

# Decision-making at the frontline: exploring coping with moral conflicts during public service delivery

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### *Abstract*

Moral conflicts, where a person is confronted with two or more clashing values, norms or responsibilities, are common in public service delivery. Choosing one is realized at the cost of the other(s). Frontline professionals, such as physicians and police officers, often experience clashes over the right thing to do as new policies, organisational rules, professional obligations and clients' demands come together. Stress may be a consequence. This chapter aims to increase our understanding of moral conflicts and coping with stress in regard to public service delivery and explore how morality and coping strategies are interconnected in the policy context.

### **Keywords**

- Coping
- Public service delivery
- Moral conflict
- Frontline work
- Behavioral public administration

## 1 Introduction

Imagine one of your patients is experiencing a severe psychosis. You, the general practitioner, spoke to the patient and have tried to convince him to be hospitalized in order to get an optimal treatment. The patient says repeatedly that he does not want to be put into hospital. You however judge the situation as highly risky and are afraid that the patient might harm himself or others. What would take precedence for you: physically safeguarding the patient and the people surrounding him or honouring his wishes not to be institutionalized?<sup>1</sup> Would you consider this conflict stressful and if so, how would you cope with the stress associated with this decision?

This example is not unique. Moral conflicts are very common in public service delivery (Cooper, 2012; Maynard-Moody & Musheno, 2012; Maynard-Moody & Musheno, 2003; Denhardt, 1988). For instance, DuVal *et al.* (2004) found that 89% of U.S. internists were able to recall a recent moral conflict in their work environment. In a moral conflict, a person is confronted with two or more clashing values, norms or responsibilities. By choosing, one is realized at the cost of other(s).

In the daily work routine, moral conflicts mostly manifest themselves as role conflicts (Cooper, 2012). Professionals working at the frontline - such as physicians and police officers - often experience conflicting demands from various authorities or roles. Their professional roles and responsibilities towards the public may come into conflict with new policies, organizational rules or administrative guidelines. Meanwhile, it is expected of them to implement and follow these policies and regulations and abide by their professional values while servicing the public and their managers - whose demands may diverge considerably (Maynard-Moody & Musheno, 2003; Hill & Hupe, 2009; Lipsky, 1980) (See Maynard-Moody & Musheno [2012, 2003] for the distinction between citizen-agent and state-agent roles of frontline professionals).

As values, norms or responsibilities may be ambiguous and ethical decisions frequently have to be made in an environment of high workload and a shortage of resources, moral conflicts may result in a high degree of uncertainty and stress (Cooper, 2012).

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<sup>1</sup> Abstracted from interview with general practitioner, Rotterdam (The Netherlands) on 29-08-2012.

In order to understand how frontline professionals deal with the stresses stemming from public service dilemmas, Lipsky (1980) used the concept of ‘coping’, or ‘coping strategies’. Lipsky views coping by professionals as a possible response to job stress (1980, p. 141). The constant pressure stemming from high workloads, inadequate resources and conflicting demands may result in experiencing stress, which forces some frontline professionals to develop coping strategies (Lipsky, 2010). Coping is in fact identified as one of the key responses to managing conflicting values (Loyens & Maesschalck, 2010; Hupe & Hill, 2007; Thacher & Rein, 2004).

Here, we take the view that some frontline professionals may not be enticed to cope when having to manage conflicting values or may use different responses such as working from schemas and social categorizations in normalizing moral conflict (Harrits & Møller, 2013; Maynard-Moody & Musheno, 2012). In this book chapter however, we focus on the interconnectedness of moral conflict and coping strategies in the policy context.

We regard coping as a possible effect of experiencing stress during public service delivery. In turn, this stress may stem from various sources and may manifest itself differently for each individual. We define coping as “the cognitive and behavioural efforts made [by frontline professionals, individually or within their social groups] to master, tolerate, or reduce external and internal demands and conflicts among them [during public service delivery]” (adapted from Folkman & Lazarus, 1980, p. 223).

Frontline professionals are able to develop certain ways of coping as they have substantial discretion in delivering public services to adjust these to the specific circumstances and needs of the client (Lipsky, 1980, p. 14; see also: Palumbo, Maynard-Moody & Musheno, 1984). The ways in which professionals cope with stress during public service delivery may influence how public services are delivered to citizens on an everyday basis (Lipsky, 1980, p. xiii).

