Ethical issues in counselling at work

By Leonie Sugarman Occupational and Counselling Psychologist, Lancaster

Abstract

Providing counselling in the workplace can challenge the ethical principles on which counselling is based. A series of questions is identified designed to focus attention on aims, outcomes, referrals, confidentiality and resources. It is concluded that confronting ethical dilemmas is a continuous responsibility for counsellors. Frequently issues are managed rather than resolved. However, in confronting and managing these issues, the values underpinning organisational life can be challenged and, perhaps, changed.

Briar and Vinet (1985) summarise the values guiding counsellors and other helpers in the workplace as deriving from `ethical beliefs in the integrity and human potential of each individual, his or her right to self-expression and self-actualization, and the centrality of human welfare above and beyond other potentially overriding organizational goals, such as profit making, efficiency and productivity' (p. 343, my emphasis). In the present paper, this recognition that organisations may have goals which conflict with those of counselling is used as the defining characteristic for considering ethical issues in counselling at work. The paper does not provide a set of unambiguous answers, since in the workplace, as in other counselling contexts, ethical codes can only provide guidelines (Mabe and Rollin, 1986). Individuals retain final authority for the ethical choices they make. Through the exercise of moral responsibleness (Tennyson and Strom, 1986) in everchanging circumstances (Dawson, 1984), counsellors cannot avoid involvement in the continual reconstruction of deciding what is right (Hobbs, 1978).

Ethics and aims: why do it?

Several factors are likely to underlie an organisation's decision to provide some form of counselling provision for its employees. Current philosophies of management espouse an attitude towards the management of workers which is less punitive and more therapeutic than previously --defining problem employees as `sick' and in need of treatment rather than `bad' and in need of disciplining (Roman, 1980). It is now less acceptable, legally and socially, to discipline and dismiss employees without recourse to agreed and accepted procedures. This can be reflected in concern by the organisation about its image as a `earing' company. In a competitive market, the services an organisation offers may help it attract and retain high-calibre employees. There might also be concern about particular problems -- for example, alcohol abuse in the workplace -- and a wish to relieve managers or supervisors of responsibility for problems beyond their range of expertise. In addition, there is likely to be a recognition that human resources are a major factor in productivity, and need maintenance. It is no coincidence that counselling programmes tended to be established first in organisations such as airlines, where employees have extensive face-to-face contact with the public and where, therefore, any breakdown in the effective functioning of individual employees would be clearly and immediately apparent.

Consideration of the factors that can lie behind the introduction of counselling to the workplace shows organisations to have multifarious aims. The specific ethical issue this raises for the counsellor concerns the extent to which the aims of an organisation over and above the aims of counselling compromise counselling's ethical foundation. How far, for example, should a counsellor go in helping employees cope with stressful working conditions, rather than deciding that the conditions are unacceptable? How comprehensive and well-resourced does a redundancy counselling programme need to be before it can be viewed as more than a public relations exercise to avoid bad publicity, or as more than simply an attempt to avoid industrial unrest? These dilemmas reflect the tension between helping and the control of individuals and organisations. Ethical and professional standards can provide guidelines, but judgements about the point at which certain organisational practices become unacceptable will not normally be clear-cut decisions. Establishing a peer support group and an effective supervisory relationship can be crucial in helping the counsellor work through such issues.

Counselling provision in response to a particular situation may provide opportunities for expanding the values and practices of counselling into other areas of organisational activity. Thus, when two large pharmaceutical companies merged, an outplacement counselling programme to support the resulting redundancies and relocations developed into a more general programme about managing change that was available to those staying as well as those leaving the organisation (More and Spence, 1990). Once trust of, and commitment to, a counselling service has been established, it may be possible to expand into involvement in the redesign of jobs, interpersonal relationships and organisational procedures; and to the furtherance of social welfare objectives within the organisation (Briar and Vinet, 1985). This is compatible with the `natural history' of workplace counselling programmes in North America, where crisis-intervention activities have often expanded to embrace crisis prevention (for example, fitness and/or stress-management programmes) and educational presentations and debates (McGowan, 1984).

Ethics and outcomes: who benefits?

