

IntegratedEthics

Improving Ethics Quality in Health Care



Ethical Leadership

Fostering an Ethical Environment
& Culture



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Authors

Ellen Fox, MD

Director

National Center for Ethics in Health Care

Veterans Health Administration (VHA)

Bette-Jane Crigger, PhD

Ethics Communications Chief

National Center for Ethics in Health Care

Melissa Bottrell, MPH, PhD

Ethics Evaluation Staff

National Center for Ethics in Health Care

Paul Bauck, MEPD

Ethics Program Specialist

National Center for Ethics in Health Care

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VHA Reviewers

Richard S. Adams, Jeffrey D. Allen, Peter Almenoff, Linda W. Belton, Lawrence Biro, Susan P. Bowers, Jeannette Chirico-Post, Robert Criscuolo, Tracy Dekelboum, Maureen Dicker, John Elliott, Anthony Ficarra, Colleen Feige, Joe Francis, Joseph Hepner, Wanda Hodnefield, Lisa Howard, Nancy L. Howard, Bryant Ivey, Suzanne Jene, Raya Kheirbek, Mike Kilpatrick, Lisa C. Kite, Mary Kundrat, Kathryn Maginnis, Joseph McAfee, Peter McKeown, Kathleen Noll, Caitlin O'Brien, Nancy O'Brien, Robert Ratliff, Julie Rickert, Rosemary Romick, James Sanders, James Scheurich, Kurt Schlegelmilch, Diane Schmidt, Evelyne Shuster, Gordon A. Starkebaum, Andrew Stenhouse, Randy Taylor, Anita Urdiales, James Waterman, Wayne Welge

External Reviewers

Philip J. Boyle, Evan G. DeRenzo, Bruce Jennings, William A. Nelson, Mary V. Rorty, Barbara Secker, Rebecca Stoeckle, Linda K. Treviño, Diane Twyman, Patricia Werhane

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This document and other IntegratedEthics materials are available online through the website of the National Center for Ethics in Health Care.

VA employees should access the site via intranet at vaww.ethics.va.gov/IntegratedEthics.
Others should access the site via the Internet at www.ethics.va.gov/IntegratedEthics.

Executive Summary

Ethical Leadership: Fostering an Ethical Environment & Culture establishes VA guidance for ethical leadership, one of the three core functions of IntegratedEthics. This primer was designed to supplement the IntegratedEthics training video on the same topic. Targeted to VA leaders at the executive and mid-manager levels (as defined in VA's High Performance Development Model), it offers practical suggestions for how leaders can support ethical practices in their organizations. It was designed to be read initially in its entirety. Subsequently, it can serve as a useful reference when leaders wish to refresh their memories or to answer specific questions.

Part I: IntegratedEthics—Improving Ethics Quality in Health Care

Part I of this primer provides an overview of IntegratedEthics, describing the need for IntegratedEthics and how the IntegratedEthics model addresses that need. Readers who have not already read this overview are encouraged to do so, to understand the role of ethical leadership within the context of the broader IntegratedEthics program.

Part II: Introduction to Ethical Leadership in Health Care

Part II provides an overview of ethical leadership, explains the role leaders play in creating and sustaining an ethical environment and culture, and reviews the critical factors necessary for success.

What is ethical leadership in health care?

For the purposes of this document we define **ethical leadership** as activities on the part of leaders to foster an environment and culture that support ethical practices throughout the organization.

Leaders play a critical role in creating, sustaining, and changing their organization's culture, through their own behavior and through the programs and activities they support and praise or neglect and criticize. All leaders must undertake behaviors that foster an ethical environment—one that's conducive to ethical practices and that effectively integrates ethics into the overall organizational culture.

Leaders in the VA health care system have unique obligations that flow from their overlapping roles as public servants, providers of health care, and managers of both health care professionals and other staff. These obligations are sharpened by VA's commitment to providing health care to veterans as a public good, a mission born of the nation's gratitude to those who have served in its armed forces.

- As public servants, VA leaders are specifically responsible for maintaining the public trust, placing duty above self-interest, and managing resources responsibly.
- As health care providers, VA leaders have a fiduciary obligation to meet the health care needs of individual patients in the context of an equitable, safe, effective, accessible, and compassionate health care delivery system.
- As managers, leaders are responsible for creating a workplace culture based on integrity, accountability, fairness, and respect.

To fulfill these roles, VA leaders not only have an obligation to meet *their* fundamental ethical obligations, they also must ensure that staff throughout the organization are supported in adhering to high ethical standards. Because excellence in ethics depends not only on the performance of individuals, but also on the performance of the systems and

environment in which those individuals work, *we define the goal of ethical leadership as fostering an ethical environment and culture.*

What is an ethical environment and culture?

A key leadership responsibility is to ensure that the organization makes it easy for employees to “do the right thing.” Leaders must foster an environment and an organizational culture that supports doing the right thing, doing it well, and doing it for the right reasons—i.e., reasons that are supported by ethical values.

In an organization with a healthy ethical environment and culture, virtually everyone:

- appreciates that ethics is important
- recognizes and discusses ethical concerns
- seeks consultation on ethics cases when needed
- works to resolve ethics issues on a systems level
- sees ethics as part of quality
- understands what is expected of them
- feels empowered to behave ethically
- views organizational decisions as ethical

Part III: The Ethical Leadership Compass—Four Points to Remember

Finally, Part III describes specific behaviors leaders should use to foster an ethical environment and culture.

