

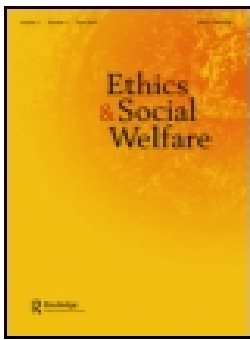
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Ethical Decision-Making of Social Welfare Workers in the Transition of Services: The Ethics of Care and Justice Perspectives

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ABSTRACT



It is argued that besides the ethic of justice, the ethic of care is essential for social work ethics, and these approaches need to be fused to meet contemporary challenges of New Public Management in public services. The present study explored social welfare workers' ethical decision-making in restructured organisations in Finland. A total of 111 social counsellors and social workers reported a work-related ethical dilemma and its resolution. In ethical decision-making, participants used predominantly justice-based reasoning, complemented by considerations of care. Dilemmas related to clients' needs, reported mainly by social counsellors, invoked care-focused reasoning, whereas dilemmas related to applying rules and laws, the most typical for social workers, invoked exclusively justice-focused reasoning. Professionals aimed to act in the best interests of clients, challenging unjust or harmful rules and procedures generated by organisational changes. The ethic of care was explicated through maintaining relationships with clients to secure their access to services, and taking their particularities into account when using professional discretion. It is concluded that as a more recognised ethic of welfare professionals, the ethic of care would provide the means to enhance the implementation of social justice as a constructive response to current organisational demands and reforms in public services.

KEYWORDS

Ethic of care; ethic of justice; ethical dilemma; ethical decision-making; moral reasoning; social work; social workers; bachelors of social services; New Public Management; service integration

Introduction

The widespread concept of the ethic of care has various definitions. According to its originator, psychologist Carol Gilligan, care means responsibility to discern and alleviate 'the real and recognisable trouble in the world' (1982, 100) that resonates with the values of social justice that are crucial for social work (IFSW 2018). Gilligan (1982) initially observed two different modes of moral reasoning in women's natural moral conflicts. In short, the ethic of care is centred on maintaining relationships through responding to the needs

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of others and avoiding hurt, while the ethic of justice is centred on maintaining obligation, equity and fairness through the application of standards, rules and moral principles (Gilligan 1982; Lyons 1983).

Gilligan argued that the contemporary research paradigm advanced by Lawrence Kohlberg with his theory of moral development (1982) ignored women's ethic of care because it was originally based on an all-male sample and presupposed justice as a core concept of morality, echoing the normative neoliberalist and deontological theories of that time. Feminist philosopher Joan Tronto (1993) further elaborated that the ethic of care represents the ethic of the private sphere, whereas the public sphere is governed by the ethic of justice, and this division again confirms other divisions in terms of gender, race and social class. While the ethic of justice represents a distorted view of human beings as purely autonomous and detached moral decision-makers, the ethic of care would provide a more realistic view of them as interdependent and vulnerable in need, and therefore, it should be made more visible and rooted in public institutions (Tronto 1993). Consistent with Tronto's (1993) 'political ethics of care', Sarah Banks (2011) has developed 'a situated ethics of social justice' as a critical response towards the prevailing New Public Management doctrine in public services.

The purpose of this paper is to elaborate on the role of the ethics of care and justice in the contemporary change of social welfare services. In effect, we examine what kind of ethical dilemmas social welfare workers encounter and how they use the ethics of care and justice in solving these dilemmas in newly restructured organisations in Finland. The context of this study is the ongoing reform of health and social services driven by demands for improved economic efficiency and citizens' equal access to services (cf. Keskimäki, Sinervo, and Koivisto 2018). Echoing international development, New Public Management is an apparent doctrine in Finnish social welfare services as well (Mänttari-van der Kuip 2015), providing another context for this study. Thus, this study will shed further light on the topical question, how social welfare workers respond, specifically in terms of the ethics of care and justice, to potential challenges of New Public Management.

The ethics of care and justice as distinctive modes of ethical decision-making

In recent past decades, discussions on the ethic of care have extended from social psychology to other disciplines, generating complex accounts for various relationships and domains (Koggel and Orme 2013). While the ideas of the care ethic have nurtured critical discourse as well as practical applications, it may have obscured Gilligan's major scientific contribution that the ethics of care and justice represent distinctive modes of moral reasoning. In solving moral conflicts, justice reasoning employs a hierarchy of rights and rules to determine which solution is the most justified, whereas care reasoning considers the unique characteristics of individuals and situations to find the balanced response to their needs (Gilligan 1982). Accordingly, justice reasoning represents a universalistic mode of moral reasoning, seeking a solution that can be applied to all similar cases, whereas care reasoning represents a particularistic mode of moral thinking that draws on the full description of the concrete case (Blum 1988; Juujärvi & Helkama, *forthcoming*).

