

ETHICS MANAGEMENT AND PATIENT CARE. A NECESSARY CONNECTION TOWARDS BUILDING AND MAINTAINING A RELATIONSHIP OF TRUST

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Abstract: *Management of the health care institutions requires a responsible management of the scarce resources and in the same time satisfying the expectations of stakeholders regarding the provision of high quality services. The most important category of stakeholders is the patient. Patient care implies promoting strong ethical values, in other words, an ethics management. Our article is a theoretical and practical insight into this topic.*

Keywords: *management of healthcare institutions, ethical values, ethics management, patient care, hospitals*

INTRODUCTION

Management of the healthcare institutions worldwide is currently facing two major challenges: on the one hand, there is a pressure for efficiency through responsible management of resources that are proving to be increasingly reduced in the context of the multiplication and increased complexity of the patient needs. On the other hand, there is more pressure from stakeholders for achieving high quality services on the benefit of patients and of the society. In the case of hospitals as well as in other public institutions, the accreditation bodies¹ pursue performance indicators reflecting the achievement of quality standards set out in the evaluation grids. The set of institutional values is based on these quality standards (Mureșan, 2010: 135): *efficiency* (in terms of implementing the strategic plan and obtaining goals with the lowest costs); *optimality* (efforts to avoid errors and minimizing the risk); *acceptability* (adapting to the needs of stakeholders); *legitimacy* (compliance with laws and moral principles that govern the life of the community). Although many moral values can be found in one form or another under the umbrella of these institutional values, however they do not have "an explicit treatment". Some authors approach them separately, by considering that are different from those concerning the quality of the services provided (Mureșan, idem).

The principles of the applied modern ethics in the healthcare system are based on key concepts such as: *self-determination* (autonomy) of the patient that is able to decide for himself regarding the choice of treatment or what he believes is best for him/her (based on adequate information received from the doctor or from institution); *honesty* (integrity) (the doctor tells to the patient the truth, but even more, he/she avoid to lie, to cheat or to exploit him); *confidentiality*; *fairness (equity)*, so treating a patient does not affect the rights of others (while

¹ The accreditation institution of hospitals in Romania is CoNAS., <http://www.conas.gov.ro/>

also implies responsibility for treating careful of the limited resources); *maximization of benefit* and *minimization of harm* (English, 2012: 2).

THE IMPERATIVE OF IMPLEMENTING ETHICS MANAGEMENT

Many of these issues discussed above are present in the history of the medical ethics, but nowadays all of these are addressed through a superior dimension, by shifting from the accent on inflexible rules (which are the prerogative of the medical institutions which established a code of professional conduct for physicians, but with reminiscences of the Hippocratic code), to a more analytical approach. It implies identifying the cause-effect relationship in the case of complex ethical dilemmas that arise unexpectedly in the professional activity and that cannot be solved simply and without establishing the interdependence of all factors, including the institutional ones.

Reclaiming these ethical values, particularly those focused on the patient' rights (the most important stakeholder of the hospital institutions), but always taking into account the rights of others and the public interest, gains an increasingly consistency in the work of healthcare institutions. The connection between human rights and medical ethics is also signaled by Wendy Austin (2001) as a new issue that must be studied in more depth.

In the management of hospitals all these values concerns the direct benefit of patients.

The promotion of ethical values and principles

Both pressures aforementioned require a responsible management, which is based on an ethical infrastructure; in other words, requires an ethics management in the organization.

This is possible only through the promotion of ethical values and principles, the implementation of ethics management system and supporting its implementation through: allocation of a specific budget; a formal ethics program focused on ethics objectives, policies and procedures; existence of a department / office / committee and an official responsible for promoting ethical standards required within the organization; continuous monitoring of the ethical climate; an effective and timely solving of the issues and ethical dilemmas occurred during the work process; organizing training programs for employees; creation of mechanisms for reporting and penalizing the unethical behavior; performing periodically of an ethics audit. The ethics audit "..... involves a complex and comprehensive evaluation of the policies, procedures, products and services highlighting their consistency with the values and mission of organization" (Sandu, 2014: 275). In addition, all managers of the institution should promote an ethical leadership. Laws stipulate the general principles that should govern the healthcare system of a country, and these have to refer implicitly to apply values and professional and institutional ethics such as: the collective responsibility of society for public health; research and lifelong learning for scientific improving of the medical act; granting special consideration and protecting the vulnerable people; responsible management of the activity in the medical institution, etc.. The role of these principles is to set out a common framework for accession to them and to offer the possibility of monitoring if their compliance is homogeneous in all public health institutions (Agheorghiesei, 2013: 254).

These principles must be "translated" and adapted to the specific environment of each institution, to be "folded" on the "current language of the organization and be operable by applying various methods and tools in order to help the decision makers and the staff to translate them in daily activities". But only the principles alone will not be able to provide solutions out all of the dilemmas and ethical issues arising (idem, 2013: 254).