However, some ways of coping may be detrimental to policy effectiveness and state legitimacy, while others may not. Frontline professionals may favour some clients over others so

as to process the client loads faster; they may respond to the more vocal clients, or the ones who will more quickly 'succeed' in terms of the policy (Lipsky, 1980; cf. Bekkers *et al.*, 2007). Given these considerations, it is important that the field of public service delivery gains more advanced knowledge on the specific ways in which frontline professionals, individually or within their social groups, respond to the pressures they face in making morally loaded decisions.

This book chapter is a first attempt to connect the concepts of moral conflicts and of coping to the field of public service delivery. Here, we focus on the individual frontline professional and his/ her experiences with responding to conflicting demands. It is at the frontline where moral conflicts unfold, or those instances where workers must face their clients under conditions of uncertainty about the right course of action (Kelley & Elm, 2003, p. 152). In this attempt to connect the concepts of moral conflict and coping, we ask:

*What does the academic literature tell us about the way frontline professionals may cope with stress stemming from moral conflicts during service delivery?*

In answering this question, we take a truly interdisciplinary approach in combining the literature streams on moral conflicts and coping in public administration (Cooper, 2012; Lipsky, 2010, 1980) as well as in clinical (Skinner *et al.*, 2003; Folkman & Lazarus, 1980) and moral psychology (Haidt, 2001; Foot, 1978).

The outline of this chapter is as follows. In the next section, we discuss the concept of moral conflicts and its relevance to the field of public service delivery. Then we discuss the concept of coping and its relation with this field. Next, we explore the relationship between coping and moral conflicts and draw some conclusions. We end the book chapter with a discussion and provide suggestions on a future research agenda regarding decision-making at the frontline, and responding to moral conflict in public service delivery in particular.

## **2 Embedding the concept of moral conflict in public service delivery**

### **2.1 Defining moral conflicts**

We are about to give a patient who needs it to save his life a massive dose of a certain drug in short supply. There arrive, however, five other patients each of whom could be saved by one-fifth of that dose (Foot, 1978, p. 24).

Would you know what to decide? The example above can be described as a moral conflict. In a moral conflict, two or more values or responsibilities are conflicting. Either one or five patients will die as a consequence of your decision on how to respond to the drug shortage: both options have significant costs. Cooper (2012, p. 93) also refers to this feeling as “damned if you do, damned if you don’t”. In this subsection, we try to come to a definition of moral conflict that is useful for the field of public service delivery.

Research on moral conflicts finds its origin in philosophy. Thought experiments like the example above have been posed to respondents from the 1960s onwards to get insight into the process of ethical decision-making and the place of human intuitions herein (Nichols & Mallon, 2006; see also: Haidt, 2001). Nowadays, theories on moral conflicts seem to be mainly based on literature in the field of moral psychology and moral development (cf. Haidt, 2001; Hoffman, 2001), business ethics (cf. Trevino, 1986) and political theory (cf. Bohman, 1995). Loyens & Maesschalck (2010) come to a comparable conclusion when they review literature on the related concept of ethical decision-making. Research on ethics in the field of public administration has been growing over the past decades, according to Menzel (2005; see this article for an oversight of ethics studies).

Confusingly, several terms are used to refer to a moral conflict as introduced in the drug shortage example. Scholars also practice terms like moral problems (cf. Lutzen & Kvist, 2012), moral dilemmas (cf. Foot, 1983) and ethical conflicts (cf. Kälveborn *et al.*, 2004; Meyers, 1999). Most scholars seem to prefer the term ‘ethical dilemma’ (cf. Cooper, 2012; Hoffman, 2001; Reisch & Lowe, 2000). The notions of morality and ethics are often used interchangeably, but

one can distinguish between them (Cooper, 2012). Whereas morality has to do with ‘judgments of justice, rights and welfare pertaining to how people ought to relate to each other’ (Turiel; 1983, p. 3); ethics is the study of these values, principles and beliefs that are embedded in our choices concerning others (Cooper, 2012; Van der Wal *et al.*, 2006). When defining the concept of moral conflict at the end of this subsection, we will make clear how we position ourselves in this discussion.

