

ETHICS MANAGEMENT IN HEALTHCARE INSTITUTIONS - SOME RESEARCH DIRECTIONS

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Abstract: *In a demarche to explore the specialized literature, our paper makes a brief theoretical review of the aspects that need to be approached holistically and integrated into the creation and implementation of the component elements of the ethics management system in the institutions of the healthcare sector. The analysed issues may also be subjects of interest for further research to offer a better understanding and effective tools for the practice and performance of healthcare organizations.*

Keywords: *ethics management, healthcare institutions*

Introduction

The hospital institution's mission to provide a medical service of the highest quality standards for patients requires the promotion and compliance of essential ethics principles by all parties involved in its delivery. On the one hand, there are, as a landmark, the principles established by the Belmont Report published in 1976 by the *National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research* (The Belmont Report, HHS.gov, www.hhs.gov), universally recognized in the field of medical ethics - *respect for persons, beneficence and equity*. On the other hand, other ethical principles are required to be promoted by managers and employees within the organization (independent of its activity field) and in all relationships with external stakeholders (LaRue Hosmer, cited by Williams, 2008: 130-131 and Kreiner, 2009: 131): “*self-interest on long term*” (avoidance of any action that is not in the [good/correct/beneficial] personal or organizational interest); “*personal virtue*” (not engaging in actions that do not reflect moral virtues); “*religious injunctions*” (not undertaking actions that could affect the sense of community, the result of collaborating to achieve a common goal); “*government requirements*” (not accepting actions that lead to the violation of the law); “*utilitarian benefits*” (not promoting actions that do not contribute to the generation of the greatest good for society); “*individual rights*” (not promoting actions that do not respect the agreed rights of others); “*distributive justice*” (avoiding actions that could harm the least advantaged people; protecting the vulnerable from the point of view of income, education, lack of a job); “*universal rules*” (not opting for actions that would not be appreciated if they were done by others who would be in similar situations); “*economic efficiency*” (undertaking actions that always maximize profit, respecting legal and market conditions); “*contributive liberty*” (to not take actions that would limit everyone's right to self-development and self-fulfillment).

At the same time, managers must build an ethics management system that guarantees the fulfilment of multiple moral responsibilities towards all internal and external stakeholders (patients/clients, employees, authorities, national and international accreditation bodies, suppliers, business partners, professional associations, research institutes, educational institutions, competitors, the wider community), to meet their moral expectations, in conditions of effectiveness and efficiency. Just like any organization, the hospital institution must face the demands and challenges of a socio-economic, political and technological environment in continuous dynamics. In this context, addressing ethical issues inherent in the activity requires a robust and modern ethics infrastructure, systems and mechanisms that enable their timely and appropriate resolution to minimize any legal and ethical risk.

The palette of academic studies and research, as well as good practices in the field of ethics management, is comprehensive and addresses from general aspects of organizational ethics to specific elements of its management (methods and tools for managing ethics, managerial ethics models and best practices). The review of these concerns constitutes a necessary starting point for building the framework necessary for research and the substantiation of the ethics management system and model in healthcare institutions, mainly that of hospital units, a subject of interest in the doctoral research carried out by the author of this paper. Ethics in the healthcare sector is a subject that concerns many researchers. The work titled *"Healthcare reform: ethics and politics"* (Engström&Robison (Eds), 2006) highlights the moral implications of market-led reform - the moral crisis in the healthcare system but also aspects related to ethics, justice, equity, arguments for universal principles in achieving reform in the health care system (cooperative beneficence, equity...), ethical and political implications of international comparisons, best practices - citizens and clients: establishing the ethical foundation of healthcare systems in Germany and the USA (Engström&Robison (Eds), 2006). Cribb (2005) also addresses the importance of ethics in the healthcare system in his book, titled *"Health and the Good Society. Setting Healthcare Ethics in Social Context"*.

In a demarche to explore the specialized literature, our paper presents a brief theoretical review of the aspects that need to be approached holistically and integrated into the foundation and implementation of the ethics management system and model in the institutions of the healthcare sector and in the research that investigates this critical topic in the organizational practice.

