

ETHICS EDUCATION IN SOCIAL WORK: COMPARING OUTCOMES OF GRADUATE SOCIAL WORK STUDENTS

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This research presents findings from a study comparing groups of students enrolled in three U.S. graduate social work programs. Each program represents a differing approach to teaching ethics: (a) infusion of ethics content, (b) a required discrete course emphasizing what the authors term a *mixed-model approach*, and (c) a required discrete ethics course emphasizing a common morality model. It was hypothesized that students taking a discrete course in ethics would demonstrate greater gains in the areas of moral judgment and ethical sensitivity. It was also hypothesized that students taking a discrete course emphasizing the common morality model would demonstrate even greater gains. Findings and implications for social work education are discussed.

SOCIAL WORK EDUCATORS are responsible for preparing their students to address complex ethical issues in a reasoned and defensible manner. Accredited social work programs must "integrate content about values and principles of ethical decision-making as presented in the National Association of Social Workers Code of Ethics" (Council on Social Work Education [CSWE], 2003, p. 34). More recently, CSWE's revised *Educational Policy and Accreditation Standards* (EPAS) continue to identify ethical decision making as a required competency for all undergraduate and gradu-

ate social work majors, thereby putting far more emphasis on ensuring that students are able to move beyond knowledge acquisition alone toward actually engaging in ethical practice. Nonetheless, curriculum design and implementation of ethical content is a prerogative of individual social work programs. Most program administrators rely heavily on the infusion of ethics throughout their curricula, while the remainder either require a discrete course in ethics or offer it as an elective. Yet there is little research evaluating the effectiveness of teaching ethics within social work

curricula and little to none on the extent to which students can actually engage in ethical decision making.

This article reports results from a study comparing three groups of graduate students from different professionally accredited social work programs. One group of students completed a discrete ethics course centered on a theory of common morality conceptualized by Gert (1998). Another group of graduate students came from a program that infused ethics throughout its curriculum. The third and final group completed a discrete ethics course that uses what the authors term a *mixed-model approach*. Differences among students in terms of moral judgment and ethical sensitivity are examined.

LITERATURE REVIEW

Discrete Versus Infused

Whether ethics education should be taught via *discrete and infused* versus *infused only* has received modest attention in other professions and minimal attention in social work. The majority of opinions regarding ethics education appear to favor the use of a discrete course in ethics, an observation further supported by exploratory and evaluative data (Adams, Dollahite, Gilbert, & Keim, 2001; Miyasaka, Akabayashi, Kai, & Ohi, 1999; Parsons, Barker, & Armstrong, 2001).

Yet a criticism of the research on ethics education is the lack of comparative research used to evaluate the impact of ethics courses on participants (King & Mayhew, 2002). What little exists affirms the use of a discrete methodology (Bebeau, 2002; Joseph & Con-

rad, 1983; Krawczyk, 1997; Lord & Bjerregaard, 2003). Practical concerns, mostly related to an already full curriculum, continue to influence the pervasiveness of infused methodologies (Hutchison, 2002).

Moral Judgment and Ethical Sensitivity

Just as the importance of ethics education is stressed across professions within the literature, there also appears to be a consensus that the enhancement of moral judgment and ethical sensitivity are its major goals (Bebeau, 2002). Moral judgment refers to how an individual resolves ethical conflict. People high in moral judgment provide adequate rationale for justifying their moral choices and are, therefore, able to make decisions that are more ethical. Ethical sensitivity refers to one's ability to recognize and identify an ethical issue. Moral judgment and ethical sensitivity are dependent variables for this study.

Moral judgment is a concept that emerged as a central part of Kohlberg's work on moral development (Rest, Narváez, Bebeau, & Thoma, 1999). He developed the Defining Issues Test (DIT) as a means to measure this concept, and this in turn was later refined and advanced by Rest and the Minnesota group (Rest et al., 1999). The neo-Kohlbergian approach characterizes moral development through the use of schemata referring to the preferred cognitive *process* for dealing with moral uncertainty. Ethical decisions are influenced by the internal schemata accessed and relied upon by the individual. These schemata include the personal interest schema, the maintaining norms schema, and the postconventional schema.

