



**AN EXPLORATORY STUDY OF ETHICAL PRACTICE AMONG
PSYCHOLOGY PRACTITIONERS IN KZN: A QUALITATIVE STUDY**

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ABSTRACT

The role of ethics is important in the field of psychology. Clinical psychologists often encounter ethical dilemmas that are without clear and easy answers. They may confront overwhelming needs that are unmatched by adequate resources and conflicting responsibilities that seem impossible to reconcile. Within the South African context, there is published literature on ethics and ethical codes. However, there is sparse literature on the experiences of South African psychologists in maintaining such conduct and the steps they take when faced with ethical dilemmas. The available studies do not shed light into the difficulties encountered by psychologists and their resolution of ethical dilemmas.

This current study was undertaken to explore ethical practice among psychology practitioners in KZN. An interview schedule was used to elicit responses on the experiences of psychologists, their daily ethical experiences and the dilemmas that they encounter.

The study identified some recurring ethical concerns and needs that were expressed by psychologists. The study also suggests some direction for further ethics training which would enable psychologists to better manage ethical dilemmas encountered in practice. It highlighted the reported inadequacies of supervision from previously experienced encounters. This was congruent with findings made by some other researchers.

DECLARATION

This dissertation was undertaken at the School of Applied Human Sciences (Discipline of Psychology), University of KwaZulu-Natal, Pietermaritzburg. Unless specifically indicated to the contrary in text, this dissertation is a product of the author's own work. None of the present work has been submitted previously for any degree or examination in any other University.

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Chapter 1

INTRODUCTION

Ethics, also known as moral philosophy, is a branch of philosophy that involves systematising, defending and recommending concepts of right and wrong behaviour (Lijewski, 2011). The role of ethics is important in the discipline and profession of psychology. Its importance should be emphasised from the initial meeting, to the final process of treatment between the psychologist and the client. In professional psychology there are ethics codes and guidelines and these are important in informing rather than determining our ethical considerations (Pope & Vasquez, 2011). According to the American Psychological Association (2002), the ethical standards set forth enforceable rules for conduct as psychologists. Ethics should always be considered by psychologists in arriving at an ethical course of action.

Psychologists are committed to increasing scientific and professional knowledge of behaviour and people's understanding of themselves and others (APA, 2002). Such knowledge is also used to improve the lives of individuals. In striving to help individuals and the public, psychologists assist in developing informed judgments and choices that concern human behaviour. In doing so, they perform a set of roles that place them in a position of being responsible for their clients, their feelings, confidentiality, actions and behaviour. Psychologists however often encounter ethical dilemmas that are without clear and easy answers. They may be confronted by overwhelming needs that are unmatched by adequate resources, as well as conflicting responsibilities that seem impossible to reconcile (Pope & Vasquez, 2011). In the field of clinical psychology, clinicians are often faced with various frustrations and challenges as they seek to understand their client's behaviour. It is during this journey that ethical challenges are encountered and there are no guaranteed ways to avoid these ethical struggles.

Ethical issues may range from typical issues of confidentiality, competence, sexual boundaries, conflict of interest and the management of fees in psychological service delivery (Pope & Vasquez, 2011).

This study is positioned within an interpretive paradigm and tends to prioritise the research participants' subjective experiences of ethics in clinical psychology as a profession rather than an academic or scientific discipline. In the context of this study, ethics is referred to as

“those assumptions held by individuals, institutions, organizations, and professions that they believe will assist them in distinguishing between right and wrong and, ultimately, in making sound moral judgements” (Bersoff, 1999, p. xxi; Wassenaar, 2002, p. 2). Ethical codes are herein referred to as tools that can be used predominantly with the objective of guiding and regulating ethical behaviour among psychologists within a primary work context. According to Wassenaar (2002), ethical codes are not sufficient to guarantee ethical practice among psychologists who often encounter different ethical dilemmas. Awareness of ethical codes and standards is important. According to Pope and Vasquez (2011), standards inform rather than determine our ethical decision-making.

1.1 Problem statement

Clinical psychologists, whether in private or clinical practice, must follow a set of core ethical principles that guide them when they encounter ethical dilemmas. For example, the clinical psychologist cannot lie to the client for their own good. The ethical regulations are set and should be considered by clinical psychologists in order to minimise and avoid undue harm to clients or any other individual that the psychologist may work with. Within the South African context, some published literature on ethics and ethical dilemmas is available. One such study is presented in chapter 2 of this study and explores ethical dilemmas experienced by psychologists in a South African context. Literature however, is still relatively sparse in this area. Available studies do not shed light on the difficulties encountered by clinical psychologists' experience of ethical dilemmas. The purpose of this study is to explore the factors underlying ethical conduct and the difficulties that are faced by clinical psychologists in dealing with ethical dilemmas. Insights gained from this study will hopefully extend knowledge that may be useful to the Professional Board for Psychology of the Health Professions Council of South Africa (HPCSA) and the Psychological Society of South Africa (PsySSA) in informing the future transformation of the ethical dimension of South African psychology practice.

Chapter 2

LITERATURE REVIEW

2.1 Psychologists and ethics

Psychologists should strive to ensure and maintain high standards of competence in their work practice at all times. Their competence is derived first and foremost from their knowledge of ethics and ethical conduct. According to O'Donohue and Ferguson (2003), psychologists recognise the boundaries of their particular competencies and the limitations of their expertise. They provide only those services and use only those techniques for which they are qualified by education, training or experience. However, the interest of their clients and respect for human dignity place high demands on the competence of psychologists. According to O'Donohue and Ferguson (2003), they respect the rights of individuals to privacy, confidentiality, self-determination and autonomy, consistent with the psychologists' other obligations and with the law. It is important that psychologists develop a personal commitment to a lifelong effort to act ethically towards clients.

“Psychology developed quite spectacularly after the Second World War in many countries. This development can be traced in a number of ways: its growth as an academic discipline (new specialist areas, increasing student numbers, more staff appointed), as a profession (increasing emphasis on practical-applied matters, the growth of clinical psychology, state recognition and sanction, employment pattern of psychologists), and as an international enterprise (international bodies, international journals, coordination across countries)” (Dumont & Louw, 2001, p. 388).

Note on terminology: Although the sample for this thesis was clinical psychologists, the literature reviewed covered the broad field of professional psychology, and some of the points of discussion may be relevant to other fields of psychological practice. For this reason this thesis refers to clinical psychologists specifically but acknowledges that they are part of a broader spectrum of professional psychologists (e.g. counselling and educational psychologists) to whom some aspects of the present work may apply.

2.2 The code of ethics

Pettifor and Sawchuk (2006) mention that codes of ethics designed specifically for psychologists were only initiated about a half century ago with the publication of a provisional code by the American Psychological Association (Holtzman, 1979; Sinclair, 2003). Various mental health organisations have formulated codes of ethics for practitioners. The first version of the Ethics Code for American Psychologists was adopted in 1952 and published in 1953. The most recent version of the *Ethical Principles and the Code of Conduct* was in force from 1992 to 2003 and the newest amendments of these documents became effective in June 1, 2010 (Lijewski, 2011).

In the process of making decisions regarding their professional behaviour, psychologists must consider the Code of Ethics in addition to the applicable laws and professional board regulations. The code of ethics was created to protect the public from any abuses that might result from the mishandling of a situation or any dilemma that may occur. These situations include those of finance, emotional and physical issues. The ethical codes also guide psychologists on how to regulate the behaviours and situations that arise in professional practice and suggest how they may be resolved.

2.3 Objectives of the codes of ethics

Although many professional organisations have their own different sets of codes with different themes, Herlihy and Corey (1996) believe that codes of ethics accomplish three common objectives. The basic purpose is to educate professionals about proper ethical conduct; practitioners who understand the standards may experience expanded awareness, values clarification and problem solving capabilities. Second, ethical standards promote accountability and practitioners must maintain ethical conduct and encourage such conduct from colleagues as well. Third, codes of ethics assist in improving practice by offering solutions to difficult questions.

According to Pettifor and Sawchuk (2006), there are two major objectives of a professional code of ethics. The first is to promote optimal behaviour by providing inspirational principles that encourage reflection and decision-making within a moral framework. The second objective is to regulate professional behaviour through monitoring and disciplinary action against those who violate prescription and enforceable standards of conduct.

In congruence with previous writers, Sinclair (2012) stipulates that ethics codes generally serve four purposes and that one of the most important aims is educating members of the profession and the public as to behaviours consumers can expect from a profession. In addition, within this expected behaviour, ethics codes promote trust of the members of the profession, which naturally contributes to effective service provision.

Additionally, Sinclair (2012) links ethics and law, public policy and practice because ethics codes often combine and embody legislative, administration and judicial policy. Lastly, ethics codes enable professionals working in institutions that do not have ethics codes to advocate for high ethical standards.

It is important to note that individuals or professionals who do not abide by the ethics code can be disciplined, reprimanded or even barred from practice by their professional licensing boards, such as the Professional Board for Psychology in South Africa.

According to Gilmour-Barrett, Poizner, Randall and Sinclair (1987), the code is examined from the point of view of three main purposes of ethics codes. This includes establishing a group as a profession. Persons presenting themselves for membership in an established profession are expected to demonstrate competence in their field of practice and apply their knowledge according to the principles set out in the profession's code of ethics (CPA, 2001). The second purpose is to act as a support and guide to individual professionals in order to help meet the duties and responsibilities of being a professional. The final purpose is providing a statement of moral principles. This is useful in resolving ethical dilemmas and primarily reviewing individuals own moral thinking and development.