Specific elements in the management of organizational ethics - approaches from the literature

The subject of organizational ethics is addressed in almost all current sources of documentation on management and organizational behavior. The issue of ethics is detailed in depth in a separate chapter or in each section that presents specific managerial activities, decisions, roles, responsibilities and behaviors, illustrating the indissoluble relationship between the observance of ethical principles and the mission of the organization, the assumption of social responsibility obligations, good collaboration with stakeholders and implicitly achieving high organizational performance.

At the same time, these works are valuable in supporting managers, making them aware that concrete and effective systems, measures, mechanisms or managerial actions are

needed for ethics to become a certainty in the organization, offering them the needed knowledge to create and to implement them to this end. Kreitner (2009:132-134) identifies four necessary components in encouraging ethical behavior in the organization, which can be significant in an "integrated ethics program" - ethics training programs, the existence of ethics specialists ("ethics advocates") with a role in ensuring ethics in the decision-making process at the superior managerial level, codes of ethics and whistleblowing practice.

Hitt *et al.* (2012: 31-33) consider that managers could consider four basic frameworks/approaches in the decision-making process to ensure their ethical character (the utilitarian approach, the moral rights approach, the universal approach and the justice approach). These approaches can be a "support for refining one's approach when pressures arise" (Hitt *et al.*, 2012: 45). The mentioned authors emphasize that in achieving this goal "there is no substitute for taking personal responsibility for the decisions" taken (Hitt *et al.*, 2012:45).

Also, in their view, at the organization level, the following elements are defining for ensuring the ethical character of decisions: culture, adoption of codes of ethical conduct and their successful implementation (consolidation of the code and communication to employees that the organization takes compliance with it seriously), communication of ethics standards, employee training programs on ethics, employee reward and recognition programs for ethical behavior and compliance with the code of ethics, implementation of whistleblowing programs.

Not least on this list, playing a critical role in ensuring ethics is the personal example that senior managers set for others (how they personally behave or position themselves regarding what is ethical (reward) or unethical (punishment or ignoring), taking into account that by the nature of the authority and power held can influence the behavior of others (Williams, 2008). Other managerial measures considered beneficial in promoting ethics in the decision-making process are those highlighted by Williams (2008: 132): "careful selection and hiring ethical people, establishing a specific code of ethics, training employees to make ethical decisions and creating an ethical climate".

The *organizational controls* are essential in supporting ethical conduct (Plunkett *et al.*, 2008: 68-69) - senior managers must be committed to creating a corporate culture that promotes ethical behavior, ensures effective codes of ethics, and "sufficient specific" to guide staff behavior and to be reinforced by the own managers' example, and to implement compliance programs to communicate and strengthen codes of ethics and ethical conduct. Organizational leaders can influence (in the sense of minimizing) the frequency and severity of unethical behaviors by creating an ethical culture (Hellriegel&Slocum, 2008: 62) in which "ethical behavior is the norm" (Gomez-Mejia&Balkin, 2012: 81). Ethics management relies on training programs that help employees manage the ethical dilemmas they face, on ethics structures (ethics guidelines, organizational entities with a role in monitoring the application of these guidelines - as the ethics officer or/and ethics committee), and whistleblowing policies (reporting by employees of practices they perceive as illegal or unethical in the organization) (Gomez-Mejia&Balkin, 2012: 82-83). In business ethics literature, we mention the reference work of Treviño&Nelson (2011), treating "ethics as organizational culture" (Treviño&Nelson, 2011: 207). In the view of the above mentioned authors, managing ethics involves the existence of "ethics office", "ethics and compliance officers", "the ethics infrastructure", "the corporate ethics committee" (2011: 2011-215). To this purpose, under the ethics infrastructure, a good ethics

communication system is needed (2011: 2015-238). Adopting codes of conduct (2011: 2027), organizing ethics training programs (2011: 230), implementing “formal and informal systems for resolving questions and reporting of ethical issues” (2011: 235), “using the reward system to reinforce the ethics message” (2011: 238), “evaluating the ethics program” (2011: 239) and a value-approach (by integration of the legal compliance in the values system of the organization) (2011: 245) are necessary parts of ethics management.