In operationalizing the concept of moral conflict, scholars in various scientific fields have developed typologies of moral conflict (Cooper, 2012; Hoffman, 2001; Meyers, 1999; Smith & Davis, 1980). We learn from these typologies that moral conflicts have to do with choosing between conflicting values or principles (Cooper, 2012; Reisch & Lowe, 2000; Smith & Davis, 1980), interests (Cooper, 2012; Meyers, 1999), sources of authority (Cooper, 2012), courses of action (Smith & Davis, 1980) or multiple claimants (Hoffman, 2001). They also tell us that defined roles and conflicting role obligations are involved in moral conflict (Cooper, 2012; Reisch & Lowe, 2000; Meyers, 1999; Smith & Davis, 1980). Cooper (2012) indeed states that public administrators mostly experience moral conflicts through role conflicts (see also: Van Wart, 1996).

We conclude this subsection with our definition of moral conflict. First of all, we prefer to speak of a conflict: it is more precise than a problem, but less rigorous than a dilemma (which implies having to choose between two options). In this sense, we aim to embrace the dynamics of morality in the frontline field.<sup>2</sup> We also prefer to use the term ‘moral’ instead of ‘ethical’; we are mainly interested in the normative judgments of frontline professionals involved in dealing with conflicting values instead of discussing morality on a more abstract level. To conclude, we follow Cooper in defining a moral conflict as a situation in which two or more values or responsibilities are conflicting (2012, p. 122). These conflicting values or responsibilities may be equally pursuable, or conversely, equally unsatisfactory; neither of them is without significant

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<sup>2</sup> Braunack-Mayer (2001) for instance wrote about the definition of the concept of ethical dilemma being too rigorous in understanding the ethical behaviour and decision-making of general practitioners.

costs. By choosing, one value or responsibility is realized at the cost of the other(s) (Cooper, 2012, p. 93). We also follow Cooper in stating that moral conflicts in are mostly experienced through role conflicts (in frontline practice).

Before looking in more depth at the theory of role conflict, we explore why moral conflicts may be so frequently experienced by frontline professionals. In this way, we underline the importance of the concept of moral conflict (conflicting values) to the field of public service delivery.

## 2.2 Values in public service delivery

Conflicting values or responsibilities are common in frontline professional practice. Kettl (1993) argues that delivering public services while balancing the pursuit of inevitably contradictory and clashing values is indeed the fundamental challenge of government. But why is it that value conflicts happen so regularly in public service delivery? Various scholars point to the field of public service delivery as being substantially value loaded. Therefore, values may easily clash. Also, scholars point to various societal developments that seem to form a breeding ground in which value clashes in public service delivery arise.

A first consideration in describing the field of public service delivery as value loaded may be the scarcity of public resources. Stone (2002, p. 37) speaks of ultimate goals or objectives of policymaking and policy delivery in this context. She elaborates upon four equally pursuable public goals: equity (treating likes alike), efficiency (getting the most output for a given input), security (satisfaction of minimum human needs) and liberty (ability to do as you wish as long as you do not harm others).<sup>3</sup> The clashing of these values or goals is inevitable, as public resources are always scarce and various goals are pursued at the same time (Stone, 2002; see also: Stewart, 2006). Stone depicts various value clashes (or 'policy paradoxes' as she calls them). One value clash for instance exists between liberty and equity. In the case of income equalisation for example, it is argued that liberty of the more advantaged citizens is sacrificed for the creation of

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<sup>3</sup> Not all of the mentioned goals or values are moral in nature. 'Efficiency' is considered an instrumental value as opposed to 'liberty'. Scholars more often distinguished between types of values, such as terminal (ends) values and instrumental (means) values (Van der Wal *et al.*, 2006).



equality for all citizens. Note that Stone states that value clashes in the policy context may be framed as such for the gain of political groups.

A second consideration in describing the field as value loaded may be that public service delivery is human work. Hasenfeld (2010, p. 11) calls citizens the 'raw material' of human service organizations. The allocation of public resources in a context in which the demand side always outnumbers the supply side and financial and organizational resources are scarce, leads to a 'moral categorization of deservingness', argues Hasenfeld (2000, p. 330; see also: Lipsky, 1980, p. 109). In their rendering of public services, frontline professionals indeed determine which citizens get what, when and how (Lipsky, 1980). For instance, not all crimes and crime victims get the same attention from police investigators (Loyens, 2013). Hasenfeld (2000) stresses how every decision made on behalf of clients, carries with it a moral judgment about their social worth and the desired outcome on the policy level (see also: Maynard-Moody & Musheno, 2012).