Counselling at work proceeds on the basis of enlightened self-interest and on the assumption that, in one way or another, what is good for the individual is also good for the organisation. The ethical dilemma this raises concerns identifying the point at which the counselling provision benefits the organisation at the individual's expense. In resolving this issue, counsellors can turn to the British Association for Counselling's (1990) discussion of the overall aim of counselling as teeing `to provide an opportunity for the client to work towards living in a more satisfying and resourceful way'. If the service does not provide such an opportunity, or if the organisation provides no way for the client to implement such learning, the gains for the organisation in terms of public relations and refining its control over employees may exceed the benefits for the individual.

If both employee and organisation are to benefit from the counselling provision, the service needs to address real problems. This points to the importance of a needs assessment prior to the introduction of a counselling programme (Balzar and Pargament, 1987) and/or as part of a continuing monitoring and evaluation programme (Durkin, 1985). This is partly a research activity, and partly a planning activity whereby information is collected concerning the type, frequency and relative importance of employee problems, current ways in which problems are handled, and barriers to the use of community services. It can help to determine appropriate priorities, and to monitor and evaluate the service.

Ideally evaluation should be built into the establishment of the programme and not merely tacked on at the end. Durkin (1985) identifies approximately ninety variables that have been discussed in the literature on evaluating employee assistance programmes. These fall into seven categories and are directed at one or more of three types of evaluation: process evaluation, which monitors whether the expectations are being met; impact evaluation, which measures the changes brought about in employees and organisation units participating in the programme; and outcome evaluation, which is basically a cost-benefit analysis to determine whether the benefits justify the costs. It is the latter which causes most disquiet and difficulty. It is likely to be impossible to measure, quantify, and accurately cost all relevant factors, particularly such intangible variables as family problems that did not happen, reduction of co-worker and supervisory anxiety, improved morale, and assisting a particularly valuable or hard-to-replace employee.

The converse of `who benefits?'from the provision of counselling at work is `who is, or might be, harmed by it?'. Societies, companies and managers, as well as the individual supposedly with the problem, can be `neurotic' (Noland, 1973). By focusing on the individual, the provision of counselling can obscure environmental sources of poor performance and result in `blaming the victim' -- treating the troubled employee rather than the troubled organisation. The provision of stress-management programmes in the context of significantly decreased resources, for example in the health service and in education, could be seen in this light. Counselling provision may also be a substitute for good management practices. Thus one organisation withdrew from discussions about the establishment of a counselling provision when it realised that one outcome might be pressure to reconsider its policy of offering employees primarily short-term contracts.

Even where interventions have an environmental rather than an individual focus (Googins and Godfrey, 1987), the programme may have minimal impact on organisational practices. Thus whilst Johnson and Johnson's health promotion programme (Wilbur et al., 1986) was directed at both individual life style and `environmental' improvements, the latter was primarily concerned with the provision of facilities. Only the introduction of flexitime challenged traditional patterns of work organisation.

The possibility of conflict with other elements of the manager's job, both in terms of content and time commitment, precludes managers from undertaking significant amounts of counselling even if they do possess the necessary skills (McGowan, 1984; Novarra, 1986). There is, however, overlap in the skills of the two roles -- listening, supporting, understanding, facilitating and developing (Hoare, 1985) -- and precise division of responsibility between manager and counsellor may need continual renegotiation. Without this, there is the risk that, on the one hand, managers could abdicate their managerial responsibilities by referral to the counselling service or, on the other hand, that they could feel their role as a caring manager had been usurped and their job deskilled. Similarly, employees may be able to avoid their obligations to the organisation by exploiting the sick role to justify minimal levels of performance (Roman, 1980). If problems become medicalised, both manager and employee may be able to avoid responsibility for them.

Ethics and referral: how are clients and service providers brought together?

The British Association for Counselling's (1990) definition of counselling talks about providing an opportunity, not about coercion. Implicit in this is the assumption that individual clients have choice over whether or not to take up that opportunity. The coerced client, however, is a feature of many

counselling relationships (Straw and Sugarman, 1990). In the work setting, the ethical issue for the counsellor to confront concerns any points at which the organisation, in its attempts to bring client and counsellor together, exceeds its right to control aspects of the employee's behaviour. This points to the tension between the organisation's right to control its employees and the individual's right to autonomy (Sonnenstuhl, 1986).