In the field of social psychology, Gilligan's claim about gender-related moralities has been completely refuted (Walker 1991). Extensive research has indeed shown that the ethics of care and justice constitute different modes of moral reasoning that tend to perceive, interpret and solve moral problems in different ways (Juujärvi & Helkama,

forthcoming; Skoe 2014). Furthermore, growing research on real-life moral dilemmas has shown that they range from simple issues to difficult value-based conflicts (e.g. Banks and Williams 2005; Myrsky and Helkama 2007; Wark and Krebs 1996). People use both the ethics of care and justice to solve them: pro-social issues invoke considerations of care, whereas law-related or antisocial issues invoke considerations of justice (Juujärvi 2005; Wark and Krebs 1996). It also seems that the ethics of care and justice complement rather than contradict each other in professional decision-making (Sherblom, Shipp, and Sherblom 1993; Juujärvi, Ronkainen, and Silvennoinen 2019) and that they integrate into mature moral thought in adulthood (Juujärvi & Helkama, forthcoming).

While the importance of the care ethic has been acknowledged in the field of social care and welfare (Koggel and Orme 2013), few empirical studies have directly pertained to how practitioners actually use judgments of care and justice in ethically difficult situations (e.g. Barnes 2012; Gregory 2011). The ethic of care has so far been conceptualised as an appropriate attitude or virtue for social workers and nurses (Banks and Gallagher 2009), rather than an adequate problem-solving strategy in professional practice. Despite harnessed policies and increased managerialism in public services, social welfare workers as street-level bureaucrats still exercise considerable amounts of discretionary power in their decisions (Evans 2010; Lipsky 2010). Care-taking has recently been identified as one dimension of discretionary power for social workers that is manifested in their reciprocal relationships with clients and compassionate considerations, how they as bureaucratic decision-makers could best advance clients' particular situations (Sirviö et al. 2015). We further argue that care-based ethical reasoning is a fundamental but unnoticed form of social welfare workers' professional discretion that warrants further study.

This article has two interrelated aims. First, it aims to respond to the above-explained research gap by examining ethical dilemmas social welfare workers encounter in contemporary work contexts in Finland. Following the methodology by Wark and Krebs in social psychology (1996), we use the concept of dilemma to denote situations in which the worker feels unsure of what the morally right thing is to do, even though they are not dilemmatic in the traditional sense of involving a conflict of values (Kohlberg 1981). Second, we will analyse how social welfare workers resolve their ethical dilemmas in terms of the ethics of care and justice, in order to add understanding about how New Public Management as a mainstream doctrine in public services shapes ethical decision-making among social welfare professionals.

New Public Management and ethical decision-making

New Public Management (hereafter NPM) can be seen as an offspring of neoliberalist ideologies that has had a considerable influence on the roles of social and health care professionals (Juhila, Raitakari, and Hansen Löfstrand 2017). Originally, it was a loose doctrine with a key idea that public services can be made more efficient and effective by using business management methods and advancing competition through developing markets (Hood 1991). NPM-based reforms typically involve the separation of purchasers and providers of services, specifying measurable targets, and the generating of procedures and regulations (Banks 2011; Burton and van den Broek 2009). For workers, it means increased organisational accountability involving organisational budget control, personalised efficiency demands, job control and evaluation (Mänttari-van der Kuip 2013).

Social workers' codes of ethics do acknowledge that they are accountable to several parties (clients, colleagues, employers, laws) and these accountabilities may conflict and be negotiated to minimise harm to all persons (IFSW 2018). However, studies around the world show that organisational demands within the NPM schema tend to overwhelm and compromise workers' professional values and integrity (Höjer and Forkby 2011; McDonald and Chenoweth 2009; Mänttari-van der Kuip 2013, 2015; Weinberg and Banks 2019). Moreover, new information technologies have strengthened workers' accountability on recording and auditing processes, rather than decreased bureaucracy, resulting in the loss of professional autonomy (Burton and van den Broek 2009). Increased organisational accountability is associated with fewer opportunities to exercise ethically responsible social work. For example, in Finland, social workers are worried about providing appropriate services for their clients, intervening in their situations early enough, and meeting the time requirements mandated by law (Mänttari-van der Kuip 2013).

Studies further indicate that increased organisational accountability impoverishes social workers' relationships with clients due to excessive management (Burton and van den Broek 2009; Greenslade, McAuliffe, and Chenoweth 2015; Lapinleimu 2015; Mänttari-van der Kuip 2013). For example, in child protection services, social workers' daily work is dominated by the use of normative guidelines and reporting requirements, which has led to superficial relationships in a diminished number of client encounters (Lapinleimu 2015). Social workers working with looked-after young people concentrate on managing care, rather than engaging with them individually, allowing their needs to go unnoticed (Barnes 2012).

While there is a convincing body of studies verifying the detrimental effects of NPM on social workers' professional ethics, there are few studies showing how they cope with the above-mentioned difficulties. Weinberg and Banks (2019) pointed out ethical resistance as the main strategy to deal with conflicting demands between professional values and work processes. Social workers used direct methods of resistance, such as outright refusals and formal procedures to express their concern, as well as indirect and subtle methods, such as bending rules, shaping language to convince managers and referrals, and prolonging contacts with service users over time limits to secure their access to appropriate services (Weinberg and Banks 2019). Similarly, social workers at probation offices have attempted to subvert the adverse effects of increased managerialism and control by enhancing good relationships with offenders (Gregory 2011).

To summarise so far, NPM has shaped social work practices creating pervasive difficulties for workers by increasing organisational accountability at the expense of responsiveness to clients' needs and rights. In professional practices, this shifts the emphasis from meeting the needs of disadvantaged people to conform to standards and rules, and may lead to the depersonalised treatment of clients and neglect of the socio-political context of their problems (Banks 2011). While NPM threatens values of social justice, it seems to be equally problematic for the ethic of care, because considering care as a commodity transforms issues of mutual trust into official contracts between several parties (Banks 2011) and distorts the understanding of care as a dynamic process (Tronto 2010).

