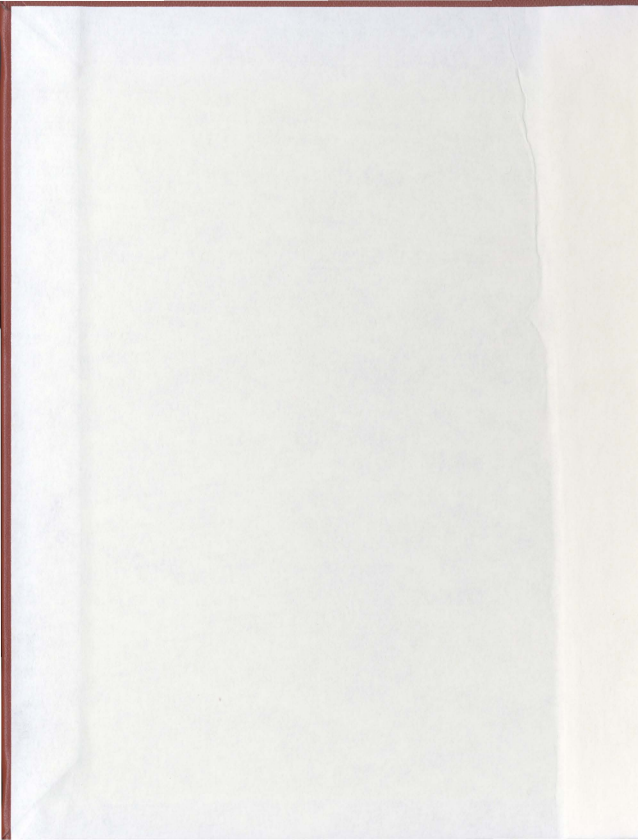CONFIDENTIALITY IN SOCIAL WORK

THE PROFESSIONAL SECRET OR

THE PROFESSION'S SECRET?

A STUDY OF SOCIAL WORKERS' KNOWLEDGE

OF AND ATTITUDES TOWARD CONFIDENTIALITY

RICHARD JOSEPH MORRIS

"CONFIDENTIALITY IN SOCIAL WORK"

The Professional Secret or The Profession's Secret?
A Study of Social Workers' Knowledge of
and Attitudes Toward Confidentiality

By

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ABSTRACT

While some research about confidentiality in social work has been undertaken, this study is believed to be the first which explores what social workers actually know about confidentiality. Eighty-seven social workers in St. John's, Newfoundland, responded to a questionnaire designed to measure their ability to discern violations of confidentiality in hypothetical situations.

The results of the study indicate that the social workers studied had deficits in their knowledge about confidentiality. Further, the respondents displayed overconfidence about their knowledege, being significantly more confident than they were correct. The evidence demonstrates a positive relationship between education and ability to make correct decisions with regard to the vignettes.

The major concern emanating from this study is that in balancing the right of the individual to privacy with often competing societal interests, social workers make unnecessary errors on both sides because they lack existing knowledge to guide their decision-making. The results have negative implications for the social worker-client relationship in terms of trust, and the development of the profession itself as relates to ethics. This is of

particular relevance in Canada, where the profession of social work is attempting to assert its status with some vigor. The results of this study are a pointed indication of the need for better training in the principles underlying confidentiality and their application in practice. It is only with improved knowledge of confidentiality that the social work profession's secret, namely, that little is clearly understood by many social workers about confidentiality, can be transformed to its desired status of the professional secret so as to protect the interests of individuals and of society.

ACKNOWLEDGEMENTS

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Introduction

"I will protect the confidentiality of all profession-
ally acquired information. I will disclose such
information only when properly authorized or obligated
legally or professionally to do so." Canadian
Association of Social Workers (1983), p. 3.

As this quote suggests, confidentiality is generally
extolled by social work as a significant principle. It is
believed that most social work practitioners perceive
confidentiality as important in their work (Alves 1959,
Wilson 1978), and virtually every recent social work text
gives merit to confidentiality, albeit frequently in
abbreviated form.

Social work literature of the past half-century
contains a developing but consistent opinion on
confidentiality in practice. The notion of client consent
prior to releasing information has been espoused for decades
(Robinson 1930, Hamilton 1940, Alves 1959, Wilson 1978,
Everstine 1980). That client information ought to be
controlled by the client can be dated back to at least the
works of Whitebrook (1945) and Biestek (1957). However,
Perlman (1951) was perhaps the first to effectively link
confidentiality to client self-determination generally and
the social worker-client relationship. Perlman's view has
been reinforced in later writings (Reynolds 1976, McCormick
1978).

In the absence of a substantial body of literature to the contrary, it seems to have been assumed that confidentiality is utilized by social workers with a high level of sensitivity in their practices. To date, no empirical studies have addressed the issue of what social workers know about confidentiality. Some authors who have broached discussion in this area have left the suggestion that such knowledge may be in want. (Wilson 1978, Dubord 1981, Swaboda 1978, Plank 1965).

Perhaps the most significant reason for undertaking a study of knowledge of confidentiality is its relevance for the social worker-client relationship. The fostering of trust may well underly the therapeutic process and is seen by some authors as inevitably linked to issues of confidentiality (Freud 1945, Shah 1969, Wilson 1978). The correct handling of confidential information can be seen as an important indicator of a high standard of care offered by the social worker.

Research on confidentiality in social work is timely in the Canadian context as the profession is currently asserting its professional status. Its acceptance as a bona fide profession will depend in great part on its demonstration of care toward its constituency. No research has emanated from the Canadian social work community on this subject, at a point in time when social workers will likely expect greater care in the protection of their privacy.

While there appears to be a pervasive general assumption of appropriateness with respect to what social workers know and do about confidentiality, empirically, this is still an open question. In other words, there is currently no substantive information to either confirm or discount this assumption. Therefore, the testing of this assumption opens up an examination of the kind of care offered by social workers. Ehrenreich (1985) presents a challenge highlighting the "raison d'etre" of this research by suggesting that if the profession of social work does not measure up ethically and competently, it should be discarded without regret. Information on how much social workers know about confidentiality should then tell us something as to how well social work is measuring up to this challenge.

Background

"Confidentiality refers to the boundaries surrounding
shared secrets and to the process of guarding these
boundaries. While confidentiality protects much that
is not in fact secret, personal secrets lie at its
core. The innermost, the vulnerable, often the
shameful: these aspects of self-disclosure help
explain why one name for professional confidentiality
has been the professional secret!" Bok (1983), p. 25.

In her treatise on the subject, Bok contends that "the
professional secret" has four premises which provide its
justification.

"They (premises) concern human autonomy regarding
personal information, respect for relationships,
respect for the bonds and promises that protect
shared information, and the benefits of confident-
iality to those in need of advice, sanctuary and
aid, and in turn to society." p. 25.

In this section of this study, the premises which
support confidentiality are examined in the context of
social work practice. A review of relevant literature is
undertaken with regard to ethical codes and considerations,
historical perspectives, empirical evidence and the
practical importance of confidentiality.

Prior to the formation of the National Association of
Social Workers (N.A.S.W.) in the United States in 1955,
there were few attempts at setting out the standards for
the correct handling of client information. Van Kleeck
and Taylor (1922), in an early statement on ethics in
social work, make no mention of confidentiality. Rather,
they emphasize the social worker's responsibility to the

community. A 1923 proposed code of ethics for social workers includes two brief statements giving the first recognition to privacy and confidentiality (cited in Dubord 1984). In what is perhaps the first recognized code of ethics for social workers (N.A.S.W., 1960), the sole reference to confidentiality is "I respect the privacy of the people I serve". This simple guideline remained unaltered until 1980 when it was revised to read:

> "Confidentiality and Privacy - the social worker should respect the privacy of clients and hold in confidence all information obtained in the course of professional services." (Cited in Lowenberg and Dolgoff (1985) p. 136.

This statement is followed by a series of qualifications on information handling which include particular reference to informing clients of the limits of confidentiality, client access to records and informed consent.

The National Federation of Societies for Clinical Social Work (N.F.S.C.S.W.) adopted a code of ethics in January 1985, which appears to be more comprehensive than the N.A.S.W. code. Whereas the former is framed as a worker-centered and client-passive document, N.F.S.C.S.W.'s code is crafted in terms of duty to the client and is situation specific. It states,

> "The safeguarding of the client's right to privacy is a basic responsibility of the clinical social worker. Clinical social workers have a basic obligation to maintain the confidentiality of material that has been transmitted to them in any

of their professional roles, including the identity of the client". (Cited in Lowenburg and Dolgoff (1985) p. 148-149.)

