

Running between the Raindrops: The Obligation Dilemma of the Social Worker in the  
Nursing Home

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## **Abstract**

We examined social workers' perspective of their obligation to the older adult, the family and the facility and identified the dilemmas and difficulties that rise from these different obligations. The study was conducted using semi-structured, in-depth interviews carried with 15 social workers, employed in nursing homes in Israel. Searching for inter-theme consistencies and contradictions, descriptive and then interpretive categories were created to represent interview data. Social workers acknowledged their multiple often contradictory loyalties to the older resident, the management of the institution, the staff and the resident's family. The obligation dilemma was particularly evident in relocation decisions and suspected cases of elder abuse. The findings highlight the importance of the obligation dilemma in the work experience of social workers. Potential implications for the care provided to older adults in nursing homes are discussed.

Key words:

Ethics; older people; social work; health care; long-term

About three percent of older adults in Israel live in long term care institutions (Brodsky, Snoor, and Beer, 2011). These institutions can be divided into two major categories: a) long term care institutions for independent or physically frail older adults, who need partial assistance, and b) nursing homes for older adults with substantial physical or cognitive disabilities. In Israel, these two categories of institutions operate under different laws and regulations, which define the roles of the social workers and the tasks they are expected to perform (Iecovich, 2001).

The present study explores the obligation dilemmas of social workers in the nursing home. The primary involvement of the social worker in a nursing home is with the residents themselves. This includes accompanying the new resident through the adjustment process to the nursing home (Beaulieu, 2002; Levenstein & Iecovich, 1996; Iecovich, 2001; Vourlekis, Zlotnik, & Simons, 2005), addressing the resident's individual needs through psychosocial assessments (Beaulieu, 2002; NASW, 2003; Vourlekis, Zlotnik, & Simons, 2005) and providing care which meets the social and emotional needs of the resident. These needs may concern issues such as mental illness, loss of relationships, personal control and identity and end of life care (Vourlekis, Zlotnik, & Simons, 2005). The social worker is also expected to lead group therapy sessions with the residents (Levenstein & Iecovich, 1996; Solomon, 2004). Contemporary literature devotes a great deal of attention to the role of the social worker in empowering residents, representing their interests, protecting their rights and dignity and enhancing their coping skills and their decision making abilities (Beaulieu, 2002; Nelson, 2001; Solomon, 2004; Klechner, 2002; Meyers, 2006; NASW, 2003; Nelson et al, 2001a ; Solomon, 2004; Vourlekis, Zlotnik, & Simons, 2005). An important skill of the social worker is the capacity to navigate conflicts

between the different needs of the residents, the staff and the residents' family (Allen et al, 2007a; Allen et al, 2007b).

Another area that demands the social worker's attention is maintaining contact with the resident's family. This involves assisting the family in adjusting to the transition of a family member to an institutional framework (Levenstein & Iecovich, 1996), providing emotional and administrative support and helping resolve interpersonal problems (Beaulieu, 2002; Levenstein & Iecovich, 1996) and conflicts with the institution staff (Kelchner, 2002). There is a strong emphasis on the involvement of the social worker with the multi-disciplinary professional team of the nursing home, including active participation in its deliberations and in interdisciplinary development and staff-training (Levenstein & Iecovich 1996.; NASW, 2003; Solomon, 2004).

#### *Dilemmas facing the social worker in a nursing home*

Understanding the nature of the nursing home and the role of the social worker within it brings about an awareness of the dilemmas that confront the social worker. The literature focuses on two main kinds of dilemmas and the methods for resolving them. One stems from the dual obligation of the social worker to the institution and to its residents and the other from the dual obligation to the residents and their families.

#### *The dilemma of dual obligations to the resident and the institution.*

In Israel, nursing homes are specifically designated for extended stays (Iecovich, 2003). As such, it is possible that the role ambiguity of the social worker in the nursing home is a product of contradicting interests of the residents and the institution. For instance, Levenstein and Iecovich (1996) note that in many cases, the institution places the demands of the system as the priority and neglects to meet the particular needs of the individual resident. When a conflict of opposing needs exists,

the question of dual loyalty arises and this, in the view of Levenstein and Iecovich, is the key dilemma facing the social worker. Furthermore, there is the social worker's fear that defiance of the management could lead to a loss of his or her job.