Developmentally, young children are associated with the personal interest schema, but eventually they mature and realize the necessity for rules and structure. This paves the way for the development of and access to the maintaining norms schema. Those relying on the maintaining norms schema (referred to as *conventional thinkers*) strive for a sense of moral certainty based on the conviction that all that is needed to lead a moral life is to follow the letter of the law. Individuals accessing a postconventional schema for moral justification recognize that obeying the letter of the law may not always result in the best ethical decision and thus rely on additional moral criteria to work through ethical decisions (Rest et al., 1999). No individual relies solely on one schema. People demonstrating a higher level of moral judgment, thus demonstrating a higher likelihood of making moral decisions, are more likely to access higher-level schemata on a routine basis.

A social worker confronted with an ethical dilemma, operating at a postconventional level, is likely to consider multiple morally relevant factors in determining the best course of action. A worker operating at a conventional level is more prone to make certain choices based on his or her understanding of an agency's policy and procedures and neglects to take into account other important ethical considerations. Interestingly enough, Kaplan's (2006) study of social workers at the bachelor's and master's level found an alarmingly high number of social workers operating at a conventional level of ethical reasoning.

Many have identified increased ethical sensitivity as an equally important and neces-

sary goal of ethics education (Clarkeburn, 2002; Levine, 1997; Li, 2000). Second to moral judgment, it has received the most attention from researchers in assessing people's ethical decision-making ability (Dinç & Görgülü, 2002; Walker, 2002).

Ethical (and/or moral) sensitivity refers to one's ability to identify moral issues in a particular situation and to an awareness of how one's actions can affect others (Rest et al., 1999). Some social workers fail to act ethically simply because they fail to identify pertinent ethical factors related to a given case. For example, a social worker acting in what he or she perceives as the best interest of the client may fail to acknowledge the potential harm in ignoring the client's own wishes. This lack of ethical sensitivity results in a failure to work through the ethical implications of what may be unjustified paternalistic behavior. A deficiency in this particular component of moral development can come about simply from ignorance of what constitutes morally relevant features (Rest et al., 1999).

Ethics Education and Social Work

Much of what goes on in the teaching of ethics in social work centers on the application of the profession's code of ethics (Congress, 2000; Reamer, 2001). Although the code of ethics has been revised numerous times, it still has come under criticism with regard to whether it is effective in helping professionals deal with potential ethical dilemmas (Doyle, Miller, & Mirza, 2009; Osmo & Landau, 2001). When surveyed, social workers rarely identify the code as a tool for resolving ethical dilemmas (Dolgoff & Skolnik, 1996; Healy, 2003; Jayaratne, Croxton,

& Mattison, 1997). Fine and Teram's (2009) study suggests a schism between those who perceive the code as useful and those who don't. These studies call into question the extent to which educators review the literature when they are choosing content to focus on.

A review of social work syllabi for discrete courses in ethics (Black, Congress, & Strom-Gottfried, 2002), as well as several popular ethics texts (Kenyon, 1999; Loewenberg & Dolgoff, 1996; Reamer, 2001; Rothman, 1998), suggests a mixed-model approach to teaching ethics in social work centered around the use of the National Association of Social Workers (NASW) *Code of Ethics*. The mixed model simply means that courses include a broad range of content dealing with moral matters, including an introduction to moral theory (i.e., deontology, utilitarianism), an overview of ethical principles (principlism) and the *Code of Ethics*, and application of various ethical decision-making models to case examples (Congress, 2000; Haynes, 1999; Mattison, 2000; Reamer, 2001). Bryan (2006) contends that these decision-making models are values driven, useful in clarifying competing values, but insists, "No matter how explicit and comprehensive the identification of conflicting values may be, one may be no more prepared to decide what to do when faced with an apparent dilemma than if the conflict had not been clarified in the first place" (p. 8).