2.4 General principles of an ethics code

As mentioned by Lijewski (2011), the general principles, as opposed to ethical standards, are broad and aspirational in nature. Their purpose is to guide and to inspire psychologists towards the very highest ethical ideals. Lijewski identifies the principles as follows:

Beneficence and non-maleficence:

When conflicts occur among psychologists' obligations or concerns, they are expected to attempt to resolve these conflicts in a responsible fashion that avoids or minimises harm. Because psychologists' scientific and professional judgements and actions may affect the lives of others, they should be alert to and guard against personal, financial, social, organisational, or political factors that might lead to misuse of their influence.

Fidelity and responsibility:

Psychologists must establish relationships of trust with those with whom they work. They are expected to be aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behaviour, and seek to manage conflicts of interest that could lead to exploitation or harm.

Integrity:

Psychologists seek to promote integrity. Integrity requires accuracy, honesty and truthfulness in the science, teaching and the practice of psychology. This principle addresses the expectation that psychologists will not steal, cheat or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists should strive to keep their promises and avoid unwise and unclear commitments.

Justice:

Psychologists must recognise that fairness and justice entitle all people to access and benefit from the contributions of psychology and to equal quality in the processes, procedures and services that psychologists conduct. They are to exercise reasonable judgement and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitation of their expertise do not lead to or condone unjust practices.

Respect for rights and dignity:

In the course of their work as practitioners, psychologists encounter and come into contact with different individuals and groups. It is important that psychologists respect the dignity and worth of all people and the rights of individuals to privacy, confidentiality, and self-determination. It is fundamental that psychologists acknowledge and protect the rights of people who may be in vulnerable circumstances, thus impacting on their decision-making abilities. In accepting the principle of respect and dignity, psychologists are to acknowledge the rights of people and not treat them on the basis of race, socio-economic status, physical or mental ability (Canadian Psychological Association, 2001). Psychologists should endeavour to eliminate the effect of biases on their work and should not knowingly participate in or condone activities of others based upon such prejudices (Lijewski, 2011).

2.5 How do ethical dilemmas arise?

There are many ways in which ethical dilemmas arise. Surprisingly enough, some ethical dilemmas can be foreseen. According to Keith-Spiegel and Koocher (1985), some psychologists wilfully, even maliciously engage in acts they know to be in violation of the ethical standards of the profession. Inexperience or overconfidence of psychologists may cause them to not foresee an ethical problem. There are instances however where there is no alternative or apparent way of avoiding a dilemma. Possible alternatives may also have ambiguous consequences which makes it very difficult for the psychologist because the outcome of the dilemma is not known.

Failure to access ethical resources or guidelines available to psychologists may cause harm when encountering dilemmas. The onus is on the psychologist to access the available resources.

Psychologists may also underestimate the magnitude of a problem. Keith-Spiegel and Koocher (1985) stipulate that psychologists may underestimate problems in believing that safeguards are unnecessary or will be too costly.

2.6 Making ethical decisions

The Canadian Code of Ethics for Psychologists was among the first to include explicit decision-making steps for psychologists. According to the Canadian Psychological Association (CPA) (2001), the first and the second steps in decision making are interrelated. The first step is to identify the individuals or groups who are potentially affected by the decision. The second step is the identification of ethically relevant issues and practices, including the interests, rights, and any relevant characteristics of the individuals and groups involved and of the system or circumstances in which the ethical problem arose. It is important to know whether a minor or an adult is affected and in the case of a minor, immediate action or steps need to be taken. Koocher and Keith-Spiegel (2008) stress the importance of being able to consult guidelines that are already available that might apply as possible mechanisms for resolution. It is important to do 'homework' and to find resources that may represent or relate to the issue at hand. One might need to consult case studies that are similar to the current dilemma as well as academic and professional resources with guidelines which may have a bearing on a current dilemma.

According to the CPA (2001), the next step should be the development of alternative courses of action which should be accompanied by a conscientious application of existing principles, values and standards. These existing values and standards will guide the course of action. The psychologist should always assume responsibility for the course of action chosen, and keep in mind what steps to seek if the course of action does not go as planned or as predicted. In other words, options of a backup plan must be considered.

Evaluating the results of the course of action is important. According to Koocher and Keith-Spiegel (2008), very often a flawed decision results from failing to take into account a stakeholder's right to confidentiality, informed consent, or evaluative feedback.

Finally the CPA (2001) acknowledges that an appropriate course of action is warranted and feasible, to prevent future occurrences of the dilemma. According to Rest (1982, cited in Koocher & Keith-Spiegel, 2008), executing and implementing a plan of action may become complex with unexpected difficulties within which psychologists must be able to work around and keeping sight of the eventual goal.

It is very important that psychologists consult their colleagues in times of crisis or when encountering a dilemma. There is no shame in asking for help or assistance. Koocher and

Keith-Spiegel (2008) stipulate that ethical decision-making is essentially a complicated process involving developing awareness of one's own perceptions and values. Therefore one can usually benefit by seeking input and advice from others, such as a trusted colleague.

2.6.1 Processes of ethical decision-making

Sound and concrete decision-making is usually based on processes that involve multiple steps and external consultation with other professionals.

Unfortunately, not all ethics codes detail how psychologists should deal with ethical conflict or dilemmas that are encountered. This is mainly because professional ethical codes consist primarily of general and guideposts which are prescriptive (Koocher & Keith-Spiegel, 2008). Thus it is important for psychologists to allow themselves adequate time to make decisions and systematically evaluate the dilemma before the final decision is made. According to Koocher and Keith-Spiegel (2008), taking time to document, reflect and consult is far more likely to produce a better result.

According to Canter, Bennet, Jones and Nagy (1994), the process of ethical decision-making involves seven steps:

Knowing the ethics code:

In order to understand and apply the ethics code, one should read, digest and periodically review the sections of the code. Psychologists should be aware of any new revisions or editions of the code that may be developed or changed.

Know the applicable state laws and federal regulations:

All psychologists must be well informed about current national or local laws and regulations. They must also be aware of any changes that may occur at any time, independent of the changes occurring in the ethics code itself. This is important when it comes to issues of malpractice within the work environment or any legal issues that may occur.

Know the rules and regulations of the primary work setting:

Knowing the rules and regulations is essential. Different institutions may have different rules and regulations and it is the duty of the psychologist to keep up to date with such.

Engaging in continuing education in ethics

There are numerous ways in which psychologists can familiarise themselves with the ethics code. It is important to broaden and maintain knowledge of ethical principles as well as their implications. Skills and familiarity in analysing ethical obligations are crucial. These can be improved by having regular courses or workshops in ethics or having journal classes or groups that predominantly focus on ethics. This should be an ongoing activity for psychologists throughout their professional life. This knowledge will become an easy tool when encountering ethical conflicts in that the psychologist will be well equipped for dealing with the challenges. The obligation and onus is on psychologists to equip themselves with such knowledge.

Identifying when there is a potential ethical problem

Identifying a potential or existing ethical dilemma is important if effective steps or measures are to be taken to address it.

Learn a method for analysing ethical obligations in complex situations

There are numerous methods to learn in the resolution of ethical problems. However, these may be difficult to apply when an immediate decision is required in a complex situation. By learning to apply methods for analysing dilemmas, psychologists will be better equipped to face ethical obligations.

Consult with professionals knowledgeable about ethics

As mentioned previously, one cannot over stress the importance of consulting with other experienced professionals. At times, psychologists may not be able to find adequate guidance from ethics codes or other ethical guidelines. In these cases, professional consultation is recommended.

In addition to Canter et al. (1994), Keith-Spiegel and Koocher (1985) stipulate that some decision options can be quickly dismissed because they involve flagrant violations of someone's rights to others' respectable governing policies, or because the risks far outweigh the possible benefits.

When a psychologist is faced with a dilemma, some decisions may be feasible but in certain instances, some decisions may not be feasible due to various constraining factors.

2.7 Ethics in South Africa

Although Cooper (2012) claims that “[p]sychology in South Africa, like most professional disciplines, is relatively underdeveloped and this is largely due to the overwhelming demands for economic survival in many African countries” (p. 299), psychology as a profession in South Africa is currently well regulated by the Health Professions Council of South Africa’s Professional Board for Psychology (<http://www.hpcsa.co.za/PBPsychology/Rules>), and has been the case since 1974 (Wassenaar, 1998). However, enhanced professional regulation has not necessarily been accompanied by enhanced service delivery to under-resourced communities. Specifically, in their review of mental health service delivery in South Africa from 2000 to 2010, Petersen and Lund (2011, p. 751) found “some progress in the decentralisation of mental health service provision”, and although this progress would have resulted in increased service delivery to previously under-serviced communities, there were still significant gaps in the provision of psychological services.

2.8 Ethical Codes and Regulations in South African Psychology

This subsection will briefly outline the regulatory background and history of psychology in South Africa.

2.8.1 The South African Psychological Association (SAPA)

The South African Psychological Association (SAPA) was the first national psychological association in South Africa which was formed in 1948 as the official organisation to speak for psychologists in academic and professional matters. “Before this, psychologists were organised as part of the South African Association for the Advancement of Science, attending its congresses and reading papers and publishing its journal, *The South African Journal of Science*” (Dumont & Louw, 2001, p. 391). SAPA played an important role in protecting and promoting the interests of psychologists in the country. It was therefore not surprising when the numbers of psychologists in the country increased. “The work of SAPA has nevertheless been credited for contributing to the eventual formal professionalisation of psychology in South Africa” Wassenaar (2002, p. 13).