The Ethical Leadership Compass

The ethical leadership component of IntegratedEthics calls on leaders to make clear through their words and actions that ethics is a priority, to communicate clear expectations for ethical practice, to practice ethical decision making, and to support their facility’s ethics program. These four “compass points” of ethical leadership are supported by tools and educational materials developed for IntegratedEthics.

Tools for Ethical Leadership

The IntegratedEthics initiative emphasizes distance learning and the National Center for Ethics in Health Care has used print, video, and electronic media in designing tools—including this ethical leadership primer—to support ethical leadership.

A self-assessment tool to help leaders identify areas in which they are successfully modeling behaviors that foster an ethical environment and culture and highlight

The Ethical Leadership Compass

Demonstrate that ethics is a priority

- Talk about ethics
- Prove that ethics matters to you
- Encourage discussion of ethical concerns

Communicate clear expectations for ethical practice

- Recognize when expectations need to be clarified
- Be explicit, give examples, explain the underlying values
- Anticipate barriers to meeting your expectations

Practice ethical decision making

- Identify decisions that raise ethical concerns
- Address ethical decisions systematically
- Explain your decisions

Support your local ethics program

- Know what your ethics program is and what it does
- Champion the program
- Support participation by others

opportunities for improvement and a bookmark to remind them of the four compass points are available on the Center's website, [vaww.ethics.va.gov/IntegratedEthics](http://www.ethics.va.gov/IntegratedEthics) or www.ethics.va.gov/IntegratedEthics.

Part I

Introduction to Integrated Ethics

Integrated Ethics: Improving Ethics Quality in Health Care

VA: A Leader in Quality and Organizational Change

VA has become the standard-bearer for quality in American health care. VA consistently outperforms other health care organizations on a wide range of quality measures.[1,2] Publications from *The New York Times* and *The Washington Post* to *Business Week* and *Washington Monthly* laud VA for providing “the best care anywhere,”[3–6] and today’s VA makes headlines for outranking private health care organizations in customer satisfaction.[4,5] The Agency has been equally lauded as a “bright star” in patient safety.[7] And VA’s electronic health record system has earned it Harvard University’s prestigious “Innovations in American Government” award.[8]

How did an enormous, public health care system with finite resources take the lead in quality? VA’s impressive examples of excellence have resulted from the work of visionary leaders and dedicated staff deliberately creating organizational change. Each organizational change initiative was innovative and established a new national standard that was subsequently adopted by other organizations. Each was based on a recognized need and supported by top leadership. Each was carefully designed and field-tested before being implemented on a national scale. Each involved centrally standardized systems interventions that affected staff at all levels. Each was supported by practical tools and education for staff. And each required not only significant shifts in thinking on the part of individuals, but also significant changes in organizational culture.

As the largest integrated health care system in the United States and a recognized leader in quality and organizational change, VA is now poised to take on a new challenge: to disseminate a systems-focused model to promote and improve ethical practices in health care—and *a new way of thinking about ethics*.

Why Ethics Matters

Throughout our health care system, VA patients and staff face difficult and potentially life-altering decisions every day—whether it be in clinics, in cubicles, or in council meetings. In the day-to-day business of health care, uncertainty or conflicts about values—that is, ethical concerns—inevitably arise.

Responding effectively to ethical concerns is essential for both individuals and organizations. When ethical concerns aren’t resolved, the result can be errors or unnecessary and potentially costly decisions that can be bad for patients, staff, the organization, and society at large.[9–12] When employees perceive that they have no place to bring their ethical concerns, this can result in moral distress, a recognized factor in professional “burnout,” which is a major cause of turnover, especially among nurses.[13]

A healthy ethical environment and culture doesn't just improve employee morale; it also helps to enhance productivity and improve efficiency.[14–16] Organizations that support doing the right thing, doing it well, and doing it for the right reasons tend to outperform other organizations in terms of such measures as customer satisfaction and employee retention.[17,18] Failure to maintain an effective ethics program can seriously jeopardize an organization's reputation, its bottom line, and even its survival.[19]

Ethics is also closely related to quality. A health care provider who fails to meet established ethical norms and standards is not delivering high-quality health care. By the same token, failure to meet minimum quality standards raises ethical concerns. Thus ethics and quality care can never truly be separated.

The Concept of Ethics Quality

When most people think of quality in health care, they think of technical quality (e.g., clinical indicators) and service quality (e.g., patient satisfaction scores). But *ethics* quality is equally important.[20] Ethics quality means that practices throughout an organization are consistent with widely accepted ethical standards, norms, or expectations for a health care organization and its staff—set out in organizational mission and values statements, codes of ethics, professional guidelines, consensus statements and position papers, and public and institutional policies.

For example, let's say a patient undergoes a surgical procedure. From a technical quality perspective, the operation was perfectly executed, and from a service quality perspective, the patient was perfectly satisfied with the care he received. So the care was of high quality, right? Well, not necessarily. Imagine that the patient was never really informed—or was even misinformed—about the procedure he received. This would indicate a problem with ethics quality.