Gert's Theory of Common Morality

Another less familiar approach and one not present in the social work literature is the teaching of ethics using Bernard Gert's (1998) theory of common morality as a framework for identifying and working through ethical

issues. Gert's theory, though it emerges from moral philosophy and is grounded in deontology and utilitarianism, differs considerably from these schools of thought. Rather than conceptualizing an ideal moral system for theoretical purposes, it simply describes the moral system that exists in societies and is based on the reasonable assumption that all people are fallible and vulnerable. In other words, while most people may know in general what constitutes moral conduct, because of ethical insensitivity, ignorance, or a host of other factors that make up the human condition they do not consistently behave morally and conduct themselves ethically.

Gert (1998) defines common morality as "an informal public system" (p. 10) applying to all rational people and includes moral rules and moral ideals. The main goal of the moral system is to prevent harm. Moral rules, which are morally required of all rational moral agents, include

1. Do not kill.
2. Do not cause pain.
3. Do not disable.
4. Do not deprive of freedom.
5. Do not deprive of pleasure.
6. Do not deceive.
7. Do not cheat.
8. Keep your promise.
9. Obey the law.
10. Do your duty.

Moral ideals are also part of the moral system, and while not morally required, they are morally encouraged. For example, taking out the garbage for a sick neighbor would be morally encouraged but not morally required.

The exception to such an act's not being required involves the possibility that a duty or a professional obligation would, in fact, require it (i.e., the professional nurse or health care worker serving a client in his or her home).

According to Gert (1998), the moral system requires that whenever a moral rule is broken, this action must be morally justified in order for it not to be deemed unethical. For example, a social worker removing a child from the child's home is violating at least one if not more moral rules. Child removal certainly causes pain and likely deprives individuals of freedom. We assume that good social workers, as a course of duty, likely have adequate justification for these violations (i.e., avoiding future pain, maybe even death; upholding the law; etc.). Ethical dilemmas occur when we know we are required to reduce harms to the extent that is humanly possible, but any decision rendered will still result in the violation of a moral rule. Thus, the person making the decision to break a moral rule must justify that another moral rule is being upheld that will prevent more and/or greater harms.

Specifically, justifying the violation of a moral rule is a two-step process. First, one must consider the morally relevant circumstances or features pertinent to the situation. Some of the morally relevant features include the following.

What moral rules will be violated? For example, in everyday practice, social workers often take action on behalf of clients that may result in causing pain, depriving clients of freedom, or breaking a promise (i.e., confidentiality).

What harms would be (a) avoided, (b) prevented, and (c) caused? For example, additional abuse and suffering may be avoided and pre-

vented in removing a child from an abusive environment. Child abuse itself would be considered an unjustified violation of a moral rule. The harm involved in child removal may include stress and anxiety for the child as well as a loss of freedom (from the parents' and the child's perspective).

What are the relevant beliefs and desires of the people who are affected by the violation of the rule? This underscores the importance of assessing the competence of clients and their ability to provide informed consent.

Are there alternative actions that would be preferable? In social work, child removal is not the first option for cases involving abuse. Before taking action that will result in violating a moral rule, social workers should consider other options.

Other morally relevant features include assessing whether the situation is an emergency situation, that is, some actions may be morally acceptable in the context of an emergency but not in a nonemergency situation, and assessing the benefits that would be obtained as a result of the violation of the moral rule.

The second step is being able to answer the following question: Can an impartial/rational person publicly allow this violation? "An impartial rational person can publicly allow a violation only if all rational persons understand and are able to accept what she/he is advocating" (Gert, 1998, p. 225). Social workers who violate a moral rule in the course of doing their duty must be willing to do so publicly and be willing to make the same decision under the same circumstances.

In addition to the concerns noted in the social work literature related to the ethical decision making of social workers and the

lack of coherence in the teaching of ethics in social work, additional rationales for teaching Gert's (1998) theory to social work students stems from Gert, Culver, & Clouser's (1997) criticisms of the reliance upon ethical principles as the basis for ethical decision making. Ethical principles are codified in social work's *Code of Ethics* stemming from the articulation of its core values, which include social justice, service, the inherent worth and dignity of the individual, integrity, competence, and the importance of human relations.

