What ethical dilemmas do Social Workers face in the Healthcare area in Spain?

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Abstract

The purpose of the article is to identify the types of ethical dilemmas that Spanish social workers face in the healthcare arena (health centres, hospitals and mental health). A quantitative methodology was chosen using the questionnaire prepared by Eileen J. Ain. The questionnaire has been translated and adapted for Social Work in Spain. The statistical analysis shows the correlation between the different areas of intervention in Social Work and the most significant ethical dilemmas that such professionals have to solve (autonomy, confidentiality and informed consent). This article is an essential study on Social Work at the national level that emphasizes the importance of the ethics of Social Work in the Healthcare area.

Keywords

Ethics; social work; ethical dilemmas; healthcare; Spain

Introduction

In social work, the areas of intervention related to health, including mental health, present ethical dilemmas more frequently than professionals in the field would like. Resolving these dilemmas adequately is fundamental for social interventions to be of ethical quality given its relevance to freedom and confidentiality with regards healthcare processes.

It is not easy for social work professionals to adequately resolve ethical dilemmas that arise in professional contexts as professional ethics are much more than an extension of individual moral and, in the professional sphere, it is not sufficient to act in accordance with one's own individual

moral values. In this regard, for some time now importance has been given to the existing correlation between the different professional problems, certain ethical dilemmas and methods for resolving these dilemmas (Ballestero, 2009; Urien, Ballestero, Idareta, Úriz, & Viscarret, 2016; Úriz, 2004; Úriz & Idareta, 2017).

Studies have been carried out in the healthcare area, although limited to medicine and nursing, that have highlighted the importance of giving professionals in medicine and nursing strategies for analysing and resolving ethical dilemmas that allow them to anticipate and reduce stress in their work (Corley, Minick, Elswick, & Jacobs, 2005; Førde & Aasland, 2008; Häggström, Mbusa, & Wadensten, 2008; Hofmeyer, 2003; Rathert, May, & Chung, 2016; Rushton, Kaszniak, & Halifax, 2013; Wadensten, Wenneberg, Silén, Tang, & Ahlström, 2008), but nothing specific to strategies for analysing and resolving them specifically (Barlow, Hargreaves, & Gillibrad, 2008; Bolin et al., 2008; Grosek et al., 2020; Kanofsky, 2020).

The employment context is a fundamental variable when studying ethical dilemmas (Bankauskaite, 2006) and, in fact, some studies suggest an existing relationship between malpractice of professionals and the ethical climate of the organisation (Appelbaum, Deguire, & Lay, 2005), as well as the existing negative correlation between a stressful working environment and moral sensitivity (Bégat, Ellefsen, & Severinsson, 2005).

As for social work, the scientific literature in the Spanish context are rare. In this regard, different types of ethical behaviour have been established for social intervention (Ballestero, Úriz, & Viscarret, 2013), and four different professional profiles have been identified in professional social work by analysing the roles they develop (Ballestero, Viscarret, & Úriz, 2013), but we need to further investigate these ethical dilemmas with regards to intervention. We know what types of ethical behaviour are at play in professional social work interventions and we

also know what professional profiles these social work professionals have, but we don't know if there is a correlation between their areas of intervention and the ethical dilemmas they face.

The objective of this article is to identify what ethical dilemmas Spanish social workers face in their professional interventions specifically in the healthcare area. Areas of intervention in professional social work have been developing in each country in different ways dependent on that country's historical and social evolution. As a general and transversal criterion to the historical evolution of most western countries, it can be observed that the social work profession has been under development since the very beginning and took the form of a generalised professional intervention which then became more and more specialised in different contexts (health, mental health, disability, drug dependency, childcare, family, old age, youth, etc.). The activities carried out by the social workers since this profession came about show the dynamism and vitality of a profession in continuous change and progression, the professional limitations of which are often blurred due to the expansion over time into different areas and the discovery of different ethical dilemmas at each step (Idareta, Úriz, & Viscarret, 2017), especially in the healthcare area.