Contemporary changes in social welfare services in Finland

A neo-liberalist turn emerged in Finland in the 1990s, when the severe depression disrupted the long-term development of the welfare state (Julkunen 2001). It has since

been coupled with the implementation of the NPM doctrine through policies and development programmes (Patomäki 2007), and demands for efficiency and effectiveness have led to the growing privatisation and fragmentation of social welfare services (Möttönen and Kettunen 2014).

In addition to rising expenditure due to the ageing population, the health care and social services system has recently been challenged by economic disparities across municipalities and citizens' unequal access to services (Saltman and Teperi 2016). To tackle these difficulties, the governments in the 2000s have tried to establish national-scale reforms to restructure social and healthcare services. There is a consensus over the further centralisation and integration of services as key solutions, whereas the political dispute is about the role of the private sector in service provision (Keskimäki, Sinervo, and Koivisto 2018). According to the current centre-left government's programme, the responsibility for organising services has been transferred from municipalities to larger self-governing regions, and the focus has shifted towards the basic-level integration of social and healthcare services. Service integration aims to create coherent service chains, and in particular, to ensure better care and treatment for people who are frequent users of services (Inclusive and Competent Finland 2019). From the perspective of work practices, service integration would mean joint administration and management for health care and social services, the establishment of multi-professional teams, and the development of low-threshold services (Keskimäki, Sinervo, and Koivisto 2018).

Social welfare services in Finland have already undergone remarkable changes over the last decade. Legislation has been reformed to regulate the division of work between authorities and professionals, to define the responsibilities of municipalities, institutions and professionals, and to determine qualifications for registered professionals. The Social Welfare Act (2014/1301) defines the forms of social welfare work and services that municipalities need to provide for all citizens. Furthermore, the Social Welfare Professionals Act (2015/817) defines educational requirements for registered social welfare professionals and their ethical responsibilities. Social workers are required to hold a master's-level university degree in social work, and bachelors of social services are required to have a bachelor's-level degree from universities of applied sciences.

Social workers are legally responsible for the management, planning and evaluation of social work, and decision-making concerning clients with a need for special support, whereas those with bachelor's degrees in social services are responsible for social counselling. The core task for both professions is a service needs assessment, which must be carried out through multi-professional cooperation when necessary (Social Welfare Act 2014/1301). In practice, job descriptions are blurred and vary across municipalities. Bachelors of social services usually work under a variety of job descriptions in direct contact with clients, while social workers have more administrative tasks. In this study, we refer to bachelors of social services as social counsellors that is their typical position in social welfare services (an alternative unofficial translation in English is 'social advisor').

Research questions

The research questions are formulated as follows: (1) What kind of ethical dilemmas do social welfare workers (social workers and social counsellors) encounter? (2) Are there

any differences between professional groups? (3) How do social welfare workers use considerations of the care and justice ethics in their ethical decision-making?

Materials and methods

Procedure

The present study is part of the COPE project that explored the transition in health and social services in Finland and its impact on employment, competence needs and development. It was conducted in three forerunner areas where municipalities had recently joined to reorganise public services in line with the planned health care and social services reform. The key operant model was service integration, in which the stage was varied.

The research plan was approved by the Research Ethics Committee of the National Institute for Health and Welfare. The data were gathered in 2017, using an electronic questionnaire that included topics on work and management changes, competence needs, ethical decision-making, management and occupation well-being. The total sample was drawn from the personnel registers of three large public organisations providing health care and social services. Two reminders were sent by the contact persons in the areas. Because the questionnaire was delivered through mailing lists and several people, the exact number of the target group could not be tracked. The calculated response rate for social workers was 31% ($n = 150$) and social counsellors 67% ($n = 150$).

Participants

The sample of this study is made up of respondents to the questionnaire who reported social worker ($n = 48$), bachelor of social services or social (welfare) counsellor ($n = 102$), or social work manager ($n = 6$), as their position. Forty-one respondents left the open-ended questions empty or gave a scarce response and were excluded from the analysis. Forty-four social workers, three social work managers and 64 bachelors of social services or social counsellors (used hereafter) constituted the final sample ($N = 111$). For analysis purposes, the social workers and social work managers were combined.

Eighty-two per cent of the respondents ($n = 91$) were female. The mean age of the social workers was 47.9 years ($SD = 9.7$), and the social counsellors 43.2 years ($SD = 11.2$). The social workers had worked in the field for between 11 and 15 years and the social counsellors for 6–10 years on average. The majority of participants (74%) worked mainly in social services (social work with adults and child protection), and the others worked in elderly care (9%) and mental health and substance abuse care (9%). A significant proportion of the social workers (21%) also worked in unspecified specialist tasks.

Ethical dilemma

Applying Lyons (1983) procedure, respondents were asked to describe an ethical dilemma with instructions as follows: Go back in your mind to an event or situation from the recent past in your work in which you were unsure about how to act in order to do the right thing. Describe the problem. What aspects caused the problem for you and why? How did you

act in that event or situation? The question was followed by another question: How do you know whether you acted rightly or wrongly? Briefly give reasons for your answer. The answers were generally short and concise, including less than ten sentences, even though there were also some longer explanations.