2.8.2 The Psychological Society of South Africa (PsySSA)

The Psychological Society of South Africa (PsySSA) is a voluntary professional body that represents psychology in South Africa. This professional body has been described as the largest representing organisation. PsySSA was formed in January 1994, out of various existing bodies, thus representing psychology in the newly democratic South Africa and comprising of numerous divisions including clinical, standing committees, branches and affiliates (Gauthier & Lee, 2009).

Apart from promoting professional behaviour and the interests of psychologists, PsySSA has also had a key role in establishing collaboration and collegial links with international psychological associations. According to Gauthier and Lee (2009), PsySSA has been important to countries that have undergone prolonged isolation, especially in Africa. PsySSA plays a role in ensuring quality services and encourages ethical standards whilst building professional relationships in South Africa (PsySSA, 2011).

When compared to other professional bodies, “The PsySSA Ethics committee has no statutory powers and can, at the utmost, cancel a psychologist’s membership of PsySSA but cannot bar a psychologist from practice” (Wassenaar, 2002, p. 16).

2.8.3 The Professional Board for Psychology

The Professional Board is a statutory organisation that was formed in 1974 after the passing of Act 56 of 1974 in South Africa (Wassenaar, 1998). This organisation has great power as it legally registers psychologists for practice. According to Wassenaar (2002, p. 16), “Its primary function is to protect the public consumer of psychological services”. In order for psychologists to be allowed permission to practice, the Professional Board has to ensure that all psychologists register with the Professional Board for Psychology of the Health Professions Council of South Africa (HPCSA) which determines standards of professional training and maintains standards of professional practice (Scherrer, Louw & Moller, 2002). Therefore, the Professional Board primarily protects the interests of the public by regulating standards of training and practice (Silove, 2008). According to Wassenaar (1998, p. 135), “Act 56 empowers the Professional Board for Psychology to stipulate minimum standards of training for psychologists and also provides for disciplinary enquiries to be held if complaints against psychologists are received by the board”. Any psychologist who has offended or

behaved unethically has to face the Professional Board which takes disciplinary action against the transgressing psychologist.

2.9 Ethical dilemmas experienced by psychologists

Psychologists are fortunately or unfortunately faced with the privilege of having to practice a profession that deals with some of the most confidential aspects of human behaviour and experience, which comes with great responsibility (Scherrer et al., 2002). Therefore, in order to minimise professional misconduct, psychology, as with any other profession, sets forth ethical rules or guidelines to ensure the competence and professional behaviour of psychologists (Louw & Edwards, 1998; Scherrer et al., 2002). Having ethical rules or guidelines however, does not prevent ethical dilemmas from occurring. Psychologists still experience a large number of dilemmas in the workplace.

A study conducted on ethical dilemmas experienced by South African clinical psychologists reported three main issues as being of great concern for them. And these were confidentiality, dual relationships and payment concerns (Slack & Wassenaar, 1999). Issues of confidentiality were predominant among psychologists experiencing difficulties with limits and obligations to confidentiality and in the process, trying to not harm the patient in terms of breach and disclosure. “Dilemmas concerning confidentiality comprised 29% of those volunteered by South African survey respondents, making this the largest category of situations perceived as serious by these respondents” (Slack & Wassenaar, 1999, p. 181).

Issues around dual professional and non-professional roles were prominent and psychologists were reported to be crippled in terms of evaluating and managing them. Following on non-sexual dual relationships, were payment issues where there was concern over requests from clients that amounted to an abuse of medical aid schemes and the effects of non-payment on the therapeutic relationship (Slack & Wassenaar, 1999).

2.10 Reports of cases adjudicated against psychologists

When working and interacting with people, especially vulnerable individuals, ethical disparities and dilemmas are bound to occur. A study undertaken by Vinson (1987 as cited in Wassenaar, 2002), stated that most violated patients are unaware of complaint procedures. The patients may have sought civil action, but feared incurring the psychologist's anger or losing the therapeutic relationship. Other patients may not report sexual misconduct because they are not aware of their rights and in many situations, they may fear that the psychologist might "tell all" on the patient's consultation. The importance of patients being advised of their rights is further stipulated. This can be done by the documentation or pamphlets in the waiting room or having access to a toll free number. According to Wassenaar (2002), similar literature concluded that while psychologists regarded many ethical issues as serious, they did not often encounter them.

2.11 Ethical complaints against psychologists in South Africa

In as much as psychologists may experience ethical dilemmas, there have been ethical complaints against them which result in disciplinary action being taken. Between 1990 and 1999, Scherrer et al. (2002, p. 57) concluded that "a total of 461 complaints were lodged against psychologists and of this, 14.5 % of these complaints led to disciplinary enquiries". In the case of an ethical complaint against a psychologist, the HPCSA must be involved. It is not surprising, however, to find that some psychologists may have more than one complaint of unethical behaviour against them. Ethics Committee (2000), Scherrer et al. (2002), have reported that complaints against psychologists occur at a much lower frequency in the USA than they do in South Africa.

2.12 Procedure for complaints lodged against psychologists

Every mental health care user has the right to lodge a complaint against a practitioner. If a patient has reported a complaint against a psychologist who has behaved unethically, there are many steps and protocols that need to be followed. The first step usually involves reporting the matter to the Professional Board. It is only fitting that the psychologist, whom it is alleged has behaved unethically, be notified. Scherrer et al. (2002) report that the

Committee for Preliminary Enquiry will require an explanation from the psychologist on the complaint that has been lodged and, on receipt of the psychologist's explanation, decide if it deems the case worthy of investigation or not. "The case may be closed; the psychologist may be called for a face-to-face consultation, and/or the matter may be referred for a formal, legal disciplinary inquiry" (Wassenaar, 2002, p. 73). The psychologist may either be found guilty or not guilty depending on their explanation and the Committee's decision. In any event, Scherrer et al. (2002, p. 55) conclude that "a recommendation pertaining to the appropriate finding and penalty is submitted to the Professional Board for ratification".

The Health Professions Council of South Africa (HPCSA) (2013) outlines current procedure for lodging complaints. After a complaint is received, it is forwarded to the healthcare professional concerned within seven days. A written explanation is requested from the professional concerned, which will be submitted together with the letter of complaint to the Professional Board. A Professional Conduct Committee will hold a conduct enquiry if grounds for the complaint are considered. During this meeting, oral and independent expert evidence is presented. Unless an appeal is lodged, the committee's decision is final if the health care professional is found to be guilty. The penalties usually include being fined, cautioned or reprimanded, suspension from practicing, a compulsory period of community service, removal of the health professional name from the register or a payment made of the costs of the proceedings (HPCSA, 2013).

It is always assumed that psychologists, or any other practitioners working with vulnerable individuals, will be ethically equipped and have adequate training. However, a study done by Bernard and Jara (1986), as cited in Wassenaar (2002), aimed to test the hypothesis that psychologists know the ethical principles but may not necessarily act in accordance with such principles. The study concluded that ethics training was inadequate. It was concluded that psychologists should focus on practical decision-making rather than rule learning. This emphasises the fact that there is a big difference and/or gap between what psychologists know they should do and what they actually do when it comes to ethics in their primary work setting. It is possible that personal values and judgement may play a big role in the decisions that psychologists make when faced with ethical dilemmas. This will then impact on, and may possibly even contradict, the ethical guidelines for psychologists.

2.13 Summary

The above chapter outlines the history and the inception of psychology as a profession in South Africa and the development of professional codes. The chapter outlines the statutory bodies that represent psychology in South Africa, as well as mandating and advocating for professional behaviour and conduct among psychologists in the workplace. The above chapter sought to review ethics in South Africa and in Canada as well as the processes of decision-making and steps undertaken.

There is a paucity of empirical research in South Africa to date on the ethical dilemmas faced by experienced psychologists. The importance of ongoing research in this area cannot be over-emphasised. Continuous research in this area will play a contribution in sensitising psychologists to the inherent complexity of professional practice (Slack & Wassenaar, 1999).

This study aims to explore ethical practice among psychologists in KZN. It seeks to explore the factors underlying ethical conduct and the difficulties faced by psychologists in the workplace. In identifying the issues, the study also aims to explore how psychologists have been able to resolve them in their working context.

Chapter 3

METHODOLOGY

3.1 Rationale of the study

Professional psychology has developed considerably in South Africa since the promulgation of Act 56 of 1974. Lunt (1998, cited in Slack & Wassenaar, 1999), emphasises that recent years have been marked by a rise in the awareness of complex ethical responsibilities in South Africa.

In many practice settings, psychologists encounter a range of ethical disparities that occur when working with patients. While there is substantial literature on ethics in psychology internationally, there is unfortunately relatively little literature on South African psychologists' experience of ethics in their lives and the steps they take when faced with ethical dilemmas.

This study is motivated to discover concerns encountered by a sample of clinical psychologists, the ethical dilemmas that they experience when working with patients, and how they resolved ethical dilemmas.

3.2 Aims and objectives of the study

The aims of this study are:

- to identify ethical issues which are of concern to South African psychologists;
- to explore how South African psychologists resolved these ethical dilemmas with reference to the practice context in which they worked.

3.3 Study location

The study took place in four hospitals located in the Midlands region of KZN in Pietermaritzburg. These hospitals included Fort Napier, Northdale, TownHill and Greys Hospital. The advantage of using these sites is that they employ many registered and intern clinical and counselling psychologists. Convenience and proximity were other factors that informed the selection of these study areas for the present study which had a very limited budget.