The idea of ethics quality as a component of health care quality isn't exactly new. Donabedian, who is widely regarded as the father of quality measurement in health care, defined quality to include both technical and interpersonal components, interpersonal quality being defined as “conformity to legitimate patient expectations and to social and professional norms.”[21] Other experts have proposed “ethicality”—the degree to which clinical practices conform to established ethics standards—as an important element of health care quality.[22] And it's been argued that specific performance measures for ethics should be routinely included in health care quality assessments.[20]

Ethics Quality Gaps

Health care organizations in this country have significant “opportunities for improvement” with respect to ethics quality,[23] and VA is no exception. Over the past several years, VA's National Center for Ethics in Health Care has been collecting data on the VA health care system—through formal and informal surveys, interviews, and focus groups—to understand where there are ethics quality gaps. What have we found?

VA employees:

- regularly experience ethical concerns
- want more tools and support to address their concerns
- perceive that the organization doesn't always treat ethics as a priority

Ethics committees or programs:

- are seldom described as influential or well respected
- tend to focus narrowly on clinical ethics and fail to address the full range of ethical concerns in the organization
- operate as silos in relative isolation from other programs that deal with ethical concerns
- tend to be reactive and case oriented, instead of proactive and systems oriented
- often lack resources, expertise, and leadership support
- do not consistently follow specific quality standards
- are rarely evaluated or held accountable for their performance

In addition, VA leaders recently got a wake-up call when an independent audit found material weaknesses in accounting practices and suggested problems with “ethics” and “culture” as a root cause.[18] The audit found evidence that at least in some instances, “making the numbers” seemed to be valued more than ethics. Ironically, the very things that have made VA a leader in quality may actually put the organization at risk from an ethics perspective. VA’s keen focus on performance excellence in the clinical and financial arenas, through use of powerful performance measurement and rewards systems, may unintentionally have supported a culture in which “getting to green” is all that counts.

Findings from VA’s all-employee survey reveal other opportunities for improvement in ethical environment and culture. High scores in the area of “bureaucratic” culture indicate that the organization emphasizes rules and enforcement.[24] Rules usually define prohibited behavior or minimal standards, instead of inspiring exemplary or even good practices. A rules-based culture tends to emphasize compliance with “the *letter* of the law” as opposed to fulfilling “the *spirit* of the law.” From an ethics perspective, overemphasizing rules can lead to “moral mediocrity”[25]—or worse, unethical practices, if employees equate “no rule” with “no problem” or if they “game the rules” by developing ethically problematic workarounds.[26]

While employees in rules-driven organizations tend to concentrate on what they *must* do, those in organizations with a healthy ethical environment and culture tend to concentrate more on what they *should* do—finding ethically optimal ways to interpret and act on the rules in service of the organization’s mission and values.

Thus while VA is a leader in quality, historically, the organization hasn’t placed a great deal of emphasis on *ethics* quality. To achieve a truly “balanced scorecard,” VA needs to systematically prioritize, promote, measure, and reward ethical aspects of performance. IntegratedEthics is the mechanism by which VA will achieve this goal—ensuring that ethics quality is valued every bit as much as other organizational imperatives, such as “making the numbers” and “following the rules.”

IntegratedEthics

VA has recognized the need to establish a national, standardized, comprehensive, systematic, integrated approach to ethics in health care—and IntegratedEthics was designed to meet that need. This innovative national education and organizational change initiative is based on established criteria for performance excellence in health care organizations,[27] methods of continuous quality improvement,[28] and proven strategies

for organizational change.[29] It was developed by VA's National Center for Ethics in Health Care with extensive input from leaders and staff in VA Central Office and the field, expert panels and advisory groups, and reviewers within and outside the organization. Materials developed for IntegratedEthics underwent validity testing, field testing, and a 12-month demonstration project in 25 facilities. Now, the expectation is that every VA health care facility will implement the IntegratedEthics model to ensure ethics quality in health care.

Levels of Ethics Quality

Ethics quality is the product of the interplay of factors at three levels: decisions and actions, systems and processes, and environment and culture. The image of an iceberg helps to illustrate the concept of ethics quality in health care:

- At the surface of the “ethics iceberg” lie easily observable *decisions and actions*, and the events that follow from them, in the everyday practices of a health care organization and its staff.
- Beneath that, however, organizational *systems and processes* drive decision making. Not immediately visible in themselves, these organizational factors become apparent when we look for them—for example, when we examine patterns and trends in requests for ethics consultation.
- Deeper still lie the organization’s ethical *environment and culture*, which powerfully, but nearly imperceptibly shape its ethical practices overall. This deepest level of organizational values, understandings, assumptions, habits, and unspoken messages—what people in the organization know but rarely make explicit—is critically important since it is the foundation for everything else. Yet because it’s only revealed through deliberate and careful exploration, it is often overlooked.



Image courtesy of Uwe Killis. Used with permission.

Together, these three levels—decisions and actions, systems and processes, and environment and culture—define the ethics quality of a health care organization.

Many ethics programs make the mistake of spending too much time in a reactive mode, focusing only on the most visible of ethical concerns (i.e., the “tip of the iceberg”). But to have a lasting impact on ethics quality, ethics programs must do more: They must continually probe beneath the surface to identify and address the deeper organizational factors that influence observable practices. Only then will ethics programs be successful in improving ethics quality organization-wide.