Classification of ethical dilemmas

Based on an inductive analysis of students' real-life moral dilemmas, Wark and Krebs (1996) developed a taxonomy that has proved useful for capturing the diversity of dilemmas in subsequent studies (Myyry and Helkama 2007; Juujärvi 2005). The taxonomy includes the main categories for philosophical, antisocial, prosocial and social pressure dilemmas as follows: *Philosophical* dilemmas refer to abstract dilemmas that have been discussed and debated by the participants in their everyday lives. Antisocial dilemmas can be divided into dilemma types of reacting to transgressions and temptation. In the *transgression* dilemma, a decision must be made regarding how to react, and what to do about a transgression, injustice, crime or violation of rules that has happened. In the *temptation* dilemma, the respondent is faced with the temptation to meet their needs or desires, acquire resources, or advance personal gain by behaving dishonestly, immorally, unfairly or ungratefully (Wark and Krebs 1996).

Prosocial dilemmas involve conflicting demands and reacting to the needs of others. In the *conflicting demands* dilemma, the respondent is faced with two or several people making inconsistent demands on them, often with implications for their relationship, and the respondent must decide whom to help, or whose expectations to fulfil. In *needs of others* dilemmas, the respondent feels conflicted about whether they are responsible for engaging in some proactive behaviour on another person's behalf and what their duties or responsibilities towards the person in question are. In the *social pressure* dilemma, the respondent feels implicitly or explicitly pressured by another person or group to engage in identity-inconsistent behaviours that violate their values (Wark and Krebs 1996). For the sake of brevity, we refer to the different types of moral dilemma as follows: philosophical, transgression, temptation, conflicting demands, needs of others and social pressure.

Participants' reported ethical dilemmas were classified by the second and third authors and checked by the first senior author. In the classification, two new categories emerged that were scrutinised and named by the research group. The *applying rule* refers to a situation where a respondent is unsure about how a certain rule, instruction, order, command or law should be applied or followed because it is unclear, ambiguous, deficient, illegal, unethical or contradictory to other rules and laws. *Internal conflict* refers to a situation where a respondent feels conflicted due to the discrepancy of situational demands and a lack of personal psychological resources, such as professional expertise, or because of conflicting personal values. The conflict is internal because others do not necessarily observe it. Five dilemmas were classified as internal conflict.

It is worth noting that twenty dilemmas could be classified into two categories, and a decision was made as to which category seemed to be the primary one for a participant. For the purpose of descriptive analysis, excerpts for the qualitative data were translated from Finnish to English to illustrate the nature of dilemmas and reasoning about them.

Mode of moral reasoning

The data was analysed and scored with Lyons's (1983) coding scheme for care and justice orientations. Considerations concerned with maintaining or restoring relationships, promotion of the welfare of others, preventing harm or relieving burdens, hurt or suffering, and practical consequences of decision-making (how things worked out) were defined as care. Considerations concerned with role-related obligations, duties and commitments, maintaining standards, rules, values and principles, and justifications of decision-making were defined as justice.

Following Gilligan and Attanucci (1988), a five-point scale was used to assess participants' orientation in moral reasoning. Dilemmas that were exclusively justice-based received a percentage score of 100, predominantly justice-based that of .75, balanced or equal that of .50, whereas predominantly care-based dilemmas received a percentage score of .25 and exclusively care-based ones that of 0. Thus, the score describes the percentage of justice considerations in a dilemma. The analysis was conducted by the second and third authors and checked by the first author with prior expertise in scoring. Disagreements were resolved through discussion. Statistical analyses (descriptive statistics, chi-square test and analysis of variance) were conducted using SPSS Statistics 23 software.

Results

Type of dilemma, moral reasoning and profession

Table 1 shows the distribution of types of dilemma according to the profession. The most common types of dilemma in the total sample were the needs of others (34%) and applying rule (30%), whereas the most infrequent one was an internal conflict (5%). Dilemmas related to conflicting demands (14%), social pressure (11%) and transgression (10%) fell in the middle. The respondents did not report any dilemmas that could have been classified as philosophical or temptation dilemmas.

A chi-square test of independence showed that the relationship between the type of dilemma and profession was significant, $\chi^2(5, N = 111) = 19.38, p < .001$. Social counsellors reported the needs of others, social pressure and transgression dilemmas more than social workers, who in turn reported conflicting demands and applying rule dilemmas more (for detailed differences, see Table 1).

Table 2 shows the proportion of justice-based moral reasoning across the type of dilemma according to the profession. Applying rule dilemmas were mostly – almost

Table 1. Frequencies and percentages for type of dilemma according to profession.

Type of dilemma	Social counsellors	Social workers	All
Applying rule	15 (23%)	18 (38%)	33 (30%)
Transgression	8 (13%)	3 (6%)	11 (10%)
Needs of others	26 (41%)	8 (17%)	34 (31%)
Conflicting demands	3 (5%)	13 (28%)	16 (14%)
Social pressure	9 (14%)	3 (6%)	12 (11%)
Internal conflict	3 (5%)	2 (4%)	5 (4%)
Total	64 (101%)	47 (99%)	111 (100%)

Note: Social managers ($n = 4$) were included with social workers for statistical purposes. Percentages do not sum up to 100 due to rounding.