3.4 Research design

This particular study employed a qualitative study design. This design was chosen because it is in-depth and descriptive and it provides a detailed and accurate picture which aims to unearth the subjective experiences of participants (Ulin, Robinson, Tolley & McNeil, 2002). According to Ulin et al. (2002), qualitative research emerges from an interpretive perspective, which is a paradigm that sees the world as constructed, interpreted and experienced by people in their interactions with each other. Banister, Burman, Parker, Taylor and Tindall (1994), viewed qualitative research as a debate rather than the fixed truth. It uncovers the nature of a person's experience of a phenomenon about which little is yet known (Strauss & Corbin, 1990). In comparison to quantitative methods, qualitative methods are better at giving rich details of phenomena that are difficult to convey (Strauss & Corbin, 1990).

3.5 Participants and sampling

The participants for this particular study were clinical psychologists. For convenience and for the sake of availability, the participants included intern psychologists. They were the primary research population for this study. Non-probability purposive sampling was used to select research participants. According to Neuman (2006), purposive sampling is based on the judgment of the researcher regarding characteristics of the sample. This type of sampling relies on the subjective consideration of the researcher as the participants in this study exhibit some variable of key interest to the researcher. In this study, participants were invited to enrol if they were a registered or intern clinical psychologist. Ten participants were included in this study.

3.6 Summary of demographics of research participants (Clinical Psychologists)

Participant	Gender	Racial Group	Age
1	Male	White	40
2	Female	Indian	32
3	Female	Black	26
4	Female	Black	33
5	Male	Black	26
6	Female	Coloured	34
7	Female	White	29
8	Female	Black	36
9	Female	Black	25
10	Male	Black	39

3.7 Interviews

Interviews were conducted in the different hospital sites that were chosen for the study. It was a clinical setting which offered a convenient, private and confidential space free from the potential of interruptions and noise.

3.8 The interview process

At the outset of each interview, a brief motivation to the study was outlined to the participants and the motivation for the study was offered. The participants were informed of the analysis of the transcripts and the necessity of audio taping the interviews and duration of the interview.

The aim of the interview process was to create a comfortable atmosphere where the flow of the conversation was largely directed by the participants and guided by the interviewer. The use of an interview schedule helped to direct the flow of the conversation in an objective manner (Kriel, 2003).

3.9 Procedure

The chosen sites for this particular study were most convenient in that they have participants that are most appropriate for this study, i.e., clinical psychologists. Access was gained to the sites with permission of official gatekeepers (See Appendix E). Participants were provided with an information sheet describing the study and a consent form (See Appendix B).

3.10 Data collection

One-on-one interviews were used for data collection as they are effective in providing in-depth data. Individual sessions are advantageous in that participants are able to share sensitive information and many participants were able to open up during the interviews about the various ethical dilemmas which they encountered in their work settings. Participants may not have been comfortable opening up about such issues in a larger group. Using a semi-structured interview format, participants were invited to give a narrative account of their experiences of encountering ethical dilemmas in their work practice. Open-ended questions were also used, and probing was done when deemed necessary.

Participants gave a thorough and detailed account of the ethical dilemmas they have encountered and how they were able to resolve some of the ethical issues.

3.11 Data analysis

The data method selected for this study was thematic analysis. According to Boyatzis (1998), thematic analysis is a process of analysing data through encoding qualitative information. A theme can be best described as a pattern useful for organising and interpreting information.

Boyatzis (1998) illustrates that thematic analysis enables the observer to use a variety of information which is done in a systematic manner. It can be also be useful in increasing accuracy and understanding people and the events that occur. Thus, it serves as a bridge between qualitative and quantitative methods.

Boyatzis (1998) describes four distinct stages in thematic analysis. It is important that the researcher is able to sense themes that may emerge. This means that the researcher must be able to recognise a codable moment and be open to all information that may appear

unexpectedly. Secondly, it is crucial that the researcher trains him-/herself to use themes or codes reliably. This thus involves recognising the codable moment and encoding it consistently. Thirdly, the researcher must develop a code to capture the essence of his/her observations. Lastly, the researcher needs to interpret the information in such a way that it contributes to the development of knowledge.

In highlighting obstacles to the effectiveness of thematic analysis, Boyatzis (1998) wrote about how the researcher should not impose his/her own ideology, values and conceptualisation into the raw data. This can have a negative effect and the final results may be questioned.

Thematic analysis for this study involved numerous steps. Interviews that were audio taped were transcribed verbatim. In order to get an overall sense of the data, the transcripts were read repeatedly. Codes were then generated for the data. This coding process was done manually. Codes were grouped into themes and subthemes. Themes must be carefully chosen because if there is not enough data to support them, then they cannot be used as themes.

3.12 Ethical considerations

Informed consent was gained from each participant upon their agreeing to take part in the study by reading an information sheet and signing a consent form (See Appendices A and B). Before the data collection process began, the aim of the study was also fully explained to participants and they were given an opportunity to ask questions. Consent for tape recording the interview was also gained prior to proceeding with the interview. Participants were informed about their voluntary participation and that there were no consequences for withdrawing at any time. Due to the subjective nature of the study, participants were encouraged to indicate to the researcher at any point if they felt they could not discuss specific topics.

Confidentiality was ensured by using pseudonyms in the tapes and participants were informed that the tapes would be stored in a secure place. It was made known to participants that their participation would be anonymous.

When conducting research, it is important to fulfil several obligations in order to meet ethical standards of the participants. Wassenaar and Mamotte (2012) outlined an ethical framework

that is to be used specifically for social science research. The framework developed consists of eight principles which play an important role in research. They are listed below:

Collaborative partnership

Collaborative partnership aims to engage a community and its members when conducting or developing research. One cannot enter a community without permission from the relevant authorities or gatekeepers of that community. For this particular research, gatekeeper permission was obtained from the heads of department of psychology from the different hospitals in which participants were interviewed. Without their permission, no interviews would have been conducted.

Social value

Research should address questions that are of value to society or particular communities in society (Emanuel et al., 2008; Wassenaar & Mamotte, 2012). Any research being conducted must make a meaningful contribution to knowledge production and research. The insights that will be gained from the research study may hopefully extend knowledge that could be possibly used by the Professional Board for Psychology and professional psychology training programmes in informing the future ethical guidance and practice of South African psychology.

Scientific validity

The research should be designed in a manner that produces valid results. The methodology must always be justifiable and results generalisable. “Unreliable and/or invalid methods are unethical because they waste resources, yield invalid and unstable results, and expose participants to risk and inconvenience for no purpose” (Wassenaar & Mamotte, 2012, p. 275). This current study has used an acceptable qualitative methodology and an interpretive framework. “The scientific validity of qualitative social science research should be assured and assessed using strategies appropriate to qualitative research” (Wassenaar & Mamotte, 2012, p. 275).

Fair selection of participants

“The population selected for the study should be those to whom the research question applies” (Emanuel et al., 2008; Wassenaar & Mamotte, 2012, p. 276). The respondents participating in this study were selected in a manner that ensured fair selection and no vulnerable groups were selected. Participants were purposively selected because they would relate to the study questions. The study did not hold any direct benefits for the participants.

Favourable risk/benefit ratio

It is important to consider any possibility of risk that may occur during the study and measures should be taken to reduce the risk. This study is low risk, with a small possibility of distress being experienced during the interviews. Careful steps were taken in terms of confidentiality and anonymity of participants.

Independent ethics review

“An independent and competent REC should subject all proposals to independent ethics review prior to commencement of data collection” (Emanuel et al., 2008; Wassenaar & Mamotte, 2012, p. 277). The study was independently reviewed by the School of Applied Human Sciences Postgraduate Committee and then ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee, approval number HSS/0475/013M.

Informed consent

The information sheet provided sufficient details and information that ensured that the consent was informed and voluntary for participants. No participants were coerced or subjected to undue influence. It is important that researchers are truthful in providing participants with clear, detailed and factual information about the study being undertaken and making the participants thoroughly aware of their rights as participants (Wassenaar & Mamotte, 2012).

Ongoing respect for participants and study communities

This principle requires that participants be treated with respect during and after a study (Emanuel et al., 2008; Wassenaar & Mamotte, 2012). The researcher ensured that every effort was made to respect respondents' rights to autonomy, privacy, truth, the right not to be injured, and the right to confidentiality.

3.13 Reflectivity

Conducting research is inevitably approached from a specific standpoint. Qualitative research is partly subjective, thus making it difficult at times for the researcher to maintain objectivity throughout the research process. The researcher's priority in conducting the interviews was to ensure that participants were not subjected to any harm and a minimum of discomfort as they shared their experiences. Although the participants knew there were no rewards for participation, they still agreed to participate in the research study and cognisance was taken of the potential harm the interviews might cause. As a trainee member of the profession, I was aware that I was interviewing my peers and might likely in future face many of the dilemmas they shared with me.

Chapter 4

ANALYSIS OF DATA

4.1 Introduction

The aim of this chapter is to present the results of analysis of the interviews. This chapter documents the experience of 10 participants' encounters with ethical issues in their work. Of the 10 participants interviewed, seven were clinical psychologists and three were intern clinical psychologists all employed in psychiatric settings. As provided by each participant, individual themes were identified. An analysis of the psychologists' experiences of ethical dilemmas will be documented in this chapter. These experiences were integrated with the literature in order to create a contextualised picture and a deeper understanding of the various factors that contributed to the participants' lives.

Firstly, I will present my personal reflection during the interview process as this is an important part of the data analysis which adds greater depth to the results and provides a subjective sense from my perspective as a psychologist in training who has also encountered some of the ethical dilemmas mentioned herein. Secondly, the major themes that emerged from the interviews collected will be reported.