We appreciate that these aspects are necessary components in creating and consolidating the ethics management system in any organization, regardless of its activity sector.

Kaptein (2015) considers and analyzes the specific components of the ethics program in correlation with the organizational culture's dimensions. Other authors also bring to attention the practices of the ethics program in the organization (Majluf& Navarrete, 2011). Suhonen *et al.* (2011) conducted an extensive and valuable literature review on healthcare organizational ethics, management, and leadership aspects (ethical challenges and dilemmas in practice, employee moral distress, ethics climate and working environment). We also identified numerous academic papers and studies on:

- ethics in the healthcare system (Weinstein&Nesbitt, 2007; Loewy&Loewy, 2004), ethical principles that must be respected in the healthcare system (Ashcroft, 2007), ethical approaches and theories and how they are applied, the use of the human rights paradigm in health ethics (Austin, 2001), ethics in healthcare organizations (Spencer&Mills, 1999), ethical analysis in public health (Roberts&Michael, 2002); the need for "branding" of ethics (Boysen *et al.*, 2011) or the creation of reputation in healthcare organizations based on "trust prescription" with service consumers (Shore, 2005), nurses' perceptions of ethics in healthcare services health and medical research (Benhamou-Jantelet, 2001);
- organizational bodies with a specific role in monitoring ethics within the organization - ethics committees (Farber Post *et al.*, 2007);
- training the ethical skills in healthcare institutions, teaching ethics to healthcare personnel (Sporrong *et al.*, 2007; Hanson, 2005);
- ethical decisions and their practice in the healthcare system (Slosar, 2004; Devettere, 2010).

Other general references (including from business practice) refer to ethical codes whose role requires analysis of the theoretical foundation of the topic of interest, exemplifying good practices, creating work tools and proposing models: Bull *et al.*, 2012; Svensson & Wood, 2004, but also the works of Reamer (2000; 2007) about the ethics audit in social assistance services, or the value and application of an ethics audit in the organization (McAuliffe, 2005; Hofmann, 2006; Weber, 2008; Krell, 2010), as well as reports of best practices in conducting an ethics audit in a hospital (Landman *et al.*, 2001); models of organizational ethics (Svensson&Wood, 2008).

A possible holistic, integrative model regarding the management of the ethics system in healthcare institutions is proposed in the literature by Poroach&Agheorghiesei (2018). Based on the specialized literature, the model is substantiated taking into account the components and practices in the management of ethics in organizations, and the connections between them, in a logical flow, in which the stages are presented iteratively towards the planned result to be obtained by implementing the model. In essence, analyzing it, it can be noticed that the phases and elements of the model illustrate the necessity to

apply the basic managerial functions of planning, organizing, leading and controlling to achieve the organizational ethics objective.

In synthesis, the elements of the proposed model of Poroach&Agheorghiesei(2018) are: *“the understanding and complete assumption by managers of their managerial roles in strengthening ethics; the connection between the organization's mission/vision and ethics; completing the stage regarding the identification of stakeholders' needs and expectations and the evaluation of the context (internal and external challenges) and organizational capabilities; the diagnosis of the ethical culture; the ethical training of the staff; the adoption of an ethical reasoning system for addressing ethical issues in different functional areas; the implementation of the program of ethics; the creation of the ethics infrastructure (ethics policies and strategies, design of the decision-making system, communication channels, ethics officer /advisor/, ethics committee, ethics hotline, code of ethics/code of ethical/professional conduct, feedback, rewards and punishments); ethics teams, partnerships and networks; ethical auditing and public reporting; best practices; [the obtained] result (mission accomplishment, quality, stakeholder satisfaction, efficiency, institutional/public accreditation/recognition)”*. All these components should be supported by ongoing counselling and training.