Table 2. Means for justice-based moral reasoning according to type of dilemma and profession.

Type of dilemma	Social counsellors	Social workers	All
Applying rule	85.0 (18.4)	91.7 (14.9)	88.6 _a (16.6)
Transgression	65.6 (26.5)	83.3 (14.4)	70.5 _a (24.5)
Needs of others	29.8 (22.4)	21.9 (16.0)	27.9 _b (21.1)
Conflicting demands	83.3 (28.9)	78.9 (26.7)	79.7 _a (26.2)
Social pressure	86.1 (18.2)	62.5 (17.7)	81.8 _a (19.7)
Internal conflict	83.3 (28.9)	62.5 (53.0)	75.0 _a (35.4)
Total	60.2 (33.5)	71.5 (33.0)	65.3 (33.2)

Note: The scale varies from exclusively care-oriented reasoning (0) to exclusively justice-oriented reasoning (100). Standard deviations are in parentheses. Values that do not share the same subscript are different at the level $p < .05$.

exclusively – justice-oriented, whereas the needs of others dilemmas were the most care-oriented, with over two-thirds of considerations being scored as care-related. Other dilemmas were clearly justice-oriented but were complemented with care-based considerations.

Generally, both social counsellors and social workers used more justice-oriented than care-oriented moral reasoning – social workers more often than social counsellors. A one-way analysis of variance showed that the effect of type of dilemma on the mode of moral reasoning was significant, $F(5, 105) = 30.37$, $p < .001$. Post hoc analyses with Tukey's test showed that needs of others dilemmas invoked more care-based considerations than all other dilemmas, $p < .05$.

The ethics of care and justice according to type of dilemma

Table 3 summarises the typical means of solving ethical dilemmas across types of dilemma for both professionals groups. Because participants did not report any philosophical or temptation dilemmas, and only a few internal conflict dilemmas, they are excluded from the further elaboration of the dilemmas in terms of the ethic of care and justice.

Needs of others dilemmas

The needs of others formed 41% of ethical dilemmas reported by social counsellors. They represented difficult situations, in which it was clear that the client needed help, but the worker was not sure about the best way to help them. Clients were often helpless, aggressive, or behaved in unpredictable ways. The situation grew more complex if there were also families involved or clients who resisted or neglected professional help.

The client refused to use provided services that the well-being of the whole family would require [...] My own job does not give me the power to compel the client to accept the services. The concern is very serious – to the point of constituting a danger to life. I network with various actors and hope that another body (from the organisation) can compel the client to use the services. (Social counsellor 4)

As the quotation above shows, social counsellors' work was embedded in the multi-professional context. They contacted other professionals in order to secure the client's access to appropriate services, but also when they encountered difficulties in their regular client work. They emphasise the importance of building and sustaining good relationships with clients, especially in situations in which clients were moving to other services, and responsibilities between professionals might be blurred.

Table 3. Means of ethical problem-solving according to profession and type of dilemma.

Type of dilemma	Social counsellors	Social workers
Needs of others	Multi-professional cooperation in needs assessment	Holistic needs assessment from the client's viewpoint
	Emphasis on maintaining good relationships with clients	Engaging clients in decision-making
	Balancing care and justice considerations in practical decision-making	Use of discretion in decision-making
Transgression	Giving justifications for limiting clients' self-determination	Referring to agreed rules within the organisation
	Emphasis on maintaining good relationships with clients	
	Balancing care and justice considerations in practical decision-making	
Social pressure	Sticking to one's values Following legal duties	Spelling out the demands of the law within the organisation or networks
Conflicting demands	Negotiation with other parties involved in dispute	Driving clients' legal rights
		Emphasis on one's professional role by referring to one's expertise and ethical standards
Applying rule	Asking for clarification or advice from superiors Securing the client's care path Adhering to legal duties	Use of discretion in decision-making
		Asking for clarification or advise from superiors
		Ignoring false or illegal instructions
Internal conflict	Discrepancy between the situational demands and professional expertise, not resolved	Advancing clients' interests within the organisations
		Use of discretion in decision-making
		Conflict between one's own and the organisation's values, not resolved

(I did the right thing because) contact with the client was maintained and I was able, by telephone, to guide them to other services if their condition or situation had deteriorated. (Social counsellor 60)

Compared to the social counsellors, needs of others dilemmas were less common among social workers, representing 17% of their dilemmas. When assessing clients' situations, both professional groups employed particularistic reasoning, trying to figure out the characteristics of the individuals and their circumstances. Both saw face-to-face encounters with clients as a natural way to obtain deep knowledge for decision-making needs. Like social counsellors, the social workers seemed to assess clients' needs in a holistic way, but in addition, they articulated their needs in a legal framework. They deliberated on the peculiarities of their clients' life situations and legal regulations, trying to find a balance between them.

The mother is hesitant to allow the child to spend the weekend with the father. Joint custody (the father is under the suspicion by child welfare services). I assured the mother that the child would not visit the father before the investigation by child welfare services has been completed. The child stayed with the mother that weekend. (Social worker 10)

In their professional judgment, the social workers often referred to their 'personal discretionary power' as a justification for client-favouring solutions. They seemed to conceptualise these ethical dilemmas as a conflict between the clients' welfare or best interests versus law as a general framework, also allowing exceptions to the rule. They felt confident about their decisions and did not even hesitate to question the decisions of other authorities.