4.1.1 Personal reflection

Reflecting at the end of each interview was a useful task because, as a psychologist in training, I had experienced some of the issues that the interviewees had reported and I was able to gain insight on how professional psychologists were able to take measures to address the ethical issues encountered in their work setting. I felt grateful for and moved by this sharing.

4.2 Themes

The aim of this section is to present the results of the analysis of the interviews and the themes that emerged from the analysis of the ten interview transcripts. The themes were documented as follows:

4.2.1 The need for ethics training:

The participants described their experience of ethics training in various ways. A central feature of all interviews was the fact that all the themes that emerged from the interview were essentially around the core issue of ethics training. Participants interviewed described the ethics training received during their first year of Masters or during their internship years as minimal. They reported that even when classes were offered, these were not enough or only for short periods. In addition, all participants suggested that there was a need for more ethics training for psychologists.

Participant 3:

“As psychologists we need to be reminded about ethics through training programmes. The amount of ethical problems encountered in psychology outweighs the amount of knowledge on ethics that we know.”

Participants were willing to pay for classes that were being offered in ethics that could equip them more effectively for ethical encounters. Some participants mentioned professional development courses that are being offered at work, or through weekly classes. However, these were warranted as not being enough.

In a quantitative study conducted by Wassenaar (2002, p. 189), “68.2% of participants indicated that they would seek further ethical training, while 31.8% indicated that they would not enrol for further ethics training if it was made available to them”. This suggests that psychologists are motivated to receive further professional ethics training. On the other hand the 31.8%, however low, was a cause for concern since some psychologists did not see the need for further ethics training.

Participant 10:

“We have workshops and conferences that the HPCSA may offer annually. Then monthly we have case studies in journal clubs which is accompanied by CPD (Continuous Professional Development) work which is mandated by the HPCSA for psychologists to continuously develop themselves. However this is not enough.”

Most participants reiterated the lack of ethics training during the internship year which considered the most crucial year of their career. For example:

Participant 6:

“The only thorough ethical training that I received was from Masters M1 a few years ago and when I was preparing for my board exam. I do not remember any ethics training during my internship, which I think was more crucial at that time because as an intern anything can happen.”

Several participants spoke about taking private ethics courses. They did not have a problem paying for external courses that were made available to them online or through distance learning.

Participant 2:

“I have done an Alfred Allen correspondence course for two years and I think that given the lack of ethical training workshops that are made available...I did myself a favour.”

Although all participants mentioned some form of training, they emphasised the need for more training in ethics. Many of the issues they had encountered could have been prevented had they been better equipped. Participants who had been working for many years as psychologists admitted that even with work experience, they needed to have their ethics knowledge refreshed. Participants indicated that reading books alone was not enough, but having more workshops and conferences would help them with ethical issues.

4.2.2 Malpractice insurance:

There is no data available on malpractice suits against South African psychologists, although malpractice insurance has been available to psychologists for some years (Wassenaar, 2002). Malpractice may occur even without the awareness of the psychologist which can be seen as professional negligence. Disciplinary sanctions have been put in place for psychologists who may be behaving unethically. According to the Health Professions Act amended in 1974 (Act 56, 1974), behaviour by a psychologist that is unprofessional, immoral, unethical, negligent or deceptive or that fails to meet the minimum reasonable standards of acceptable and prevailing psychology practice shall include, but not be limited to, any act or practice that violates these rules, or the Act, or any regulations that are made under the Act and that are applicable to a psychologist, or board notices or board resolutions (*Government Gazette*, 2006). “The primary scheme that has been made available to South African psychologists is known as the Medical Protection Society (MPS) and covers Board complaints plus civil liability” (Wassenaar, 2002, p.118).

According to the Health Professions Act (Act 56, 1974), the Minister of Health after consultation with the HPCSA, repealed the regulations relating to compulsory indemnity cover for registered health practitioners (*Government Gazette*, 2010).

According to the KwaZulu-Natal Managed Care Coalition (KZNMCC) (2012), the implementation of new regulations making indemnity cover compulsory for practitioners registered with the HPCSA in the independent category, including psychologists has been placed under moratorium. The promulgation of these regulations is critical as HPCSA, in guiding the country’s health care professionals, needs to ensure that the practitioners are adequately covered to indemnify themselves for malpractice claims. They should also be in a position to compensate clients/patients for any damages awarded by the courts.

The KZNMCC (2012) further stipulates that the new regulations published on 30 August 2010 will in future ensure that all HPCSA practitioners, practicing for their own account, are legally required to have indemnity cover from a provider registered under the Short-term Insurance Act. However, following engagements with the Financial Services Board, MPS and the HPCSA have taken a decision to place a moratorium on the implementation of the regulations to address concerns raised and allow MPS sufficient time to comply with the new regulations with minimal impact on healthcare practitioners covered by this provider.

The majority of participants reported not having malpractice insurance because they “work for the government” and believe that they are indemnified by their employer. Participants also reported that malpractice insurance is more of a necessity for private practitioners than for government employees.

Participant 7:

“The department of health usually covers every person working in the hospital. However we are still advised to get our own malpractice insurance as well.”

Participant 5

“I did have malpractice insurance when I was still in private practice. But when I left private practice I neglected to renew it. Come to think of it, it didn’t really seem important to me because I was working for the government again.”

Participant3:

“Insurance? I work for the government....I do not think I need insurance.”

In contrast, a minority of participants reported having malpractice insurance. As health practitioners, the participants reported the need to have insurance that would protect them in the event of being sued by patients or companies.

Participant 8:

“It does not matter whether you work for the hospital or the state. Insurance is important because there are two ways in which a patient may complain. They can complain about the hospital and about me working in the hospital. They can also complain and go after me in my personal capacity. So whether or not you are covered by the hospital should not make a difference. As a practitioner you should have your own personal malpractice insurance.”

Participant 8:

“Yes of course. I have MPS because an important part of being a professional is being covered because you never know when any ethical situation may arise.”

4.2.3 Ambivalence about the usefulness of ethical guidelines:

Ethical codes offer a set of guidelines or ethical rules that establish the parameters of acceptable practice and attempt to secure competent and professional behaviour (Louw & Edwards, 1998; Silove, 2008). In her study on ethical decision-making in a therapeutic space, Silove (2008) highlighted participants’ ambivalent responses towards the professional ethics codes. She reported that at the time of her study, no participant had consulted the *South African Ethical Code of Professional Conduct* (2002) or was apparently even aware of its existence (Silove, 2008). The general response of participants to the code was negative. This evidences that psychologists’ ambivalence to ethical codes is not new.

The participants in the current study expressed ambivalence about the usefulness of ethics guidelines. They had two opposing opinions on the use of guidelines. These included the guidelines being useful in the work setting and guidelines being seen as not useful when it came to ethical decision-making.

4.2.3.1 Guidelines are useful

Ethics guidelines were believed to be useful in promoting ethical behaviour and in situations where an ethical course of action may not be immediately obvious as well as educating professionals about proper and acceptable ethical conduct. Ethics guidelines also assist in improving practice by offering solutions to difficult questions or issues that may be encountered in the work setting. These solutions are made within an informed and moral framework. Participants agreed that guidelines are useful in guiding them to solutions and decision-making when faced with ethical problems. For example:

Participant 5:

“I find the guidelines that relate to clinical practice scenarios very useful especially in this clinical setting because I am able to find solutions to challenging problems that I may be having by referring to the ethical guidelines.”

Participant 10:

“Basically, without them, there would be a lot of malpractice and a lot of people wanting to do things that they shouldn’t be doing”

4.2.3.2 Guidelines are not useful

In contrast to participants who reported guidelines to be of help, there were participants who thought otherwise. Participants reported that guidelines were not useful in that they did not accommodate the whole population. Rather they were only developed to accommodate more advantaged communities. They reported that many of the problems they encountered in the clinical setting were not listed under the guidelines thus leaving them without clear and easy answers. The participants expressed their concerns when working in rural, community settings or during outreach, which is done regularly in rural areas of KZN. Many of the concerns encountered by psychologists in these settings could not be accounted for, again leaving the psychologists without clear answers.

Participant 6:

“The ethical guidelines are just guidelines. You will never come across a situation that is exactly the same but you have to try and adjust things according to your situation.”

Participant 10

“The guidelines need to evolve in order to cater for a broader range of clientele and they need to be more adaptable in order to cater to individuals in remote areas. For example have you ever heard of psychologists doing home visits? No! This is because whoever developed those guidelines did not have that vision for people in remote

areas who need access to psychological services. The guidelines do not promote such.”

“The ethical guidelines haven’t changed much from the time I was a student. Before, psychologists were White and psychology as a profession was catering for white clients. Evolution meant that we, as non Whites were not catered for. So the guidelines had to be re-looked to be inclusive for other populations and not only cater for a small minority. Psychological services had to be taken to remote areas. It needed to be more adaptable. The question one needs to ask however is whether or not they accommodate all populations.”

Participant 10:

“The problem is that we as psychologists sit in our offices and wait for patients. We need to go to areas such as Msinga and deep rural areas in South Africa. There are no roads and people need to walk for hours to the nearest clinics in order to access psychological services.”

The participants emphasised a feeling of being paralysed when working in rural areas. There was a concern that the issues experienced by psychologists in rural areas could not be accounted for in the ethical guidelines. Professional resources were perceived as not offering support or guidance in the resolution of common ethical dilemmas (Silove, 2008).

Although there was ambivalence about the use of guidelines, many ethical dilemmas such as confidentiality and dual relationships elicited different responses from participants. However many of the cases revealed by the participants were predominantly assisted by use of ethical guidelines.