The criticisms are as follows: First, ethical principles can be vague by definition. Consider the social work value of social justice and the social worker's ethical duty to promote it. Although all agree this is important, how does one actually assess whether one is indeed promoting social justice within the normal conceptions of his or her duty?

Second, ethical principles have no priority ranking, and their application may be subject to the bias of the person applying them. Consider the following case presented at an ethics workshop for social workers:

Recently, you received three bids on a roof project for your house. You recognize one of the bids as coming from your client. What do you do? In this scenario, which social work value takes precedence in making a decision? Some workshop participants argued, based on the values of integrity and competence, that it would be unwise to hire clients regardless of who they were or their qualifications. Still others argued that on the basis of social justice and

human relations it may be appropriate to hire the client, if the person was, in fact, qualified. Some participants applied the values of the code in a strict deontological sense, while others applied them in a far more utilitarian manner.

Third, ethical principles blur the line between actions that are morally required and those that are morally encouraged. Principlism's failure to distinguish between moral rules and moral ideals creates confusion as to what is and what is not a moral issue. In short,

principlism tells agents to pick and choose as they see fit, as if one can sometimes be a Kantian and sometimes a Utilitarian and sometimes something else, without worrying about consistency or whether the theory one is using is adequate or not. (Gert et al., 1997, p. 88)

This study examines the impact of three different methodologies for teaching ethical content (infused, discrete mixed-model approach, and discrete common morality approach) on the moral judgment and ethical sensitivity of graduate social work students as measured by the Defining Issues Test (DIT2) and an Ethical Sensitivity Test. The following are hypotheses.

Hypothesis 1: Students completing a discrete ethics course emphasizing the application of Gert's theory of common morality will have greater gains in moral judgment than students completing a curriculum that infuses

ethics or who have completed a discrete ethics course using a mixed-model approach.

Hypothesis 2: Students completing a discrete ethics course emphasizing the application of Gert's theory of common morality will have greater gains in ethical sensitivity than students completing a curriculum that infuses ethics or who have completed a discrete ethics course using a mixed-model approach.

Method

Sample

Three social work programs whose particular methodology differs either in the method used to teach ethics or the content conveyed, or both, participated in this study. They are School A—discrete with common morality content, School B—infused, and School C—discrete with mixed content. Two of the three schools are public state universities. The remaining school is a private sectarian school with a liberal arts emphasis and admissions' criteria similar to that of the public universities. All are located in the midwestern and upper southern parts of the United States. A total of 144 students—46 from School A (common morality-discrete); 48 from School B (infused), and 50 from School C (mixed model-discrete)—completed pretests. A total of 124 participants completed posttests: 38 from School A, 47 from School B, and 39 from School C.

Common morality-discrete refers to a specific graduate ethics course required by one graduate social work program in the country. Students in this course review literature related to ethics education and issues in social work

and are introduced to the common morality framework. Throughout the semester, students are encouraged to apply their knowledge of common morality to ethical dilemmas common in the social work profession.

Infused refers to the inclusion of ethics content throughout a program's curriculum. This may be demonstrated by the insertion of course objectives that prescribe the education in and the application of the NASW *Code of Ethics* to the main content area addressed by the specific course (Black, Congress, & Strom-Gottfried, 2002).

Mixed model-discrete refers to a social work program that, in addition to infusing content on ethics, requires or offers as an elective a distinct course focusing specifically on ethics and ethical behavior in social work. Dodd & Jansson (2004) succinctly describe most social work ethics courses as using a three-step process: (a) introduction to moral theories, (b) identification of ethical issues, and (c) applying ethical decision-making models and the *Code of Ethics* to ethical dilemmas.

Demographic data was obtained to determine the differences and similarities of groups. Variables measured were age, gender, undergraduate grade point average, undergraduate degree, political orientation, and ethical framework. Frequency analysis revealed no significant differences between the groups in any of these areas.