The Social Insurance Institution of Finland (Kela) has rejected the application by the client family (single parent and a child under school age) for a deposit (for an apartment in a new town) because the reasons given by the client were seen as insufficient [...] A general guideline for the municipal level (us) is not to change a decision by Kela using an explanatory statement [...] I felt that the client had good reason to believe that their chances of getting paid work were better in the new community. The client had family and friends in the new community who would provide support in the early stages. I decided to grant a sum of money equivalent to two weeks' rent. The assistance allowed me to ease the client's distress by helping to avoid further debts. My decision was based on case-specific discretion. (Social worker 50)

In the present data, needs of others dilemmas best illustrate how social workers tried to integrate considerations of care and justice in professional decision-making, sometimes failing to reach satisfactory solutions. Most dilemmas concerned decision-making on supplementary income support. In these cases, the workers also consulted their colleagues for advice and support.

Often there are no clear guidelines, and the guidelines that are given are sometimes vague. An effort should be made to find the best possible alternative from the client's point of view. This is difficult because the social worker does not necessarily know the client, so the assessment of the overall situation is difficult. Support from colleagues is important, and it is possible to ask for the opinion of the team and to consider matters together [...] (My action) was wrong in the sense that I acted without instructions. The action was right in the sense that the decision helps the client to cope with the situation. (Social worker 17)

Transgression dilemmas

The social counsellors seemed to encounter situations now and then in which they needed to consider the client's transgression against rules, laws or mutual agreements (13% of all dilemmas). Social workers in turn reported only a few transgression dilemmas that concerned the immoral behaviour of colleagues, breaking agreements and leaving social workers without support.

Parents' substance abuse seemed to be a common concern across client cases. Social counsellors acknowledged the wrongness of the clients' acts, but simultaneously they tried to support the clients' relationships with their close ones and themselves, sometimes by bending the rules.

The slight drunkenness of the parent was not harmful for meeting with the child, and the encounter was important for both. A completely sober day might not come, so it would be more harmful for the child not to meet the parent than to meet the (drunken) parent he is used to. However, it is basically wrong for a parent to be intoxicated when visiting a child. (Social counsellor 87)

In a way, the social counsellors' reasoning about transgression dilemmas mirrored their reasoning about the needs of others dilemmas. In terms of the needs of others dilemmas, their reasoning was focused on the ethic of care and was limited by rules and norms arising from the ethic of justice, whereas in terms of the transgression dilemmas, conversely, their rule-based justice reasoning was complemented by considerations of care, mitigating their attitudes towards transgressors. In both cases, they employed particularistic reasoning and judged the continuance of relationship; that is, not abandoning the client, as a morally valid criterion for decision-making.

Conflicting demands dilemmas

Conflicting demands was the second most common type, with 28% among social workers, whereas social counsellors rarely reported them. These dilemmas reflected expanded multi-professional and multi-actor networks. Other professionals or actors, clients or their families had contradictory opinions and expectations about how social workers should act in the situation at hand. Some dilemmas were genuine disagreements, whereas others were outcomes of poor communication within multi-professional networks.

A service allowed to a client was cancelled, and later restored (by me) despite the objections of one member of the network. The problem stems from an extensive network and difficulties with the flow of information. I applied autonomous discretion and allowed the service in accordance with the client's interests. (Social worker 34)

Serving as a social scientist in a working community involving nursing science raises challenges at regular intervals. Superiors should be experts in their own professional fields. For example, a doctor said I should not report a child welfare notification, but I still did. As an expert in my own field, I know the legislation. In my prior work history, I have engaged in child protection issues. (Social worker 42)

In both types of dilemma, the social workers tended to make relatively independent decisions, referring to their professional roles and expertise, ethical guidelines, and above all their obligation to act in the best interests of their clients. The tone of decision-making was strongly justice-based, although it was softened through communication.

A multi-professional team wanted to make a notification to child welfare services: the family was against it, as the grounds were insufficient. How could the team be told that their desire was not fulfilled? The situation was then discussed with the family and the team was briefed on the decision. (Social worker 13)

Social pressure dilemmas

In contrast with conflicting demands dilemmas, social pressure dilemmas were more common among social counsellors than social workers (14% vs. 6% of dilemmas). These dilemmas mostly involved situations in which the social counsellors felt that colleagues, managers or partners pressured them to act against their personal or professional values.

Instructions repeatedly come from the top that violate either guidelines set by the social welfare board, or the law. It takes weeks of wrangling (from me) before the client receives the service that responds to their need, or some other support measures. (Social counsellor 78)

The management of another organisation [...] that purchases special services from me acts completely against my principles of professional ethics and the requirements set by the law, simply because of economic considerations. In the situation, I sought clarification for my job duties and working methods from the superiors in my own organisation, and they saw my point of view as the right way to proceed in the situation. (Social counsellor 7)

As the above quotations point out, the social counsellors responded with an assertion by adhering to the law and asking for support from their superiors. In some cases, they felt that new operational models even threatened their professional and moral identities, while the focus was shifted from 'trusting and genuine human relationships' with

clients to organisational management, leading to a loss of motivation and exhaustion (social counsellor 74).