Participant 10:

“I was seeing a patient and she was referred to me by a colleague. I then discovered that her husband is someone I knew. In working with her, I needed to bring the husband in for collateral information and as part of the therapeutic process. But because we knew each other, he was reluctant to come to therapy. Knowing her husband made it difficult to take the information she gave me solely as it was reported and I found myself trying to match what I was hearing about him and what I knew

about him. I do not think I was being a good psychologist. I think this ethical dilemma is called dual relationships. And believe me when I say it caused a lot of conflict because I knew him before I knew her and due to my prior engagement with him, it was really difficult. If I knew, I would have never taken or continued with the case. It was very ethically challenging for me”.

Participant 6:

“When I was working for the Correctional Services I saw an offender who was being kept in the prison. He disclosed things that he was doing in prison that he was not suppose to be doing. There was a chance that he could be harmful to himself and to others. Even though he had trusted me with this information and disclosed in confidence, I was ethically obligated to report what he had disclosed. And this would mark the end of the therapeutic relationship between us”.

Participant 8:

“The hospital that I work in is relatively small and all staff members know one another and have become friendly with each other. You therefore have situations where staff members need psychologists and they want you to see their family members or even themselves at times. This is called dual relationships and is ethically unacceptable. So you often find yourself being a little more stern in order to avoid such issues especially in a small hospital”.

4.2.4 Ambivalence in seeking help from other colleagues:

Ethical issues may come with conflicting responsibilities that may seem impossible to reconcile. In many cases, professionals may want a second opinion or choose to be supervised externally. Psychologists expressed ambivalence about seeking help from their colleagues in the workplace. Seeking help from other professionals in the workplace was seen as an under-estimation or judgement of their own abilities and as a possible sign of incompetence in handling ethical issues encountered at work. Participants confessed to prefer

to “fail on their own”, rather than being seen as a failure by their colleagues at work. Ethics consultation was therefore seen as a shame.

Similarly, Silove (2008) found that even when psychologists sought regular peer supervision from experienced clinicians, there was still no effective antidote to incompetent professional supervision and practice. Participants’ reservations showed evidence of anxiety, uncertainty or outright disappointment when asked about the ethical effectiveness of supervisors. It appeared as if supervisors were experienced as adding more anxiety as opposed to helping decrease the anxiety and participants were not satisfied with supervision.

In reporting the different types of ethical issues that were encountered in the work setting, many reported ethical incidents that had never been disclosed, not even to supervisors. This was reportedly due to a fear of being labelled as incompetent *vis-à-vis* decision-making. Studies and research conducted in South Africa found that ethical challenges in psychological research were seldom if hardly reported (Slack, 1997; Wassenaar, 2002). Existing literature on ethically challenging incidents among psychologists is usually based on personal experience in the working environment.

Participant 6:

“I have encountered situations in my previous workplace where I felt judged by colleagues if I asked for help in a certain area. I think that is something that is experienced in any workplace though.”

Participant 9:

“There are so many politics at work, I would much rather fail on my own if I found the ethical guidelines to not be useful.”

Participant 5:

“Asking for a second opinion is good especially in this type of setting. But at the same time you do not want to seem like you do not know what you are doing. So there must be limits when asking for a second opinion.”

On the contrary, two psychologists reported on the importance and usefulness of supervision and consulting a colleague or a supervisor when faced with ethical challenges. Seeking help was not seen as a shame but as an important aspect of growth and development.

Participant 10:

“One thing we normally look down upon is the power of supervision. I spoke with my peers and they assisted. They were not shy to assist me and they critically looked at the issue”.

Participant 3:

“I have a supervisor who I pay and privately see at least once a month. Some ethical issues have been beyond me and I saw the need to consult. I think it is better to consult privately in order to avoid any dual relationships that may occur at work”.

These extracts reveal that some psychologists still value the need for supervision regardless of their working experience or knowledge. One participant preferred seeking consultation privately in order to avoid dual relationships that may be common small working settings.

4.3 Competence in decision-making

Being a competent psychologist is no doubt an important facet of being a good psychologist. Being competent allows psychologists to be recognised as knowledgeable and skilled in their profession. In being competent, patients should be acknowledged as psychologists’ first priority. Psychologists should be able to recognise boundaries at all times. It is important that patients benefit from contact with their psychologists and that they are protected from harm.

Competence as a psychologist involves being able to make decisions that will not harm the patient or the therapeutic relationship. Psychologists who demonstrate inadequate knowledge competency in ethical decision making may wittingly or unwittingly engage in unprofessional conduct. Considerable literature on ethical guidelines and professional conduct has been known to facilitate discrimination between appropriate and inappropriate judgement, thus contributing to good or bad competence in decision making (Gonsalvez & Crowe, 2014). Jacob and Hartshorne (2007) emphasise the importance of first considering

the impact of various ethical decisions, and then acting upon those decision as steps contributing to competency in the workplace.

Although psychologists were able to openly report on their experiences at work, they had mixed feelings on their competence towards their patients and some ethical decisions that had been made either in the past or recently.

Participant 4:

“There have been times previously when I felt I may have been incompetent as a psychologist for example working in a public sector we have a shortage of beds in the hospital. You may find yourself discharging a patient even when they have not fully recovered therapeutically because of the shortage of bed space.”

Participant 7:

“I have felt as if therapy was not helping my patient. In other words I felt useless and I started putting less effort as I should have. I think I was being incompetent”.

Participant 6:

“It is very difficult to maintain competency when working in a small town like Pietermaritzburg. For example the issue of boundaries. Overlapping relationships may commonly occur and the therapeutic relationship may be compromised. We all know each other in this town. I bump into my patients’ every day. So there has to be a strong balance between my personal life and my duty as a psychologist. ”

According to Gonsalvez and Crowe (2014), it is important to understand what competencies constitute the global competency of practitioners and what core competencies need to be measured. Self evaluation is crucial and psychologists are to reflect on their competence as practitioners so as to understand automatic or elicited responses to patients. .

4.4 Summary of results

The findings of this study illustrate the importance of ethics and the areas of concern that are faced by psychology practitioners in various psychiatric settings in KZN. The responses from participants have reiterated common themes that kept emerging during the analysis of the data. In particular was the fact that all the participants saw the need for more initial and ongoing ethics training of psychologists.

In his study of ethical issues in South Africa, Wassenaar (2002) asked a sample of 270 South African psychologists to rate the perceived practical relevance of their training. Most participants rated their ethics training as being poor or below average rather than above average or excellent. This suggests that efforts must be made to link ethics training more directly to the experiences which practitioners are likely to face in their professional lives after training (Wassenaar, 2002). Ethics training being viewed as insufficient or even poor can be seen as a cause for concern in the profession of psychology in South Africa.

Although all psychologists reported to have had some form of training, either in their academic (M1) or professional career, they reiterated that the training had been minimal and due to the nature of their work they saw the need for continuous training beyond that required for CPD.

Most participants reported not having malpractice insurance. At any given time, psychologists have an obligation to protect themselves against any legal action that may be taken against them by a patient and to ensure that they are legally covered for any damages that a client may be awarded from their unethical actions. The majority of the participants did not see the value of malpractice insurance and relied heavily on being protected by the State since they were not in private practice but working for the government. Participants who had previously been working in private practice and had previously been insured had neglected to renew their malpractice insurance when they were re-employed by the State. The regulations that were published under the Health Professions Act (Act 56, 1974) require health professionals including psychologists practicing on their own account, whether in partnership, association or by way of a company allowed for in the Act, to obtain professional indemnity insurance. However, a decision was undertaken to place a moratorium on the implementation of the regulations. This decision was taken to address the concerns raised and allow MPS sufficient time to comply with the new regulations.

There was a relatively high consensus on the importance of ethics guidelines for decision-making which contributed to psychologists reaching strong agreement on ethics guidelines and the resolution of dilemmas. They were able to agree on courses of action that have been undertaken when faced with an ethical dilemma. It is safe to say that a consistent course of action to an ethical dilemma and decision-making can be attributed to clear ethics guidelines. Some psychologists however did not strongly agree that ethics guidelines were useful for decision-making or resolution of dilemmas. This contributed to inconsistency and ambiguity of attitudes about the helpfulness of the ethics guidelines.

Chapter 5

DISCUSSION

5.1 Introduction

Professional ethics has developed as people have reflected on their moral intentions and consequences of their actions. From this reflection on the nature of human behaviour, ethical systems have developed, giving direction to much ethical thinking, which has greatly influenced the development of ethical standards of conduct that individuals have constructed for themselves or the body of obligations and duties that a particular society requires of its members (Gauthier & Pettifor, 2012).

The broad aim of this study was to explore and understand the ethical practice and issues encountered by a small sample of clinical psychology practitioners. This study served to explore these issues and the use of the ethics guidance in relation to the issues encountered. This was operationalised in a group of psychologists interviewed individually, with the experience of both private and public psychiatric settings. This study was therefore predominantly descriptive and exploratory in nature.

Very little research has been conducted on ethics training. There is a need for the discipline of psychology to call for an increase in ethics training for the profession (Baldick, 1980). Malone and Dyck (2011) stipulate that psychologists require ongoing professional development and support through ethics training. In addition to this, Malone and Dyck (2011) state that continuing education, additional training, and retraining are important ways to stay professionally current in terms of ethical knowledge.

Scherrer et al. (2002, p.54) reported that “ethical codes alone are not adequate in exercising control over professional behaviour”. It is the duty of the psychologist to take the initiative and responsibility of having regular consultations with seniors, colleagues or appointed supervisors as well as remaining up to date through reading and continuous professional development (CPD). In this way, psychologists not only safeguard themselves against any ethical deviation, but patients are also protected.