The role of the social worker in empowering residents and representing their needs might also be incompatible with the management's expectation that the social worker play a part in increasing the resident's compliance with the requirements of the institution. Many times, these conflicts concern issues such as the resident's autonomy vs. safety, as in the case of a resident who refuses to maintain her special diet or wishes to go out for walks despite health limitations (Solomon, 2004). Given the power differential between the resident and the management, oftentimes, the social worker has to serve as an advocate of the resident against the management. The social worker's ability is limited, however, because of his or her status as an employee of the institution. That situation can lead to conflicts between the social worker and the institution's management and other staff (Allen et al, 2007a; Allen et al, 2007b).

*The dilemma of dual obligations to the resident and his/her family.*

For the social worker in a nursing home, responsible for an elderly person and his or her family, the question of 'who is the client?' (Lowenberg & Dolgoff, 1996) and the issue of multiple loyalties (Pinhasi, 1995) can intensify, particularly during the process of transition to residency in the institution. The social worker, accompanying the family during that process, could face a dilemma: Is my client the elderly person, who needs or wants an institutional arrangement? Or is my client the family, which is no longer able or willing to take care of the elderly relative? The dilemma might become sharper in the presence of conflicts and different expectations among the resident and his/her family (Levenstein & Iecovich, 1996).

Although much attention has been given to the obligation dilemma, most research has been theoretical in nature, with limited empirical data to support the actual presence of these dilemmas in the work of social workers in nursing homes. In this study, we wish to examine the ethical dilemmas experienced by social workers from their own perspective. The present study is important because past research has shown that ethical stress experienced by social workers is a risk for burnout, dissatisfaction with the job and higher intentions to leave the job (O'Donnell et al., 2008; Ulrich et al, 2007). Moreover, research has shown that perceived inability to adequately address ethical issues has resulted in social workers reporting feeling powerless, overwhelmed, frustrated and fatigued (Ulrich et al, 2007).

## **Methods**

### *Sample and procedure*

The study population included fifteen social workers, employed in nursing homes. The participants were located through the Ministry of Health website, which lists all the nursing homes under its jurisdiction throughout the country. For reasons of accessibility, the interviewees in the study were selected entirely from the Tel Aviv metropolitan area and the Sharon region north of it. The identification of the study population was based on maximum variation sampling (Patton, 1990). In order to create variation in respondents' characteristics, a number of key criteria were selected, based on theoretical considerations derived from past research (e.g., years of experience as social workers, private vs. public institution, a single social worker vs. a social service and gender). The first author contacted potential participants based on lists provided by the Israeli Ministry of health. Overall, 30 potential participants were screened over the phone based on the specified criteria.

The heterogeneity of the study was evident in a number of areas. The veteran status of the interviewees covered a range: three had been in the field for less than one year, ten had between one and ten years of experience and two veterans had more than twenty years of experience each. Of the fifteen, eight were the sole social worker in their institution, whereas the remaining seven were part of a social service. Finally, thirteen were women and two were men. As for the institutions, eight were private and seven public. Three institutions had only one nursing unit (24-34 beds), five institutions had two nursing units (64-72 beds) and seven had more than two nursing unit (100-340 beds). The resident population in the institutions was quite heterogeneous due to Israeli policy to financially support older adults of lower socioeconomic status who are in need for institutional care.