Procedures and Instrumentation

Pre- and posttest data were collected at the beginning of the semester and at the end of the semester. For Schools A (common morality-discrete) and C (mixed model-discrete), this

was done at the beginning and the end of the discrete ethics course. For School B (infused), this was done at the beginning and the end of students' last course in their last semester of graduate work.

Two instruments, the DIT2 (moral judgment measure) and an Ethical Sensitivity Test (EST; ethical sensitivity measure) adapted for social work, were administered twice and provided pre- and posttest data. It was proposed that these scales be administered during the 1st and last day of class and that instructors allow time in class for students to complete the scales. It took about 1 hour for students to complete the scales.

The DIT2 is a paper-and-pencil test that presents participants with six moral dilemmas. Each dilemma is followed by 12 items presenting an issue for consideration in solving the dilemma. Participants rate items in terms of importance (i.e., "great," "much," "some," "little," "no") in making a decision about a dilemma (Rest et al., 1999). After rating the 12 items, participants rank the most important of the 12 considerations ("most important," "second most important," "third most important," etc.). The ratings and rankings are used to derive a participant's score.

The most-used index is the *N2* (formerly the *P*) index score, which is the weighted sum of ranks for postconventional items (Rest & Narváez, 1994). The higher the *N2* score, the more often the individual accesses the higher-stage schemata to problem solve, and the more likely that same person will discount simpler solutions stemming from lower-stage schemata.

Rest et al. (1999) have accumulated substantial evidence to support the construct

validity of the DIT. Additionally, the modest alterations reflected in the DIT2 further enhance its content validity (Thoma, 2002). Both the DIT's *P* index and the DIT2's *N2* index demonstrate strong reliability. The average Cronbach's alpha for the *P* index taken from a 1995 sample ($n=932$) was .78 (Rest et al., 1999). The same sample yielded a Cronbach's alpha of .83 for the *N2* index (Rest et al., 1999).

The Ethical Sensitivity Test adapted for social work is a new instrument patterned after the Toronto Ethical Sensitivity Test (TEST) used to measure ethical sensitivity among medical students (Hébert, Meslin, & Dunn, 1992). Akabayashi, Slingsby, Kai, Nishimura, and Yamagishi (2004) took a similar approach developing the Problem Identification Test (PIT) to measure ethical sensitivity among Japanese medical students. Reliability studies of the PIT demonstrated internal consistency through a Cronbach's alpha of .68. Akabayashi et al. also argued for content validity, having the instrument evaluated by 10 specialists in the fields of sociology, philosophy, psychology, medicine, and law. A similar instrument was developed by Ersoy and Göz (2001) to measure the ethical sensitivity of nurses in Turkey, but no psychometric information was provided. The authors of this study obtained feedback on the EST from those with experience in teaching ethics courses in social work. This was obtained prior to distributing the questionnaire.

Essentially, participants were provided four brief scenarios adapted from two social work ethics textbooks (Kenyon, 1999; Rothman, 1998) and were asked to list all ethical issues related to each case. The instructions

emphasized that participants only list ethical issues relevant to the case and not attempt to solve them. Scoring was based on the number of ethical issues identified. A reliability analysis was also conducted combining pre- and posttest scores ($n=268$). This generated a Cronbach's alpha of .64, comparable to the .68 reliability coefficient reported by Akabayashi et al. (2004) in the use of their instrument measuring the ethical sensitivity of medical students.

Results

Forty-six students from School A (common morality-discrete) completed the pretest ethical sensitivity measure, while 38 completed the posttest. Forty-eight students from School B (infused model) and 50 from School C (mixed model-discrete) completed the pretest, while the posttest was completed by 47 (infused) and 39 (mixed model-discrete) graduate students (see Table 1).

The number of students completing the DIT2, a measure of moral judgment, for School A (common morality-discrete) was 40 for the pretest followed by 36 for the posttest.