Studies on ethics management in healthcare institutions in Romania

In Romania, empirical studies on the policies and management of ethics in the healthcare system were carried out mainly in the period 2010-2013, within the project "Postdoctoral studies in the field of ethics of health policies" (POSDRU/89/1.5/S/61879), carried out by the Grigore T. Popa University of Medicine and Pharmacy from Iași, Romania. Some of them, of specific interest to our research, are cited below.

Agheorghiesei (Corodeanu)&Copoeru (2013) critically analyze how patient satisfaction is evaluated in Romanian hospitals, considering it as *being “a matter of ethics from the perspective of hospital institution accreditation”*. Agheorghiesei *et al.* (2013) and Agheorghiesei *et al.* (2014) analyzed the accreditation standards of hospital institutions in Romania from the perspective of the need to include the ethics audit in the references in the accreditation assessment criteria.

It is also worth mentioning the qualitative exploratory research on ethics management in Romanian hospital units (Poroach&Agheorghiesei, 2015) conducted on an interview basis among hospital managers. The research issues analysed in the study are: *„the existence of an ethics management system in the institution (concerns for ethics, priorities; the existence of the formal system of ethics management/ an effective and efficient ethics program in the institution where the respondent works and what it consists of this system; what methods and tools are applied in ethics management; the extent of frequent confrontation with ethical dilemmas/ethical conflicts in the activity and what type of dilemmas frequently appear, how to resolve ethical dilemmas that arise during the activity, how to react in these cases, which methods are applied, how decisions that have ethical implications are made, who is in charge of solving them (if there are possible collaborations); information regarding the extent to which several ethical elements are operational/functional in the institution (policies of ethics, specific ethics policies and procedures (including ethics codes), ethics committees, ethical culture (value system with a strong core of ethical values, shared and assumed by employees), ethical leadership*

(managers represent a model of ethical behaviour in among employees, actively promote ethical values and principles within their institution), training/training programs on ethics topics, systems for reporting unethical behaviours (telephone, audiences, responsible), meetings and informative materials on ethics issues, systems of monitoring and penalizing unethical behaviours; the application of the specific components of an ethics program (identified by Kaptein, 2015) in the institution (lines for reporting unethical behaviours, policies to motivate ethical behaviour, training and communication programs on ethics, codes of ethics, ethics policies, ethical monitoring and auditing)”.

The main conclusion generated by the research is that „*the management of the ethics system in hospital units in Romania is strongly instrumentalized and mainly limited to the activity of the Ethics Council (an organisational body established by law to function in any hospital unit), so the holistic, integrated approach is missing.*“

This conclusion can be a valid argument and starting point for extensive research on ethics management in healthcare institutions issues, aiming to build a specific and realistic model to be implemented with maximum results in the Romanian hospital units pursuing its mission and addressing stakeholders' expectations.

A possible further research direction - integrative research on the topic of ethics management in the hospital institutions

Ethics management is an area that requires careful attention and continuous improvement. All employees need guidance to behave correctly and specific training to acquire ethical competence at the workplace, cope successfully with ethical dilemmas in their activity and make ethical decisions for the benefit of their organisation and stakeholders, but also for their own.

Superior managers should be aware that ethics management is a subsystem alongside other key-managerial subsystems and functional areas of equal importance and impact on overall organizational performance. Therefore they must invest resources and personal commitment to ensure the ethical performance of their organization. Planning, organizing, leading and controlling an effective and efficient ethics infrastructure (organizational policies, ethical culture, ethical leadership, adequate training, motivating and rewarding systems for ethical conduct, and codes of ethical conduct) are not only simple managerial functions to be carried out with high responsibility but also an indissoluble part of their managerial mission.