Detailed reference to informed consent and limits of confidentiality follow this statement. Particular attention is given to the peculiar privacy needs and issues of various social work endeavours, (i.e., professional education, research, consultation). This document also emphasizes the protection of the privacy of vulnerable clients and lays out an expectation of provisions for record storage and disposal.

In 1983, the Canadian Association of Social Workers (C.A.S.W.) revised its Code of Ethics, to state,

"6. I will protect the confidentiality of all professionally acquired information. I will disclose such information only when properly authorized or when obligated legally or professionally to do so." p. 5.

In the statements that follow this declaration, there is reference to the parameters of confidentiality, the gathering of information, recording, and the accessibility of records, dislosure and disposal of records. These statements represent Canadian social workers' most comprehensive attempt to address confidentiality in their practice.

Aside from the purely ethical aspects of supporting appropriate confidentiality in social work practice, there is a further compelling reason for its inclusion in practice. It is widely held, in the helping professions,

that trust is vital to the therapeutic relationship (Everstine 1980, Morgan 1978, Woods 1980, Singer 1978, Slovenko 1976). Evidence for the value of this professional-client relationship is seen in the granting of privilege. The individual's right to privacy is seen as sacred in our culture, and this sacredness has been extended by society to envelop certain professional-client relationships (i.e. lawyer-client).

Social work literature also points to the value of trust in the profession. Perlman (1951) sees trust as integral to the professional relationship of social worker and client. The argument has been made that the information shared between social worker and client is quite often more sensitive and delicate than that of physician-patient or lawyer-client. (Richmond 1922, Albers and Morris 1984). Bernstein (1977) links trust to confidentiality and underlines the importance of the presence of the latter to assure the former and ultimately the professional alliance of social worker-client itself. These authors also suggest that unlike other professions, social work's prime and often only instrument of change is the information bound within the professional relationship itself. This view is inferentially supported, to varying degrees by other social work authors (Wilson 1978, Price 1980, Dubord 1981, Lowenburg and Dolgoff 1985).

There is empirical evidence to support the link between confidentiality and trust in the professional relationship. In a controlled experiment, Woods and McNamara (1980) assigned 60 subjects to one of three groups, confidentiality promised, no confidentiality, and no information on confidentiality. Their findings showed that the group assured confidentiality shared significantly more personal information than either of the other two groups. Such results are in concert with the prior findings of Lane (1979), Willage and Myer (1978) and the subsequent work of Bennett (1982). Stinger (1978) found that full informed consent enhanced client evaluations of a survey questionnaire. Meuhleman, Pickens and Robinson (1985) found that informing clients of limits of confidentiality did not limit disclosure.

These findings suggest that people value and desire privacy in their encounters with helping professionals. In fact, it appears likely that in the absence of direct instruction to the contrary on the part of the professional, that clients assume the existence of trust and a confidential relationship. (Friedlander 1982, Jagim et al 1978, Rosen 1977.)

Messenger and McGuire (1981) report that promised confidentiality is just as important to children, and other authors espouse the need for trust in therapeutic

relationships with children (Patterson 1971, Kazalunas 1977). Certainly adults value confidentiality in the therapeutic relationship (Trancredi and Slady, 1975, Reynolds 1977, McGuire et al 1985). Professionals also appear to value this privacy (Lindenthal 1980, Appleton 1981, Tymchuk 1982).

As clients become increasingly knowledgeable about their rights, it ever more likely that any violation of such rights will be met with punition (Schroeder 1979). Wilson (1978) views such occurrences as inevitable and presents this as one of the rationales for her text on the subject. McCann and Cutler (1979) found that confidentiality complaints were the sixth-ranked out of fifteen of ethical violations brought before N.A.S.W. from 1955-1977.

It bears mention that some authors have expressed concern about the inappropriate use of confidentiality by social work agencies and practitioners. Macarov and Rothman (1977) suggest that confidentiality is used as an excuse for not co-operating with effectiveness research. Administrators are alleged to refuse to allow review boards (Ruistroffer 1975), and public agencies and helping professionals are presumed able to hide wrongdoings behind the principle of confidentiality, (Levine 1976). Halleck

(1963), has even gone so far as to label the assurance of confidentiality a lie in response to what he sees as an oversimplification of its use by social workers.

In the recent age of computerization, there is considerable concern about the ability to control information in social work and in mental health services generally (Noll and Hanlon, 1976, Lanman 1980, Nye 1980, Schuchman 1980, Lansing 1984). Social work authors have identified increasing demands on case records as obstacles to preserving confidentiality (Noble 1971, Reid 1974, Reynolds 1976). As Kelly and Weston (1975) suggest, once control over client information is lost, it is quite difficult to maintain its integrity.

In a unique manner, Moore-Kirkland and Irey (1977) offer the argument that the practice of confidentiality in rural communities can, in fact, be unethical. Their thesis is that privacy in rural communities is not feasible and as well, suggests that it may be more effective for social workers to actively engage in helping the community understand a client's specific problems (i.e. alcoholism). This view finds a lack of support in prior or subsequent social work literature and rather is seen as an anomaly, a crude form of moral gerrymandering.

If we were to end our background view at this point, it would be entirely reasonable to question the need for this study. It is quite apparent that the social work profession does place confidentiality on a lofty ethical plateau and asserts its practice implications. Yet disquieting factors remain.

> "A compelling consideration is the value of confidentiality which may be honored or offended in the course of social work practice. It is one of the most important ideological as well as practical concepts in social work, and yet one of the most ambiguous, tension-ridden and nagging ones". (Levy, 1979, p. 12.)

Wilson (1978) suggests that confidentiality is so shrouded in half-truths, myths and practice wisdoms that it is perhaps not reasonable to expect social workers to have adequate knowledge. Alves (1959) describes widespread ignorance of laws about privilege and subpoenas. There are certainly indications that the information which social workers possess and are provided in training is incomplete or in some instances incorrect, creating a "blissful ignorance" about confidentiality (Wilson 1978).

Past research has shown that social workers often equate confidentiality with privileged communication and are not aware of the limits or boundaries of either (Alves 1959, Plank 1965, Swoboda et al 1978, Wilson 1978). Arnold (1970) has equated this perceived lack of information with subsequent confidentiality violations.

The indictment of social work's knowledge of confidentiality relates, in the literature, primarily to training and policy issues. In the three major social work research efforts devoted to confidentiality (Alves 1959, Price 1980 and Dubord 1981) there are consistent recommendations for more extensive training, both in curriculum and employment and for the development of specific and responsible social agency policy in confidentiality. Most notable is that these recommendations persist over twenty-two years from their earliest delineation.

Perhaps surprisingly, academic background is not the essential criterion in the comprehension and implementation of confidentiality principles. Price (1980), in a study of social workers having passed state licensing standards, found that one quarter of the sample had received no formal training in confidentiality. Baldick (1980), in a study of intern psychologists, found that training in ethics increased the subject's ability to determine confidentiality violations. It may be that specific training in ethics is a key factor in developing sound decision-making in confidentiality.

If formal training is found to be lacking, then the needed ethical training must likely come from the employing agencies. If one assumes that agencies do, in their

policies, address this issue, Wilson (1978) has further sobering news.

> "In the absence of any comprehensive and accurate study of confidentiality in recent years, one wonders where social workers and related professionals have been turning for guidance in making agency-level decisions on confidentiality policies...a massive educational effort must be undertaken to acquaint social workers with the importance and ramifications of confidentiality as it affects all areas of social work practice." (p. xii)

If Wilson is right, then this calls into question the conceptual understanding of social workers about confidentiality. Moreover, if there indeed exist deficiencies in comprehension, it is natural to ask what impact this has on the ethical decision-making process of social workers in their treatment of confidentiality.

There has been a dearth of rigorous inquiry pertaining to confidentiality in social work practice. In the past twenty-five or so years, there have been only three large studies and, interestingly, all were doctoral dissertations (Alves 1959, Price 1980, Dubord 1981). These examinations are both relevant and few enough in number to discuss individually.

In his 1959 study, Alves obtained self-report measures from forty-eight social workers. The respondents were unanimous in the belief that confidentiality was

important to practice and most reported a moral obligation to seek client consent in terms of information sharing. However, the majority admitted that they failed to meet this obligation in practice.

Ninety percent of the respondents admitted a recent difficulty with a confidentiality issue. The most frequent problems cited were external requests for information, informal chatter, the improper use of case records, and the seeking of information from external sources. Alves reported widespread ignorance of laws pertaining to privilege and subpoenas by this sample. The majority of those polled (70%) had no formal agency policy on confidentiality to follow. A plurality of subjects revealed a need to have principles, policies, and procedures clarified as they related to confidentiality.