Applying rule dilemmas

A category of applying rule was established as a result of the analysis to cover a wide range of problems around rules, instructions, standards, norms and laws. The proportion of these dilemmas was remarkable among both professional groups: 38% for social workers and 23% for social counsellors. One set of dilemmas described professionals' difficulties in interpreting the law and considerations of their obligations in terms of decision-making as public servants. Sometimes decision-making was complicated, because it also concerned other workers – usually superiors within the organisation.

When making a decision about restricting my client's rights, the problem remains unresolved because management has not been able to work with us on a solution. The decision needs to be made, but what kind of decision? [...] How do we act so that every part of the legislation is taken into consideration? The matter is currently under investigation. (Social worker 28)

The social workers complained about the lack of shared understanding between social service and healthcare workers. They felt that they had the authorised right to make independent decisions based on their discretion, but they still needed other professionals to help them in implementing decisions. In addition, they felt responsible for informing them about the right lines of action, and therefore, it would be immoral to exclude them from the decision-making process.

I was able to get the legally mandated part of my work completed from the client's point of view. My actions were wrong at that point, in that I should have had more discussions with an official from a different municipality, who may have been clueless about the matter at hand and procedures that had been agreed upon, and I should have explained the importance of abiding by them. (Social worker 16)

The second set of dilemmas were rules established as a result of the organisational reform that were illegal or unfair according to the professionals' judgements. In their view, new managers and supervisors were often ignorant of the clients' legal rights that were violated in the pursuit of economic efficiency: they represented another profession and did not have expertise in social welfare work. In these situations, both social counsellors and social workers tended to refuse to obey instructions preferring to uphold the laws as their ultimate duty and giving them priority in their decision-making.

The problem involves guidelines that would have forced me to break the law. I obeyed the law. My duty is to act in accordance with the law even if doing so would go against orders from higher levels and from my superior. I am personally accountable for my decisions in front of the law. (Social worker 36)

The third set of dilemmas involved concerns about ambiguous, constantly changing or missing instructions that were deemed 'absurd'. At first sight, their contents looked like problems of communication and management rather than ethical dilemmas, but the respondents judged them as ethical dilemmas by drawing on the unethical consequences for clients or themselves. The procedures were also unclear to managers in the new organisation. The workers seemed to navigate through frustrating everyday situations by various self-sufficient means.

A new organisation, a new supervisor, a lack of new instructions. I work according to old guidelines to advance a timely and flexible service for clients. (Social counsellor 43)

Discussion

The first aim of this study was to investigate the nature of social welfare workers' ethical decision-making within the ethics of care and justice frameworks, in order to understand their different functions in professional ethical judgment. The second aim was to illuminate ethical challenges that social welfare workers encounter under the transition in social and health care services in Finland that has been driven by the pressing demands of economic efficiency and citizens' equal access to services (Inclusive and Competent Finland 2019). The special context of this study is the emergent model of service integration within fused organisations (Keskimäki, Sinervo, and Koivisto 2018) and more generally, New Public Management as a widespread doctrine of social welfare services (Juhila, Raitakari, and Hansen Löfstrand 2017).

The results showed that social welfare workers' everyday ethical dilemmas were diverse, ranging from minor concerns of care to severe value-based conflicts, consistent with findings by Banks and Williams (2005). The results further specify that for social counsellors, the most common type of dilemma was related to responding to the needs of other people (mainly clients), whereas for social workers, the most common type was the dilemma around applying a certain rule or law. Consistent with studies from the field of social psychology, dilemmas related to others' needs invoked moral care-based judgements than other types of dilemma that in turn invoked blended care and justice judgements (Juujärvi 2005; Wark and Krebs 1996). As an exception, dilemmas around applying rules and laws, which emerged as a new category in this study, invoked almost exclusively justice-dominated, rights-based considerations. These findings point out that compared with other real-life moral dilemmas (e.g. Wark and Krebs 1996), regulations, rules, and laws constitute an important part of everyday ethics in working life, particularly for social welfare workers. In this study, they were in key positions in multi-professional networks when interpreting laws concerning clients' situations. The Child Welfare Act that has recently undergone several changes especially raised disputes between social workers, social counsellors, and health care professionals.

Social workers further experienced plenty of conflicts when other people directed conflicting demands towards them, whereas social counsellors often experienced dilemmas involving social pressure from other professionals to act against their values or professional identities. These results are by no means surprising in terms of the division of work instructed by the recent laws that guide social counsellors to do direct work with clients in their natural environments, and social workers to make authorised decisions and bureaucratic work. Social counsellors plausibly experience more social pressure in difficult situations due to limits to their decision-making, whereas social workers have more professional legitimacy to voice their different opinions when disagreements emerge. In the present study, these disagreements become apparent in the multi-professional or managerial work processes in which social workers seemed to have adopted a proactive professional role, emphasising their professional expertise and autonomy. While conflicting demands are inevitable parts of ethics work (ISWF 2018), workers seemed to manage them by being assertive and exercising their discretion in decision-making as fully as possible.