A distinction can be made between three types of referral: mandatory, suggested and voluntary (or self) referral (Wright, 1985).

The mandatory referral is employer-controlled, made as a condition of continued employment. Since it negates the principle that counselling should be optional, it threatens the ethical viability and practicality of the service. Mandatory referral may be justifiable if used when termination of employment would be the alternative under the organisation's disciplinary procedure. Mandatory referral where there is no well-documented case for termination of employment will heighten employees' suspicions of the organisation's motives for providing a counselling service. Only when the organisation and the counselling service have proved themselves to be trustworthy is the inclusion of conditions for mandatory referral likely to be acceptable to counsellors, employees and their representatives.

In a suggested referral, a supervisor or manager, believing that a personal problem may be contributing to an employee's poor work performance, suggests that he or she discusses the matter with the organisation's counsellor. If work performance improves, then the matter is taken no further, irrespective of whether the employee followed the suggested referral. If work performance does not improve, again irrespective of whether the employee consults the counsellor, then the organisation's disciplinary and, ultimately, dismissal procedures may be embarked upon, perhaps involving a mandatory referral if this is within the organisation's agreed policy. This emphasises inadequate work performance as the basis for both mandatory and suggested referrals. Since work relationships frequently include an element of friendship, the manager may experience conflict between ethical responsibilities as a manager to concentrate only on work performance, and perceived moral responsibility as a friend to help someone as an end in itself.

With voluntary or self-referral, the clients choose to seek help and will, presumably, do so only if they have sufficient trust in the integrity and competence of the service provider. Without provision for self-referral, employees might be understandably suspicious of an organisation's expressed concern for their well-being. Whether a self-referral is really client-initiated is, however, debatable. There is evidence (e.g. Sonnenstuhl, 1986) that seeking professional help occurs only when attempts at solving the problem on one's own or with the assistance of friends, family and informal helpers have proved unsuccessful. In the present context, the crucial issue is who is suggesting or insisting on the client seeing a counsellor. Thus a `voluntary' client may have been subjected to pressure from family members, friends and, indeed, colleagues to seek help. These are informal rather than formal suggestions.

Ethics and confidentiality: who knows what?

Confidentiality is frequently regarded as a sine qua non of effective and ethical counselling. By this is meant that the counsellor will not reveal any personal information which might result in identification of the client. However, even the British Association for Counselling's Code of Ethics and Practice for Counsellors (1990) identifies circumstances where a breach of confidentiality might be ethical.

Indeed, there may be instances, notably when the counsellor believes the client could cause danger to others, that breaking confidence (having advised the client of this possibility) would constitute the appropriate professional response. Also, discussions with colleagues and supervisors are a necessary part of a counsellor's professional role. Feedback to the employing organisation about emerging patterns of problems may be a way of alerting the organisation to defects in its structure or practice, thereby avoiding individual clients being always identified as the source of trouble.

For the protection of both client and counsellor, and possibly also for the education of the organisation's management, counsellors have an ethical responsibility to negotiate what is implied by the concept of confidentiality and the conditions under which confidentiality will and will not be maintained. Whilst concern about confidentiality is one of the most frequently cited qualms about counselling in the workplace (Lee and Rosen, 1984), there is also evidence that it can be managed successfully (McGowan, 1984; Hoffman, 1984).

Wright (1985) shows how different ways of managing the confidentiality issue can be linked to different referral mechanisms. With voluntary referrals, no entries are made in the employee's record and no confidential information is exchanged with any source, without the consent of the employee concerned'... unless required by law'. With a suggested referral in the context of a disciplinary interview, a note that the referral has been suggested will be entered into the employee's record, and a copy forwarded to the counsellor. If the client is prepared to sign a release-of-information form, then information aimed at helping the supervisor determine appropriate performance expectations may be shared between supervisor and counsellor.