Twenty-one years later a study of social workers in Utah illustrates slow positive change and more complications in confidentiality for the profession (Price 1980). About half of the sample reported having policy on confidentiality in place at their agency. One-half of those polled thought that social workers had sufficient confidentiality guidelines. Most of the subjects desired a legal designation of privilege for the social worker-client relationship. The social workers studied by Price viewed the client as the primary source

of information in the professional relationship. The use of other sources was seen as predicated on informing the client prior to such action. Thus, in the subsequent years since Alves (1959), it appears that a greater sensitivity and understanding of confidentiality has emerged.

When asked to identify common violations of confidentiality in the social work profession, subjects cited casual conversation, release of information, file access, vague guidelines, computerization and physical setting as the most frequent transgressions. What is particularly interesting, when allowing for differences due to technological change, is the similarity between these results and those cited by the American Association of Social Workers in 1923, i.e. relating incidents about clients, sharing information in public or at home.

Dubord's 1981 study of 167 social workers in Minnesota is probably the most extensive to date. Virtually, all the respondents reported no written policy pertaining to confidentiality at the state level, though one quarter stated that their county agency had one. About half of the sample had received job training in confidentiality, and most had experienced a minimal amount of professional training in ethics (one to three hours).

A majority of Dubord's sample didn't know, or thought

incorrectly, that they had privilege. Three quarters of the subjects indicated a need for further training in confidentiality, particularly in legal interpretations and consequences.

Most of the social workers in Dubord's study felt that confidentiality policies inhibited their delivery of service. There existed a wide disparity among county agencies as to appropriate practices and expectations of confidentiality. The most frequent violations of confidentiality were seen to be casual conversation, poor physical office conditions, and the inadequate handling of records.

Almost all of the social workers studies reported believing in informed consent procedures (92.8%) and most in not taking files home (67.1%). However, most subjects did not secure their files with locks (70%), did release information without consent (65%) and did talk about their clients at home (56.6%). Further, they reported "chatting" to co-workers about clients (92%), revealing files to peers in their office a few times per month (42.2%) and reviewing client files in other peer's offices a few times per year (61%).

Most of the social workers offered that they felt pressured to share information a few times each month

(85.6%), and a significant minority stated that other staff, without a need to know, requested information (40%). A full 91% indicated a struggle with confidentiality at least a few times per year in their practice.

It is hardly surprising that Dubord suggests a blatant inconsistency between social worker practice and the stated beliefs of individual social workers (and the stated ethics of the profession itself) in terms of confidentiality. It is notable that all three major social work research efforts in this area, despite not perusing actual worker behavior, cite widespread ignorance of confidentiality principles and a high frequency of practical violations (Alves, 1959, Price 1980, Dubord 1981).

To attempt to get a sense of actual social worker behavior, it is paradoxical though necessary to infer from the research efforts of other professions. The question of what professionals know and do about confidentiality has been posed by psychology and to a lesser extent, medicine.

Baldick (1980) studied intern psychologists' ability to determine confidentiality violations, utilizing vignettes. The findings showed that training in ethics increased the subject's ability to identify violations, though the highest trained group correctly identified less than half of the violations.

In a study of school counsellors, Wagner (1981) found that one quarter of the sample, while recognizing it to be unethical, share client information with others. Jagim et al (1978) found that mental health workers who purported the importance of confidentiality were predisposed to break it under some circumstances. Keith - Speigal (1977) found many violations of ethical principles, leading to a suggestion of "willful disregard" on the part of psychologists in respect to confidentiality.

This suggestion is of particular relevance in the reporting of child abuse. Meuhlman and Kimmons (1981), studying psychologists, found that only half would report a hypothetical child abuse situation, despite legislation requiring such reporting. The respondents identified their relative responsibility as first to the child, then confidentiality, and lastly to the law. In a similar study, Swoboda et al (1978) examined 95 psychiatrists, psychologists and social workers and found that two thirds of the sample had inadequate knowledge of privilege and duty to warn concepts. Remarkably, of those with adequate knowledge, almost half would not report a hypothetical case of child abuse. Given the disquieting information related to inappropriate release of information and its implication for the respect of client privacy, it is enlightening that

Swoboda et al (1978) attribute their results as much to a negative attitude toward the law as to ignorance.

> "There is the negative attitude toward infringing on the rights of the individual, the fear of legal involvement, the fear of retaliation from the client, and the egotistical inability to call in outside intervention. In addition, there are basic philosophical differences that inhibit adherence to this law. (Mental Health Practitioners) may consider interfering with the therapeutic relationship in order to report child abuse as having more damaging consequences than helpful ones." Swoboda et al (1978) p. 455.

To compound the emerging vision of a general lack of knowledge and the additional possibility of willful disregard, we add the study of Eisele (1974). He studied the results of school counselors on forced choice (reveal or no) confidentiality questions and their confidence in their replies. The results indicate that most subjects had high confidence in their anwsers, although those answers varied considerably. Its outcome suggests that not only do people lack knowledge, but are unaware that such knowledge exists.

In an important inquiry, Lindenthal and Thomas (1980), examine the factors associated with the handling of confidentiality by a sample of psychiatrists, psychologists, and internists. They utilize vignettes depicting complex situations facing clinicians about confidentiality. Responses are classed as having a patient orientation, a society orientation, or both a patient and society orientation.

The results of this study show that the psychologists are most likely to have patient orientation, the internists are the most likely to have a society orientation, and the psychiatrists are between these two groups, significantly different in their responses to both other groups. These findings are important as for the first time professionals are examined as to confidentiality decisions related to actual situations.

What is evident from non-social work research is that the understanding and subsequent practical application of confidentiality principles is problematic and important for other professions. It is not unreasonable to suggest that a closer examination of social workers' application of confidentiality would be revealing in the existence, and subsequently, the extent of the disparity between professional values and behaviour.

Lindenthal and Thomas note limitations are inherent in their approach. The findings are bound to what people say they would do and do not therefore necessarily reflect what professionals would actually do in practice.

Lindenthal and Thomas have provided the analytic departure point for this study when they suggest that the next phase of research might involve some form of observation, including hypothetical situations presented to clinicians.

PROBLEM STATEMENT

Understanding confidentiality in the context of the practice of social work requires information pertaining to current professional attitudes and knowledge. As this study is exploratory in nature, there are no formal hypothesis to be presented. Rather, this research is framed by four distinct, yet related questions designed to allow for explication and examination of such information.

The first two questions are attitudinally based. As such, they attempt to re-establish or replicate prior inquiry, which has been mostly grounded in opinion-based and prescriptive information. Also, these questions provide an empirical foundation for comparison with the latter, knowledge-based questions. These latter two questions represent the first foray into what social workers know about confidentiality.

Question I: How important is confidentiality to
social workers relative to other
practice issues?

This question is essentially a direct replication (Alves 1959). Its purpose is to signify confidentiality's perceived relevance to the profession of social work juxtaposed with other issues.

Question 2:   Do social workers believe that they have
adequate educational and job training in
the principles and applications of con-
fidentiality?

As with the question of importance, the issue of
adequate training has been raised in other studies (Price
1980, Alves 1959, Dubord 1980) in both general   attitudinal
and prescriptive contexts.   The question unanswered in a
meaningful way by prior works is whether or not workers
have a quantifiable basis for their opinion of their own
training.

Question 3:   Can social workers distinguish in
situation-specific examples whether
confidentiality has been violated or
not?

Past efforts to gain data on what social workers know
about the correct practice of confidentiality in their work
have been characterized by a major methodological
limitation.   While espousing specific principles and
practices in the social worker's handling of confidential
information (Wilson   1978), no empirical means were
instituted to explicate the knowledge issue. The question
of what social workers know remains mostly unanswered, as
well as what they do in practice with client information.

The absence of such information renders problem definition uncertain and prescriptive remedies highly presumptious.

Question 4: How confident are social workers in their ability to make decisions regarding con- fidentiality issues?

A worker is usually placed in a broad two choice (yes-no) set of options in regard to any specific confidentiality issue. In order to enhance the limitations of understanding this forced choice decision, confidence was viewed as a reasonable indicator of the worker's grasp of that issue.

The overriding feature which the preceding questions facilitate is the purview of the consistency, or lack thereof, between the stated attitudes of social workers toward confidentiality and its practical application. Past literature has alluded to discrepancies between the two, yet their designs did not allow any firm conclusions, because they were based most strongly on attitudes. It is notable that even with such restriction, the authors expressed concern as to the implications for clients and social workers of this purported discrepancy (Alves 1959, Dubord 1981, Wilson 1978).