Scholars also mention various societal developments that might influence the frequency with which value clashes appear. Firstly, Van der Aa (2012) argues that in contemporary times, citizens participate as 'reflexive, active agents' in the process of service delivery and have become more and more assertive and demanding in their role of clients, the past decades. Frontline professionals are dependent upon these reflexive actors in constituting and delivering public services. Euwema, Kop & Bakker (2004) for instance mention conflicts between academic teachers and students, when some students demand higher grades. Secondly, Cooper (2012) notes that in current postmodern society, there are no universal and concrete values in the first place that people can refer to. This may heighten the rate of value clashes. Lastly, we mention the introduction of New Public Management in the public administrative sector. Some scholars argue that the shift to more economic values in service delivery has led to a less ethical public workforce (See Maesschalck, 2004, p. 467 for an overview of scholars). Hood (1991) also notes that New Public Management focuses more on frugality and sobriety, rather than on values such as justice and equity. This may lead to a frontline situation in which, for example, a medical

doctor does not prescribe certain diagnostics or medical treatment to senior patients, on the basis of economic arguments.

The various characteristics of public service work and societal developments mentioned above indicate why frontline professionals might encounter conflicting values so regularly in their work environment. Next, we look at the theory of role conflicts to better understand the frontline practice of experiencing moral conflicts.

### 2.3 Moral conflict embodied in role conflicts

As previously noted, Cooper (2012, p. 99) argues that public administrators mostly experience moral conflicts through role conflicts (see also: Van Wart, 1996): “Generally (...) we do not simply experience the values themselves. Rather, we feel the collision of the roles governed by those values.” In the modern world, the concept of roles becomes a “convenient way to package expectations and obligations” (Cooper, 2012, p. 5); it is in these roles that we exercise responsibility and are held responsible by others. Focusing on the work environment; people are professionals, colleagues and may be mentors.

Societal roles and role conflicts have been studied in the social and behavioural sciences for at least sixty years (Tubre & Collins, 2000) with key scholars including Merton (1949), Parsons (1951), Kahn *et al.* (1964) and Rizzo, House & Lirtzman (1970).

Tubre & Collins (2000, p. 156) define a role in the work environment as “a pattern of behaviours perceived by an employee as behaviours that are expected”. Tummers *et al.* (2012), follow Kahn *et al.* (1964) when stating that employees often base their perceptions of the duties and expectations associated with their chosen profession on the definition of jobs and roles that others communicate to them. According to Thornton & Nardi (1975), the content of expectations may be behavioural, attitudinal or cognitive. This means that they may refer to ways in which an employee should behave, the attitudes one should display or the appropriate knowledge and skills one should have. Expectations may be presented to individuals in an explicit manner or they may be implicit in the social structure (Thornton & Nardi, 1975). Cooper (2012) stresses

that less clearly defined roles may also cause problems; there is little agreement about the boundaries of responsibility associated with them.

A lack of compatibility between multiple expectations (and also a lack of clarity about role expected behaviour) can create conflict and tension. When people are confronted with contradictory and competing role expectations, a role conflict arises (Rizzo, House & Lirtzman, 1970; Kahn *et al.*, 1964). Imagine for instance that a person, who became a police officer to guard the public safety and service citizens, has to respond to management targets regarding speeding tickets. The behaviour and attitude that is expected of the police officer is in conflict with his/ her personal or even professional values. Katz and Kahn (1978, p. 204) define a role conflict as “the simultaneous occurrence of two or more role expectations such that compliance with one would make compliance with the other more difficult”.

Tummers *et al.* (2012) identified three essential (but not exhaustive) role conflicts when implementing public policies that can be of particular use here. In these conflicts, values and responsibilities from the public, the law, the public organization and the professional are at stake. The role conflicts are:

- **The policy – professional role conflict.** Here, the policy content communicated by the government is in conflict with the professional values and attitudes of the professional (think for instance about morally loaded policies here, such as on abortion). Policy contents are often laid down in formal rules and regulations and may be implemented in a top-down way without consulting professionals in the field (Hill & Hupe, 2009).
- **The policy – client role conflict.** Here, the policy content communicated by the government is in conflict with the needs and expectations of the citizen. For the professional, the role behaviour demanded by the policy content and the citizen are not compatible. Tummers *et al.* (2012) mention police officers having to implement ‘zero tolerance’ policies, in which they cannot take account of personal circumstances of clients.