Mandatory referral inevitably involves some breach of confidence and, almost inevitably, requires the counsellor to examine the extent to which he or she is prepared to compromise the ideal conditions for counselling. At the very least it requires the counsellor to release information about whether or not the employee makes and keeps an appointment. In laying down a clear and open procedure for managing mandatory referrals, Wright (1985) stipulates that the employee be required to sign a release-of-information form which gives the counsellor permission to share limited information in the following areas: Is the referral for counselling appropriate? Does the employee plan to participate? What time away from work may be required? As with information that is optionally released in relation to suggested referrals, the objective is to provide the organisation with sufficient information to determine appropriate performance expectations during the early stages of treatment. In no case does the sharing of information include detailed discussion of the employee's personal problems. Another implication of working with a mandatory referral system is that if the employee is not prepared to sign the release-of-information form, then the counsellor would be unable to accept the employee for counselling and would inform the appropriate bodies -- director of personnel, department head, and relevant union officer -- to this effect.

Issues of confidentiality are not exclusive to the work setting. Of particular concern, however, is the possibility of role conflict for the counsellor. An employee whose counsellor is also his or her manager may, with justification, feel that revelations of personal problems could adversely affect subsequent promotion prospects. To minimise this risk, managers can base their interventions on performance criteria, and refer employees to the counselling service for detailed discussion of personal problems. Clients may, however, be suspicious of any organisationally sponsored counselling programme, and particularly so if it is run under the auspices of the personnel department. Whilst locating the service within the medical department may convey an inappropriate `medical' image, confidence in the service's confidentiality may be enhanced through association with the confidentiality accorded to medical records. Ultimately, though, trust in the confidentiality of the

service has to be earned through example. Ensuring that union as well as management representatives are members of the steering committee can facilitate this. Counselling services which are external to the organisation may engender greater confidence in the service's confidentiality (Googins and Godfrey, 1987). Resolving one issue -- in this case that of confidentiality -- may, however, exacerbate another: for example, the risk of `blaming the victim'. It may be easier for an organisation with an externally-based counselling service to ignore the organisationally-based factors that are contributing to the employee's problems.

Ethics and resources: who pays, for what and for whom?

The vast majority of workplace counselling programmes are funded by the employing organisation. Ethical questions arising from this concern whether the resources are sufficient and appropriate to doing more good than harm, and the ways in which the origins of the resourcing might compromise the aims of the service. Answers to these questions are to be found partly by considering questions already addressed in relation to the aims and outcomes of counselling at work.

Concern for the well-being of employees implies that general or `broad brush' services should be available to all staff at all levels and in all locations (Megranahan, 1989). Anything else is likely to jeopardise the credibility of the programme. Employees may resent as paternalism a service directed at shop-floor or junior employees only, and/or may query its role as a manipulative form of social control. Offering the service to senior staff as a `management perk' could negate an organisation's claim to be concerned about all its employees. For particular groups of employees experiencing particular work-related problems, more focused services may be appropriate. Thus cabin crews of international airlines are frequently required to deal calmly and politely with anxious or difficult customers; may find personal relationships at home difficult to sustain, develop and heal from a distance; and find being alone in a strange hotel in a strange country all exacerbating the need for `someone to talk to' (Harris, 1987).

The question of whether employees' families are also able to use the services may arise. Here the conflicting positions to be resolved are, on the one hand, the legitimate limits to the organisation's responsibilities and, on the other hand, the recognition that work-based and personal problems can interact to the detriment of functioning in both arenas. For example, in the Armed Services, where employment can have a profound impact on the life of the whole family, support -- which may include a counselling element -- is provided through organisations such as SSAFA (Soldiers', Sailors' and Airmen's Family Association).

Employees might be ambivalent or antagonistic to their families having access to the same counselling services. They may, for example, not wish their spouse to be a client because of concerns about confidentiality or about the impact such an arrangement may have on their own career. Thus one employee did not wish his spouse to receive relocation counselling in case her reluctance to move house would count against him in any future promotion possibility which involved another relocation. Alternatively, an employee may fear that the counsellor and spouse will `conspire' against him or her in some way.