The ecological perspective applied to social work explains that a person's behaviour cannot be understood without considering the context in which the behaviour was produced. Nor can we understand a professional practice without taking into consideration the area in which said practice is developed (Germain, 1977; Germain, 2008; Greene, 2017). Ethical behaviour must also be subject to this approach and ethics training should be carried out so as to help professionals understand, reflect on and act appropriately in these specific situations of ethical conflict.

The development of intervention contexts or professional social work areas in Spain is interrelated with the political and legislative evolution in the country starting in the mid-eighties

and which has regulated the establishment and development of the Social Services. The political changes that have taken place in the country and the legislation passed related to Social Services have defined the profile of the social worker in their corresponding areas of intervention. Law 7/1985 of 2nd April Regulating the Rules of Local Government (BOE, No. 80 of 3rd April 1985. In force since 23rd April 1985), that provides for Social Services for citizens in Article 25.2.k, establishing that the regulation of the provision of social services falls within the competency of the municipalities under the terms of State and Autonomous Community legislation.

In this context and from a time perspective of various decades, this article aims to offer data and arguments related to ethical dilemmas faced by Spanish social workers in their healthcare intervention area and which form part of a broader study on ethical dilemmas in different areas of social intervention.

Method

Sample

The gender breakdown of social work professionals in Spain is overwhelmingly female: 91% are women and 9% are men, which is the same ratio observed in social work in Spain for decades. The age breakdown is as follows: 40% between 31 and 40; 30% between 41 and 50; 17% between 20 and 30 and 13% are over 50. We can see then, that 70% of professionals are between the ages of 31 and 50.

The professional experience between them shows that 38% have between 6 and 15 years of experience as a social worker; 28% have between 16 and 25 years of professional experience; 24% have up to 5 years of experience and only 10% have more than 25 years of experience. The majority (70%) work in public administrations, while 14% work for a private entity and 12% in a

public-private entity. For the rest, 1% is unemployed, 1% is self-employed and 2% work in other areas.

The distribution of social workers in the healthcare area is based on the specific characteristics of the healthcare area which, in its vast majority, is in the hands of public services. Of all the social workers in Spain, only 11% work in the healthcare area: 6% in health centres and hospitals and 5% in mental health services.

Instrument

The questionnaire used is based on the questionnaire developed by Dr Eileen J. Ain (2003) in the United States. The questionnaire was translated, contextualised and adapted to the Spanish context by the members of the *Efimec Group* at the Public University of Navarra. The questionnaire is divided into seven large sections: personal information, professional information, code of ethics, ethical questions, ethical dilemmas, ethical dilemmas in every day work and ethics training. For this article, questions related to the healthcare area and ethical dilemmas were used. All the questions are composed using the Likert scale with four options (Never, Rarely, Sometimes, Often).

Procedure

The methodology used in the study was quantitative and the questionnaire was sent by post. The subjects of the study were from the collective of graduated social workers active in Spain. The Database of the General Council of Social Work in Spain, containing a total of 8505 professionals was also used.

The data matrix contains a sample of 700 social workers. The sampling unit is random and nominative. By applying the sampling error formula for finite populations, for a confidence level of two Sigma (95.5%), where $p=q=0.50$, where the universe of reference is 8505 professionals

and the sample obtained *N*=700, the sampling error is ±3.5%. The real response index was 20% (1523 usable questionnaires/7963 questionnaires sent (discounting those that were sent back) *100). Of the usable questionnaires, a review process was carried out and the data was cleaned in order to ensure the quality of the information obtained (checking for inconsistencies, assessing non-responses, etc.), giving the final sample needed for the study.

Statistics

The analysis was carried out using the SPSS, v. 21(SPSS, Chicago, IL) through a statistical contrast X^2 (Chi-square). This contract is used to identify dependency relationships between qualitative variables. Its calculation allows us to affirm, with a certain level of statistical confidence, whether the levels of a qualitative variable influence the levels of another analysed nominal variable. In this case, we are going to observe whether the professional area in which a social worker works, influences the type of ethical dilemmas they face.

Ethic Statement

The current study conforms to the internationally accepted *Ethics in research with human participants* of the American Psychological Association (Sales & Folkman, 2000). Participants were informed that their answers would be processed and reported anonymously; it was stated that, by completing the questionnaire, the participants provided consent for using their information for the research. Given the nature of the study (e.g. no deception, no hazards or discomforts, no confidential information required, etc.), no specific approval from the ethics committee needed to be sought.