#### *The study procedure*

We used a semi-structured in-depth interview to facilitate an understanding of the complex subjective experiences and perceptions of interviewees (Fontana & Frey, 2000). The study was approved by the ethics committee of BLIND REVIEW. The interview was focused on the obligation dilemma of the social worker in the nursing home. Selected questions addressed respondent's perceptions of his or her main roles at the institute, times at which respondent felt difficulties and uncertainty about his or her professional role, emotional and professional support available to respondent, and perceived relationships and conflicts with residents, families, staff, and management. Appendix 1 provides a detailed description of the interview guide. All interviews began with a conversation about the ethical sensitivity of the study in order to establish the necessary level of trust and cooperation of the interviewee. The interviewer (a Master's level social workers) emphasized her commitment to complete confidentiality. All interviewees signed a consent form, recognizing their

choice as to how much information to reveal, and their prerogative to abort the interview at any time. Because of the sensitivity of the topic, it was left to the interviewees to choose the venue for the meeting. Despite the option that the interview be conducted in a neutral location, most of the interviewees preferred the convenience of their workplace. Only a small number opted for a coffee shop or their own home. The average duration of the interviews was one to one-and-a-half hours. The interviews were recorded and transcribed.

### *Analysis*

We coded data categories in stages, with each stage representing a more complex conceptual level (Strauss & Corbin, 1998). Each interview was first coded thematically for major content areas, employing a line by line categorization. Data were not forced into preconceived themes, but instead an open coding approach was employed, so that interview data guided the creation of the categories (Creswell, 2007). This stage resulted in a large and diverse number of potential categories, which were not all related to the obligation dilemma discussed in the present study (e.g., reasons for choosing social work as a profession, type of tasks performed at the institution, etc.). Next, commonalities and differences across interviews were evaluated and themes were regrouped to represent major content areas that received considerable attention across participants. Within the major categories, subcategories represented more specific contents (e.g., within the larger category of maintaining relationship with management we placed a subcategory of giving up professional integrity in order to maintain one's job). The same subcategory was allowed to load on more than one category (e.g., giving up professional integrity in order to maintain one's job was also loaded on another category called coping strategies). Searching for inter-theme consistencies and contradictions, descriptive and then interpretive

categories were created to represent interview data. The final stage was selective coding, which involves the identification of core categories to create a story line (Strauss & Corbin, 1998). The reduction of data was an integral part of the analysis insofar as it permitted clarification, focus and organization of the remaining data, in a manner that would yield the final results of the study (Miles & Huberman, 1994). Our analysis followed abductive reasoning: we considered all possible theoretical explanations for the data, went back to the data in order to test the hypotheses and then pursued the most plausible theoretical explanations (Charmaz, 2006).

Following the analysis, we approached the interviewees with the intention of sharing the findings of the study with them and inviting them to respond (e.g., member checking). This fulfilled an ethical need to share the findings with the participants (Guillemin & Gilman, 2004; Miles & Huberman, 1994). It also provided us with invaluable feedback concerning the relevance of our theoretical categories to the social workers' subjective experiences (Creswell, 2007 ;Guba & Lincoln, 1981; Miles & Huberman, 1994). Eleven of the fifteen interviewees were located at this stage. Most of the respondents reported that the findings reflected their own experience.

### **Findings**

The obligation of the social worker to the nursing home residents dominated the interviews, but it was not the only one. In the social workers' professional environment, they felt an obligation to three other groups as well: the management of the institution, the staff, and the resident's family. Social workers sometimes felt trapped between the competing demands or needs of these various stakeholders. In such situations, the social worker was forced to decide whose needs were greater, and to which group he or she was more obligated. It was abundantly clear that the

obligation dilemma was a thread that ran through the professional experience of most of the interviewees and was in fact an inherent part of their role. As one of the interviewees put it:

...It's always with me, ever since I came to work in this institution.

Sometimes the interest of the patient, the family and my superiors are not the same. I want more evening activities – no budget. We want to rearrange a room – no place. The family wants, I do not know... – sometimes because of [issues of] inheritance, sometimes for other reasons – something for the elderly person, but the elderly person wants something else. And you have to find a balance between everyone's wishes. [It's like] running between the raindrops, as the expression goes. (Interviewee #3)

In the interviews, the obligation dilemma stood out in three contexts: the tension between the obligation to the resident and to management and other staff, the tension between the obligation to the resident's family and to management and other staff and the tension between the obligation to the resident and to his or her own family.