By combining the attitudinal and knowledge components through constructing means to answer the aforementioned questions, an unprecedented set of observations may be gleaned. The interplay of these questions will allow for a point-in-time description as it relates to the practice and principles framing the use of confidentiality in social work practice.

METHODOLOGY

The methodology of this research included the development of a questionnaire, the generation of a sample, and the implementation of a set of procedural steps to obtain data.

Instrument

A three-part questionnaire was developed for the purposes of this study. It was designed to be shorter in length than previous works in this area (Price 1980, Dubord 1981). A concise survey was felt to be consistent with high quality response to the central research questions and the suitable managability of data.

Part One of the questionnaire pertained to demographic information designed to profile the respondents. Eleven questions provided such background information as age, sex, professional training, experience and work setting of the sample.

Part Two consisted of ten vignettes or situations involving a fictitious social worker, Worker A. Each vignette presented two questions for the respondents. First, they were asked to determine whether or not the description of Worker A's actions constituted a breach of client confidentiality. Second, the respondents were asked

to rank their confidence in each decision, utilizing a five point ordinal scale, from not confident at all to very confident.

The use of vignettes was seen to typify the "hands on" experience of social work practice. Also, vignettes have become an established means of examinining confidentiality in recent social science research (Eisele 1974, Baldick 1980, Lindenthal 1980).

The choice of the ten vignettes was based on two major considerations. Firstly, it was considered central to the research that the vignettes represent adequately the various dimensions of and situations where confidentiality was an issue for social workers. The final selection of vignettes covered the dimensions of informed consent, duty to warn, human subjects research, and records protection. The situations represented included threats of violence, child welfare concerns, intra- and inter-agency sharing of information, the "coffee break syndrome", and the handling of client files and research. Secondly, as an exploratory work, it was not a design of the research to be exhaustive, but merely representative.

There were two criteria for the identification of a correct answer for each vignette. One was the existence of a legal standard or legal decisions governing a situation (i.e. child welfare legislation). For those situations where a firm legal basis was not identified, a correct

answer reflected literature consensus on the particular example (at least two specific literature references including the CASW Code of Ethics).

The inclusion of confidence levels allowed for an opportunity to gain insight into another dimension of the decision-making experience for the respondents. While people can guess correctly in a "yes or no" situation without any knowledge about half the time, the level of confidence attributed by the guesser will likely be less than those who know the answer. The minimization of the impact of guessing on results through use of confidence ratings has been used in prior research in this area. (Baldick 1980).

Part Three of the questionnaire was composed of twelve questions. These dealt with the respondents' experience with confidentiality in their professional training and practice. This included such areas as existence and adequacy of formal school and job training in confidentiality, familiarity of the vignettes, frequency of confidentiality issues arising in practice, and agency policy and practice.

Some questions in Part Three were derived in part from earlier works (Price 1980, Dubord 1981). However, the great majority of questions in this section, as well as all items in Parts I and II, were developed as part of the research. While there are drawbacks to the development

of an original questionnaire, particularly in terms of
reliability and validity, the new nature of the research
questions posed necessitated this aspect.

A series of pre-tests was conducted on the vignettes,
using social work faculty, graduate and undergraduate
students of Memorial University of Newfoundland.
Initially, some faculty and graduate students were
administered the vignettes comprising Part Two of the
questionnaire. Clarity and appropriateness of each
vignette are addressed by this group, as well as the extent
to which the vignettes represented situations encountered
in social work practice. This led to some revision of this
section.

The vignette section was then administered to senior
undergraduate social work students. The purposes of this
testing was to gain further information on the clarity and
familiarity of the situations depicted in each vignette.
Given that this test group was familiar with an average of
nine out of the ten situations presented in the vignettes,
it seemed reasonable to assume that graduate social workers
with practical experience would be at least as familiar.

The performance of both pre-test groups, that is,
their ability to determine whether confidentiality had been
violated in the examples given, suggested that the
instrument was adequate to challenge the proposed research
sample. Only one pre-test subject correctly answered all

ten questions, and no subject scored less than three out of
ten.

Parts One and Three of the instrument were also
reviewed by some faculty and graduate students on three
dimensions. The clarity of each question was examined to
ensure an ease of understanding by respondents. The
appropriateness of each question's inclusion was viewed.
The exhaustiveness of these sections was also addressed, to
ensure that all pertinent information was included.

Sample

The research sample consisted of what was believed to
be nearly all social workers employed in the city of St.
John's, Newfoundland (population 156,700 according to 1978
Census of Statistics Canada). At the time of the study,
this was calculated to be one hundred and thirteen (113)
social workers from twenty-nine separate agencies. These
agencies were identified from a local directory of
community services (Community Services Council, 1981).

Procedure

A list of all social workers in St. John's was prepared
using the C.S.C. Directory. Given the relatively small
potential sample, a high return rate was viewed as a
priority and methods were implemented to enhance this
aspect.

Each agency was contacted by phone to describe the purpose of the study and to solicit their participation. All twenty-nine agencies agreed to participate in the research. The questionnaires were hand-delivered to the agencies, accompanied by a cover letter describing the purpose of the study. To enhance the confidentiality of responses, respondents were instructed to seal their completed, unsigned questionnaires.

The agencies were asked to ensure that the questionnaire be completed by the social workers within two weeks. This was accomplished in almost all instances. Most respondents were allowed work time to complete the questionnaire.

Ninety-five respondents participated in the research, which constituted an 84% return rate. The responses of eight people were rejected for analysis on the basis of either incompleteness of the questionnaire or the respondent's not being employed as a social worker. The completed questionnaires of the remaining eighty-seven respondents constituted the data base for this study.

RESULTS

This section addresses the four questions about confidentiality in social work practice posed in the Problem Statement. Demographics pertaining to the sample are provided, as well as other background data of relevance.

Background Data

The sample was predominantly female (N=67; 77%). The average age of the respondents was 29.73 years (range 21-55). Those polled were largely of Newfoundland origin (N=79; 90.8%), the remainder being divided among other Canadians, Americans and unspecified countries of origin.

The majority of subjects were married (N=61; 70.2%), with a quarter of the subjects (N=21; 24.2%) being single and the remainder either separated, divorced, or living in common-law relationships.

There was quite a diversity of education of the subjects, from high school graduate to masters in social work graduate. The majority were college graduates at the baccalaureate or masters level. (See Table 1). Previous studies have been restricted to baccalaureate graduates (Dubord 1981, Alves 1959) or masters graduates (Price 1980). This likely reflects regional differences in desired or legislated qualifications for social workers.

The mean time, in years, since graduation, was 7.2 years for the respondents (range 1-39 years) and the mean time they had practiced social work was 6.5 years (range 1-23 years).

TABLE 1. EDUCATIONAL BACKGROUND OF RESPONDENTS

Highest Educational Level	Number of Respondents	%
High School Graduate	4	4.7
Some College	9	10.3
B.S.W.	45	51.7
College Graduate (other than B.S.W.)	20	23.0
M.S.W.	9	10.3
	87	100.0

TABLE 2. NATURE OF AGENCIES

Agency	Number of Respondents Employed	%
Social Services	40	46.0
Health	28	32.2
Mental Health	9	10.3
Residential Treatment	1	1.1
Corrections	1	1.1
Family Services	7	8.0
Other	1	1.1

As Table 2 indicates, these social workers were employed in agencies largely providing social, health, or mental health services. Table 3 displays that the preponderence of the sample worked in larger agencies. Almost all of the respondents were in direct practice or supervisory positions. This is consistent with the sample of both Price (1980) and Dubord (1981).

Table 3. SOCIAL SERVICE SIZE OF AGENCIES

Number of Social Workers Employed in Agency	Number of Respondents	%
1	1	1.1
2 - 5	9	10.3
6 - 10	14	16.1
11 - 20	22	25.3
Greater than 20	41	47.1

Other Background Data

Familiar Situations

Respondents indicated that most of the situations depicted in the ten vignettes were familiar, based on in their direct experience or from knowledge of the experience of other social workers. (Mean = 7.48). The range was from 0 to 10, with both the median and mode being 8.0. An

interesting observation on this finding is that it is lower than that of undergraduate students used for pre-testing purposes (x = 9/10).

Frequency of Confidentiality Issues

Confidentiality was an issue for most of the respondents on at least a weekly basis (N=47; 54.7%). Nearly 83% (15; 17.4%) indicated that confidentiality was problematic in their practice more than once per month. This is favourably comparable to Dubord's (1981) finding that fully 70% of his sample had struggles with such issues a few times each month. Alves (1959) reported a whopping 90% of his sampling having a recent problem with confidentiality.