Results

The ethical dilemmas faced in various areas of intervention related to health and mental health were considered. The independence test Chi-square allowed us to detect a relationship and an association between two qualitative variables: the area of intervention where the social worker works (YES/NO) and the ethical dilemmas (YES/NO). The following null hypothesis (H0): there is no significant difference, at the moment an ethical dilemma is faced, between professionals from one particular area of intervention and another. The confidence level assigned is 95%, with a margin of error of 5%, in other words, $p<0.05$ (significant), $p<0.01$ (highly significant) * and $p<0.001$ (extremely significant) **.

The results shown (see Table 1) are concerned with the areas of intervention for which the null hypothesis of no relationship or independence was rejected. The table shows the data that confirms, with a probability of error of 5%, that there is a relationship between the area of intervention and the ethical dilemmas observed.

Table 1

Results obtained, ethical dilemmas and area of work. X^2 (Chi squared).

		Types of professionals according to their position	
Ethical dilemmas related to…	*p*	They work in the Healthcare area (%)	They don't work in this area (%)
Patient autonomy	0.003	53.3	35.7
Confidentiality	0.000	52.9	37.5
Duty to inform third parties	0.032	52.3	44.5
Telling the truth, not the whole truth or lying	0.003	43.3	31.8
Disclosing someone's social history	0.008	37.8	27.7
Informed consent	0.009	36.7	27.5
Personal relationships with the patient	0.001	36.6	23.9

The healthcare area is an area in which bioethics have become a field of knowledge of great interest to healthcare workers (doctors and nurses, mainly) and which has, since the beginning, taken on a set of rules of professional conduct, translated in practice into behavioural norms

recognised and valued with the entire community of healthcare professionals. Medical ethics has a long history dating back to the beginning of the professional practice, see, for example, the Hammurabi Code which established a series of obligatory rules for practising medicine. Over the course of its history, healthcare ethics has undergone many developments and different conceptualisations which have been translated into new ethical paradigms of reference.

Ethics is crucial for healthcare professionals in their daily practice and hence the interest in analysing the ethical dilemmas related to healthcare social workers who, without being healthcare professionals, work in the healthcare area. The study shows that healthcare is an area of intervention in social work with the highest number of recorded ethical dilemmas compared with other areas of social work intervention (family, childhood, migrants, gender, ethnic minorities, youth, prisoners and former prisoners, the elderly, disabled people, drug-dependency, etc.). There are studies and investigations that have been carried out in relation to this (Ballestero, Úriz, & Viscarret, 2012; Goldman & Tabak, 2010; Greene & Kulper, 1990; Kadushin & Egan, 2001; Proctor, Morrow-Howell, & Lott, 1993; Reamer, 2018; Sparks, 2006) where they number and analyse the main ethical dilemmas in this area of study. They highlight those related to the autonomy of the patient, confidentiality (confidentiality, informed consent, disclosure of social history, the duty to inform third parties) and personal relationships with the patient. In all these cases, p=0.01**.

However, the statistics do not show a correlation with other ethical dilemmas also tested in relation to keeping professional secrets (0.114), abuse of power (0.073), economic or material compensation (0.091), the distribution of available resources (0.476), means of communicating (0.515), report writing (0.423), conflicts of interest (0.345), the duration of an intervention (0.087), the incompetence of another professional (0.366), and/or taking responsibility for actions

that have had a negative effect on a colleague (0.191). The results obtained that describe the most relevant ethical dilemmas in professional practice in the healthcare area are given below:

Patient autonomy

The autonomy of the patient and compliance with the same is a key aspect of professional interventions in social work in general and in the healthcare area in particular. It has been the point of reference in various investigations and studies such as the study provided for in the Law 41/2002 on patient autonomy which requires healthcare professionals to respect the right of people to decide for themselves and to respect their free will, which is crucial in healthcare. Likewise, the International Federation of Social Workers establishes that the autonomy of the patient is respected by "respecting and promoting the rights of persons to take their own decisions, independently from their values and life chances, whenever this does not pose a threat to the legitimate rights and interests of others" (FITS 2004, 2). These deontological imperatives provide that the patient has the last say when taking their own decisions and when finding solutions to their problems, regardless of whether or not the social worker agrees with their course of action. The professional can provide guidance and help patients to explore various options, but should not allow their own opinions and personal biases to influence the decision making of the patient. This is a difficult dilemma as the social worker wants to act in the best interests of the patient and due to the need to respect their rights and act in whichever way the patient feels most comfortable. This may sound clear, but in practice ethical dilemmas emerge when respecting the principle of autonomy because it is not always evident that the patient has the capacity for full autonomy and sometimes respecting the autonomy of the patients is in conflict with another principle (wellbeing, for example) thereby creating an ethical dilemma. Likewise, the autonomy of a patient can be limited when the wellbeing of another person is at

risk. Normally, codes of conduct establish certain situations in which the autonomy of a patient is clearly limited: serious harm to a third party, a professional or the patient themselves. Furthermore, ethical dilemmas can arise between professionals (should I allow the patient to harm themselves, if they do it freely?).

In the healthcare area, there have been many recent publications (Dwarswaard & van de Bovenkamp, 2015; Fernández et al., 2012; Smebye, Kirkevold, & Engedal, 2015) on the autonomy of patients as, in many cases the autonomy of patients is severely or partially limited (either for physical reasons or because of low cognitive ability), is conditioned or questionable (opinions and pressure from other people, family, etc.). This is more common with mental health, where interventions are made with patients who have some form of mental illness or disability and is especially complex due to the inherent difficulty in establishing the real level of autonomy they have for making decisions. In this area, the objective is to ensure that the patient has as much autonomy as possible and decisions need to be made which lead to ethical dilemmas related to the autonomy of the patient as it is not as simple as choosing between A and B, but trying to see to what extent (or at what level) can a patient's autonomy be respected. One example of this is when professionals point out that

> they sometimes identified basic principles and that they tried to weigh different principles against one another (…) 'So, what is it we should emphasize, should we in a way emphasize safety and the risk principle, or should we in a way emphasize the being-able-to-grow principle and autonomy so the patient can actually have a chance at self-development. 'Some said they attempt to find a balance between the legal and the ethical. (Molewijk, Hem, & Pedersen, 2015, p.5)

Ethical dilemmas are not only present in the mental health domain, where a patient's ability to make decisions is evidently questionable, but also in other areas of the healthcare area (children, the elderly, etc.) where the cognitive ability of patients can be assumed precipitately because of paternalistic and protectionist attitudes towards the patients:

> with older people it can also happen, and on occasion it can be worse than with children, we confuse the physical disability with the inability to make decisions and there is no relation at all. So we act from a paternal perspective and we are harming the autonomy of the person, whereas we should differentiate physical ability and decision making. (Fernández et al., 2012, p.47; Varelius, 2006)

It is not surprising that the statistics show that autonomy is a question which leads to many ethical dilemmas in healthcare social work. Fifty-three-point three percent of healthcare social workers say they frequently face ethical dilemmas in this regard, versus 35.6% of professionals from other areas of social work reported that this was a frequent ethical dilemma they faced.

Confidentiality

Secondly, the report highlights the ethical dilemmas related to confidentiality (confidentiality, informed consent, disclosure of social history). This aspect is consistent with recent studies (Beltrán & Girela, 2017; BrintzenhofeSzoc & Gilbert, 2017; Chan, 2016) that refer to confidentiality as a complex ethical dimension in the health area, since there is no consensus in the field regarding privacy protection, in particular with respect to new technologies and patient data regulation.

The statistics infer that the data gathered for professional reasons and that must remain secret, lead to overwhelming ethical dilemmas in the social healthcare area. Fifty-two-point nine percent

of social health workers report having to deal with ethical dilemmas related to confidentiality, a figure much higher than that obtained for social workers working in other areas (37.5%). It is remarkable to observe such differences with respect to such a crucial element for any form of social work. It should be remembered that confidentiality is a necessary and fundamental condition for professional conduct in social work, since, beyond legal considerations, it is the very basis of trust between the practitioner and the patient. This trust is the crucial mechanism though which the social intervention can have an impact.