In this current study, psychologists indicated a need for further ethics training as this would assist them in resolving troubling ethical situations that they expected to confront in the future. In his study of ethics training, Baldick (1980) concluded that formal training in ethics resulted in a greater ability to discriminate ethical problems or considerations in clinical situations.

In relation to this statement, Brown and Kalichman (1998) agreed that ethics training and courses offered in ethics increase psychologists' sense of ethical preparedness. Previous studies conducted by Manganyi and Louw (1986, as cited by Wassenaar, 2002), report that South African clinical psychologists were highly satisfied with the ethics training that they had received. Although the current study did not assess the respondents' satisfaction with ethics training, the findings did highlight the importance of ethics training. In a later study of satisfaction with ethics training, Wassenaar (2002) found that most South African psychologists rated their ethics training as below average, and 74% felt that not enough time was spent on ethics training, with 36% reporting that they had sought additional ethics training. Regardless of any ethics training that psychologists may receive, Brown and Kalichman (1998) argue that the final ethical decision may be based on the psychologists' own standards and choice.

Participants in this study did not fully agree that ethics training does not alter the perceptions of psychologists' own standards. However, they were aware of the fact that their personal beliefs risk of significantly altering a final decision in some way. In their study on ethical complaints and disciplinary action against South African psychologists, Scherrer et al. (2002) recognised that psychologists are required to use their insight and judgement when it concerns ethical decision-making. However, they acknowledged that this is usually in situations where there is no time for thorough and meticulous reflection on ethical issues. Scherrer et al. (2002) further stipulate that this may create a breeding ground for unethical behaviour and in compliance with the ethics guidelines.

Cooper (2012) argues that there is a need and demand for improved ethics grounding of practitioners in their psychological training in South Africa and a much more integrated ethical understanding is required throughout the course.

As new techniques and approaches to psychological assessment and treatment evolve, there is also an increasing concern for the protection of individual rights, as well as an increasing need for guidelines to help psychologists make ethical decisions (Ackerman, Baum, Coffman, Drapkin, Major & Tymchuk, 1979). In contrast, however, the findings of the present study suggest that a few psychologists found that ethical principles or guidelines were seldom useful. They were seen as not being accommodative to some population groups and certain ethical dilemmas that were encountered within these groups. In many clinical settings, psychologists may be forced to accept that no response may be totally satisfactory for some ethical issues. It is evident that the application of ethics guidelines to complex and difficult issues has limitations.

Critics argue that a dispassionate cognitive analysis of rational, universal principles be fostered (Jordan & Meara, 1990; Slack, 1997). The primary goal is to be able to clarify and articulate ethical issues that are encountered and the use of historically determined virtues such as courage, integrity, humility, prudence and discretion in professional judgement are de-emphasised (Jordan & Meara, 1990; Slack, 1997).

In contrast, however, others have argued that this approach emphasises ethical decision-making as an intra-individual process which ignores the influence of social relationships on ethical decision-making (Cottone, House & Tarvydas, 1994; Slack, 1997). Clinical psychologists are increasingly subject to lawsuits that may result in liability for lack of informed consent, failure to commit, failure to restrain or to supervise dangerous patients, premature discharge, and inadequate or excessive treatment (Tymchuk et al., 1979). In support of this, Cupit, Montgomery and Wimberley (1999) state that as psychologists strive to affect human welfare in a positive way and their responsibilities have led them to fear malpractice lawsuits and state licensing board complaints, this has resulted in a rising threat of malpractice litigation against psychologists and has impacted on the delivery of psychological services.

The usefulness of the Code of Ethics as a guide for decision-making is strengthened as psychologists become more aware of the content of ethical codes. This awareness results in a greater impact on ethical behaviour.

Boundary crossing includes appropriate self-disclosure, home and community visits to clients, or other minor deviations from a strict professional role. In boundary crossing, the psychologist is not stand-offish but continues to perceive all non-office or non-professional

relationships as potentially risky (Malone & Dyck, 2011; Zur, 2006). Boundary violations, on the other hand, impair judgement and objectivity and have clear potential to be exploitative and harmful to the client, the professional relationship, and the profession of psychology.

This study suggests that psychologists did not disclose or seek support on ethical dilemmas to their supervisors or during peer supervision. This was due to the concern that they would be judged or have their decisions questioned, thus undermining their professional capacity. Effective collaborations between psychologists are useful for addressing many complex and multi-faceted problems as well as achieving goals on common and understandable grounds. The Canadian Code (CPA, 2001) holds psychologists responsible for developing and maintaining professional skills and for routinely assessing and discussing ethical issues with peers or senior colleagues. The principle of “responsible caring” highlights the importance of psychologists staying up-to-date on knowledge and research in the field and being aware of practice risks. This includes reading, peer consultation and professional development activities on ethics. Ethical Standard II.12 specifically addresses potential burnout and the importance of engaging in self-care as a means to prevent impaired judgement. The importance of remaining current is part of the principle of “integrity in relationships” which requires maintenance of competence in their area of specialisation and a commitment to maintaining the standards of the discipline (CPA, 2001). Regular peer consultation and clinical supervision are thus essential for good practice and maintaining competence (Schank & Skovholt, 2006; Truscott & Crook, 2004).

5.2 Limitations

Critical comments can be made about this study. Firstly, the sample consisted of only 10 participants. This small sample means that the results of this study must be generalised with caution. In addition, the small sample is unable to generate reliable results about psychologists in the KZN Midlands region, because a different set of issues or concerns about ethical dilemmas may have arisen from a different group of psychologists.

Another limitation to this study may involve the reliability of the responses that respondents gave. Silove (2008) reports that research participants to have a tendency to give responses that may be perceived to be socially acceptable and this is common in self-report studies.

Responses that are socially acceptable will not be the true reflection of the psychologists' real ethical concerns in their practice.

5.3 Recommendations

Increasing ethics training might be a useful requirement when changes are made to regulations or the ethics code. Currently, the HPCSA mandates that a certain portion of the continuous professional development (CPD) guidelines include an ethics component. This may prove to be useful to practitioners in the hope that further ethical knowledge is valued and realised, regardless of work experience in order to gain greater understanding. "Ethics education might help to enhance prospective ethical performance and reduce ethical violations" (Silove, 2008, p. 294).

Although participants were aware of ethics codes, there was a prevalent response that the codes do not accommodate all populations. The challenge would be "to develop ethical standards which are relevant to local communities and indigenous values" (Silove, 2008; Wassenaar, 1998, p. 241). The Professional Board of Psychology should take local communities into consideration when updating the current codes. "A revised code might include research initiatives actively geared towards soliciting real-life ethical dilemmas faced by a representative sample of South African psychologists practicing [*sic*] on the front lines of a multiracial, multicultural and multilingual society" (Silove, 2008, p. 291).

Chapter 6

CONCLUSION

6.1 Implications of the findings of this research

The findings from this current study allow for some conclusions to be drawn in relation to ethical practice among psychology practitioners. The findings suggest that psychologists were able to consistently agree that there is a need for more ethics training that would assist them in making ethical decisions. This is supported by the work of Wassenaar (2002) who found that the majority of his sample of 270 psychologists would seek further ethics training if offered. With a few exceptions, the results also showed that some psychologists had difficulty applying ethics guidance to complex situations encountered in their work. Professional development and support highlighted the importance of psychologists continually attending to their skills and professional judgement so that their competence is not compromised in any way, and in keeping with ongoing professional development, psychologists sought to stay current with ethical knowledge.

Results from the interviewed participants indicated an ambivalent concern to the ethical guidelines. In most aspects, guidelines were seen as useful in defining exact parameters of ethical dilemmas and promoting ethical behaviour among psychologists. In contrast, guidelines were not seen as useful by some as they did not cater for all situations, contexts and populations. Silove (2008) found that many of her participants feared reading the guidelines in case they made them feel less ethically competent and more afraid of sanctions. This also suggests a failure of training in basic ethical principles, as opposed to guidelines, which are believed to be more generally applicable than specific guidelines.

The study also suggests that collegial networks such as individual supervision and peer support are important although psychologists reported ambivalence about this issue, possibly due to the hierarchical nature of employment in institutions.

6.2 Suggestions for further research

Further research in the area of ethics in psychology in the South African context is required. There is international recognition of the importance of ethical behaviour by psychologists in all aspects of their work. There is a call for this recognition by South African psychologists.

Future qualitative research could investigate in-depth exploration of resolutions to ethical dilemmas especially in rural settings where psychologists indicated concerns about the resolution of dilemmas. Such research might be useful for practitioners in rural settings who may at times feel ethically handicapped in decision-making. This may allow for the exploration of specific reasoning processes underlying the important areas of ethical decision-making. In this context, a wider range of ethical situations may be revealed that were not explored in this current study.

Further research might also explore ethics training and how it could be improved and incorporated in the workplace and as part of training programmes for registered and trainee psychologists. Systematic training recommendations were made by Wassenaar (2002). Psychologists emphasised the need for further training and incorporating this in the workplace may be useful as journal clubs were reported as being insufficient.

Future research could also explore further the specific reasoning processes underlying important areas of decision-making (Slack, 1997).

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APPENDIX A

Research volunteers required



An exploratory study of ethical practice among psychology practitioners in KZN: A qualitative study.

Information sheet: Consent to participate in research

Dear Colleague

My name is Nozibusiso Nyawose, a Masters student in the University of KwaZulu Natal, school of Psychology. I am requesting your participation in a study that seeks to explore the ethical practice among psychology practitioners in KZN.

