Ethics (2021) provide essential guidance, they may require greater flexibility and contextual adaptation during large-scale crises. The experiences of frontline social workers in this study highlight the need for ethical frameworks and organizational policies that more explicitly account for crisis conditions, allowing practitioners to exercise informed professional judgment without fear of punitive consequences when ethical obligations to clients necessitate deviation from standard protocols.

### **Limitations of the Study**

The semi-structured interviews conducted with 10 participants generated rich and meaningful data for this study. Despite the depth of information obtained, several limitations persisted. Even so, the study's strength was evident in the diversity of participant experiences, which shaped their perceptions of how the modified service delivery protocol influenced their decision-making processes. The ability of frontline social workers to provide ethical and sound decisions for individuals in both rural and

urban areas during the pandemic was deeply affected by longstanding systemic inequalities, resource disparities, marginalization, and broader health inequities. Participants from diverse regions across the State of Connecticut described the mandated modifications to service delivery in ways that were shaped by the distinct contexts of the rural and urban areas in which they lived and worked. Social workers practicing in areas with limited resources reported experiencing heightened challenges in carrying out ethical decision-making, as the scarcity of supports and tools often constrained their professional judgement. In contrast, those working in resource-rich environments did not face the same limitations, allowing them greater flexibility and confidence in navigating the required service delivery changes. Tan et al. (2020) examined significant disparities in access to tangible pandemic-related resources based on individuals' geographic locations, particularly within communities of color, rural regions, and low-income areas. These disparities rooted in longstanding structural inequities made it more difficult to distribute resources equitably and to adequately treat and support individuals living in these environments. As rural and urban areas remain interconnected, health policymakers and government officials must develop emergency preparedness plans that explicitly address the shortage of healthcare facilities, provider deficits, communication barriers, and limited access to essential resources that persist across both settings.

Additionally, study participants were asked to set aside 45–60 minutes for an interview, which may have conflicted with their professional or personal obligations. Some participants may also have experienced hesitancy or uncertainty regarding the study's purpose and how the data would be used (Nicholas et al., 2023, Platt, 2012;

Vasquez, 2020). To address these concerns, careful consideration was given to the interview format. Interviews were conducted via Zoom videoconferencing, allowing participants to engage from a setting of their choice.

The diverse narratives and experiences contributed significantly to the richness of the data; however, the sample size of ten participants remained a limitation of the study. The sample was predominantly Black ( $n = 6$ ), with two Caucasian, one Asian, and one Latinx participant. Due to both the small sample size and the limited racial composition, the generalizability of the findings to the broader frontline social worker population is limited (Malterud et al., 2016).

Since this was not a nationwide study, another limitation was its focus on frontline social workers affiliated with NASW chapters in Fairfield, New Haven, and Hartford counties. This geographic and organizational scope excluded other frontline social workers, both in the private and public sectors, who also worked directly with families during the pandemic. These practitioners similarly encountered challenges and ethical dilemmas as they navigated the mandatory modifications to service delivery protocols during COVID-19. Their exclusion limits the broader generalizability of the findings, as their perspectives may have provided additional insights into how diverse practice settings shaped ethical decision-making during the pandemic.

It was challenging to generalize the findings due to the ongoing and evolving nature of the COVID-19 pandemic. Participant responses reflected only the specific point in time at which the interviews occurred. Because the pandemic had largely subsided by the time of data collection, their reflections may have been influenced by temporal

distance, potentially altering the intensity of anxieties, concerns, or perspectives shared particularly regarding modifications to service delivery methods.

Although participants openly shared their viewpoints, perspectives, and lived experiences, they expressed no reservations about discussing their roles during the pandemic. However, the study's focus may have posed a barrier to recruiting additional participants. It remains unknown whether individuals who viewed the recruitment flyer but chose not to participate opted out due to discomfort with revisiting or reliving their pandemic-related experiences.

### **Recommendations**

Future research that incorporates a larger and more diverse sample size could help confirm or challenge the findings of this study and generate additional insight into areas that may require further examination or refinement within the ethical decision-making process, ultimately enhancing support for frontline social workers. One of the most significant findings in this research was the extent to which the modification of service delivery protocols influenced social workers' capacity to address client needs during a crisis. Future research that continues to investigate this area may further strengthen social workers' ethical decision-making processes and better support their professional practice during future crises. As this study demonstrated, the rapid modification of service delivery protocols created complex conditions that required frontline social workers to adapt quickly while maintaining ethical standards.

Targeting effective ethical decision-making modalities for frontline social workers could yield important insights for practitioners and for the organizations that

support them. The findings of this study revealed that although participants were grounded in the NASW Code of Ethics (2021) and familiar with widely endorsed professional values and ethical reasoning models, these guiding frameworks did not always translate into consistent ethical judgments during crisis conditions. This aligns with Murdach's (2009) observation that even when practitioners draw from the same ethical sources, they may nonetheless arrive at markedly different ethical responses.