Confidentiality is defined as someone's right to have their personal information remain confidential and to decide to whom, in particular to what kind of professionals, and at what time their private information should be disclosed, as well as what kind of information is available to each person. On the other hand, and at a professional level, confidentiality refers to a general standard of professional conduct that "constrains" the professional from discussing or disclosing information related to a patient with anyone else. All this implies that the protection of confidentiality is, on the one hand, a right (of the patient) and, on the other, a duty (of the professional).

However, it is a fertile ground for the emergence of ethical dilemmas, especially in the health field, as confirmed by the aforementioned study. It is necessary to remember that the classic definition of confidentiality comes from the patient-professional medical model, in which the existence of a purely bilateral relationship was at play. However, a large part of the social health work carried out at present is no longer of a bilateral nature: social work through networks, social work with groups, family interventions, coordination of services, intervention in multidisciplinary teams, case management, facilities playing both a social and a healthcare role, etc. In all these atypical contexts, cooperation is necessary and the exchange of information

becomes necessary and transcendent. In such contexts, new ethical challenges arise and typical guidance documents provide little help to professionals in addressing them.

Duty to inform third parties

Social workers in healthcare produce particularly important information in patient-related documents (social report, social record, social history), which are used for diagnostics and for planning interventions. Sometimes, this information may be required by third parties, in which case ethical dilemmas may appear (what information should be provided, how far should one report and share, etc.). Statistical data shows that this is a significant issue for health social workers, since 52.3% of them say they often have to face this type of dilemma in their professional practice.

The dilemmas related to the duty to inform third parties include situations in which people who are not working directly on the intervention (doctors, health management professionals, social services, administration, other health entities or social resources) request some kind of information related to patients. Sometimes, the demand for information may be justified, but in other cases these requests are made from the social construct of a position of "power", superiority or control on the part of the parties asking from the information and this may imply that social health workers feel pressured to disclose private information. Additionally, there is growing concern about the increase in access to information available through digital media for secondary use (quality audits, research, teaching or management). Professionals may face dilemmas when the limits and levels of information that should be provided for such requests are not clear, given that releasing the entire set of confidential information that is available can be detrimental for the patient. Therefore, the questions of information and related ownership may constitute a source of daily ethical challenges. One should remember that the patient is always the owner of their own

data, although there are special circumstances in which the breach of confidentiality is justified (when the confidential information may pose a risk to the patient or third parties). There are several core principles related to this type of dilemma that guide professional interventions: the principle of confidentiality, the principle of general welfare and the type of relationship that is established between the social worker and the patient. The latter determines the type of relationship and the extent to which the information can be disclosed.

Telling the truth, not the whole truth nor lying

Another source of ethical dilemmas in the health field may arise from questions related to telling the truth, not telling the whole truth or directly lying (Beauchamp & Childress, 2009; Nie & Walker, 2016; Nie, Walker, Qiao, Li, & Tucker, 2015). Social health work is not alien to this trend. According to statistics, 43.3% of social workers in healthcare state that they frequently find themselves facing this type of ethical dilemma, compared to 31.8% of professionals working in other areas. The difference is significant.

The health area is particularly sensitive to this issue, since it often deals with complex life situations in which it is necessary to assess the situation from multiple perspectives when disclosing information on behalf of the professionals involved. From a professional perspective, "telling the truth" is much more complex than it is for individual relationships, where the arguments reside in the private space of individuality, while in the professional sphere the decision is explicitly regulated. However, the arguments that are usually used in the professional field for or against always telling the truth are, in general, of two types: those focused on consequences and those focused principles or values. Social intervention professionals have no right to lie and should always be clear in the information they transmit to the patient. The rationale for this principle is that we must bear in mind that the working relationship between the

patient and the social worker is based on trust and that not telling the truth, in addition to undermining trust, violates the principle of the patient's autonomy, since their ability to make conscious decisions might be undermined by the lack of information. On the other hand, it might be justified to not discard the whole truth, if the social worker believes the information might cause harm to the patient, in particular when it comes to their perceived ability to get better. Therefore, it is justified not to tell the truth if it has a therapeutic purpose for the patient (consequentialist principle). This is, without doubt, a paternalistic vision of social intervention that is linked to the conviction that hope or good news have a positive therapeutic effect on the lives of patients. Autonomy or truth are at stake with these ethical dilemmas, and factors such as culture, religion, personal beliefs and family dynamics often play a decisive role that increases the complexity of ethical decision making (Hills, Marks, & Vercler, 2017).

