



Leaders of health care organizations strongly influence the ethical environment and culture, which in turn influence employee behavior. Without proactive ethical leadership, ethical culture problems prevail despite the best intentions.

Ethical Leadership is one of the three core functions, along with Preventive Ethics and Ethics Consultation, of IntegratedEthics®. Together, these functions provide health care leaders with the practical tools and training they need to foster an ethical environment and culture that will make it easier for employees to “do the right thing.” The IntegratedEthics model of Ethical Leadership is organized around four compass points that are strongly associated with ethical culture:

1. Demonstrate that ethics is a priority.
2. Communicate clear expectations for ethical practice.
3. Practice ethical decision making.
4. Support your local ethics program.

## Tear Sheet Topic: Advancing Ethical Leadership Across VHA

### South Texas Veterans Health Care System Shares Resource Allocation Decisions

### Employees Remembered at Harry S. Truman Memorial Veterans’ Hospital

This past year, in response to the National Center for Ethics in Health Care’s program metric for ethical leadership (EL), facilities and VISNs shared progress on improvement projects where the aim was to promote EL and demonstrably enhance the ethical environment and culture in their settings. NCEHC reviewers recently evaluated nearly 100 of these project summaries to determine the quality of their development process, content, implementation, effectiveness, and plans for sustainability.

The projects covered many ethical domains, most commonly including Resource Allocation, Everyday Workplace, Business and Management, and Professionalism in Health Care. The summaries indicated that facilities and VISNs are working diligently to engage leaders and staff in improving their ethical environment and culture by examining IE Staff Survey (IESS) scores and other sources, and by developing programs and practices to address observed gaps.

In this review, NCEHC identified a few trends that facilities should consider as they close out Fiscal Year 2012 improvement projects and begin thinking

about those for 2013. While many summaries included robust descriptions of how a project was selected, implemented, and assessed, others lacked information in one or more categories. For example, in some cases, the selected strategies did not appear to address the stated improvement opportunity (i.e., problem) or goal. Also, while over half of the summaries reported positive quantitative or qualitative results, some did not include much detail about the measures they used, or they relied solely on results of the IESS to guide their improvement activities. Finally, only some included plans for how the IE team planned to sustain and spread their projects during the next year.

The summaries from the South Texas Veterans Health Care System in Temple, TX, and the Harry S. Truman Veterans’ Memorial Hospital in Columbia, MO, represent two examples of strong projects that have made a difference at these facilities. The South Texas project addressed a familiar ethical concern – increasing leadership’s transparency surrounding resource allocation processes and decisions – while Truman VA undertook a unique project that was especially meaningful for their facility: the remembrance of deceased employees.

### Sharing Resource Allocation Decisions in South Texas

The South Texas IE team initially identified this improvement opportunity through low IESS scores on questions relating to employee understanding of the

*Continued on next page*





## Tear Sheet Topic: Advancing Ethical Leadership Across VHA

*Continued from previous page*

decision-making process for allocating resources. To better understand the poor IESS results, the team then developed and distributed a focus survey to management-level personnel, including service Chiefs and Nursing Managers. When the results confirmed those from the IESS, they developed a cause-and-effect diagram that identified some root causes of the lack of communication surrounding resource-allocation decisions, including assumptions that staff were already aware of the facility's resource priorities and perceptions that the budgeting process was too complicated to share with frontline staff. These concerns led to the stated goal, to educate and promote understanding of resource allocation processes within the facility.

To address this perceived gap, the IE program's Ethical Leadership Taskforce first worked intensively with facility senior management to develop a presentation on the facility budget process for service Chiefs and Administrative Officers. The taskforce then uploaded resources related to business planning, the Fiscal Year 2013 budget, and Veterans Equitable Resource Allocation (VERA) to the VISN 17 IE SharePoint site. Next, in May 2012, a leadership challenge was issued to Chiefs and Administrative Officers to use at least some of these resources in presentations to their staffs by July 30.

In monitoring compliance with the challenge, the taskforce discovered that more than 85 percent of service Chiefs and Administrative Officers had held at least one staff meeting that was focused on resource allocation processes during the designated timeframe. Ultimately, the taskforce hopes the action plan will motivate staff to ask questions related to resource allocation rather than relying on the "rumor mill."

"In these tough times, employees want to know that we are using our money right,"<sup>1</sup> said facility Director Marie Weldon. "These presentations help staff at all levels to engage with the tough decisions, and be aware that our facility was working to make most effective use of resources to benefit Veterans."<sup>1</sup>

Even though leaders recognize that staff may not agree with the outcome of the decisions, the taskforce reported a smooth process because they had leadership support right from the beginning,<sup>1</sup> said Chaplain Karen Reed, facility IE Program Officer. "The Director's encouragement assisted with the motivation to participate."