Why is this study important?

The study is important for the following reasons. It is important in trying to explore the factors that underlie ethical conduct and the difficulties that are faced by mental health practitioners in maintaining ethical dilemma. Insights gained from this study will extend knowledge that could be used by the Psychological Society of South Africa and the ethical board of committee in informing the future transformation of the ethical dimension for South African psychology. The findings of this study are also intended to inform and extend knowledge to psychology practitioners about ethical conduct.

Participant requirement

Participants of this study are all clinical psychologists. All participants involved are expected to answer to the best of their ability on their experiences of ethical dilemmas and other ethical issues. There will be a semi-structured interview with the use of an interview schedule with open ended questions. Interviews will be audio taped with the permission of participants. Participation is voluntary and the time required for the data collection will depend on your availability. There are no incentives for this study. The study will be conducted in the respective workplaces of the participants during their availability

Access to information

Data obtained from the research study will be kept private and confidential. The information documented at the interview process will remain anonymous. The people who have access to the research information are the researcher and the supervisor. The transcripts and the tapes from the audio tape recorder will be destroyed after five years preceding the research.

The study was independently reviewed by the School of Applied Human Sciences Postgraduate Committee and was ethically reviewed and granted full ethical approval by the UKZN Humanities & Social Sciences Research Ethics Committee, approval number HSS/0475/013M.

APPENDIX B



An exploratory study of ethical practice among psychology practitioners in KZN: A qualitative study.

Consent form:

Consent Form	
<p>I _____, have been informed about the nature, purpose, and procedures of the study. I fully understand my rights as a participant and I understand what the study aims to achieve. I understand everything that has been explained to me and I consent to take part in the study.</p>	
Signature _____	Date _____
Witness _____	Date _____

APPENDIX C

INTERVIEW SCHEDULE

Could you please describe your primary work setting and the type of work that you do?

Could you please describe in detail the ethics training, if any, that you have received?

Could you please describe in detail an incident that you have faced that was ethically challenging to you?

How do practice contexts impact on ethical dilemmas?

How do you find guidelines useful?

Do you find guidelines helpful in determining exact parameters of ethical dilemmas?

Would you seek / consider further ethics training if it was made available?

Have you practiced malpractice insurance?

APPENDIX D

SAMPLE OF TRANSCRIPT

Could you please describe your primary work setting and the type of work that you do?

I work in a psychiatric hospital which is a public sector. I work in mainly acute , psychotic male wards as well as a sub acute male ward. I consult with male patients. I do individual and group psychotherapy with the patients. I also see outpatients from time to time. And once every week I do outreach in local PMB clinics.

Could you please describe in detail the ethics training, if any, that you have received?

When I was a Masters student I received some training. But this was not comprehensive and definitely not enough considering the fact that we were expected to work with people. And the training was more theoretically based than practical. And this made things difficult. After the Masters programme, we have workshops and conferences that the HPCSA may offer annually. Then monthly we have case studies in journal clubs which is accompanied by CPD work.

What is CPD work?

(laughs)...CPD is continuous professional development work which is mandated by the HPCSA for psychologist to continuously develop themselves. And often we get audited by the HPCSA every two years.

Could you please describe in detail an incident that you have faced that was ethically challenging to you?

Uhhhhmmm, I will have to think about that one... (looks up). I was seeing a patient and she was referred to me by a colleague. I then discovered that her husband is someone I knew. In working with her, I needed to bring the husband in for collateral information and as part of the therapeutic process. But because we knew each other, he was reluctant to come to therapy. Knowing her husband made it difficult to take the information she gave me solely as it was reported and I found myself trying to match what I was hearing about him and what I knew about him. I do not think I was being a good psychologist. I think this ethical dilemma is called dual relationships. And believe me when I say it caused a lot of conflict because I

knew him before I knew her and it due to my prior engagement with him, it was really difficult. If I knew, I would have never taken or continued with the case. It was very ethically challenging for me.

One thing we normally look down upon is the power of supervision. I spoke with my peers and they assisted. They were not shy to assist me and they critically looked at the issue focusing on transference and countertransference. And of course a lot of reading helps. I also have a supervisor with whom I consult regularly when I have ethical issues. It is just that she is not always available. But peer supervision is very important.

Do you find guidelines helpful in determining exact parameters of ethical dilemmas?

Yes and No.

When you sitting with a patient and you have just graduated from internship, you have a lot of theory in your head. You have been reading a lot and been supervised. Theory is a buzz in your head because you always want to make sure that you know your work. I was taught that you do not take a patient and fit them into a particular theory. So you deal with the person and not an illness or a disorder. This is very difficult when you are still fresh from school but as time goes on it gets easier. Theory should be a guideline. I deal with people and I think about theory later. And the guidelines have not really changed from the time I was a student. They need to evolve to cater for a broader range of clientele. Guidelines are there to help us deal appropriately with patients. Basically, without them, there would be a lot of malpractice and a lot of people wanting to do things that they shouldn't be doing. Not to say that it does not help in the government sector. There is evaluation and supervision and a lot of people that you have to report to. Whereas in the private practice, you make your own rules. There is no one to monitor what happens in private settings. From as trivial a thing to how you dress to work to basically keeping time and appointments and as well as treating patients with dignity. We also have BATHO Pele as a form of guidelines which mean people first.

Earlier you mentioned and ambivalence in the usefulness of guidelines. Would you please elaborate?

Before, psychologists were Whites and psychology was only catering for White clients. Evolution meant that as Black psychologists, we were not catered for. So guidelines had to be re-looked to be inclusive for other populations and not only cater for the small minority. Psychological services had to be taken to remote areas. It needed to be more adaptable.

Do you think they have become more adaptable now?

We are getting there. The problem is that we as psychologists sit in our offices and wait for patients to come. We need to go to areas such as Msinga and the deep rural areas in South Africa. There are no roads and people need to work for hours to the nearest clinic. Have you ever heard of psychologists doing home visits? No! This is because whoever developed those ethical guidelines did not have that vision.

So would you be willing to go to rural areas as a psychologist?

Most definitely. I was working in the Bhundus of Mpumalanga province and we had home visits and we would reach out to patients. I felt like I was really working hard and doing my job. Guidelines do not go against this but then again they are not for it. So all of these things have not been considered by the ethical guidelines.

Do you find guidelines helpful in determining exact parameters of ethical dilemmas?

I cannot say exact parameters because in working with people, human behaviour allows changes. Obviously this is not to say that we should not have a backbone. For example, issues of confidentiality. These issues have been banned on all angles. Nowadays, confidentiality has to adopt because we deal with people who have certain disorders. For example, if someone comes with HIV and is having unprotected sex with the partner, what then happens to confidentiality? It has to be breached. So everything has to be adapted.

Would you seek / consider further ethics training if it was made available?

Yes! That is a big yes by the way. If it were up to me, there would be a discussion of ethical dilemmas every month. And it would be the HPCSA or the professional board of psychology. What happens is that I, in the private practice can just decide to make a workshop on ethics and get people to pay so I can make a few rands from this. Psychologists in the public and the private sector need to be taught and it is a job for the HPCSA to do this because we always pay our annual fee and all they say is that we have now been registered. We need to be made aware of more malpractice issues. We are all humans and we all make mistakes. The HPCSA knows that we make mistakes but they are not doing anything to correct our mistakes. It may be because they generate more money from it.

Have you practiced malpractice insurance?

What? (Laughs). That's my point exactly. I will only think of malpractice insurance when I have been told that I am in trouble because I was never told or taught about such things. The HPCSA does road shows once a year but these are never enough because we need to know more about such things. Maybe to answer you directly, I do not have malpractice insurance because I am hoping not to practice and in case I do then I'll deal with it when I get to that bridge (laughs).

APPENDIX E



HEALTH
KwaZulu-Natal

Fort Napier Hospital, P O Box 370, Pietermaritzburg, 3200
1 Devonshire Road, Napierville, Pietermaritzburg, 3201
Tel.: 033 3454221, Fax.: 033 345 5730
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3 September 2013

Miss Nozibusiso Nyawose
(cc Prof Wassenaar)
School of Psychology
University of KwaZulu-Natal
Private bag X01,
Scottsville,
Pietermaritzburg, 3209

Dear Miss Nyawose

An exploratory study of ethical practice among psychology practitioners in KZN: A qualitative study.

Your correspondence of 28 August relating to your abovementioned research refers.

Permission is granted for you to approach the clinical psychologists employed at Fort Napier Hospital with a view to participation in your study, subject to

- (i) the research receiving ethics approval from your institution, and
- (ii) you respecting potential participants' decisions regarding participation.

It is suggested that you make appointments with the staff to inform them of the research.

Sincerely,

Anthony L Pillay, PhD
Associate Professor & Principal Clinical Psychologist

APPENDIX F



5 September 2013

Ms Nozibusiso Blessed Nyawose 208500947
School of Applied Human Sciences – Psychology
Pietermaritzburg Campus

Protocol reference number: HSS/0475/013M

Project title: An exploratory study of ethical practice among psychology practitioners in KZN: A qualitative study.

Dear Ms Nyawose

Full Approval – Expedited

This letter serves to notify you that your application in connection with the above has now been granted full approval.

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach/Methods must be reviewed and approved through an amendment /modification prior to its implementation. Please quote the above reference number for all queries relating to this study. Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

Best wishes for the successful completion of your research protocol.

Yours faithfully

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Dr Shenyka Singh (Acting Chair)

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cc Supervisor: Professor Doug R Wassenaar
cc Academic Leader Research: Professor D McCracken
cc School Administrator: Mr Sbonelo Duma