Of the 48 students who completed the pretest at School B (infused model), 36 completed the posttest. At School C (mixed model-discrete) 42 completed the pretest and 34 completed the posttest (see Table 1).

In addition to the difference between the number of students who completed both pre- and posttest measures, it should be noted that the pre- and posttest totals for the Ethical Sensitivity Test and the DIT2 measures were originally the same per respective schools, that is, 46 students from School A completing the ethical sensitivity pretest also completed the DIT2 pretest measure. However, DIT2 numbers for both pre- and posttest were further reduced as the result of purging. Purging results from four distinct reliability checks indicating that respondents have randomly checked, left out too many answers, or have not discriminated in their answers (Bebeau & Thoma, 2003). Thus, the reported number of graduate students completing the DIT2 pre- and posttest were further reduced, the exception being DIT2 pretest scores for School B (infused). All completed score sheets were sent to and scored by the Center for the Study

TABLE 1. Ethical Sensitivity and DIT2 Pretest and Posttest Demographics

	Common Morality-Discrete School A <i>n</i>	Infused Model School B <i>n</i>	Mixed Model-Discrete School C <i>n</i>
Ethical Sensitivity			
Pretest	46	48	50
DIT2 pretest	40	48	42
Ethical Sensitivity			
Posttest	38	47	39
DIT2 posttest	36	36	34

Note. DIT2=Defining Issues Test.

of Ethical Development at the University of Minnesota.

A correlation analysis was also conducted on the scales used for this research. Analysis of the pretest scores revealed a significantly positive relationship between ethical sensitivity and the DIT2 ($r=.366, p<.01$). Analysis of the posttest scores revealed a slightly less, but still significant, relationship between ethical sensitivity and the DIT2 scores ($r=.215, p<.05$).

Analysis of pretest scores (see Table 2) indicated significant differences in the area of ethical sensitivity, $F(2, 141)=33.98, p<.05$, as well as moral judgment, $F(2, 126)=4.859, p<.05$. Bonferroni post hoc tests confirmed that significant differences only existed between School B (infused) and School A (common morality-discrete) and School C (mixed model-discrete). A frequency analysis of scores for School B did not confirm the existence of outliers that might have explained the significantly lower scores.

In the area of moral judgment, the first hypothesis predicted greater increases for students completing a discrete course emphasizing common morality. All three groups did, in fact, increase their mean scores (see Table 3). As predicted, the difference in the pre- and

posttest mean score was greatest for School A, common morality-discrete (7.40). School B, infused, had the second greatest increase in its mean DIT2 score (4.6), followed by School C, mixed model-discrete (3.7). There was no statistically significant difference between the mean differences of all three schools.

Analysis of variance revealed that there was a significant difference between the posttest mean scores, $F(2, 104)=5.08, p<.05$. Bonferroni post hoc tests confirmed that the significant differences occurred between the infused and both discrete models. Comparing posttest mean scores, however, is an unfair comparison given the significantly lower pretest score of School B (infused). Yet, pretest scores for the two discrete groups (common morality and mixed model) were not statistically different. A paired samples *t*-test revealed that the increase for School A was statistically significant, $t(31)=2.51, p<.05$, whereas School C's increase was not statistically significant. Thus, the first hypothesis is partially supported.

In the area of ethical sensitivity, it was hypothesized that students completing an ethics course centered around Gert's theory of common morality would show the greatest increase. Of these groups, School A students

TABLE 2. Pretest Overall Means by School (N=144)

Scale	Common Morality School A			Infused Model School B			Mixed Model School C		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
Ethical Sensitivity									
Pretest	46	28.5	9.06	48	9.06	13.1	50	25.0	13.8
DIT2 pretest	40	41.7	20.0	47	32.9	13.5	42	42.5	16.6

Note. DIT2=Defining Issues Test.