IntegratedEthics targets all three levels of ethics quality through its three core functions, discussed in detail below: ethics consultation, which targets ethics quality at the level of decisions and actions; preventive ethics, which targets the level of systems and processes; and ethical leadership, which targets the level of environment and culture.

Domains of Ethics in Health Care

Just as IntegratedEthics addresses all three levels of ethics quality, it also deals with the full range of ethical concerns that commonly arise in VA, as captured in the following content domains:

- Shared decision making with patients (how well the facility promotes collaborative decision making between clinicians and patients)
- Ethical practices in end-of-life care (how well the facility addresses ethical aspects of caring for patients near the end of life)
- Patient privacy and confidentiality (how well the facility protects patient privacy and confidentiality)
- Professionalism in patient care (how well the facility fosters behavior appropriate for health care professionals)
- Ethical practices in resource allocation (how well the facility demonstrates fairness in allocating resources across programs, services, and patients)
- Ethical practices in business and management (how well the facility promotes high ethical standards in its business and management practices)
- Ethical practices in government service (how well the facility fosters behavior appropriate for government employees)
- Ethical practices in research (how well the facility ensures that its employees follow ethical standards that apply to research practices)
- Ethical practices in the everyday workplace (how well the facility supports ethical behavior in everyday interactions in the workplace)

In many health care organizations, ethics programs focus primarily (or even exclusively) on the clinical ethics domains, leaving nonclinical concerns largely unaddressed. Another common model is that ethical concerns are handled through a patchwork of discrete programs. In VA facilities, clinical ethics concerns typically fall within the purview of ethics committees, while concerns about research ethics typically go to the attention of the institutional review board, and business ethics and management ethics concerns usually go to compliance officers and human resources staff. These individuals and groups tend to operate in relative isolation from one another and don't always communicate across programs to identify and address crosscutting concerns or recurring problems. Moreover, staff in these programs may not be well equipped to bring an *ethics* perspective to their areas of expertise. For example, when employees experience problems relating to their interactions with persons of a different ethnicity or cultural background, this is often treated as an EEO issue. But resolving the situation might require not just a limited EEO intervention but a more systematic effort to understand the values conflicts that underlie employee behaviors and how the organization's ethical environment and culture can be improved. IntegratedEthics provides structures and processes to develop practical solutions for improving ethics quality across all these content domains.

Rules-Based and Values-Based Approaches to Ethics

In addition to addressing ethics quality at all levels and across the full range of domains in which ethical concerns arise, the IntegratedEthics model takes into account both rules- and values-based approaches to ethics.

Rules-based ethics programs are designed to prevent, detect, and punish violations of law.[25,26,30] Such programs tend to emphasize legal compliance by:[31]

- communicating minimal legal standards that employees must comply with
- monitoring employee behavior to assess compliance with these standards
- instituting procedures to report employees who fail to comply
- disciplining offending employees

In contrast, values-based approaches recognize that ethics means much more than mere compliance with the law. As one commentator put it:

You can't write enough laws to tell us what to do at all times every day of the week . . . We've got to develop the critical thinking and critical reasoning skills of our people because most of the ethical issues that we deal with are in the ethical gray areas.[32]

For values-based ethics programs, it is not enough for employees to meet minimal legal standards; instead, they are expected to make well-considered judgments that translate organizational values into action—especially in the “ethical gray areas.”[25,26] To achieve this, values-based approaches to ethics seek to create an ethical environment and culture. They work to ensure that key values permeate all levels of an organization, are discussed openly and often, and become a part of everyday decision making.

IntegratedEthics recognizes the importance of compliance with laws, regulations, and institutional policies, while promoting a values-oriented approach to ethics that looks beyond rules to inspire excellence.

The IntegratedEthics Model

An IntegratedEthics program improves ethics quality by targeting the three levels of quality—decisions and actions, systems and processes, and environment and culture—through three core functions: ethics consultation, preventive ethics, and ethical leadership.

Ethics Consultation

When people make a decision or take an action, ethical concerns often arise. An ethics program must have an effective mechanism for responding to these concerns to help specific staff members, patients, and families. An *ethics consultation service* is one such mechanism. Today, every VA medical center has an ethics consultation service, but there's great variability across the VA health care system in terms of the knowledge, skills, and processes brought to bear in performing ethics consultation. Ethics consultation may be the only area in health care in which we allow staff who aren't required to meet clear professional standards, and whose qualifications and expertise can vary greatly, to be so deeply involved in critical, often life-and-death decisions.

IntegratedEthics is designed to address that problem through CASES, a step-by-step approach to ensuring that ethics consultation is of high quality. The CASES approach was developed by the National Center for Ethics in Health Care to establish standards and systematize ethics consultation. ECWeb, a secure, web-based database tool, reinforces the CASES approach, helps ethics consultants manage consultation records, and supports quality improvement efforts. IntegratedEthics also provides assessment tools and educational

The CASES Approach

- Clarify the consultation request
- Assemble the relevant information
- Synthesize the information
- Explain the synthesis
- Support the consultation process

materials to help ethics consultants enhance their proficiency.