- **The organizational – professional role conflict.** Here, the role behaviour demanded by the public organisation regarding policy implementation is not compatible with the professional values and attitudes of the professional. Public organisation demands are expressed through managers, or other organisational members creating the ethical environment (Menzel, 1996). Economic regulation of the organisation might conflict with the professional's values, for instance, when efficiency is preferred over the quality of service.

To these three, we add '**the professional – client role conflict**'. In this conflict, the values of the professional are not compatible with those of the client. Think for instance about the demand for euthanasia by a patient, which may conflict with the professional standards of a medical doctor.

We will come back to these four important role conflicts in public service delivery later in this chapter, using examples to further clarify the various conflicts and exploring how frontline professionals may cope with these. But first we explain the concept of coping and its relevance to the field of public service delivery.

### **3 Relating the concept of coping to the practice of public service delivery**

#### **3.1 The origin of the concept of coping**

In order to understand how frontline professionals may cope with moral conflicts (manifesting themselves in role conflicts) in public service delivery, we need to understand the concept of coping and its relevance to the field. From the 1960s onwards, research on coping has expanded considerably in the field of psychology (Zeidner & Endler, 1996). To understand the rising interest in the concept, one must go back to the 19<sup>th</sup> century when Freud introduced psychoanalysis (Breuer & Freud, 1955 [1893]). For Freud, the concept of defence was very important, because it referred to the ego's struggle against unpleasant feelings. Repression of these feelings can be seen as a basic act of defence.

Based on the concept of defence and repression, a new body of literature emerged to analyse and improve the defence strategies of people to various stressors. In the 1960s, a new line of research emerged under the label of 'coping'. Lazarus, one of the main coping scholars, expanded coping beyond defence and an emphasis on pathology. He included a wider range of cognitive and behavioural responses that people use to manage stress and address the problems of daily life causing it (Folkman & Moskowitz, 2004, p. 746). Moreover, Lazarus analysed the conscious strategies that individuals applied in order to react to stressful situations. This is in contrast to defence mechanisms, which are unconscious in nature.

Following this new line of research, a general definition of coping is given by Pearlin & Schooler (1978, p. 2), who state that "by coping we refer to the things that people do to avoid being harmed by life-strains." A more specific definition of coping is provided by Folkman & Lazarus (1980, p. 223) who define coping as "the cognitive and behavioural efforts made to master, tolerate or reduce external and internal demands and conflicts among them." Because this definition became widely accepted in the social and behavioural sciences (Tennen *et al.*, 2000), we build upon this definition when examining coping during public service delivery.

### 3.2 Coping in public service delivery: A classification model

Lipsky (1980) was one of the first authors to recognize the relevance of the coping concept in order to understand the specific nature of frontline professional practice, his work distinguishing between three categories ('ways') of coping. As this categorization of coping behaviour of frontline professionals is still widely used (cf. Thorén, 2008; Triandafyllidou, 2003; Meyers, Glaser & Mac Donald, 1998), we depict these here.

The first way in which professionals can cope with stress is called 'modification of the client demand'. Frontline professionals may modify the client demand, maximize the utilization of available resources and obtain client compliance. They may decide not to inform a client of certain public services or use symbols of authority (e.g. overcrowded waiting rooms) to limit client demand. The second way in which professionals can cope is by modifying the objectives of their job. For instance, they can lower their discretion by telling clients that they are unable to handle their cases or complaints, as they are not authorized to perform certain actions. On the other hand, they can also increase their discretion, allowing certain actions in order to relieve the pressures from clients. They may also withdraw from their job responsibilities by mentally withdrawing and become 'alienated' from their work (Tummers, Bekkers & Steijn, 2009). The third option is that frontline professionals modify their perception of the client. They may favour certain clients or client groups over others and will treat them in a way that they think is ideal ('creaming'). Frontline workers may also form normative assumptions about their clientele and place clients in certain categories and legitimize non-action for certain categories ('parking').