(common morality-discrete) again had the highest posttest mean of 37.6, increasing from its pretest mean by 9.1. This proved to be statistically significant, $t(37)=3.157, p<.05$. School B (infused model) had a posttest mean of 23.8, increasing from its pretest mean by 14.7. This was also statistically significant, $t(46)=4.956, p<.05$. School C (mixed model-discrete), on the other hand, had a posttest ethical sensitivity score of 24.10, a slight decrease from its pretest mean of 25.00. This decrease was not statistically significant (see Table 4).

Despite the fact that School A (common morality) had the highest overall posttest mean score, School B (infused) still demonstrated the most significant increase from pretest to posttest. School B's difference from pretest to posttest was significantly greater

than the other schools, $F(2, 121)=5.76, p=.004$. A Bonferroni post hoc test confirmed that the only significant difference between mean score differences was actually between School B (infused model) and School C (mixed model-discrete). Thus, the second hypothesis was not supported, even though the common morality group did have the highest posttest score.

Limitations

There are several limitations of this study. First, the groups themselves were not equivalent. School B (infused) students were in their final semester of graduate school, whereas students from the other two schools were completing their 1st year. School C (mixed model-discrete) also differed from School A (common morality-discrete) and School B

TABLE 3. DIT2 Pre- and Posttest Mean Scores for N2 Score (N=107)

Scale	Common Morality School A			Infused Model School B			Mixed Model School C		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
Pretest	40	41.7	20	47	32.9	13.5	42	42.5	16.6
DIT2 posttest	36	49.1	17.3	37	37.5	16.2	34	46.2	15.2
Mean difference		7.4			4.6			3.7	

Note. DIT2=Defining Issues Test.

TABLE 4. Ethical Sensitivity Pre- and Posttest Mean Scores (N=124)

Scale	Common Morality School A			Infused Model School B			Mixed Model School C		
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>
Pretest	46	28.5	9.1	48	9.1	13.5	50	25.0	13.8
Posttest	38	37.6	17.8	47	23.8	15.1	39	24.1	18.1
Mean difference		9.1			14.7			-90	

(infused) in that School C is a private, religious liberal arts university, whereas the other two schools are public state universities. Countering that limitation, Good and Cartwright found no significant differences in moral judgment scores (as measured by the DIT) between public state universities and Christian liberal arts universities (as cited in King & Mayhew, 2002). Since there was little difference in the pretest scores of School C (mixed model-discrete) and School A (common morality-discrete), this distinction does not appear to be a significant factor in explaining the differences between the posttest scores of all three groups.

The overall size of each group and attrition of subjects from pretest to posttest also must be taken into account when considering the validity of the findings. One cannot say with certainty how scores would have been affected had there not been attrition; the study may or may not have resulted in more or less significant findings. Additionally, the fact that the DIT2 scoring process resulted in some purging of scores, whereas the ethical sensitivity scoring did not, may have had an impact on the degree of correlation between the two measures.

Yet another limitation relates to the instruments used to measure ethical sensitivity and moral judgment. The low reliability rating (Cronbach's alpha of .64) for the Ethical Sensitivity Test lends skepticism to the application of the instrument in its efforts to measure and interpret ethical sensitivity. Furthermore, both measures only indicate how participants say they either perceive or rank ethical issues. Neither provides assurances on how participants would actually perceive and

work through ethical dilemmas in a real-life situation.

This study also does not adequately account for the influence that individual teaching style and experience may have on the dependent variables used in this study. While differences in content were noted and focused on, differences in the delivery of that content were not. This study does not address this important variable.

Finally, the inability to generalize findings of this study to the broader social work graduate student population is the study's greatest limitation. Demographically, the students were all very similar, but the methodologies represented in this study and the subsequent impact on the moral judgment and ethical sensitivity of their students cannot be generalized to the broader social work community.

Discussion

An unexpected finding was the significantly lower pretest scores in moral judgment and ethical sensitivity of the infused group (School B). In terms of moral judgment, this finding was not anticipated because all three groups were remarkably similar. One difference is that the infused group had students in their last semester of graduate school, whereas the other two groups representing discrete models were in the final semester of their first year. Based on previous DIT studies (King & Mayhew, 2002), one would have expected that students further along in their educational sequence would have at least been the same if not slightly higher than their newer counterparts at pretest.