Ethics consultation services handle both requests for consultation about specific ethical concerns and requests for general information, policy clarification, document review, discussion of hypothetical or historical cases, and ethical analysis of an organizational ethics question. By providing a forum for discussion and methods for careful analysis, effective ethics consultation:

- promotes health care practices consistent with high ethical standards
- helps to foster consensus and resolve conflicts in an atmosphere of respect
- honors participants' authority and values in the decision-making process
- educates participants to handle current and future ethical concerns

Preventive Ethics

Simply responding to individual ethics questions as they arise isn't enough. It's also essential to address the underlying systems and processes that influence behavior. Every ethics program needs a systematic approach for proactively identifying, prioritizing, and addressing concerns about ethics quality at the organizational level. That's the role of the IntegratedEthics preventive ethics function.

To support preventive ethics, the National Center for Ethics in Health Care adapted proven quality improvement methodologies to create ISSUES—a step-by-step method for addressing ethics quality gaps in health care. The IntegratedEthics Toolkit provides practical tools and educational materials to support facilities as they apply the ISSUES approach to improve ethics quality at a systems level.

The ISSUES Approach

Identify an issue
Study the issue
Select a strategy
Undertake a plan
Evaluate and adjust
Sustain and spread

Preventive ethics aims to produce measurable improvements in an organization's ethics practices by implementing systems-level changes that reduce disparities between current practices and ideal practices. Specific quality improvement interventions in preventive ethics activities may include:

- redesigning work processes
- implementing checklists, reminders, and decision support
- evaluating organizational performance with respect to ethics practices
- developing policies and protocols that promote ethical practices
- designing education for patients and/or staff to address specific knowledge deficits
- offering incentives and rewards to motivate and reinforce ethical practices among staff

Ethical Leadership

Finally, it's important to deal directly with ethics quality at the level of an organization's environment and culture. Leaders play a critical role in creating, sustaining, and changing their organization's culture, through their own behavior and through the programs and activities they support and praise, as well as those they neglect and criticize. All leaders must undertake behaviors that foster an ethical environment—one that's conducive to ethical practice and that effectively integrates ethics into the overall organizational culture.

Leaders in the VA health care system have unique obligations that flow from their overlapping roles as public servants, providers of health care, and managers of both health care professionals and other staff. These obligations are sharpened by VA's commitment to providing health care to veterans as a public good, a mission born of the nation's gratitude to those who have served in its armed forces.

- As public servants, VA leaders are specifically responsible for maintaining public trust, placing duty above self-interest, and managing resources responsibly.
- As health care providers, VA leaders have a fiduciary obligation to meet the health care needs of individual patients in the context of an equitable, safe, effective, accessible, and compassionate health care delivery system.[33]
- As managers, VA leaders are responsible for creating a workplace culture based on integrity, accountability, fairness, and respect.[33]

To fulfill these roles, VA leaders not only have an obligation to meet *their* fundamental ethical obligations, they also must ensure that employees throughout the organization are supported in adhering to high ethical standards. Because the behavior of individual employees is profoundly influenced by the culture in which those individuals work, the goal of ethical leadership—and indeed, the responsibility of all leaders—is to foster an ethical environment and culture.

The ethical leadership function of IntegratedEthics calls on leaders to make clear through their words and actions that ethics is a priority, to communicate clear expectations for ethical practice, to practice ethical decision making, and to support their facility's ethics program. These four “compass points” of ethical leadership are supported by tools and educational materials developed for IntegratedEthics.

IntegratedEthics Program Management

Two essential tasks for an IntegratedEthics program are to move ethics into the organizational mainstream and to coordinate ethics-related activities throughout the facility. This requires more than simply implementing the three core functions of IntegratedEthics; it also requires strong leadership support, involvement of multiple programs, and clear lines of accountability. These requirements are reflected in the structure recommended for IntegratedEthics programs within VA facilities.

The **IntegratedEthics Council** provides the formal structure for the IntegratedEthics program at the facility level. The council:

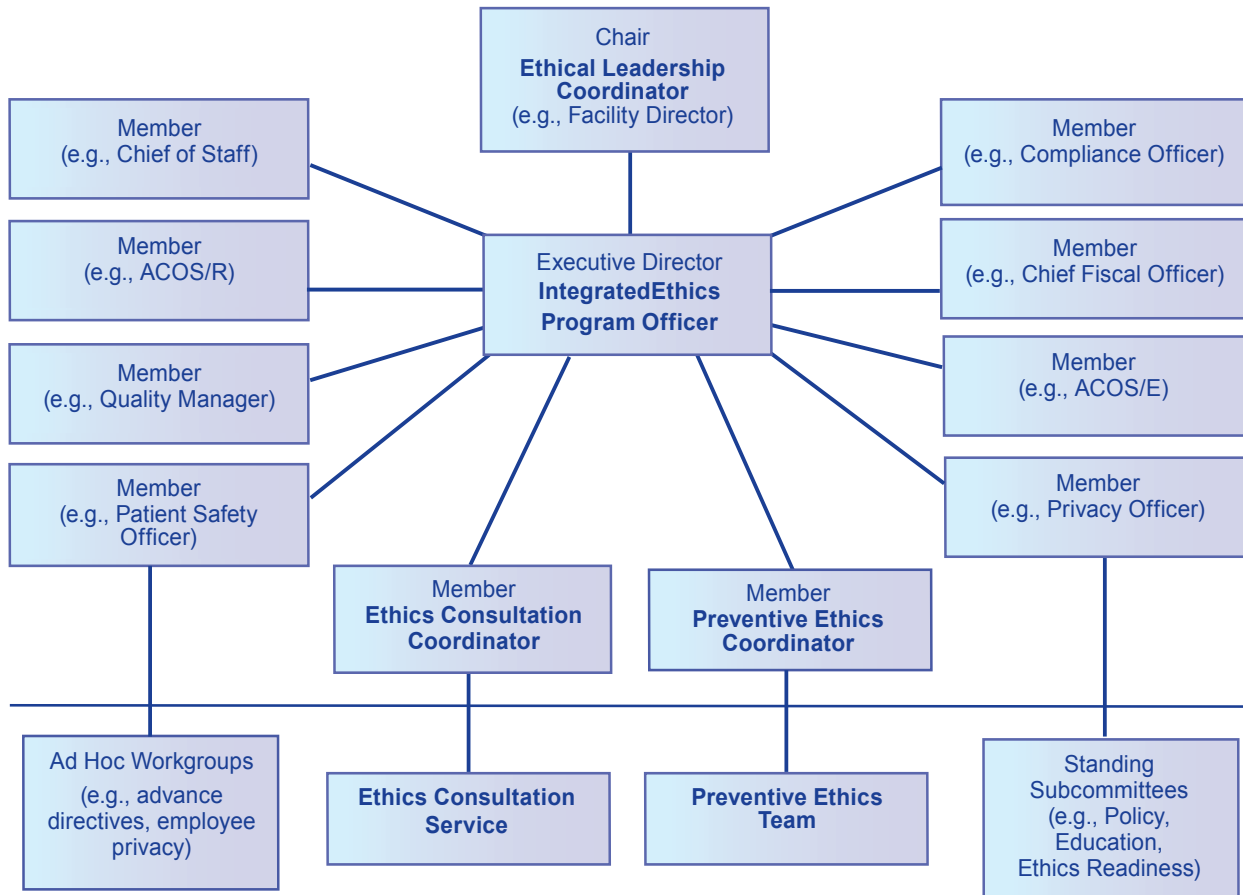
- oversees the implementation of IntegratedEthics
- oversees the development of policy and education relating to IntegratedEthics
- oversees operation of IntegratedEthics functions
- ensures the coordination of ethics-related activities across the facility

The **Ethical Leadership Coordinator** is a member of the facility's top leadership—e.g., the director. The Ethical Leadership Coordinator ensures the overall success of the IntegratedEthics program by chairing the IntegratedEthics Council, championing the program, and directing the ethical leadership function.

The **IntegratedEthics Program Officer** is responsible for the day-to-day management of the IntegratedEthics program, reporting directly to the Ethical Leadership Coordinator. The program officer works closely with the chair of the IntegratedEthics Council, functioning

IntegratedEthics Program Structure

IntegratedEthics Council



in the role of an executive director, administrative officer, or co-chair. The program officer should be a skilled manager and a well-respected member of the staff.

The membership of the council also includes the **Ethics Consultation Coordinator** and the **Preventive Ethics Coordinator**, who lead the ethics consultation service and preventive ethics teams, respectively. Each role requires specific knowledge and skills.

Finally, the council includes **leaders and senior staff** from programs and offices that encounter ethical concerns, for example:

- Chief of Staff
- Chief Fiscal Officer
- Associate Chief of Staff for Research
- Associate Chief of Staff for Education
- Patient Safety Officer
- Director, Quality Management
- Director, Human Resources
- Compliance & Business Integrity Officer
- Research Compliance Officer
- Information Security Officer
- Privacy Officer
- Nurse Manager

In addition to overseeing the ethics consultation service and the preventive ethics team, the IntegratedEthics Council may also oversee **standing subcommittees** (e.g., policy, education, and JCAHO ethics readiness), as well as one or more **ad hoc workgroups** convened to address specific topics identified by the council.

At the network level, IntegratedEthics is coordinated by the **IntegratedEthics Point of Contact**, who reports directly to the network director or the VISN Executive Leadership Council. In addition to serving as the primary point of contact with the National Center for Ethics in Health Care, this individual facilitates communication across facility IntegratedEthics programs and monitors their progress in implementing IntegratedEthics.

Finally, a VISN-level **IntegratedEthics Board** helps to address ethical issues on a network level, especially those that cut across facility boundaries.

IntegratedEthics Program Tools

IntegratedEthics emphasizes distance learning and combines the use of print, video, and electronic media to provide a wide array of resources. These include reference materials and video courses relating to each of the three functions; operational manuals (toolkits) and administrative tools to help program staff organize and document their activities; assessment tools for evaluating program quality and effectiveness; communications materials about IntegratedEthics; and online learning modules to build staff knowledge of ethics topics.

A New Paradigm for Ethics in Health Care

IntegratedEthics builds on VA's reputation for quality and innovation in health care. Like VA's seminal work in performance management, its groundbreaking program in patient safety, and its highly acclaimed electronic medical record system, IntegratedEthics represents a paradigm shift. By defining ethics quality to encompass all three levels of the "iceberg," the full range of ethics content domains, and both rules- and values-based approaches to ethics, IntegratedEthics provides a new way of thinking about ethics in health care. And its practical, user-friendly tools are designed to translate theory into practice—to make ethics an integral part of what everyone does every day.