Looking more in-depth at these ways of coping, we find it remarkable that the categories are neither mutually exclusive (some coping instances may be grouped under various ways of coping; 'making normative assumptions of clients to form a triage system' can for instance be grouped under the first and third category) nor exhaustive (we can think of more ways of coping, such as 'talking to colleagues'). A systematic review of the literature on coping with stress during public service delivery (1980-2013) confirmed that the concept of coping in public service delivery lacks clear definition and operationalization, limiting our capacity to understand

the experience of stress in frontline professional practice (Tummers *et al.* 2014, forthcoming). To advance scholarship in the field we provided a definition of the concept (also used here) and provided a hierarchical classification model of coping behaviour during public service delivery. In developing the classification model, we made extensive use of the literature on coping in clinical psychology (Folkman, 2010; Skinner *et al.*, 2003; Zeidner & Endler, 1996; Folkman & Lazarus, 1980; Lazarus, 1966), because this field has a strong track record on coping, but particularly, because psychology scholars have developed category systems (Folkman, 2010; Endler & Parker, 1990; Folkman & Lazarus, 1980) and criteria for category systems (Skinner *et al.*, 2003) to uniformly classify ways of coping.

<i>Coping family and way of coping</i>	<i>Description</i>
<b>Negotiation</b>	
Routinizing	Dealing with citizens in a standard way, making it a matter of routine
Rule bending	Adjusting the rules to meet a client's demands
Creaming	Giving certain client groups more attention, in a way that could be considered unfair ("cherry-picking")
Rigid rule following	Sticking to rules in an inflexible way
Rationing	Decreasing service availability to clients
Use personal resources	Using one's own time, money, or energy to benefit the client
<b>Opposition</b>	
Rule breaking	Neglecting or deliberately obstructing the rules
Blame clients or stakeholders	Declaring that another actor is responsible for the problem
Aggression	Confronting clients in a hostile manner
<b>Escape</b>	
Behavioral avoidance	Physically leaving the threatening environment
Cognitive avoidance	Psychologically leaving the threatening environment
<b>Accommodation</b>	
Cognitive restructuring	Replacing incompatible thoughts with ones aligned with the situation
Compliance	Following the rules, even in conflicting situations
<b>Problem solving</b>	
Instrumental action	Executing long-lasting solutions to overcome stressful situations

<b>Support seeking</b>	
Help seeking	Seeking information or advice from social resources
Comfort seeking	Seeking comfort from social resources
<b>Helplessness</b>	
Cognitive exhaustion	Decreasing alertness and attention
Passivity	Allowing things to happen without resisting

Figure 1 Classification model of coping during public service delivery (Tummers *et al.*, 2014 forthcoming).

Before we move on to exemplify various ways of coping with moral conflicts, we first introduce our classification model of coping behaviour (see Figure 1). The model consists of the most relevant ‘families of coping’ and ‘ways of coping’ during service delivery on the basis of the empirical public administration literature. The families ‘negotiation’ (pragmatically adjusting to the immediate situation), ‘opposition’ (removing the constraints), ‘escape’ (leaving the threatening environment), ‘accommodation’ (flexibly adjusting one’s preferences), ‘problem solving’ (finding solutions for the situation), ‘support seeking’ (using available social resources) and ‘helplessness’ (finding limits of actions) each break down in the most relevant ‘ways of coping’. Each way of coping may then consist of countless ‘instances of coping’.

How does the classification model of coping behaviour come into play? Let us turn to an example. Imagine that a general practitioner (GP) has moral problems with the financial registration system of medical care and thinks that it is unethical to be paid for certain references or diagnostic orders.<sup>4</sup> The GP may decide to present all the options to the patient, be clear about the financial rewards and develop advice together with the patient. Such an instance of coping can be grouped under the way of coping ‘instrumental action’. This behaviour can in turn be grouped under the family of coping ‘problem solving’. Another option for the GP might be to call a medical specialist in a nearby hospital and ask for advice. This instance of coping can be grouped under the way of coping ‘help seeking’, which is part of the ‘support seeking’ family.

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<sup>4</sup> Abstracted from interview with general practitioner, Giessenlanden (The Netherlands) on 19-02-2013.



After having looked into theory on coping in public service delivery and our classification model of coping behaviour in particular, we are now able to relate the concepts of moral conflicts and coping at the frontline.

#### **4 Exploring the relationship between moral conflict and coping**

In this section, we combine the four public service role conflicts as depicted in this chapter and combine these with our classification model of coping behaviour. By drawing on empirical data in the scholarly literature and our own interviews with practitioners in the field, we examine the moral conflicts frontline professionals may encounter during public service delivery and the coping behaviour they may develop as a consequence. For reasons of coherence, we decided to focus on the medical profession in the examples.

