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P. Michael Peterson EdD

University of Delaware

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Prescriptions for Excellence in HEALTH CARE

A COLLABORATION BETWEEN JEFFERSON SCHOOL OF POPULATION HEALTH AND LILLY USA, LLC

Ethics, Culture, and the Hospital Board

By P. Michael Peterson, Ed

Culture is the cornerstone of any health care organization. It defines how people behave, think, and organize themselves to achieve success. The essence of culture is rooted in the underlying assumptions and beliefs that have been jointly learned and taken for granted as the organization has evolved.¹ These assumptions function much like a software operating system, guiding behavior and thought within the organization, often below our level of awareness but broadly and deeply stabilizing how we work, perform, behave, communicate, relate, and think. Schein identifies various deep underlying assumptions that define a culture: the nature of human nature (“Is it good or is it evil?”); the nature of human relationships (“How should we best relate to achieve success?”); the nature of time and space (“How do we look at time? How does our physical layout reflect work style and status?”); and the nature of reality and truth (“Are you more moralistic or pragmatic in your decision making?”).¹ The answers health care providers and hospital board members give to these questions determine how the organization is structured and organized, what it values, how it works and behaves, what it rewards and punishes, what it considers to be acceptable or ethical, and ultimately how healthy the organization will be.

Ethics is defined as the body of moral principles or values governing a particular culture or group.² Within health care organizations, ethics is the outcome of cultural values and assumptions related to the practice of medicine and patient care. Although some people perceive ethics as a religious artifact, in reality it is an essential part of doing business because ethical principles and codes of conduct provide a framework for good decision making and organizational behavior. Ethics serve to link the personal beliefs of employees with the corporate cultural values and beliefs. Typically cultures value honesty, integrity, trust, hard work, loyalty and commitment, and respect for one another³ - traits that are learned through education (eg, the organization publicly declares them as values) and through observed behavior (eg, we see what others do and don't do and the consequences of those actions). However, these attributes can be compromised if the competing values of profit, market share, competition, and individualism are also espoused by the organization. Within any health care providing organization, a culture may promote competing values that serve to create ethical dilemmas for employees.

“Do I provide the patient with all available medical options if it means costing the hospital money and time?”

“Do I bring the misconduct of a coworker to management, or do I let it slide to protect the unit or team?”

In addition, pressure can be placed on employees to compromise ethics in an effort to achieve a greater good (or value).⁴

In a 2003 National Business Ethics Survey conducted by the Ethics Resource Center,⁵ the most common types of misconduct observed were abusive or intimidating behavior toward employees, and lying to employees, customers, suppliers, and the public. These types of misconduct can be reinforced culturally and thus perpetuate a counterproductive work environment. For example, a nurse supervisor who regularly berates new nurses as a means of controlling staff and achieving quality care creates a hostile work environment (unethical conduct) in the process of achieving corporate goals (quality care). If she is rewarded by management for her performance (quality care), her unethical management practices are reinforced simultaneously.

Employees quickly learn what is “acceptable behavior” within the greater corporate culture and what is truly valued. Mistreatment (perceived or real) of employees acts as a catalyst for unethical workforce behaviors such

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as retaliatory responses (eg, stealing supplies, less productive use of time, backbiting, noncompliance). In a study conducted by Harris Interactive on behalf of Deloitte & Touche USA,⁶ 91% of employed adult workers stated that they would more likely behave ethically on the job when they have a good work/life balance, and 60% said that job dissatisfaction is a significant reason for people to make unethical decisions at work. In fact, people do care about ethics and consider it an important criterion for a healthy workplace.⁷

When an organization's culture drifts toward unethical practices, the work environment becomes less professional, productive, satisfying, and safe.^{8,9} Unethical cultures (or those with weak ethics) create conditions in which ethical dilemmas are more common and in which personal values are consistently challenged. The resulting emotional stress among workers contributes to ill health, increased turnover, and decreased productivity and service quality.¹⁰⁻¹²

What Can the Hospital Board Do?:

Employees listen to their leadership's messages and observe their behavior; therefore, it is incumbent on any health care board to define, both in word and deed, ethical conduct and to determine the degree to which ethics are a part of the organization's culture.