Independent Reading

Two-thirds of those polled (N=57; 65.5%) had reported that they had done some independent reading in the areas of confidentiality outside of their employment. About half (43.1%) of Dubord's (1981) sample had reported reading two or more journal articles on the subject, but interestingly less than a quarter (24.3%) had never read their professional code of ethics.

Formal Policy and Consent Forms

Most respondents (51; 58.6%) indicated that their agency had formal written policy pertaining to

confidentiality, the remainder reported no such written policy (N=24; 27.6%) or that they did not know (N=12; 13.8%).

Most reported that written consent forms existed in their agencies, while a sizable minority (N=31; 35.6%) either had no consent forms or were unsure of their existence.

Price (1980) reported that just over half the agencies in which his sample was employed (53.2%) had formal written policy on confidentiality. Three-quarters of Dubord's (1981) sample reported formal policy, but this may be due in part to the fact that his entire sample was taken from the Minnesota State Department of Welfare, which was required, by law, to have such policy. What may be most enlightening in the Dubord study is that fully one-quarter of the sample was unaware of an existing written policy.

Personal Involvement

A small percentage of respondents had been involved in a situation where their use of confidentiality was an issue, either administratively or legally (N=13; 14.9%). While the question of consequences was not posed in this study, Dubord (1981) found that most of his respondents (66.2%) believed that social workers who violated their client's confidentiality should be reprimanded.

Attitudinal Data

Importance of Confidentiality

When subjects were asked about the importance of confidentiality relative to other practice issues, nearly eighty percent replied that it was equal in importance. Some thought that it was more important (N=17, 19.6%) while only 2.3% felt it was less important.

Alves (1959) found that all forty-eight of the participants stated that confidentiality was important. Both Price (1980) and Dubord (1981) strongly endorse the importance of confidentiality, but neither study asked this question of their participants.

Training in Confidentiality

Of the sixty-eight respondents who had received formal training in confidentiality (78.2% of the total sample), almost half (48.5%) held the opinion that this training was less than adequate. In addition, one fifth (N=18; 20.7%) had received no such formal training. Thus a striking (59%) received either no formal school training in confidentiality or felt that the training they had received was less than adequate.

These findings are in keeping with the other major research studies. Price (1980) reported that fully one-quarter of his sample had received no formal training

in confidentiality and Dubord's (1981) study indicated that over half of the subjects had received a maximum of three hours formal training in confidentiality.

Fifty respondents (50; 57.5%) in the current study had received job training in confidentiality. Of these, twelve persons (12; 13.8%) felt that this training was less than adequate. Overall, forty-eight respondents (48; 55.2%) received either no job training in confidentiality or training which they felt was less than adequate.

Most of those polled (N=74; 83.9%) signified that they could benefit from further training in confidentiality. About half of Price's (1980) sample felt that their current knowledge and guidelines were sufficient (50.4%), while most of Alves' (1959) respondents saw a need to clarify principles, policies and procedures for social workers. Ninety percent (90%) of Dubord's sample reported a need for further education or training in confidentiality.

When the data concerning social workers' opinions of the training they have received (formal and job), are combined with the perceived benefit of further training, it is apparent that a schism exists between the level of stated importance of confidentiality training for social work practitioners and the training existing to maintain and promote its preferred position.

Findings

This section of the study presents findings related to the four research questions. Interactive findings related to the background attitudes and knowledge of the sample are also included here.

> Question 1: How important is confidentiality to
>   social workers relative to other
>   practice issues?

Over ninety-seven percent (97%) (N=84) of the sample indicated that confidentiality was equal in importance or more important than other practice issues. Obviously, this unanimous finding is not influenced by the educational background or place of employment of the respondent.

> Question 2: Do social workers believe that they have
>   adequate educational and job training in
>   the principles and applications of
>   confidentiality?

All but eight (8) of the respondents had received either formal school training or job training in confidentiality (N=79; 90.8%). However, less than half of the sample had received both formal school training and job training in confidentiality (N=40, 46%).

As stated in the Results Section, more than half of the respondents either received no formal school training

in confidentiality or felt that the training they received was less than adequate. The same is true for the social workers in terms of job training.

The majority of the sample received training on only one of two possible fronts (formal and job) and they felt that this training was insufficient. Despite the indication that independent reading had been undertaken by two-thirds of the sample, a high majority determined that they could benefit from further training in confidentiality (N=74; 83.9%). It is clear that the respondents generally believed that the training received in confidentiality is not adequate, due either to its shortcomings or to its absence.

The comparison of both job training and formal school training in confidentiality with other background factors proves interesting. As to be expected, given the discussion thus far, these two factors are not related to each other. Neither is affected by job experience, area of professional responsibility or type of agency. There is no correlation between job training in confidentiality and education. However, there is a significant relationship between education and formal school training in confidentiality. It seems reasonable to suggest that these findings support a view that the weaknesses in training as outlined above are generally not offset by other background factors.

While the social workers overwhelmingly expressed the view that they could benefit from further training in confidentiality, this did not significantly relate to the confidence they had in their decision-making. This is striking in that one might expect those social workers who had lower confidence to also hold a greater belief that they need additional ethical training.

Question 3: Can social workers distinguish in situation specific examples whether confidentiality has been violated or not?

The overall sample had a mean correct score (out of ten) on the vignettes section of 6.01. Both the median and mode scores were 6.0. Table 4 presents an individual breakdown of vignette results. The range of correct answers was 7.0 (3 to 10). Half of the respondents claim familiarity with at least eight (8) of the situations presented. Not surprisingly, there is no correlation between correctness and familiarity with the vignettes. In fact, when tested with background variables, very few correlations are found.

There was a significant relationship between correctness and the time since the respondents had received their highest academic level. Surprisingly

TABLE 4

Vignettes
Results
Violation of Confidentiality

Vignette Number	Correct Answer		Actual Answers	
			N	%
1	yes	yes	63	72.4
		no	24	27.6
2	yes	yes	75	86.2
		no	12	13.8
3	no	no	64	73.6
		yes	23	26.4
4	yes	yes	53	60.9
		no	34	39.1
5	yes	yes	69	79.3
		no	18	20.7
6	no	no	49	56.3
		yes	38	43.7
7	yes	yes	38	43.7
		no	49	56.3
8	yes	yes	22	25.3
		no	65	74.7
9	yes	yes	38	43.7
		no	49	56.3
10	no	no	60	69
		yes	27	31

though, the correlation of the two factors was negative, indicating that the more experienced a worker was the lower his number of correct responses would be (significance = .023, using the Spearman Correlation Coefficient).

The type of agency in which the social worker was employed affected the number of correct responses made to the hypothetical situations. Social workers employed with the Department of Social Services (x = 5.45 correct out of 10 vignettes) scored significantly lower than the rest of the sample (x = 6.5 correct out of 10 vignettes) with a significance at .05. Education of respondents was also significantly related to correctness (significance = .001; Kruskall-Wallis) and it is pertinent that education was also significantly related to the type of agency employing the social worker. These results show that the Department of Social Services' social workers are less educated and less able to identify confidentiality violations than the other social workers questioned.

It is important to point out the correctness of respondents' answers was not related to either their training in confidentiality, or the perceived benefit of further training in confidentiality. This indicates that these workers did not benefit in their ability to correctly identify confidentiality violations from whatever training they experienced. This finding is supportive of the respondents' view that their training in

confidentiality was insufficient and that they could benefit from further training. Although they scored significantly less correctly on the vignettes section, Department of Social Services workers believed significantly less often in the benefit of further training in this area than other social workers (signifiance = .017).

It is clear that the response to the vignettes places serious doubt as to whether these workers can distinguish confidentiality violations. Only one respondent scored all ten examples correctly, while in a pre-test sample of master's candidates, all having completed an ethics course, two out of five students chose all ten correct responses. The overall mean correctness of the sample suggests that these workers cannot be depended on to be able to distinguish confidentiality violations.

> Question 4: How confident are social workers in
> their ability to make decisions
> regarding confidentiality issues?