Even though social welfare workers' ethical decision-making was generally dominated by judgments of justice, the ethic of care played a pivotal role in new models of service integration. The professions, however, emphasised different aspects of the care ethic. While both used communication with clients as an instrument for mapping their situations, the social counsellors also tended to see relationships as valuable for their own sake, and their maintenance as an expression and a way of caring, in accordance with views on the ethic of care as a relational ethic (Tronto 2010; Woods 2012). Social counsellors had also assumed responsibilities to maintain contact with clients and secure their access to other necessary professionals or services. Social workers, in turn, tended to conceptualise care in terms of promoting clients' well-being and act in the best interests of the clients. They used considerations of care to mitigate decisions to be suitable for their clients' life situations, and justified their decisions by referring to their qualified professional judgement and legitimate discretionary power as public servants, in line with Sirviö et al. (2015) findings. They also aspired to engage clients in decision-making, as emphasised by national ethical guidelines (Talentia 2019). The results confirmed that the ethic of care did constitute another mode of ethical reasoning for social workers besides the ethic of justice, as suggested previously (e.g. Barnes 2012; Orme 2002).

To summarise thus far, the ethics of care and justice seem to function optimally with regard to the division of professional responsibilities between social counsellors and social workers, but the multi-professional work context revealed value conflicts between them and healthcare professionals. These dilemmas seemed inevitable but still negotiable when defining professional boundaries within new working models. However, this overall positive view becomes more complicated due to increased organisational demands that were realised through a multitude of dilemmas around applying laws and rules in the restructured organisations. These dilemmas comprised one-third of all ethical dilemmas, indicating that social welfare workers devoted a lot of energy or time to sorting them out in their everyday work. Their abundance can partly be seen as a side effect of the organisational reforms, while newly-generated organisational rules and procedures risked clients' rights and revealed the ignorance of management regarding them. As pointed out by Burton and van den Broek (2009), it is important to involve social welfare workers in planning and implementing service reforms that, even unintentionally, may violate the rights of clients and the publicly expressed values and goals of organisations.

These findings are consistent with the prevailing view that in an age of NPM, tensions and conflicts between professional and organisational accountabilities have intensified (Burton and van den Broek 2009; McDonald and Chenoweth 2009; Mänttari-van der Kuip 2015). Furthermore, they indicate that outsourcing of public services according to the market model increases social welfare workers' ethical responsibilities towards clients. They are first concerned about clients' proper access to those services, and following, the quality and legality of those services. Social welfare workers tended to assume the role of care manager in multi-professional networks that means holistic responsibility, as also indicated by the national Social Welfare Act. Ethical quandaries seem to intensify when social welfare workers or managers are not in positions to influence purchase decisions. Moral unease arising from these situations can be interpreted as a heightened sense of responsibility for most vulnerable clients arising from the ethic of care, and

protecting rights of disadvantaged groups arising from the ethic of social justice (cf. Woods 2012). In the present study, both perspectives were employed by social welfare workers in their ethical decision-making.

According to Banks (2011), excesses of NPM can be tackled through reclaiming professional autonomy, claiming the rights of service users, reasserting social justice as a core value of social work, and bringing moral agency and relationships back into social work ethics. When compared to these requirements, social welfare workers in this study appeared to be well prepared to handle contemporary ethical challenges. First of all, they felt confident about their professional autonomy and exercised considerable discretion in decision-making, despite certain impediments. They also constructed themselves as advocates of their clients in emerging professional networks and management lines. They dwelled in relationships with clients, in order to take their unique characteristics and situations into consideration, highlighting the importance of the ethic of care. In justifying their decisions, they referred to professional values and the legal framework but did not however reflect on the principles of social justice any further. Their resistance seemed to be backed up by trust in the legislation reflecting the welfare state ideology, rather than taking a critical stand against unjust policies (cf. Banks 2011).

It can further be argued that the recent restructuring of social and healthcare services in Finland is not driven by NPM-spirited demands of efficiency and cost-effectiveness alone, but bears the values of social justice, for example in emphasising equal access to services and their responsiveness to people's needs and life situations (cf. Inclusive and Competent Finland 2019). While multidisciplinary teams are expected to play a key role in the successful provision of integrated services, social welfare professionals have encountered the possibility to make their professional values visible to others and consolidate them as part of their work practices. This, however, requires of workers more powerful articulation and elaboration of values underlying social work within their organisations.

In order to prepare future professionals to meet contemporary challenges, ethics education should provide them with sound theoretical concepts and an integrated ethical framework that can be applied in practical decision-making. While care-based considerations used to be counted as workers' private moral thinking, the ethic of care should be acknowledged as an adequate ethical theory in addressing issues of social justice, as argued by several scholars (Banks 2011; Tronto 1993; Woods 2012). In reflective ethical practice, individuals' unique features and situations should be considered, and rigid procedures should be subjected to deliberation in order to serve the interests of the most vulnerable and oppressed groups.

This study has its limitations. The distribution of types of ethical dilemma is perhaps not generalisable to other contexts due to the fact that they were reported in frontline organisations. The validity of the results may also be hampered by the modest response rate for social workers and exhaustion effects. Twenty-seven per cent of the respondents did not answer to the open-ended questions capturing an ethical dilemma or generated too scarce content for study purposes. This was obviously due to the lengthy questionnaire. Consequently, the results may describe the ethical decision-making of highly motivated professionals, and therefore give an unrealistically positive view of their capacities. Nevertheless, exemplars are in a key position in progressing professional ethics.

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