*The dilemma of obligation to the resident versus obligation to the institution.* Many interviewees remarked on the gap they experienced between the professional and moral obligation they owed to the residents and their families and their obligation as employees to the needs and demands of their employer, the institution management. The two sets of obligations were sometimes perceived as incompatible. The dilemma became more acute when the question of obligation became dependent on the social workers' concern for their own professional survival, as they could be dismissed if

their obligation to the residents was seen to override their obligation to the institution.

This is clearly illustrated in the following interview:

It's as if someone asks you who you love more, your mother or your father?  
Who are you more loyal to, the boss or the resident? Do you see? In the end,  
that's the situation we're in... Now, we really want to be loyal to the residents,  
but on the other hand we work here...do you understand? Because, really,  
most of us work to make a living... And everyone is afraid of losing their job.  
And not everyone has some means of support and assistance if he is out of  
work for four months... (Interviewee #6)

In the interviews, the dilemma of the social worker's obligation to the resident or to management and staff surfaced with regard to two main topics: (a) abuse of residents and (b) unnecessary transitions of residents to nursing home. Elder abuse is broadly defined as "*a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person*" (Action on elder abuse, 1995). In Israel, social workers are obligated by law to report any case of suspected abuse (Penal Law, 1989). Hence, the issue of abuse of the elderly, and the dilemmas it raised, came up in many interviews. It was clear that because of their primary obligation to the residents, and because of their perception of their role as protecting the most vulnerable members of society, the social workers viewed supervision, guidance and prevention of abuse as important elements of their job. Nevertheless, the social worker's open struggle against abuse was often not supported by the management and other staff and in fact even aroused their suspicions and opposition. Many interviewees expressed the frustration and difficulty they experienced in dealing with abuse on their own. Not only were other staff members not supportive, but the latter tried to conceal or deny evidence of abuse.

This was true for both small- and large-size institutions. The following quotation of a social worker in a nursing home with multiple nursing care units clearly demonstrates this:

When things are swept under the carpet, you know. But I am not aware of every incident. And they do not always bring me into the picture, because they know that I cannot keep quiet about it. That is to say, they know that I'll object, or that I'll express an opinion, or that I cannot let it pass quietly.

(Interviewee #7)

Dealing with the issue of abuse has often put the social worker in the position of a solitary campaigner against the management, which worries that the exposure of abuse and openly having to deal with it will tarnish the institution's good name. This is depicted in the following quotation from an interview with a social worker in a nursing home with a single nursing care unit:

When there is suspicion of abuse, the institution does not want to be exposed, of course, because it gives the institution a bad name. On the other hand, as a social worker, you have to report it... I cannot approach them [the management] about these matters. It's like hanging out dirty linen in public.

(Interviewee #2)

Another significant focus of the obligation dilemma is the issue of residents' transition to nursing home. In some cases, the social worker, in his or her professional judgment does not see the nursing home as the appropriate framework for a resident in a particular physical or mental condition or the social worker believes that the needs and preferences of a resident can better be met within the context of the community. This can be the case when the resident is frail, but remains cognitively intact and directly expresses a wish to remain in the community and receive

supportive home care services. The majority of social workers tended to relate only to the resident's needs. In contrast, when it came to the suitability of the institution for the resident, the social workers perceived management as considering the needs of the institution, which, as a commercial venture, strives for full occupancy. Social workers were thus faced with an obligation dilemma: the conflict between their obligation to the elderly, who seek an arrangement that will best answer their needs, and to the management that represents the institution's financial interests. This emerged in the following interview:

Sometimes I believe that a person can be discharged to his home, whereas management is interested in keeping him here. There are residents of nursing homes who could be at home, and they would be much better off at home, with a care-giver provided by Bituach Leumi [the National Insurance Institute] or a foreign home care worker. But the policy of the institution is to persuade them to stay on here. And I have to find a way of talking with the family – after all, I represent the institution. (Interviewee #3)