The sample demonstrated itself, on the whole, to be highly confident (overall mean = 4.09 out of a possible 5) (see Table 5). Given that the respondents attributed eighty percent (80%) confidence to questions they got right sixty percent (60%) of the time, it is not surprising, yet quite telling, that there was no statistical relationship between confidence and correctness

TABLE 5

Confidence in Correctness of Vignette Responses

VIGNETTE

	1	2	3	4	5	6	7	8	9	10
1)	3	2	3	2	2	4	3	1	2	1
%	(3.4)	(2.3)	(3.4)	(2.3)	(2.3)	(4.6)	(3.4)	(1.1)	(2.3)	(1.1)
2)	3	2	7	4	6	5	5	5	4	10
%	(3.4)	(2.3)	(8.0)	(4.6)	(6.9)	(5.7)	(5.7)	(5.7)	(4.6)	(11.5)
3)	13	9	16	15	16	13	17	23	15	18
%	(14.9)	(10.3)	(18.4)	(17.2)	(18.4)	(14.9)	(19.5)	(26.4)	(17.2)	(20.7)
4)	31	20	17	31	25	28	29	22	19	24
%	(35.6)	(23.0)	(19.5)	(35.6)	(28.7)	(31.0)	(33.3)	(25.3)	(21.8)	(27.6)
5)	37	54	44	35	38	37	33	38	47	34
%	(42.5)	(62.1)	(50.6)	(39.8)	(43.7)	(43.7)	(37.9)	(41.4)	(54.0)	(39.1)
	87	87	87	87	87	87	87	87	87	87
%	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)	(100)

in relation to the vignettes. Certainly, these social workers proved to be over confident in their responses. This may seem unusual yet Eisele (1974), in a study of school counsellors, found that confidence in addressing ethical questions was unrelated to their answers.

This result forces one to entertain the notion, which social work authors have hinted at for some time, that not only do social workers not know about confidentiality, but they are unaware of their ignorance. This belief is bolstered by the absence of correlation between the confidence of respondents and the type of agency in which they work. Thus, the Department of Social Services' social workers questioned had virtually the same level of confidence in their answers (mean = 4.11) as did the social workers employed in other agencies (mean = 4.07) although the former group were correct less often than the latter, and both groups were significantly overconfident.

The only variables found to be significantly related to confidence were education and area of professional responsibility. Thus, the more educated or more senior in position, the more confidence is shown by the social worker in determining the violations of confidentiality in the vignettes. However, these senior workers did not do better on correctness than their subordinates. Education, seemingly the best correctness predictor, is unrelated to the area of professional responsibility. Again,

overconfidence is strongly suggested, implicating the supervisory and/or policy level social workers participating.

These findings support a view that there does indeed exist a schism between what social workers say they believe about confidentiality and what they know about its practical application. The ethical training offered in academic or job settings has little bearing on the ability of these workers to correctly identify confidentiality violations. Although they state that confidentiality is an important practice issue, their ability to use it is questionable. They are more confident than they are right. Those social workers who score poorest on their correctness are more likely to believe that further training will not be beneficial to them. Those in positions of responsibility for supervising other social workers and/or who participate in policy decisions are no more knowledgeable about confidentiality than those they supervise. It will likely suffice to say that this pioneer effort to examine the relationship between what social workers believe about confidentiality and their knowledge of confidentiality has uncovered some troubling issues for the profession which need to be addressed.

Discussion

Implications

Friedlander (1982) outlines the link between the concepts of autonomy, privacy and confidentiality. In this important paper, Friedlander speaks to the need to respect individual boundaries in order to demonstrate our value of the worth of people. Simply put, Friedlander views privacy as a "boundary which separates the person from the rest of the world" (p.1710). While writing with the physician-patient relationship in mind, Friedlander's assertions are just as applicable to social worker-client relationships. He describes privacy as the necessary means by which people attain the freedom to make decisions, or autonomy. Any factor which decreases the privacy of an individual will thus necessarily diminish the autonomy of that individual.

When a person engages in a relationship with a helping professional as in the case of a social worker, that individual decreases personal privacy by sharing information, presumably because this sharing is designed to alleviate some distress or fulfill a compelling need. Any further sharing of this information by the social worker to others will result in a further decrease in privacy. As Friedlander's model illustrates, the ultimate result to the client of this decrease in privacy is a diminishing of

autonomy. It is autonomy which is seen as one of the profession's moral ideals (Albers & McConnell 1984). It is for this reason and this reason alone that confidentiality is critical to social work practice. Any other reasons for maintaining confidentiality derive from this principle.

Confidentiality is the means by which social workers can ensure the privacy of clients, which in turn serves to preserve the autonomy of clients. If privacy were the only need of clients, then respecting confidentiality would become the sole duty of the social worker. However, clients do have other needs which produce other duties for social workers. It is the ordering of these needs, including confidentiality, which potentially gives rise to conflict.

The conflicts of duty faced by social workers in respect to confidentiality are many and varied. They are most poignant when a further compelling duty exists, is seen to exist, or may exist. For example, in ordering duties for social workers, few would argue with Reamer's (1982) contention that the duty of confidentiality is subordinated by the duty to protect the physical well-being of individuals, notwithstanding that in Canadian law, no such duty to protect has been established outside of Child Welfare Legislation (Hoffman 1981).

This priorizing of needs is embraced, to some degree,
by the Canadian Association of Social Workers (CASW) 1983
Edition of the Code of Ethics (p 5-7). It explicitly
states, for example, that disclosure of information related
to impending harm to a person is justified. However, there
are problems with the CASW's view of the nature of the
social worker-client relationship. It suggests that social
workers should treat client information as privileged
communication, while stating this, of course, not to be the
case in the legal sense, and at the same time, illustrating
numerous examples of legitimate and desirable sharing of
this supposedly "privileged" information (i.e.
intra-agency, inter-agency). To suggest that social
workers see their interactions with clients as constituting
privileged communication at the very least adds seemingly
unnecessary confusion to a difficult issue and at worst
belies the reality of the conflicts of duty faced by social
workers. As Reamer (1982) suggests:

"It is perhaps asking too much of any professional code
of ethics to contain unambiguous criteria for resolving
conflicts among its principles. Where, then, can a
practitioner turn for ethical lodestars, for criteria
which would help guide the choices demanded by hard
issues?

Where indeed? If, as Reamer suggests, the duty of
confidentiality must be weighed against other duties, then
surely this requires distinguishing abilities on the part
of the social worker. In the absence of such abilities,
which are related in part to knowledge of the concept of

confidentiality, then the right to privacy becomes a hollow right and the preservation of autonomy is jeopardized.

The findings of this study are important in this regard. Social workers appear to face difficult decisions of duty on a regular basis as it relates to confidentiality. Yet their knowledge is shown to be incomplete and their ethical training is insufficient. While espousing value for confidentiality, many appear to have limited understanding of the concept, and worse, appear to be unaware of the deficiencies of their understanding.

Given such a state of affairs, it is difficult to imagine that social workers can consistently make the right decisions to the often troublesome duty conflicts they encounter. The hypothetical situations with which the social workers in this study were presented are highly familiar, are not particularly complex and are resolvable by either legal precedent, the Code of Ethics, or cited acceptable standards, and as such, should not present perplexing duty conflicts. Yet these social workers answered, as a whole group, fully forty percent (40%) of all questions incorrectly. The rigor applied in the training of these workers to enable the priorizing of ethical duty is surely suspect, both on the academic and occupational levels. At best, one can presume that social workers are struggling under a burden of highly complex

duty conflicts with respect to confidentialty. The findings of this research do support this notion to a degree. On the other hand, one can conjure up images of social workers, in ignorance, of the very existence of the competing duties confronting them or the import of resolving such conflicts. The findings, particularly the discrepancy of confidence and correctness, support this notion to some degree, as well.

As if this were not a bleak enough supposition, it must be considered that the instrument used in this study cannot determine willfull disregard. If we accept that an imperfect world exists, we can further infer from Slovenko et al (1966), that surely some instances exist where, despite knowledge of appropriate confidentiality practices, social workers do not correctly handle case situations, owing to other motives. These motives may be benevolent, as in the case of a social worker breaching confidence to acquire needed goods or services for a client, or may relate to issues of expediency and malevolence on the part of the social worker.

By not appropriately handling issues of confidentiality, social workers adversely affect the privacy rights and the autonomy of their clients. When advocating the breach of a client confidence for a less compelling duty, the social worker diminishes both the privacy and autonomy of that client. On the other hand,

when a social worker maintains a confidence although a more compelling duty exists, privacy and autonomy are protected but at the expense of some greater duty (i.e. the duty to warn of impending harm).

The most disturbing implication of these findings is that in the absence of knowledge, understanding and application, the likelihood is increased that both the individual right to privacy is violated or that dangerous situations are left unaddressed in the social worker-client relationship. In either case, the practitioners of the profession are placed at odds with the purposes of the profession, autonomy on one hand and community well-being on the other (Albers & McConnell, 1984).