These variations underscore the importance of examining not only what frameworks exist, but how frontline social workers interpret and apply them when faced with complex, rapidly shifting circumstances. Enck's (2014) biomedical ethical decision-making model—particularly its emphasis on problem identification, situational awareness, and balanced judgment—provides a useful lens for understanding these differences. The present study suggests that when workers were challenged by abrupt protocol modifications, heightened risk, and inconsistent organizational guidance, their ability to engage fully in these foundational steps of ethical reasoning was constrained. As a result, decision-making processes became less uniform, revealing a need for more targeted modalities that strengthen ethical clarity and responsiveness during crises.

Taken together, these insights point to significant opportunities for social work agencies, educators, and policymakers to strengthen professional readiness. Investing in ongoing training, developing clearer crisis-response protocols, and integrating ethical models into everyday practice could support more consistent and confident decision-making. Such efforts may ultimately lead to more positive outcomes for individuals,

families, and communities when service delivery systems are confronted with unexpected disruptions.

### **Implications**

The research holds the potential to significantly impact the field of social work by deepening the understanding of the multifaceted nature of ethical decision-making and illustrating how varying interpretations of ethical principles can adversely affect the outcomes of clients served. The study's findings are important for the social work profession and positive social change. Social workers and other helping professions can utilize this study to further explore effective decision-making skills and insights for communicating and promoting positive outcomes during crisis. This research gave the ten participants a platform to articulate their struggles, strengths, and insights. Emphasizing positive social change enables frontline social workers to critically reflect on their practice during a crisis, highlight how they continue to navigate complex ethical dilemmas amid shifting service delivery protocols, and document their resilience in ways that highlight the need for broader systemic reforms. Munroe (2018) and Banks et al. (2020) noted that the pandemic radically transformed people's lives, particularly worsening conditions for those whom social workers typically serve, individuals already situated on the margins of society and experiencing poor health, poverty, and other forms of inequality. Continued research on this topic has the potential to further advance both researchers' and practitioners' ability to identify effective approaches to decision-making; through adapting to change, effective communication and collaboration of community resources.

The social work profession is grounded in fundamental concepts such as respect for individuals, equality, and ethical integrity. By exercising ethical judgment in their daily practice, social workers contribute to a more just society, empower clients, and foster relationships built on trust (CASW, 2019). In alignment with these values, the American Counseling Association and the National Association of Social Workers have jointly developed strategies to strengthen core ethical principles and standards that guide best practices within the profession (Beauchamp & Childress, 2012; Kitchener & Anderson, 2011; Stadler, 1986).

The study's findings further contribute to positive social change by fostering meaningful dialogue among frontline social workers, community agencies, and policymakers. These insights provide an evidence-based foundation that organizations such as the IFSW and NASW can use to guide and advocate for ongoing improvements in ethical decision-making processes across the profession. Additionally, the findings of the study could educate, promote, and enhance social work practitioners, allowing them to be professionals who aid those individuals in society with life changing decisions, thereby promoting positive social change. Given that ethical decision-making is a central component of social work practice particularly when practitioners are required to navigate complex and rapidly evolving circumstances the study underscores the need for strengthened ethical frameworks. Enhancing these frameworks can support more effective practice and, ultimately, lead to improved outcomes for individuals, families, and communities.

Using ethical decision-making has significant implications for both social work theory and practice. Core ethical concepts and principles such as autonomy, beneficence, justice, and nonmaleficence shape how social workers understand and respond to complex situations. Ethical guidelines provide essential direction for professional conduct, including areas such as informed consent, boundary management, confidentiality, conflicts of interest, and research and evaluation. To navigate these responsibilities effectively, social workers are encouraged to apply ethical decision-making frameworks that promote introspection, critical reasoning, and a structured approach to resolving dilemmas.

### **Conclusion**

Qualitative research seeks to understand how individuals or groups interpret their experiences and construct meaning from them. This study explored the perspectives of frontline social workers as they developed their ethical decision-making processes amid mandatory changes to the service delivery protocol. The findings revealed several interconnected challenges, including shifts in communication strategies, adaptations in service provision, difficulties navigating client needs and organizational policies, and barriers in obtaining accurate client information. Together, these factors created significant obstacles for social workers attempting to make sound ethical decisions in complex and rapidly evolving circumstances.

The study's implications extend to both practice and the promotion of positive social change. Prior to this research, no studies had examined the ethical decision-making processes of frontline social workers specifically from their own perspectives during

periods when service delivery was modified and when these changes directly affected their interactions with families in crisis (Crawford, 2021). By providing ten participants with the opportunity to share their experiences, this study amplified the voices of frontline social workers in Connecticut who at times felt overlooked within the broader helping professions. By highlighting how organizational factors influence their ability to address complex social determinants of health, this research brought needed awareness to the structural conditions shaping practice. Ultimately, the study centered on the ethical decision-making processes employed by frontline social workers in Fairfield, New Haven, and Hartford Counties as they navigated mandatory service delivery changes amid a statewide crisis.