*The dilemma of obligation to the family versus obligation to the institution.* The social workers' dilemma of being caught between their obligation to the resident's family and to the institution becomes especially acute when dealing with families that the staff labels as "difficult," because of their tendency to be demanding and critical of staff members. Whereas the staff often finds it hard to deal with the families and keep them in check, the position of the social worker is more complex. As a staff member, he or she is able to understand and identify with the anger and frustration of the rest of the staff. At the same time, the social worker is frequently able to show understanding and empathy toward the families and create a relationship of trust and cooperation with them. This can allow him or her to mediate between the two sides. However,

according to the social workers, it can often arouse the ire of the staff, who might see the social worker as being disloyal to them. The dilemma is well-expressed in this response:

Sometimes there is pressure from families that you have good relations with. They want all kinds of things, for the mother, for the father. And the staff cannot stand them anymore. They're pests... And yet we're great friends, the family and me... a good relationship. So you kind of become their representative... and it creates pressure – from the family as well. You have to help them and more or less solve their problems. To try... On the other hand, the staff... they've had enough of the family. They say 'Why do you defend them and speak up for them?... They get on our nerves...(Interviewee #9)

*The dilemma of obligation to the resident versus obligation to the family.* An additional dilemma that emerged in the interviews was that of the social workers' obligation to the resident versus their obligation to the resident's family. The former stems from the social workers' perception of the resident as the primary client, a view that is given moral weight by the resident's neediness and lack of resources. By contrast, the family, for the most part, is perceived by the social workers as more assertive and able to protect its interests and to exert pressure on the system and the social worker. It is often the case that, because of the resident's poor mental state, the family assumes the role of guardian (whether officially authorized or not) and is seen by the institution as empowered to make decisions that affect the resident. In the following example, the social worker came to view the family's position as not serving the resident's best interests. Despite that, the social worker did not believe she could compel the family to accept her point of view, even if this had negative consequences for the resident. It might be assumed that the social worker's decision

was based on her perception of the family as the primary client, with authority to make decisions on behalf of its relative.

If a resident needs to move from the independent section to that of nursing care, the family often objects to the move and doesn't see the needs of the parent. They see only the four walls of the room, [always] the room... and they do not think about the resident... Sometimes they just get in the way instead of helping us... Instead of helping the resident by persuading him to move – to the nursing care section for example – they just make it hard for us, because they themselves do not want it. So they say something to the parent. Let's say there was a resident who was really in need of nursing care, but we were forced to keep her in the independent section only because of the family's objections. And she herself was not even aware of this [because of her poor mental state]... (Interviewee #1)

This quotation reflects the complexity associated with the transition. Clearly, a transition from the independent section to nursing care may not necessarily benefit the resident, who may experience disorientation as a result of the transition. The transition might also be costly to the family who has to pay substantially higher fees.

Nevertheless, in the particular situation described above, the social worker believed that the transition would best meet the resident's physical and mental needs and that the request to keep the resident in the independent unit was motivated by discrete considerations. By refraining from transitioning the resident to the nursing care unit, the social worker behaved in a way that was inconsistent with her moral perspective. The social worker behaved as if the family was her primary client, rather than the resident.

## **Discussion**

The goal of the study was to describe the experience of social workers in nursing homes and their perceptions regarding their obligation to the residents, the institution and the residents' families. The study focused on identifying the dilemmas and the difficulties that accompany social worker's diverse obligations. The study is innovative because of its empirical focus on the obligation dilemma among social workers in nursing homes, in contrast to past research which has mainly examined this dilemma theoretically (Allen et al, 2007a; Allen et al, 2007b; Levenstein & Iecovich,1996; Levy, 1976; Linzer,1999; Lowenberg & Dolgoff, 1996; Nelson et al, 2001a; Fogler ,2009;Pinhasi, 1995; Reamer, 1982). The obligation dilemma, an issue that was highlighted as the social worker's fundamental obligation – to the resident – was challenged by other and sometimes conflicting obligations. There were three aspects to the dilemma: The tension between (a) the obligations to the resident vs. management and staff, (b) the obligations to the resident's family vs. management and staff and (c) the obligations to the resident vs. his or her family.