Given a society where consumer rights are increasingly understood by clients of social work service, it seems plausible to assume that improper handling of confidentiality issues will result in increased disfavour of clients, reprimands and legal actions. The trust so vital to the relationship of client and social worker will, in all likelihood, suffer from a response in kind from clients who feel they are not respected. Lindenthal (1980) predicts that future clients may choose those professions and professionals which are less likely to breach confidentiality.

The future implications for the profession in Canada relate to internal development and the standing of social

work in the professional helping community. Any inconsistency between social work's purposes and its application of confidentiality impacts negatively on its ability to function. As the profession attempts to assert its "professionalism" in relation to other groups, such as physicians, psychiatrists and psychologists, its shortcomings in addressing ethical issues may well hinder social work's progression. If the profession should advance without appropriate ethical foundations, the situation for workers and clients alike, will be even worse. The potential recklessness of a helping profession unbridled with responsibility to uphold individual rights is plainly disturbing. The central trust so critical to social worker-client relationships will not be engendered. Desirable professional progression will require considerable change in the ways social workers treat the people they serve, with regard to ethics.

Limitations

This study contains features tending to limit the potency of the findings. Some of these features emerged during the course of the study, while others surfaced during the subsequent use of the instrument for teaching/training purposes.

The issue of sampling is generally problematic in exploratory research. This sample's size and nature is somewhat restricted by geography. The relevance of the

findings of this sample to other regions can only be tested through replication.

One validity issue arising relates to the potential ambiguity of the question "has social worker A violated confidentiality in this situation?" contained after each vignette in Part II of the questionnaire. Technically, of course, a positive response would be correct in all instances through strict semantic interpretation. The results do not support the notion that respondents chose such a literal definition in their deliberations, as no respondent chose the "yes" response in all instances. The existence of a validity issue can perhaps be resolved by observing the effect of a change in the question's wording on future results.

The reliability of results is also a factor to examine. For this study, the reliability of the confidence scores was 0.79 and for correctness was 0.51 (out of 1.0). In social scientific research, gross error is considered common and reliabilities below 0.50 are not considered to necessarily render results invalid. (Ferguson 1976). In fact, the reliability for this study, being exploratory in nature, is encouraging as both results are above 0.50.

Conclusion

The results of this study indicate a serious schism between what social workers believe and what they do in the

area of confidentiality. While the profession's expressed opinion toward confidentiality is one of extraordinary value, the outcome data on practical knowledge renders such valuation hollow at best. This disjuncture between belief and doing has long been alluded to in social work literature. It may be that the results of this research are less surprising than the fact that no such inquiry has previously taken place.

Wilson (1978) speaks to the inherent danger in the social work profession's complacency with respect to confidentiality. She states, in the preface of her seminal text Confidentiality in Social Work:

> "...Herein lies a serious problem for social workers; we plod along in blissful ignorance, assuming we know a great deal more than we do. Then one day, the closet door is opened by the courts and we discover an entire room full of knowledge that could have revolutionized our method of practice had we only known it existed. We can no longer avoid looking behind that closet door..." p.xi.

The problem for social workers becomes a problem for social work clients when the relationship is compromised. The stark reality is that the relationship itself is a powerful tool (and often the only one) which the social worker uses. It seems incredulous to think that the professional would endanger this relationship through a breach of trust. Yet this study confirms that we know and have known for some years about the regularity of such occurrences.

In order to effectively utilize the sometimes complex concept of confidentiality in practice, the schism between belief and doing needs to be minimized. Knowledge is the key missing element in bridging this gap. Wilson (1978), in the same preface as above, speaks to the benefit to social workers of full knowledge about confidentiality principles and applications.

> "...a full understanding of this complex topic should bring about an informed freedom; because he knows the limits and possible consequences along with the grey areas, the practitioner can use intelligent discretion in daily practice as he applies the principles of confidentiality in the best interests of his clients." p. xi.

It may be that social work in Canada is further away from "informed freedom" than previously realized, as it pertains to confidentiality. The knowledge which would clarify this concept exists in literature, yet it appears that the training of social workers does not well engender this knowledge in its practitioners. In addition, it must be assumed that while social workers do not have sufficient knowledge about confidentiality, they may at times, even willfully disregard the knowledge they do have. Given that the results of this study are impervious to willful disregard on the part of the social worker, the seriousness of the findings of this study are further underlined. At best, it's a little worse than we thought and at worst, it's very bad.

There are avenues of change available to improve the social work profession's state of affairs with respect to confidentiality. These relate to alterations in the attitudes and knowledge of social workers, and implicate social work educators, administrators, policy makers, professional bodies and practitioners in their respective roles.

Schools of Social Work need to explicitly encompass a morality in their understanding of the profession and impart this to those in training. This will require curriculum changes to highlight the role of ethics and confidentiality. Ideally, this would result in social workers who are not only ethical in their practices but who understand the importance of ethics. A stronger link between Schools of Social Work and professional bodies on this issue should ensure the place of confidentiality through training and into professional practice.

The professional bodies themselves need to promote understanding and better practices in confidentiality, through the development of ethics committees, continuing education in confidentiality and research. Social agencies can provide better orientation and in-service training, and this should be tailored to emphasize the particular confidentiality issues of each agency. Confidentiality ought to be considered in peer review and supervisory

social work as an applied dimension worthy of scrutiny and evaluation.

Social workers may be taking a risk by waiting for their agencies and professional associations to take action with regard to confidentiality in social work practice. Through a lack of knowledge, a social worker could very easily become involved in a legal action related to misjudgement in the handling of confidentiality in practice. More likely, and more importantly, client trust is eroded with each violation, endangering the reputation of each social worker with those they serve. Social workers could lobby with their agencies and associations for the appropriate training and guidelines to be provided to them to ensure an adequate knowledge of confidentiality issues. It is clearly in their interest to do so.

The study of requisite knowledge of and appropriate application of client confidentiality in social work is just beginning. Much work still needs to be undertaken to explicate the current state of affairs in relation to this issue. The explication of this issue impacts, as we have seen, on the profession itself. Until such time as the complacency of the profession is replaced by rigorous efforts, client confidentiality may be little more than a hollow right. If no action is undertaken, then perhaps as Ehunreich (1985) suggests, social work should be discarded without regret.

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A P P E N D I X   I

THESIS QUESTIONNAIRE

DIRECTIONS

- TO ENSURE YOUR PRIVACY, PLEASE DO NOT WRITE YOUR NAME ON THIS QUESTIONNAIRE

- PLEASE COMPLETE ALL QUESTIONS.

- PLEASE DO NOT SHARE YOUR EXPERIENCES WITH OTHERS.

- YOUR ANSWERS SHALL BE VIEWED BY THE RESEARCHERS ONLY.

PART I: BACKGROUND DATA

Please answer each question by circling the correct number or writing the correct response.

1. Are you currently employed as a Social Worker?   1 = Yes   2 = No

2. <u>Sex</u>: 1 = Female   2 = Male   3. <u>Age</u>: _____ years.

4. <u>Ethnic Origin</u>: 1 = Newfoundlander   2 = Other Canadian

                           3 = United States   4 = Other _____

5. <u>Marital Status</u>: 1 = Single   2 = Married   3 = Widowed

                         4 = Divorced   5 = Separated   6 = Common-Law
                                                       Relationship

6. <u>Educational Background</u>: (Circle the highest attained level only)

    1 = Some High School   2 = High School Graduate   3 = Some College

    4 = College Graduate   5 = College Graduate   6 = M.S.W.
       (B.S.W.)   (Other than B.S.W.)

    7 = Doctorate   8 = Other (specify) _____

7. How long has it been since you attained your current academic level?
    _____ years.

8. <u>Job Experience</u>: How long have you been employed as a Social Worker?
    _____ years.

9. In what type of agency are you currently employed? (circle one only)

    01 = Department of Social Services   02 = Health Services

    03 = Mental Health   04 = Residential Treatment

    05 = Correctional Services   06 = Family Services

    07 = Vocational Rehabilitation   08 = Other (Specify)_____

    _____

10. How many Social Workers are employed by your agency?

    1 = One   2 = Two to Five   3 = Five to Ten   4 = Eleven to Twenty

                        5 = More than Twenty

11. <u>Major Area of Professional Responsibility:</u> (Circle one answer only)

    01 = Administration   02 = Planning

    03 = Community Organization   04 = Research

    05 = Supervision   06 = Direct Practice

    07 = Teaching or Training   08 = Other (Specify) _____

    _____

PART II: VIGNETTES

INSTRUCTIONS

In each of the following situations, you are asked to decide whether the
Social Worker, Worker A, has violated the confidentiality of the client or
clients involved. In addition, you are asked to rate your confidence in
the accuracy of your answer for each case example.   A five point scale,
from Not Confident at All to Very Confident, is used for this purpose.