The tools of ethics management. The institutionalization of ethics

Managers should be the true promoters of ethics principles in the institution they lead, to apply in daily activities and decisions taken, and to train their employees to interpret and transform them into tools for improving the quality of medical service to the patient benefit. Ethical standards should be communicated to all stakeholders, both internal (employees) and external ones (patients, their families, business partners, local and central authorities, accreditation bodies, professional associations, financial institutions, mass-media, and community).

Thus, "the organization does not take into account the reactions of the audience to find how to change these reactions, but to change its behavior according to public and the new parameters of environment in which it operates"; invites stakeholders to dialogue and to provide feedback (Dospinescu, 2011: 36) and implicitly creates a partnership of empathy, understanding and mutual solving of any incidents and complaints that may arise during this collaboration.

Currently we are witnessing to a paradigm shift manifested strongly in the Western societies, especially in the United States. This is a slide from the focus on action to the focus on the person, due to the manifestation of a more important place of bioethics in the medical practice and to the patients' rights movements (Meagher, 2011, cited by Agheorghiesei, 2013: 254).

However, any change requires an enabling environment and a fulfilling professional practice that should be performed with extreme care and full responsibility. The professionals in the field of healthcare need awareness, specific training and ethical responsibility because they have special responsibilities to the patient's health (Mouradian, 2007). Ethics becomes an imperative issue especially in the healthcare system because the "patients depend on it in the most vulnerable moments of their lives," ... when they "are in an unequal relationship of power and even this relation of forces can generate abuses and inequities regarding their rights" (Carol Bayley quoted by McConnaha, 2004).

However, the institutionalization of ethics within organizations is not a strategy at all easy because, given the specific activity of the hospitals, there may be organizational cultural barriers between the physicians and administrative staff.

Therefore, it is mandatory to obtain the cooperation of the physicians with the managerial staff in order to achieve high quality and efficient services. Professional and organizational values have to be shared in common and to be harmonized. On this purpose, "the activity must be consistent with the mission, vision, values and strategy of the institution" (Schneider, 2010: 176).

Gary B. Brumback (1998, cited by Menzel, 2012: 13) states that the ethics management in the public organizations must include, among other elements, a regular auditing, based on the scrutiny of employees or "the assessment of occupational vulnerability" (Agheorghiesei, 2013).

The assessment is therefore needed to see whether the ethics policies and instruments that have been adopted are functioning properly in achieving their goal.

McNamara (2008, quoted by Ferreira, Erasmus and Groenewald, 2009: 453) stresses that "An ethics management helps to avoid the acts of omission "that can debilitate achieving the goals" and to improve the relationship of trust".

CARING FOR PATIENTS – SOME ANSWERS FROM ROMANIAN HOSPITALS

Empirical studies and academic researches on ethics management, ethics audit or patients care in hospitals from Romania are still insufficient, although there are many ethical dilemmas while mass media presents unilaterally and insistently different professional negative situations accusing the medical and institutional system of malpractice and unethical behaviors. Empirical studies and researches are necessary to obtain a real diagnostic and replies to all these claims, which are often biased, and do not always reflect objectively the reality. Moreover, this reality does not take into consideration the incidence of several complex factors that are not always related to the capacity of management institution or medical staff to solve them.

Among the few studies that evaluate the patient satisfaction in Romania is the one that was conducted in 17 public hospitals in Bucharest in the period May to October 2011 by the Info-Health Network Hospitals and Health Services Administration, Bucharest (ASSMB). The research is a quantitative one, based on questionnaire applied on a sample of 1.124 patients.

Issues related to patients care were analyzed within an extensive research on organizational ethics topic performed by Agheorghiesei and Poroch (2013; 2015). The research was first conducted in October 2012-February 2013 (Agheorghiesei and Poroch, 2013) and was extended in December 2013 - January 2014 (Agheorghiesei and Poroch, 2015) by applying a questionnaire to a total number of 52 participants, employees with managerial responsibilities from 5 major hospitals from Iași. The patient care issue has been studied among or in correlation with other organizational aspects, such as: the institutional values, the professional ethical values, the setting of goals according the needs of patients, the existence of mechanisms to report the unfair practices, the conduction of satisfaction surveys among patients, the relationship of communication and collaboration between staff and patients, etc..

Some selected research results are presented below (Agheorghiesei&Poroch, 2015).

Among the first three important values of the institution a percent of 78.8% (N = 41) of respondents pointed out the rights of patients. Among the first three important values regarding the employees-patient relationship the same percent (78.8%) of the respondents, mentions the quality of healthcare (which is an indisputable issue in benefit of patients). With respect to the three important ethical values in institution, they mention the concerns for patients' rights: a percent of 82.7% (N = 43) of respondents indicates the principles of ethics; 55.8% (N = 29) indicates the care of a maximum possible number of patients.

Inherently, given the specifics of the mission of the healthcare institution, but also due the fact that the patient is the main category of stakeholders, respondents confirmed that the patient needs are important in decisions making in planning process. A percent of 50% (N = 26) of them considers to a very great extent that the vision of the institution is determined by the care needs of patients and 42.3% (N=22) declares to a very great extent that is reformulated according the care needs of patients/community. A percent of 76.9% of respondents (N = 40) affirms that the

criteria for the establishment of performance indicators are the care needs of patients. *Medical supplies* needed are ensured according the care needs of patients – 38.5% (N = 20) to a great extent and 30.8% (N = 16) to a very great extent.