IntegratedEthics refocuses an organization's approach to ethics in health care from a reactive, case-based endeavor in which various aspects of ethics (e.g., clinical, organizational, professional, research, business, government) are handled in a disjointed fashion, into a proactive, systems-oriented, comprehensive approach. It moves ethics out of institutional silos into collaborative relationships that cut across the organization. And it emphasizes that rules-oriented, compliance approaches and values-oriented, integrity approaches *both* play vital roles in the ethical life of organizations.

<i>From . . .</i>	<i>To . . .</i>
Reactive	Proactive
Case based	Systems oriented
Narrow	Comprehensive
Silos	Collaboration
Punishment	Motivation
Rules	Rules + Values

By envisioning new ways of looking at ethical concerns in health care, new approaches for addressing them in all their complexity, and new channels for achieving integration across the system, IntegratedEthics empowers VA facilities and staff to "do the right thing" *because* it's the right thing to do.

Tool	Function		
	Ethics Consultation	Preventive Ethics	Ethical Leadership
Reference Tools Primers	<i>Ethics Consultation: Responding to Ethics Questions in Health Care</i>	<i>Preventive Ethics: Addressing Ethics Quality Gaps on a Systems Level</i>	<i>Ethical Leadership: Fostering an Ethical Environment & Culture</i>
Easy Reference Tools	CASES pocket card	ISSUES pocket card	Leadership bookmark
Administrative Tools	Ethics Case Consultation Summary & Template ECWeb	Preventive Ethics ISSUES Log & Summary Preventive Ethics Meeting Minutes Preventive Ethics ISSUES Storyboards Preventive Ethics Summary of ISSUES Cycles	
	IE master timeline Timelines for function coordinators		
Assessment Tools	Ethics Consultant Proficiency Assessment Tool Ethics Consultation Feedback Tool		Ethical Leadership Self-Assessment Tool
	IntegratedEthics Facility Workbook (instrument, guide to understanding results) IntegratedEthics Staff Survey (introduction, survey instrument, FAQs)		
Education Tools	Ethics consultation video course Training checklist & video exercises (1–4)	Preventive ethics video course Training checklist & video exercise	Ethical leadership video course Training checklist
	IntegratedEthics online learning modules: Ethics in Health Care, Shared Decision Making with Patients, Ethical Practices in End-of-Life Care, etc.		
Communications Materials	Improving Ethics Quality: Looking Beneath the Surface IntegratedEthics: Closing the Ethics Quality Gap Business Case for Ethics IntegratedEthics poster IntegratedEthics brochure IntegratedEthics slides		

Part II

Introduction to Ethical Leadership in Health Care

What Is Ethical Leadership in Health Care?

The phrase ‘ethical leadership’ is redundant. Leadership can’t exist without ethics . . . and ethics can’t exist without leadership.[34]

While virtually everyone agrees that ethics is at the heart of leadership, there’s no single, widely accepted understanding of just what ethical leadership is. “Ethical leadership” (also “moral leadership” or “values-based leadership”) is a key concept in the literature of many different fields, including management,[35,36] public administration,[37–39] health care management,[40–42] business ethics,[43–45] bioethics,[46–48] and others.

Some writers suggest that the key to ethical leadership is the development of certain moral virtues or character traits. Others associate ethical leadership with specific management styles. Still others take ethical leadership to hinge on how leaders make decisions and thus offer specific philosophical principles and/or models for ethical decision making.

Systematic analysis or scholarly writing on the topic is limited. As one commentator put it:

For the most part, the discussion of ethics in the leadership literature is fragmented, there is little reference to other works on the subject, and one gets the sense that most authors write as if they were starting from scratch.[49]

Although much has been written about ethics and leadership, there’s little practical, how-to advice for leaders who wish to improve ethics quality in their organizations. In this primer we seek to fill that void by drawing on and complementing scholarly discussions of ethical leadership in ways that can inform health care leaders’ day-to-day practices. Here we combine insights from ethicists and managers to provide a tool that will be helpful to VHA leaders. Our aim is offer practical guidance, not to engage in a thorough conceptual exploration of ethics in health care or leadership. Readers who wish to pursue substantive questions further will want to turn to other resources. By leaders, we mean staff at the executive leadership and mid-manager (division/department/service line managers) levels as defined in VA’s High Performance Development Model (HPDM). Leaders at all levels of health care organizations may find it helpful to make these materials available to staff who report to them to help these individuals better understand the behaviors that support ethical practices.

For the purposes of this document we define **ethical leadership** as *activities on the part of leaders to foster an ethical environment and culture*. Rarely is it the case that ethical lapses in organizations are due to “rogue employees” or “bad apples” who willfully misbehave. Instead, research shows that the ethical behavior of individuals is profoundly influenced by

the environment and culture in which they work. In organizations with a strong ethical culture, the frequency of observed ethical misconduct is dramatically reduced.[50] For this reason, we believe that fostering an organizational environment and culture that makes it easy for employees to “do the right thing” is the key to ethical leadership.

What Is an Ethical Environment and Culture?