Integral to the question of resources is the issue of what services are to be provided. Is the service to operate primarily as an assessment and referral service, or is treatment (including counselling) also to be provided (Googins and Godfrey, 1987)? Then there is the question of the human resources -- that is, do the service providers possess the necessary skills? McGill's (1986) listing of the qualities

needed in work-based counsellors reflects the plethora of skills required. She argues that in addition to being competent counsellors, work-based counsellors need to be:

Knowledgeable about community resources (so that effective referral to outside agencies can be made).

Aware of how organisations operate and function.

Socially skilled and highly assertive (so they can work with and, where necessary, confront line and senior managers).

Capable of analysing data scientifically when attempting to evaluate services.

Further requirements may be added to this list in some circumstances --for example, the training and managing of peer or volunteer counsellors within the company.

The skill requirements for a work-based counsellor are a combination of those of the personal and the political change agent, which Halmos (1974) concluded were incompatible. On the one hand, work-based counsellors need the tentativeness, receptivity and openness of the personal change agent, operating privately and non-directively in response to the unique and concrete presence of a single person. On the other hand they need to be able to operate in the corporate environment, characterised by public demonstrations of determination, persuasiveness and advocacy. Clinically trained practitioners may feel ill-equipped to respond to such a plethora of demands -- jeopardising the ethical requirement that practitioners only take on those roles they are qualified to undertake and only respond to those client needs they are competent to address (Briar and Vinet, 1985). Further training or additional and differently trained staff may be required. At some point there may be the need for a counselling service manager or co-ordinator, where `counselling experience is helpful but not necessary' (Sonnenstuhl and Trice, 1986, p.15).

Conclusions: what is the counsellor to do?

This paper has distinguished five specific ethical issues for the work-based counsellor to confront:

Identifying the extent to which the aims of the organisation over and above the aims of counselling compromise counselling's ethical foundation.

Identifying any points at which the counselling provision benefits the organisation at the individual's expense.

Identifying any points at which the organisation exceeds its right to control aspects of the employee's behaviour.

Negotiating what is implied by the term `confidentiality' and the conditions under which it will and will not be maintained.

Identifying whether the resources are sufficient and appropriate to doing more good than harm, and in what ways the origins of the resources compromise the aims of the service.

The development of a written policy concerning the provision of counselling within a particular organisation can serve to highlight potential ethical problems and provide a forum for exploring and

negotiating the assumptions held by various parties about the service. When adopted, a policy constitutes a sanctioned and approved statement which guides the relationship between a company and its employees, and which reflects a set of values and mutual expectations (Googins and Godfrey, 1987). It bears witness to top management support and, being a public document, can be referred to by employees in their assessment of the orientation and likely trustworthiness of the service, and by counsellors in the event of their being pressured to compromise their ethical principles.

The specific details of an organisation's policy document will be shaped by its policies on, for example, performance, discipline and medical practices (Sonnenstuhl and Trice, 1986), and by the anticipated scope of the service. Typically, the policy document will have three sections: first, a preamble which outlines the overall premise or philosophy on which the counselling service rests; second, the policy statement, which makes the purpose of the service more specific; and third, the procedures through which the policy will be implemented. This is best seen as a working document which can be developed and modified as the service progresses. Indeed, it may be the result of a gradually evolving commitment to counselling emerging from work already being undertaken by, for example, the occupational health department (Orlans, 1986). The support of an individual senior manager and/or union official with positive experience of counselling, perhaps as a client or through involvement in counselling with voluntary organisations such as the Samaritans, Relate or Cruse, can be a significant factor in the establishment and maintenance of a work-based counselling programme.

In the work setting, Thorne's (1990) spectre of counselling services being subjected to the language and values of the grocer's shop may be apparent. Counsellors may indeed experience pressures to `adjust to the consumerist ideology, ensure that they are offering a good product, and learn to serve loyally in the brave new world of the managerial interest' (p. 99). If it is accepted that the organisation as well as the individual employee is the counsellor's client, then the counselling adage of `starting where the client is' becomes relevant. The language and values of the consumerist ideology is where many organisations `are', and without utilising its concepts, counselling may be seen by the organisations as alien and unacceptable. The power of counselling to transform values and ideologies needs perhaps, to be part of what Halmos (1965) called the counsellor's faith. It is part of Rogers' (1978) quiet revolution.

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