There are clear policies on tracking how are respected the patient rights for 36.5% (N = 19), to a great extent and 40.4% (N = 21) to a very great extent. Moreover, a percent of 57.7% (N = 30) of respondents appreciates that ensuring patients rights is one of the areas of ethical risk.

A percent of 34.6% (N = 18) respondents appreciates to a great extent and 30.8% (N = 16) to a very great extent that there are mechanisms for performing objective satisfaction surveys among patients. 44.2% (N = 23) of them considers to a great extent that there are communication channels to patients as required. 34.6% (N = 18) of respondents argues to a fairly great extent, and 32.7% (N = 17) to a very great extent, that there are informative materials to patients and for getting their feedback. According the data, the feedback obtained in surveys on patients satisfaction are always taken into account in the decision making process and corrective actions are taken accordingly (34.6%, (N = 18) to a very great extent, 25% (N = 13) to a great extent, 21.2% (N = 11) to a fairly great extent).

Patients receive information, they are asked to consent (informed consent) about entering / processing / using of their personal data in institutional databases (to a very great extent - 63.5%, N = 33; 21.2%, N = 11 to a great extent). A percent of 50% (N = 26) respondents expresses a strong disagreement and 21.1% (N = 11) the disagreement regarding that the medical staff allows no sufficient time for patients care. 36.5 % (N = 19) expresses strong disagreement and 26.9% (N = 14) the disagreement regarding the existence of language barriers between staff and patients.

A sensitive issue, widely publicized by the Romanian mass-media, is related with the “little financial gifts” received by the medical staff from patients [see Note 1]. Also, other opinion surveys conducted among patients have attempted to clarify this aspect of the “little gifts” received by medical staff from patients (access http://www.info-sanatate.ro/docs/Studiu_Pilot_Satisfactia_Pacientilor_2011_Info-Sanatate_ASSMB.pdf)

Regarding this issue, we can appreciate that there is not a full concordance of the all replies of respondents (strong disagreement - 30.8% (N = 16) and strong agreement - 34.6% (N = 18). Moreover, in their view, bribing the staff by the patients is present in a very little extent (61.5%, N= 32), and in a little extent (19.2%, N=10).

Also, to other related question related with receiving money from patients due an overload work program, 44.2% (N= 23) of participants at research displays strong disagreement and 26.9% (N= 14) disagreement.

The managerial staff that participated at the research declared that there are absolutely no verbal abuses of staff to patients (to a very little extent, 50% (N = 26), to a small extent, 19.2%, N = 10); there are no physical abuses to patients (to a very little extent N = 34, 64.5%, to a little extent, 21.2%, N = 11); there is no lack of compassion to patients (to a very little extent, 51.9%, N = 27); there is no discriminatory treatment (to a very little extent, 75%, N = 39); there is no failure in respecting the working hours by the staff (to a small extent N = 35, 67.3%); there is no malpractice and negligence in work practices (to a very little extent 71.2%, N = 37, to a little extent 19.2%, N = 10).

INSTEAD OF CONCLUSIONS

The research results presented above represent the views of a single category of stakeholders, and can withstand a certain degree of subjectivity on the part of respondents, but it is a first step towards knowing the reality. This study, along with other researches that could be done or are already developed for finding the opinion of many other stakeholders (patients, their families and associations that represent their interests, employees with no managerial responsibilities, authorities that monitor the activity of hospitals, those that provide financing, and public opinion) could be the basis for change in vulnerable areas of Romanian hospitals, and for a better adaptation to the current global context.

Even there are some efforts towards ethics management, we can notice that the organizational ethics policies are adopted in isolation (e.g., patient rights) but not in a systematic manner, and what is even worse, their main focus is the institution and its system, the application of the rules, and, unfortunately, not the benefit of the *individual* (the patient, the employee, or the citizen) or the organic relationship between the person and the system or the institution" (Agheorghiesei, 2013: 258). In addition, we must consider that the medical services are provided in a competitive market and must be promoted to patients / clients who have different values and ethical principles (Tătărușanu and Onea, 2012: 151).

The attention granted to ethics institutionalization and its management is the guarantee that the institution performs sustainable relationships with its stakeholders, but this "can be built and maintained only if the interacting social actors they trust each other in actions and behaviors they initiate. Trust is necessary particularly evident "in the context of risks" (Deutsch, 1960, cited by Kaptein, 1998: 33).

Like in the case of the private companies, the healthcare institutions justify their existence to their stakeholders. The support of the latter ones is based on trust accumulated over time between both parts. The trust level should be measured continuously in order to maintain the relationships to the highest standards. From this point of view, we can say that the ethics is a capital of trust deposited in the bank of stakeholders; actually is an "extension of a good management" (Treviño and Nelson, 2011: 18).

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