On the other hand, and from the patient's perspective, social workers in healthcare refer to the patient's lies and the detection of the same as another cause for ethical dilemmas. Intentionally concealing or retaining relevant information is often a cause for concern that is often detected by chance during the assessment process. Discovering that information has been concealed can also lead to ethical dilemmas related to the patient's resources, legal issues related to the patient's rights, or the process of planning an intervention.

Revealing a patient's social history

In addition to the ethical dilemmas that may appear in certain relationships (with the patient and with other professionals) within the healthcare area, interventions are often planned based on the emergencies, needs and pressures coming from either the social work institution itself, or from other health or social institutions (basic social services, hospitals, health centres, nursing homes, day care centres, emergencies, etc.), that make requests for information about patients

which is then not dealt with properly, putting the professional in ethically uncomfortable situations. The growing computerization and technological evolution at play in the healthcare area for receiving and sending data in different formats (including patient records) raises new types of concerns about confidentiality. These elements are supported by the results of the present study: the social workers in the healthcare area are more likely to report facing ethical dilemmas related to disclosing a patient's social history (37.8 percent), than other social workers (27.7 percent).

Informed consent

Thirty-six-point seven percent of social workers in healthcare state that they frequently face dilemmas related to informed consent in their professional practice, compared to 27.5% of other social workers. The data confirm the fact that informed consent is a settled procedure in the health field, more than in other areas of social intervention, and that it a cause for numerous ethical dilemmas for professionals (Allmark & Mason, 2006; Behrendt, Gölz, Roesler, Bertz, & Wünsch, 2011; Cook & Inglis, 2012).

Informed consent can only be applied to "capable" patients to decide regarding the proposed intervention that is offered to them, because it is more than just a simple authorisation and it entails greater complexity. Informed consent is based on a patient being aware of all the information related to their situation in a complete and truthful way, for them to be able to process it, understand it and make a related decision. In this apparently simple process involving patients, professionals and institutions, is where the ethical dilemmas appear. From the point of view of the professionals, the social workers mention that the informed consent is often impossible to fulfil in all its dimensions. They point out that, frequently, it becomes a challenge for the social worker to know clearly what information must be provided to the patient, as well as

how to communicate it so that the patient understands it in all its dimensions and can make an informed decision. From the perspective of the patient, the dilemmas are related to doubts about the level of autonomy and capacity of patients to understand exactly what is being proposed to them. Social workers point out dilemmas related to certain patients who are limited by physical, mental or cultural barriers, which prevent them from being fully autonomous and able to really know the situation in which they find themselves to decide with full guarantees about what they are consenting. This leads to misunderstandings, false expectations and failures in the system itself. In addition to this, there are also difficulties in the process of obtaining the consent in certain healthcare entities (hospitals, health centres). At times it happens so quickly that patients may not fully understand what they have consented to, rendering the informed consent a mere administrative requirement (Welch et al., 2017). Some patients can sign forms authorizing certain interventions that go against their wishes due to a variety of subtle and obvious pressures or because there is no alternative available, because if they do not consent they do not receive the assistance they need.

Personal relationships with patients

One of the professional challenges of social work is having to limit relationships with patients. Social work, like other service professions, is –or should be– a vocational profession to help improve the living conditions of people who are going through difficult times. However, when working in this type of difficult situation, the patient-professional interaction compromises relevant relational aspects such as empathy, closeness or trust, which are basic for the construction of *engagement* (patient commitment) and which can often blur the limits of a strictly professional relationship, leading to ethical dilemmas for social workers. In the healthcare area, many patients go through moments of severe difficulty and personal weakness (physical, mental,

emotional) that require a degree of individualised and close understanding. The professionals, in their effort to satisfy the needs of these complex life moments, suddenly see themselves "making friends" with the patient, sometimes generating affective bonds that can complicate the caregiving process (loss of objectivity, loss of neutrality). The data collected in our study shows that 36.6% of social workers in healthcare face ethical dilemmas related to personal relationships with patients, compared to 23.9% of other social work professionals. However, the deontological mandate is clear and requires social workers to maintain clear limits in relations with patients to protect their professional integrity.