In the aftermath of the global pandemic, residual effects continue to burden rural and urban communities that who were not provided with adequate resources or tools to meet the evolving needs of families. Social workers make critical decisions everyday decisions that can determine a child's level of risk, safeguard vulnerable older adults, or guide families through complex crises. The literature demonstrated that social workers across both urban and rural settings shared similar experiences during the pandemic. The information gathered in this study revealed the fears social workers faced when required to make decisions outside of established professional guidelines. Participants also described how their confidence in making independent decisions was undermined by how others within their agencies perceived their actions. The findings underscored the importance of recognizing that social workers' judgments are not arbitrary; rather, they are grounded in professional training, ethical standards, and core social work values and

principles. Ultimately, the data showed that decisions made by social workers during a crisis can be understood not just as procedural responses, but as moral decisions shaped by ethical commitments and professional integrity.

This study integrated social work practice with a biomedical ethical decision-making model, demonstrating how social workers engage in ethical reasoning comparable to that of the medical profession a field widely recognized for its rigorous ethical standards. For decades, social workers have played a crucial role in educating and empowering individuals to create meaningful change in their lives. However, in 2019, this role was profoundly challenged by the onset of the COVID-19 pandemic, which prompted significant modifications to service delivery tools and disrupted the ways resources were allocated across communities worldwide. The pandemic further illuminated long-standing disparities in treatment and access to services, particularly among marginalized and less fortunate populations.

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## Appendix A: Interview Questions

**Introductory Statement**

I want to start by saying thank you for consenting to this interview. My name is Marie Hollingsworth, and I attend Walden University where I'm pursuing my Ph.D. in Social Work. The purpose of this interview is to explore *What were the perspectives of frontline social workers regarding their ethical decision-making processes in response to the mandatory modifications of the service delivery protocols during COVID-19 in Connecticut, What components of Enck's ethical decision-making model did these social workers utilize to communicate how their ethical decision-making was impacted in response to the mandatory modifications service delivery protocol during COVID-19, and What were the barriers to the decision-making process that impacted frontline social workers ability to employ the components of the Enck's ethical decision-making model as it relates to the mandatory modifications service delivery protocol during COVID-19?* The interview should last a minimum of 30 to 60 minutes. After the interview, I will analyze your answers. The information you shared may be included in this study, but your identity will be confidential. To ensure that no one can identify you using the information you shared, I will code your name and demographic data instead of disclosing them. At any point during the interview, you have the option to end the interview. In order to properly transcribe, analyze, and code this interview later, I would like to record it.

**Do I have your permission to record this interview?**

**Do you have any questions before we start?**

**Are you ready to start?**

**Is it okay if I start recording now?**

**Interview Guide Questions:**

**Step 1 - Enck's Six Steps**

1. Describe a time during the pandemic in which you found it challenging while obtaining medical, social history, and treatment planning documentation during an interview with a client? How did you alter your ethical decision-making process to obtain the required outcome?
2. How did you, as a frontline social worker, identify a problem as being an ethical issue within the guidelines of social work practice during the COVID-19 pandemic?
3. How did you, as a frontline social worker, access social work resources/policies (e.g., housing, financial assistance, foodbank, and PPE) during the pandemic, and did you find the process challenging in clarifying any potential ethical barriers?
4. How, if at all, did you as a frontline social worker modify your decision-making process during the pandemic when addressing a client's request for a higher quality of life when considering their personal preferences, cultural background, and values?
5. Explain a situation during the pandemic where you were required to modify your decision-making process with respect to an ethical dilemma in working with a client? How did this modification affect your recommendation regarding the ethical issue on behalf of a client?

6. Please describe a time, during the pandemic as a frontline social worker, that you found it challenging to document risk regarding a client using digital technology due to the modifications set forth by your agency. Did you need to change your decision-making process to address the ethical issue for documentation justification, and if so, how?

Step 2 - How do social workers make ethical decisions using the NASW Code of Ethics.

7. What are some ethical principles and values that you considered and utilized during the pandemic when making ethical decisions for clients?
8. How did you as a frontline social worker during the pandemic apply the NASW Code of Ethics in your ethical decision-making process?
9. What challenges did frontline social workers face during the pandemic when making ethical decisions?
10. How did you as a frontline social worker balance your ethical responsibilities to your clients, colleagues, and the profession in your decision-making process?
11. What impacted social workers' ethical decision-making during the pandemic with regard to their clients, colleagues, and the profession?
12. How did you as a social worker during the pandemic resolve any ethical dilemmas that emerged during a decision-making process using the NASW Code of Ethics as your primary source?

Thank you very much for your time.

## Appendix B: Pre-Screening Guide

Instructions: Please check appropriate circle or fill in the blank appropriately.

1. Gender
  - Male
  - Female
2. Age: \_\_\_\_\_
3. Type of Social Work License: \_\_\_\_\_
4. Race: \_\_\_\_\_
5. Employment status:
  - Part-time
  - Full-time
  - Per Diem
6. Number of years working as a front-line Social Worker
  - At least 3 years
  - 3 to 5 years
  - 6 to 8 years
  - 8 to 10 years

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