According to Chaplain Reed, the impact of the Resource Allocation project will be measured by re-administering the management focus survey. The follow-up survey will show if the project met management's needs for sharing resource allocation decisions.

In addition, Chaplain Reed explained that the resource allocation presentation demonstrated to managers that the purpose of the IE program is to address ethics gaps in many health care domains. "Realizing this, our team plans to increase understanding of the entire IE program across the facility. Ms. Weldon has invited IE to present during the All Employee Meetings this year. We will use the same presentation on facility Web banners and in the employee newsletter to reach all employees."

In order to sustain and spread an interest in ethics, managers will also be encouraged to explore the ethical implications of their requests by adding the NCEHC Quality Check questions to the Executive Decision Memorandum Template and adding an "ethics moment"<sup>1</sup> during staff meetings. Content for these meetings will consist of ethics materials and de-identified cases from the facility, the VISN IE Advisory Board, and NCEHC.

### [Acknowledging Staff Grief over the Loss of Colleagues in Columbia, MO](#)

After an unexpected spike in employee deaths, facility leadership and the IE team realized that issues of grief among the workforce were negatively affecting the culture and climate of various work units — and many believed

*Continued on next page*



**VA**  
HEALTH CARE | Defining  
**EXCELLENCE**  
in the 21st Century

National Center for  
**ETHICS**  
in Health Care

This article was originally published in issue 20 (September 2012) of *IntegratedEthics in Action*, a publication of VA's National Center for Ethics in Health Care. Learn more about VA's *IntegratedEthics* program at [www.ethics.va.gov/integratedethics](http://www.ethics.va.gov/integratedethics).



## Tear Sheet Topic: Advancing Ethical Leadership Across VHA

*Continued from previous page*

that leadership was not doing anything to recognize the problem. When this issue came to the attention of the IE and the Executive Leadership Teams, an improvement goal was formulated to “demonstrate care, concern, and compassion for the staff,”<sup>1</sup> as well as to “celebrate the life and contributions of deceased staff.”<sup>1</sup>

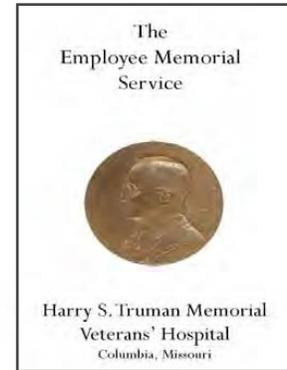
After discussions with the facility Director, IE Program Officer Randall Kilgore engaged the IE Council, the Catholic and Protestant Chaplains, and representatives from Human Resources (HR), Palliative Care, Voluntary Services (VS), and Patient Services to develop an annual Employee Memorial Service that would be based on the model used for the Quarterly Veterans Memorial Service. “By offering such a service that would involve leadership, management, and staff,” said Mr. Kilgore, “we hoped to provide a venue for sharing, expressing sorrow, and celebrating life and the essential contributions that these former employees made.”

The people remembered included not only current employees, but also retired employees and volunteers. Program developers compiled the list of deceased employees from HR and VS records, and from local obituaries. While the planners experienced no barriers in developing the service, they were prepared to accommodate last-minute changes or needs for additional grief counseling.

After the service, the IE team sought feedback from participants. “The service was well-received,”<sup>1</sup> said Mr. Kilgore. “This memorial service provided a means by which co-workers could be actively engaged in remembering their colleagues.” Comments from staff who attended provided enough anecdotal evidence that it was a worthwhile expenditure of time and resources. Its impact will continue to be measured over time.

One service has already been held, and plans for the next are underway. Further, senior executive leadership will remain involved in the annual service. “They will be asked to participate, especially when their specific divisions have experienced a loss of a staff member,”<sup>1</sup> said Mr. Kilgore.

Note: Readers can search for the full text summary of the South Texas and Columbia EL improvement projects as well as other EL summaries under “EL improvement documents” at the IE VISN and Facility SharePoint site: <http://vaww.infoshare.va.gov/sites/IntegratedEthics/default.aspx>



**VA**  
HEALTH CARE | Defining  
**EXCELLENCE**  
in the 21st Century

National Center for  
**ETHICS**  
in Health Care

This article was originally published in issue 20 (September 2012) of *IntegratedEthics in Action*, a publication of VA's National Center for Ethics in Health Care. Learn more about VA's IntegratedEthics program at [www.ethics.va.gov/integratedethics](http://www.ethics.va.gov/integratedethics).