References

1. Agheorghiesei, D.T., Poroch, V. (2015), „A Possible Theoretical Model of Ethical System Management in Healthcare Institutions“ (33-34). In Sandu, A.; Frunza, A.; Ciulei, T., Gorghiu, G., Petrovici, A. (Eds), *Rethinking Social Action. 6th LUMEN International Conference on Rethinking Social Action Core Values*, April 16th-19th 2015.
2. Agheorghiesei, D.T., Iliescu, L., Gavrilovici, C., Oprea, L. (2013). What is to be expected from an ethics audit integrated within the accreditation process of hospitals from Romania? *Iran J Public Health*. 42(7): 737-47.
3. Agheorghiesei, D.T., Iliescu, L., Gavrilovici, C., Oprea, L. (2014). Why is an ethical and integrated audit accreditation process required for Romanian hospitals?. *South African Journal of Economic and Management Sciences*. 17 (3):284:297 <https://hdl.handle.net/10520/EJC154273>

4. Agheorghiesei, D.T., Copoeru, I. (2013). Evaluating patient satisfaction—a matter of ethics in the context of the accreditation process of the Romanian hospitals. *Procedia-Social and Behavioral Sciences*. 82, 404-41. <https://doi.org/10.1016/j.sbspro.2013.06.283>
5. Anker, T., Sandøe, P., Kamin, T., Kappel, K. (2011). Health Branding Ethics. *Journal of Business Ethics - J Bus Ethics*, 104(1):1-13. <https://doi.org/10.1007/s10551-011-0887-9>
6. Ashcroft, R.E. (Ed) (2007). *Principles of health care ethics*. 2nd ed. The Atrium, Southern Gate, Chichester: John Wiley & Sons Ltd.
7. Austin, W. (2001). Using The Human Rights Paradigm in Health Ethics: the problems and the possibilities. *Nursing Ethics*. 8: 183.
8. Benhamou-Jantelet, G. (2001). Nurses' Ethical Perceptions of Health Care and of Medical Clinical Research: an audit in a French university teaching hospital. *Nursing Ethics*. 8(2):114-22.
9. Bull T., Riggs E., Nchogu S.N. (2012). Does health promotion need a Code of Ethics? Results from an IUHPE mixed method survey. *Glob Health Promot*, 19(3):8-20. <https://doi.org/10.1177/1757975912453181>
10. Cribb, A. (2005). *Health and the Good Society. Setting Healthcare Ethics in Social Context*. Oxford University Press.
11. Devettere, R.J. (2010). *Practical decision making in health care ethics: cases and concepts*. Georgetown University Press.
12. Engström, T.H., Robison, W.L. (eds). (2006). *Health care reform: ethics and politics*. University of Rochester Press.
13. Farber Post, L., Blustein, J., Neveloff Dubler, N. (2007). *Handbook for health care ethics committees*. Baltimore: The Johns Hopkins University Press.
14. Gomez-Mejia, L.R., Balkin, D.B. (2012). *Management*. Boston: Prentice Hall.
15. Hanson, S. (2005). Teaching Health Care Ethics: why we should teach nursing and medical students together. *Nursig Ethics*, 12(2):167-76.
16. Hellriegel, D., Slocum, J.W. (2008). *Organizational Behavior*. 13th Edition. Mason: South-Western Cengage Learning.
17. HHS.gov, Office for Human Research Protection (2023). *The Belmont Report*. Retrieved from <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html>.
18. Hitt, M.A., Black, J.S., Porter, L.W. (2012). *Management*. 3rd ed. New Jersey: Pearson Education.
19. Hofmann, P.B. (2006). The value of an ethics audit. An ethics audit can help identify and address problems with an organization's ethical culture. *Healthc Exec.*, 21(2): 44-5.
20. Kaptein, M. (2015). The Effectiveness of Ethics Programs: The Role of Scope, Composition, and Sequence. *Journal of Business Ethics*. 132 (2): 415–431. <https://doi.org/10.1007/s10551-014-2296-3>
21. Kreitner, R. (2009). *Management*. Eleventh edition. Boston: Houghton Mifflin Harcourt Publishing Company.
22. Krell, E. (2010). *How to Conduct an Ethics Audit*. An ethics audit can reveal gaps in your ethics policies and practices. Retrieved from https://www.shrm.org/hr-today/news/hr-magazine/pages/0410agenda_social.aspx.
23. Källemark Sporrang, S., Arnetz, B., Hansson, M.G., Westerholm, P., Höglund, A.T (2007). Developing Ethical Competence in Health Care Organizations. *Nursing Ethics*, 14: 82.
24. Landman, W.A., Mouton, J., Nevhutalu, K.H., (2001). *Chris Hani Baragwanath Hospital Ethics Audit*. Ethics Institute of South Africa, Research Report No. 2.
25. Loewy, E.H., Springer Loewy, R. (2004). *Textbook of Healthcare Ethics*. 2nd Edition. Kluwer Academic Publishers.
26. Majluf, N.S., Navarrete, C.M. (2011). A Two-Component Compliance and Ethics Program Model: An Empirical Application to Chilean Corporations. *Journal of Business Ethics*. 100:567–579. <https://doi.org/10.1007/s10551-010-0696-6>
27. McAuliffe, D. (2005). Putting ethics on the organizational agenda: The social work ethics audit on trial. *Australian Social Work*. 58(4): 357–369. <https://doi.org/10.1111/j.1447-0748.2005.00232.x>
28. Porocho, V., Agheorghiesei, D.T. (2018). A Possible Diagnostic of the State of Health of Ethics Management in the Hospitals in Romania an Exploratory Study. *Postmodern Openings*.
29. Plunkett, W.R, Attner, R.F., Allen, G.S. (2008). *Management. Meeting and Exceeding Customer Expectations*, Ninth Edition, Mason: Thomson South-Western.