Despite this, the professional literature includes several studies that show the existence of numerous ethical dilemmas related to limiting relationships with patients (Campbell, Yonge, & Austin, 2005; Del Río, Borda, Pérez, Martín, & Torres, 2003; Evans & Hearn, 1997; Pope & Vetter, 1991). Reamer (2003) proposed a list of five situations in which boundary problems can arise and which, in our opinion, are a good reflection of the circumstances in which various ethical dilemmas can appear in social work: 1) intimate relationships (sexual relations, physical contact); 2) search for personal benefits (useful information, economic gain, services); 3) emotional needs and dependence (affective relationships, which create patient dependence, confuse personal and professional life, tendency to reverse roles between the patient and the professional); 4) altruistic gestures (favours, non-professional services, gifts, total availability) and 5) unexpected circumstances (having common/known friends, attending the same social and community events, being members or belonging to the same clubs, associations, etc.).

In addition to all this, it is important to consider that “some of the dilemmas and difficulties experienced by social workers working in the health-care setting relate to retaining their own values, ethics and professional identity” (Heenan & Birrell, 2018, p.5).

Limitations of the investigation

The study is not without limitations. The research has two clear limitations: first, the space in which it is developed (a single country, Spain) and, second, a limitation derived from the first that does not allow comparing the results with other countries, but it is also appropriate to emphasize that the research opens new opportunities for compared studies. However, the importance of ethical dilemmas related to confidentiality and telling the truth (also presented in this study) were highlighted in hospital social work as the most important among Israeli social workers (Landau, 2000).

Conclusion

The typical ethical dilemmas faced by social workers in the healthcare area in Spain have been identified and they highlight some significant results derived from the empirical research. In the health area, typical ethical dilemmas relate to autonomy, confidentiality and the treatment of information (revealing data on a patient's social history, whether or not to inform third parties, informed consent). This group of professionals is asking for better tools to address legal questions related to data protection. Two recent Spanish laws have allowed progress in this field: Organic Law 15/1999, of 13 December, Protection of Personal Data (BOE, No. 298, 14 December, 1999. In force since 14 January, 2000 and revised on 6 March, 2011) and Law 41/2002, of 14 November, which regulates the autonomy of the patient and establishes rights and obligations in matters of information and clinical documentation (BOE, No. 274, 15 November, 2002.Valid since 16 May, 2003). There are pending issues to be resolved, however. Improving data protection will undoubtedly contribute to the new Regulation (EU) 2016/679 of the European Parliament and the Council of 27 April 2016 on the protection of individuals with

respect to the processing of personal data and the free circulation of these data (and repealing Directive 95/46/EC (General Data Protection Regulation). In force since 25 May, 2018).

The data suggest the importance of social workers in the healthcare area increasing their level of awareness of the importance of ethical dilemmas for their professional practice. It seems necessary to make their voices heard, in a way that allows them, through research and discussion, to devise strategies relevant to this specific context of professional practice and to generate shared values that allow them to clearly address any ethical problem they experience. The results highlight the fact that further research in social work in the healthcare area is needed to disseminate knowledge of these dilemmas and to deepen the promotion of a well-founded professional practice, in order to end the current situation in an area as challenging as healthcare.

These results can also be of special interest for the ethical committees that exist or that may be created in the field of social healthcare work and the social work profession in general, since they help us to better understand and identify the importance that they have on certain ethical dilemmas.

Finally, the results of this research allow us to conclude and underline the importance of good ethical training of health social workers and in-depth research-based reflection. This training, which in many cases has a general purpose, requires specialised knowledge of the ethical dilemmas faced by social workers in the different healthcare subareas. In other professions (medicine, nursing, psychology), such ethical dilemmas have already been addressed. It is now urgent that social workers reach the same level as their colleagues, either through specific continuous training, or through intense training provided by universities and/or their employers.

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