Communication about ethics should become a regular part of performance reviews, staff meetings, and personal conversations. Consistent enforcement and reminders of ethical standards serve to strengthen the cultural value and create a safe environment that encourages employees to ask ethics questions and get the right answers.

Creating an Ethical Hospital Board Culture:

Understanding the existing culture is paramount to creating an ethical hospital board culture.¹³ It is difficult to know where to go without knowing where you are. By taking a close, critical, objective look at his or her own cultural assumptions and how they influence the organization, a board member can identify areas for growth, improvement, and change. To avoid preconceptions and potential biases, a cultural assessment should be conducted by an external consultant (or agency). Internal cultural assessments often fail to recognize problems and the underlying assumptions.

Internal systems can be put in place to monitor for signs and symptoms of an unhealthy organization or workforce. Measures that should be consistently monitored include absenteeism rates, turnover rates, work stress level, grievances, communication problems, sickness and illness rates, short- and long-term disability, accident and safety problems, ethics violations, patient care quality, and medical mistakes. Mandating these actions at the organizational level can serve to prevent more chronic corporate "diseases." Regular reports to the board on these matters should be requested and subject to discussion from a cultural and ethical perspective.

Leadership is vital for an ethical and healthy organization. Therefore board members should self-monitor their own behaviors, decisions, and practices to assure that they align with healthy standards of conduct and cultural assumptions that promote a healthy organization and employee well-being.

Hospital board members should not be afraid to challenge long-held

cultural assumptions. The tendency is to perpetuate a given culture because it is known, stable, and comfortable. However, the culture could be the prime cause of institutional problems. They should ask themselves, "How is our culture impacting our success or contributing to ethical problems within the organization?"

P. Michael Peterson, EdD is a professor at the University of Delaware and creator of the graduate Health Promotion program. He can be reached at: pmpeter@udel.edu.

References:

1. Schein EH. *The Corporate Survival Guide*. San Francisco: Jossey-Bass; 1999.
2. Merriam-Webster Dictionary. Available at: <http://www.merriamwebster.com/dictionary/ethics>. Accessed February 16, 2009.
3. Joseph J. Ethics in the workplace. ASAE and the Center for Association Leadership. Available at: <http://asaacenter.org/PublicationsResources/articledetail.cfm?ItemNumber=13073>.
4. Ambrosio E, Walkerley S. Broadening the ethical focus: a community perspective on patient autonomy. Available at: http://www.humanehealthcare.com/Article.asp?art_id=619.
5. Ethics Resource Center. *2003 National Business Ethics Survey*. Arlington, VA: Ethics Resource Center; 2003.
6. Worthington B. Work/Life balance influences workplace ethics. Available at: <http://hreonline.com/HRE/printstory.jsp?storyId=12614425>.
7. Peterson M. What men and women value at work: implications for workplace health. *Gender Medicine*. 2004;1(2):106-124.
8. Gillett G. Medical science, culture, and truth. Available at: <http://www.peh-med.com/content/1/1/13>.
9. Baker L, Sara S, Gaba D, et al. Patient safety culture in hospitals. *Abstr AcademyHealth Meet*. 2003;20: abstract no. 706.
10. Bates DW, Gawande AA. Error in medicine: what have we learned? *Ann Intern Med*. 2000;132(9):763-767.
11. Pugliesi K. The consequences of emotional labor: effects on work stress, job satisfaction, and well-being. *Motivation and Emotion*. 1999;23(2):125-154.
12. Sexton JB, Thomas EL, Helmreich RL. Error, stress, and teamwork in medicine and aviation: cross sectional surveys. *BMJ*. 2000;320:745-749.
13. Peterson M, Wilson JF. The culture-work-health model and work stress. *Am J Health Behav*. 2002;26(1):16-24.