Among the two groups that offered discrete courses, only School A (common morality-

discrete) had a significant increase in moral judgment scores. The considerably lower pre- and posttest scores of the infused group and the nonsignificant growth among students participating in the mixed model-discrete group call into question the school's ability to enhance moral judgment among its students. Adding to this, a posttest comparison revealed that 61% of students identifying common morality as their ethical framework were identified as postconventional thinkers compared to 53.1% of students identifying the *Code of Ethics* as their guiding framework (see Table 5).

In the area of ethical sensitivity, the significant increase among the infused group is more likely attributed to the surprisingly low pretest score. Yet, the infused group still finished with a lower overall posttest score, while the mixed model-discrete group actually had a slight decrease from its pretest to posttest scores. The common morality group, again, showed a significant increase from its pre- to posttest scores and, again, finished with the highest ethical sensitivity posttest score.

Research in the area of ethical sensitivity, though not as extensive as in the area of moral judgment, has demonstrated gains in the area of ethical sensitivity among 1st- and 2nd-year students and then a decline in 3rd- and 4th-year students (Hébert et al., 1992). Hébert et al. speculate that this phenomenon may be attributed to the use of ethical principles in helping students identify ethical issues. Recall that Gert et al.'s (1997) criticism of the use of ethical principles is that it confuses moral rules with moral ideals, thus making it difficult to discern what is and what is not an ethical issue.

Implications/Conclusion

From a research perspective, the question of whether the infused approach to ethics education is effective still remains and cannot be ignored. This study neither validates nor invalidates the infused model. However, if the profession continues to accept that an infused model is adequate for teaching ethical decision-making, far more research is required to

TABLE 5. Cross Tabulation Comparing Posttest Framework and Type Indicator (Schemata)

Indicator	Posttest Framework			
	Gert (%) (n=31)	Code of Ethics (%) (n=49)	Intuition/Experience (%) (n=6)	Other (%) (n=21)
Personal interest	3.2	14.3	0	14.3
Personal interest/maintaining norms	12.9	16.3	50	23.8
Maintaining norms/postconventional	22.6	16.3	0	33.3
Postconventional	61.3	53.1	50	28.6

Note. $\chi^2=13.52$, $p=.140$.

answer a number of questions. First, what is the content of an effective infused model? Second, how is the content infused? Third, how does a program ensure that instructors are adequately prepared to support an infused model? These questions are particularly important given the history of the short shrift allotted to ethics education in social work and the apparent incoherence in how the infused model is conceptualized. In fact, there is no means for determining what content is omitted or overly represented in current infused models. Further, given the new expectations found in a competency-based education that students actually learn how to make reasoned, ethical decisions, the reliance on the infused model is further called into question.

In terms of comparing the two discrete approaches, students representing the common morality model did have significant improvement in moral judgment and ethical sensitivity. Students representing the mixed-model approach had no significant improvement in any of the areas. Since the two groups had similar pretest scores, there is more reason to believe that the differences in the content, that is, common morality versus mixed model, may have accounted for the differences in posttest scores between the two groups of students.

Overall, students participating in the discrete common morality fared better than their counterparts in terms of moral judgment and ethical sensitivity. In terms of moral judgment, the highest percentage of those rating as post-conventional identified common morality as their core framework (see Table 5). In terms of ethical sensitivity, infused scores increased dra-

matically but still remained lower than the other two groups, while those from the mixed-model group experienced a slight decrease. Could it be that social work's values-laden emphasis within either an infused model or a mixed-model-discrete approach has the unintended effect of decreasing rather than enhancing ethical sensitivity? Also, given the profession's proclivity for evidence-based practice, would it not make sense to continue evaluative research that helps us determine best practices for teaching important content areas? The outcomes of this study indicate more research is needed if we are serious about producing practitioners intellectually prepared to identify and reason through the myriad of ethical challenges that await them in day-to-day practice.

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