We first start with the ‘policy – professional role conflict’. As was mentioned earlier, in this conflict the policy content conflicts with the values and attitudes of the professional. Here, we adopt an example of Witman (2012) of a medical resident in a Dutch hospital who has to perform an abortion on a child with Down syndrome. In the Netherlands, a pregnant woman may decide up to 24 weeks of pregnancy to terminate the pregnancy (abortion) if it concerns an emergency situation. A foetus with Down syndrome is considered such an emergency situation. In the example of Witman, the resident feels the foetus kicking against her hand while examining the patient before performing the abortion. For the resident, this occurrence results in uncertainty and stress about what to do. By cognitive restructuring (“This child would have ended up in a family where he would not have been treated well”), the resident copes with the stress stemming from the moral conflict (Witman, 2012, p. 16). Experiencing emotionally loaded conflicts is associated in the literature with instances of coping such as leaving the position for the same position in another organization, or completely leaving the occupation (‘behavioural avoidance’) to escape the occurrence of moral conflicts altogether (cf. Hamric & Blackhall, 2007; Ulrich *et al.*, 2007).

Secondly, we move on to the 'policy – client role conflict'. In this conflict, the policy content conflicts with the needs and expectations of the citizen. Here, we use the example of enormous cutbacks in welfare benefits in the Netherlands. In 2004, insurance physicians were instructed to reassess welfare recipients against stricter criteria because of the large increase in the number of recipients to approximately 10% of the Dutch workforce (Van der Burg & Deursen, 2008). Obviously, this cutback policy conflicted with the needs and expectations of these same recipients for they feel/ are dependent upon these finances. These conflicting values were a source of heightened stress for the insurance physicians (Tummers, Bekkers & Steijn, 2009). What are possible ways in which the physicians might have countered these stress levels? The professionals might have become less thorough, handling the reassessments quicker (not consulting all professionals in the process for instance) to bypass the painful conversations with clients. This instance of coping can be grouped under the way of coping 'routinizing', which can again be grouped under the family of coping 'negotiation'. Another instance of coping might have been to mainly focus their attention on clients who participated in the process and took the news rather well. Selecting the clients who perform best ('creaming') is a way of coping that can also be grouped under the family 'negotiation'.

Thirdly, we depict the 'organizational – professional role conflict'. Here, the role behaviour demanded by the public organisation conflicts with the professional's values and attitudes. Källemark *et al.* (2004) studied the ethical behaviour of nurses and physicians in Swedish hospitals. They depict a situation in which a patient requests a certain medicine of a nurse, without having a prescription. At conflict are the hospital's policy to only give out medication on prescription and the values of the professional that say that a patient's needs should be met. The nurse coped with this situation by rule breaking; she gave out the medicine, even though there was no prescription (Källemark *et al.*, 2004, p. 1008). Rule breaking can be categorized as opposing behaviour. Another way in which a frontline professional may cope with this role conflict is to ask a colleague, whom you know dealt with this moral conflict before, for

help (if you are a junior nurse for instance). This behaviour can be defined as 'help seeking' and can be grouped under the family of coping 'support seeking'.

Lastly, we discuss the 'professional – client role conflict'. In this conflict, the values of the professional are not compatible with the needs and expectations of the client. An interesting example here is the termination of a medical treatment by a medical doctor.<sup>5</sup> On the basis of professional insights, medical doctors may decide that it is no longer useful or humane to continue the medical treatment of a patient when the medical revenue is too little. Ending medical treatment can be a very painful and emotional moment for both the patient and the medical doctor. The doctor may have the feeling that (s)he failed or did not live up to the expectations of the patient, while the patient may experience that (s)he has been 'given up on' and that there are no or very few alternatives. Deciding on the end of a treatment and communicating this to the patient can result in severe stress for the professional. How might medical professionals cope with this moral conflict? The professional might explain the exact reasoning to the patient and talk the patient through possible alternatives for care. This instance of coping can be grouped under the way of coping 'instrumental action', which is part of the family of coping 'problem solving'. When patients find it hard to take the message and keep requesting consultations with the doctor, the professional might deploy different coping behaviour. Blaming clients ("It is no use to explain such a decision to patients coming from deprived neighbourhoods") might be a way to cope. This behaviour can be grouped under the coping family 'opposition'.