When answering, please consider only information provided in each case
example. Circle the appropriate answer in each instance.

_____

1. Worker A believes that John Smith, a client for the past six weeks, is
    withholding information useful to the case. When confronted by Worker
    A, John denies this but the worker still believes that John is
    concealing something.   Worker A calls John's wife to verify this
    suspicion and learns that indeed John has been withholding some
    information which will alter the treatment plan with this client.

    HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION?

                    1 = Yes   2 = No

    Please rank the degree of confidence you have in your answer on the
    space below.

    |‾‾|
    1   2   3   4   5

    Not Confident   Very
      At All   Confident

                _____

2. Worker A receives a telephone call from Worker B, employed in another
    agency, concerning client John Doe.   Worker B states, "I understand
    that you have been seeing John for the past year as his Social Worker.
    I've just had John placed on my caseload and I need some information on
    his family background." Worker A subsequently sends a sealed copy of
    John's family history report to Worker B.

    HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION?

                    1 = Yes   2 = No

Please rank the degree of confidence you have in your answer on the space below.

1	2	3	4	5

Not Confident
  At All

Very
Confident

----

3. Worker A has been seeing client John Brown for approximately six months. During the past two months, John has expressed aggressive feelings toward his estranged girlfriend. Worker A, unsure of the seriousness of John's intent, is aware of his long history of violent behaviour. Worker A tells John that the girlfriend will be contacted concerning his threats. Worker A telephones the girlfriend to alert her of possible harm from John.

HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION?

                    1 = Yes   2 = No

Please rank the degree of confidence you have in your answer on the space below.

1	2	3	4	5

Not Confident
  At All

Very
Confident

----

4. Worker A receives a call from a prospective employer of Jane Brown, a client of the worker. "We are considering hiring Jane," says the employer, "but we understand that she has some personal problems. Could you give us some information on her present state? Worker A responds by offering the employer some information assuring that indeed Jane is fit for work. The employer indicates that Jane will be hired on a trial basis, which Worker A feels will be a positive step for Jane.

HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION?

                    1 = Yes   2 = No

Please rank the degree of confidence you have in your answer on the space below.

| 1 | 2 | 3 | 4 | 5 |

Not Confident
At All

Very
Confident

----

5. Worker A receives a telephone call from Judge Green requesting information about Worker A's dealings with Jane Doe, a client of two years. The Worker realizes that this information may well be injurious to Jane. This is especially problematic as Worker A feels that Jane is just beginning to progress, and this could be a major setback at this time. Worker A relunctantly gives the Judge the information.

HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION?

1 = Yes   2 = No

Please rank the degree of confidence you have in your answer on the space below.

| 1 | 2 | 3 | 4 | 5 |

Not Confident
At All

Very
Confident

----

6. Worker A, in the first week of a new job, is assigned Mary Smith as a client. Mary asks Worker A, "If I tell you something will you promise not to repeat it?" Worker A agrees. Mary tells Worker A that her husband has been beating her and their ten year old daughter for the past year. Worker A tells Mary that Child Welfare will have to be contacted but Mary refuses to consider this action. Worker A proceeds to contact Child Welfare and informs them of the situation in the Smith home.

HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION?

1 - Yes   2 = No

Please rank the degree of confidence you have in your answer on the space below.

```
1          2          3          4          5
```

Not Confident   Very
   At All   Confident

----

7. Worker A, in preparing for a case conference on client John White, borrows part of the file to prepare a report. Unable to finish the report during the day, Worker A brings the file home in a briefcase and finishes it that evening. The file is returned by Worker A the following morning.

   HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION?

                    1 = Yes   2 = No

   Please rank the degree of confidence you have in your answer on the space below.

```
1          2          3          4          5
```

   Not Confident   Very
      At All   Confident

----

8. Worker A, a newly graduated Social Worker, has been working with client Joan Doe for two months. Worker A is experiencing much difficulty with the case. Worker A approaches Worker B, a highly regarded and experienced co-worker, for advice on the handling of the case. Worker A shares all of his information on Joan and receives useful suggestions from Worker B.

   HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION?

                    1 = Yes   2 = No

Please rank the degree of confidence you have in your answer on the space below.

| 1 | 2 | 3 | 4 | 5 |

Not Confident   Very
   At All   Confident

----

9. During lunch break, Worker A overhears a staff member telling "a story" about Jane White. Jane is a client of Worker A and the story is both untrue and hurtful to Jane's character. Worker A interrupts the staff member, stating, "You must be mistaken. Jane is a client of mine and I can assure you that your story is untrue. Furthermore, it is very unprofessional of you to discuss people in such a manner.

HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION?

                    1 = Yes   2 = No

Please rank the degree of confidence you have in your answer on the space below.

| 1 | 2 | 3 | 4 | 5 |

Not Confident   Very
   At All   Confident

----

10. Worker A receives a request from an authorized university research team to provide client data for use in a government funded study. The data required pertains to a specific client population. Worker A submits copies oof 25 case files, with all identifying details blotted out. The research team concludes from the data collected that service is unnecessary for this client population. Government subsequently withholds funding from service for this client population.

HAS WORKER A VIOLATED CONFIDENTIALITY IN THIS SITUATION?

                    1 = Yes   No = No

Please rank the degree of confidence you have in your answer on the space below.

| 1 | 2 | 3 | 4 | 5 |

Not Confident   Very
   At All   Confident

PART III: OTHER BACKGROUND QUESTIONS

Please answer each question by circling the correct number or writing the correct response.

---

1. How many of the situations described in Part II of this questionnaire represent situations which are familiar to you in their occurence (either from personal work experience or through second hand knowledge of similar instances)?

$$0 - 10 \ \rule{3cm}{0.4pt}$$

2. When you were in school, did you ever receive formal training (i.e. lectures, coursework) about confidentiality in Social Work practice?

$$1 = Yes \qquad 2 = No$$

3. If YES to Question 2., please circle the response which best represents your opinion of this training.

```
   1_____2_____3
```

Less than   Adequate   More than
adequate   adequate

4. In your present job, have you received any formal training (i.e. orientation, in-service) about confidentiality in Social Work practice?

$$1 = Yes \qquad 2 = No$$

5. If YES to Question 4., please circle the response which best represents your opinion of this training.

```
   1_____2_____3
```

Less than   Adequate   More than
adequate   adequate

6. How often, on average, does a situation arise at work where confidentiality is an issue for you as a Social Worker?

01 = Never   02 = Less than once monthly   03 = Monthly

04 = Twice per month   05 = Weekly   06 = More than once per week

7. How important is confidentiality to you relative to other patients issues?

1	2	3
Less Important	Equally Important	More Important

8. Do you feel you would benefit from further training in confidentiality?

    1 = Yes   2 = No

9. Have you ever done any independent reading in the area of confidentiality in Social Work practice?

    1 = Yes   2 = No

10. Does your agency have a formal written policy regarding confidentiality?

    1 = Yes   2 = No   3 = I Don't Know

11. Does your agency provide written consent forms to Social Workers for release of information on client data?

    1 = Yes   2 = No   3 = I Don't Know

12. Have you ever been personally involved in a legal or administrative procedure where your use of confidentiality was an issue?

    1 = Yes   2 = No

THANK YOU FOR YOUR CO-OPERATION IN COMPLETING THIS QUESTIONNAIRE. IT'S MUCH APPRECIATED.

A P P E N D I X   I I

INVENTORY OF SIGNIFICANT RESULTS

APPENDIX II
INVENTORY OF SIGNIFICANT RESULTS

The comparative analyses proving to be significant are listed below, with the statistical test utilized and the level of significance.

COMPARISON	TEST	SIGNIFICANCE
a) Education by Type of Agency	Crosstabulation (Chi-Square)	0.0004
b) Education by Formal School Training	" "	0.04
c) Type of Agency by Benefit of Further Training	" "	0.017
d) Correct by Education	Kruskall – Wallis – 1 Way Anova	0.001
e) Correct by Type of Agency	" "	0.05
f) Confidence by Education	" "	0.045
g) Confidence by Area of Responsibility	" "	0.038
h) Job Experience by Familiar Situation	Spearman Correlation Coefficient	0.007
i) Job Experience by Time Since Highest Academic Level	" "	0.001
j) Correct by Time Since Highest Academic Level	" "	0.023