The findings of the study show that whereas social workers view residents and their families as clients and see their obligation to them accordingly; their obligation to the management and staff of the institution is, for the most part, based on a relationship of employer-employee and is thus influenced by concerns of job security. The findings are consistent with theoretical studies that discuss this ethical dilemma: there is a tension between the social worker's primary obligation to the client and his or her obligation to the employer. The social worker finds it difficult to fulfill the primary obligation when it is perceived as incompatible with the employer's interests (Fogler, 2009; Levy, 1976; Linzer, 1999; Lowenberg & Dolgoff, 1996; Reamer, 1982). The dilemma is a common theme in the theoretical literature about social work in nursing homes. The thesis is that the social worker's obligation to the residents (the

primary clients, so to speak), can be undermined by the nature of the nursing home as an institution that allows very limited personal freedom to its residents and by the condition of the residents, most of whom suffer from reduced functional and cognitive ability (Levenstein & Iecovich, 1996 ; Allen et al, 2007a; Allen et al, 2007b).

This study examined the work experience of nursing home social workers in Israel. Due to its qualitative nature, it is impossible to generalize the findings to the entire population of social workers in nursing homes. Another limitation of the study stem from its subjective nature, which depends on the social worker's self-report. Interviews with other stakeholders in the nursing home system might enrich and validate the findings. The subjective nature of the study should also be viewed in relation to the first author's role as a social worker in a nursing home. As such, the research emerged from the personal experiences of the first author. Throughout the conduct of this study, this researcher has been reflectively aware of her personal involvement with the research.

A significant finding was the difficulty of the social worker to protect the resident's needs and ensure their safety. This difficulty arises when the social worker feels that her obligation to the residents is opposed to her obligation to the management and her personal and environmental resources are inadequate to confront the management and protect the resident's needs. This difficulty might have severe implications in situations where there is a suspicion for resident's abuse and the social worker refrains from reporting to welfare officers or the police, as obligated by the Israeli law (Penal Law, 1989). Our study demonstrates that even though social workers are obligated by law to report any suspected elder abuse, they often fail to do so. Similar conclusions were reached by past studies in Europe and in the United States (Malmedal, Hammervold, & Saveman, 2009; Philips, Gue & Kim, 2013).

The pioneering nature of this study could make it the base for further research in various areas. The obligation dilemma among social workers has not attracted sufficient attention among researchers. This study could open the way for a closer examination of the obligation dilemma and of the correlation between it and the work environment and role-definition of social workers in other areas in which they are active.

The findings suggest that the working environment of the social workers plays an important part in their professional lives. Indeed, past research has shown that high levels of burnout among social workers are associated with perceived low autonomy (Abu-Bader, 2000), perceived inadequate support and dissatisfying relationships with colleagues (Abu-Bader, 2000, Hamama, 2012). In addition, intentions to leave the job have been associated with perceived inadequate ethical climate (Ulrich et al, 2007), high ethical stress (O'Donnell et al., 2008) and low autonomy (Kim & Stonere, 2008).

An awareness of the dilemma that social workers face can pave the way for further research by government health authorities and other bodies in the field and in academia and for the development of institutions to provide professional and emotional support to nursing home social workers. A tool which could help social workers to resolve the obligation dilemma in the nursing home was proposed by Nelson et al. (2001). The authors list five strategies available to social workers faced with the obligation dilemma: avoidance, conciliation, compromise, problem-solving and forcing. The appropriateness of each is determined by the nature and seriousness of the conflict.

Professional enrichment, such as courses and workshops, formal and informal individual and group support by professionals, or professional self-help forums could capitalize on the knowledge obtained in the present study. Support and increased

awareness could empower social workers, improve their professional performance and their emotional health and prevent burn-out. Most important, the strengthening, empowerment and support of social workers in institutions can directly enhance the health, security, emotional wellbeing and quality of life of nursing home residents.

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**Appendix 1: Interview instructions**

What work-related experiences do you find most satisfying?

What work-related experiences do you find most difficult?

How do you manage work related difficulties?

Have you ever experienced pressures, from any particular direction at work? Has this influenced your professional judgment? How did you manage this?