30. Reamer, F.G. (2007). Conducting an Ethics Audit. *Social Work Today*, 7(1). Retrieved from <https://www.socialworktoday.com/archive/EoEJanFeb07.shtml>.
31. Reamer, F.G. (2000). The Social Work Ethics Audit: A Risk-Management Strategy. *Social Work*, 45(4): 355-366. <https://doi.org/10.1093/sw/45.4.355>
32. Roberts, M.J., Reich, M.R. (2002). Ethical analysis in public health. *The Lancet*; 359(9311):1055-9. [https://doi.org/10.1016/S0140-6736\(02\)08097-2](https://doi.org/10.1016/S0140-6736(02)08097-2)
33. Spencer, E.M., Mills, A.E. (1999). *Ethics in Health Care Organizations*. *HEC Forum*, 11(4):323-32.
34. Shore, D. (2005). *The trust prescription for healthcare: building your reputation with consumers*, Health Administration Press, Foundation of the American College of Healthcare Executives.
35. Slosar, J.P. (2004). Ethical decisions in health care. A seven-step ethical discernment process can help organizational leaders make wise choices. *Health Prog.* 85(1):38-43.
36. Svensson, G., Wood, G. (2004). Public sector ethics in Sweden: a 4P-model of internal and external determinants in codes of ethics. *Corporate Governance*. 4(3): 54-64. <https://doi.org/10.1108/14720700410547503>
37. Svensson, G., Wood, G. (2008). A Model of Business Ethics. *Journal of Business Ethics*. 77:303–322. <https://doi.org/10.1007/s10551-007-9351-2>
38. Suhonen, R., Stolt, M., Virtanen, H., Leino-Kilpi, H. (2011). Organizational ethics: A literature review. *Nursing Ethics*, 18(3) 285–303.
39. Treviño, L.K., Nelson, K.A. (2011). *Managing business ethics : straight talk about how to do it right*. Fifth Edition. John Wiley & Sons.
40. Weber, J. (2008). An Annual Ethics Checkup: Conducting an Ethics Audit of Your Organization. *SCCE's 7th Annual, Compliance and Ethics Institute*.
41. Weinstein, M., Nesbitt, J. (2007). Ethics in Health Care: Implications for Education and Practice. *Home Health Care Management Practice*, 19(2):112-117. <https://doi.org/10.1177/1084822306294453>
42. Williams, C. (2008). *Management*, 6E, Mason: South-Western Cengage Learning.



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