In this section, we experimented with connecting four important role conflicts in public service delivery to our classification model of coping behaviour. So far, we can conclude that the classification model is appropriate to the experience of moral conflicts in frontline public service delivery. In the discussion, we will draw some conclusions on our findings and we will propose a future research agenda to better understand and study the response of frontline professionals to moral conflicts in public service delivery.

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<sup>5</sup> Abstracted from interview with medical specialist in rheumatology, Rotterdam (The Netherlands) on 03-07-2012.

## **5 Discussion and conclusion**

As was stated in the introduction, this book chapter represents a first attempt to connect the concepts of moral conflicts and coping to the field of public service delivery, by examining the academic literature on the concepts of moral conflict, role conflict and coping. We combined literature streams on moral conflicts and coping in both public administration and moral and clinical psychology in doing so, while focusing on the experience of the individual frontline professional. After looking into the origin and possible operationalization of the concepts, we decided on definitions applicable to the field of public service delivery.

We adopted the idea that moral conflicts mostly manifest themselves as role conflicts in frontline professional practice, and found four important role conflicts in public service delivery of particular relevance here. These are the ‘policy – professional role conflict’ (policy content conflicts with the values of the professional as may be the case in morally loaded policies), the ‘policy – client role conflict’ (policy content conflicts with the needs and expectations of the citizens as may be the case in cut back or zero tolerance policies), the ‘organizational – professional role conflict’ (organizational policy conflicts with the values of the professional as may be the case when economic values meet moral values) and lastly the ‘professional – client conflict’ (values of professional conflict with those of the client).

Also, we introduced our hierarchical classification model of coping behaviour during policy implementation, developed on the basis of a systematic review. In this classification model, seven families of coping (negotiation, opposition, escape, accommodation, problem solving, support seeking and helplessness) are central. Each family consists of the most relevant ways of coping.

In our aim to understand the specific moral conflicts frontline professionals may encounter during public service delivery and the ways in which they may cope with these, we lastly connected the four role conflicts to our classification model of coping. Here, we cited various examples from the scholarly literature and our interviews with practitioners in the field. We found that connecting the two constructs provided us with more in-depth knowledge on

responding to moral conflict in frontline professional practice, thus placing our chapter within the book theme of making public policy decisions on the street-level.

This brings us to a future research agenda on the subject of professionals responding to moral conflict, departing from various limitations of this work. First, the chapter is conceptual. Although this is necessary in developing thought on the topic and in preparing for empirical research; it lacks empirical proof. We ask ourselves what sorts of moral conflicts frontline professionals experience on a regular basis and which factors result in conflicts originating. Also, what coping behaviour is frequently portrayed? Interpretative inquiry could be used to deepen our understanding of types of stressors and particular coping responses. In particular, our preliminary conclusions on the four role conflicts and our classification model being useful for research could be tested. Conducting survey research would provide information on the size, frequency and reach of experiencing moral conflicts and professionals having to respond to these in public service delivery. In particular, the antecedents of coping responses may be studied.

Second, we chose to focus on coping as a possible response to moral conflict, in this chapter. We need to investigate however, under what conditions moral conflicts stimulate the occurrence of coping responses. Also, what are other possible responses of frontline professionals in managing moral conflict in everyday practice? Here, qualitative or mixed methods research seems most suitable.

A third limitation of this work is that we only reached the tip of the iceberg by scanning the literature on moral conflict and role conflict. If we want to be certain that the theory on role conflicts is indeed the right angle to approach moral conflict and if we want to further develop the concept of moral conflict within the field of public service delivery, further systematic review of the scholarly literature is required. In this way, claims about the usefulness of these constructs for future research on professionals coping with moral conflict can be made.

Finally, we believe research on professionals responding to moral conflict at the frontline to be of great importance to the field of public service delivery. Conflicting values are at the heart of

service delivery, possibly resulting in severe uncertainty and stress levels for frontline professionals. By providing a research framework to study these concepts in a more in-depth and uniform way, it should be possible to increase our understanding of how frontline professionals cope with the stress stemming from moral conflict, and how this impacts on their decision-making in service delivery practice. In this way we can develop insights for both the practitioners who have to deal with moral conflict on a regular basis, and for understanding policy decision-making on the frontline, from a scientific point of view.

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