Research has shown that certain features of an organization’s environment and culture predictably affect ethical practices in a positive way.[51]

Characteristics of an ethical environment and culture

In an organization with a healthy ethical environment and culture, virtually everyone:

- appreciates that ethics is important
 - recognizes and discusses ethical concerns
 - seeks consultation on ethics cases when needed
 - works to resolve ethics issues on a systems level
 - sees ethics as part of quality
 - understands what is expected of him or her
 - feels empowered to behave ethically
 - views organizational decisions as ethical
- When nearly everyone in an organization **appreciates that ethics is important**, employees focus on doing the right thing, for the right reasons—even in the face of competing demands on people’s time and attention. Ethics isn’t viewed simply as adherence to rules or a way to detect and punish legal violations, but as a way of talking about what’s important and building trust to promote the organization’s mission.[52] Employees conform to ethical practices not because they’re afraid of punishment, but because they’re committed to the organization’s mission and values and to putting them into practice. Empirical evidence indicates that if leaders demonstrate that they don’t care about ethical behavior, employees will avoid raising concerns for fear of being rebuked.[53] But when the environment reinforces organizational values, employee performance and commitment, integrity, and communication are all enhanced.[54,55]
 - When nearly everyone in an organization **recognizes and discusses ethical concerns**, staff members recognize that ethics is relevant to everyday workplace interactions. In such a context, ethical concerns can be raised and addressed early, thus avoiding potentially difficult and harmful problems later on. Although some may think that discussion of ethics is a bad sign in an organization (because it conjures up images of misconduct or wrongdoing), in fact just the opposite is true.[56,30,57] In the best health care organizations, employees tend to discuss ethics a *lot*. Studies indicate that talking about ethical concerns, especially when they first arise, can have positive effects on organizational performance.[11,58]

- When nearly everyone in an organization **seeks consultation about ethical concerns when needed**, vexing concerns can be effectively resolved. When the ethics consultation service is accessible and helpful, staff, patients, and families know that their concerns will be taken seriously and addressed. When organizations don't have an internal mechanism for resolving ethical concerns, individuals may feel frustrated, helpless, unsupported, or even compelled to take their concerns outside the organization, for example, to Congress or the media. Not only does effective ethics consultation improve satisfaction for patients, families, and staff; it also can help to reduce utilization of wasteful or unwanted treatments.[9,12] For example, one recent multicenter study showed that ethics consultations were not only viewed as helpful by the great majority of requesters, but also reduced hospital days and use of nonbeneficial life-sustaining treatments among dying patients.[9]
- When nearly everyone in an organization **works to resolve ethics issues on a systems level**, staff members at all levels apply systems thinking to address ongoing organizational systems and processes that give rise to ethical uncertainty or conflict. When organizations encourage systematic approaches to ethics issues, employees seek “upstream” solutions to keep the “downstream” problems from arising. They're attentive to ethics quality gaps between the organization's current practices and best practices and seek ways to reduce those gaps.
- When nearly everyone in an organization **sees ethics as part of quality**, staff members recognize that ethics is just as essential to health care quality as technical competence and customer service.[20] They also recognize that problems can surface either as quality issues or as ethics issues—and that quality issues often implicate ethics issues and vice versa. In a strong ethical environment, leaders ensure that performance measures include expectations for ethical practice and that the organization's system of incentives and rewards are aligned with its mission and values.
- When nearly everyone in an organization **understands what's expected of him or her** with respect to ethical practice, it's easier for staff to know and do the right thing. Employees understand that leaders expect high ethics quality, want to know about ethical problems in the organization, and hold everyone to the same (explicit) standards. Individuals don't find themselves in ambiguous, ill-defined situations that can lead to misjudgment or mismanagement. Empirical evidence indicates that corporate scandal and misconduct are more likely if leaders foster an environment in which things are left unsaid: Employees can interpret the silence to indicate that there are things leaders don't want to know about, or even tacitly approve.[19] If leaders send mixed signals about their expectations for ethical practice—for example, by saying one thing but implying another through their actions—employees are likely to misinterpret what they are being asked to do. Making expectations clear provides the guidance employees need to do the right thing.
- When nearly everyone in an organization **feels empowered to behave ethically**, staff members are confident they'll be supported when they do the right thing. When employees feel that they can't do what they know is right or they perceive that ethical practice isn't rewarded while unethical practice is acceptable (or even rewarded), they often experience moral distress, a major cause of employee burnout.[13] When the organization demands unquestioning obedience to authority and discourages employees from voicing ethical concerns, ethical behavior is

undermined.[56] In contrast, when employees' commitment to ethical practice is recognized and supported, attendance is better, there's less internal conflict and less staff turnover, and it's easier for the organization to recruit and retain quality staff.[59] A positive ethics environment can also lead to improvements in employee loyalty[60] and help increase an organization's efficiency and productivity.[16,14,15]

- When nearly everyone in an organization **views organizational decisions as ethical**, it means that leaders and staff alike view the organization as an ethical place to work. Employees are on board with the organization's mission and values and see them reflected in how decisions are made and communicated. Policies and practices are aligned with mission and values and aren't just "window dressing"; the organization "walks the walk" and "practices what it preaches." Employees who perceive their leaders and supervisors as ethical report greater overall satisfaction with their organization, greater willingness to report misconduct, and less pressure to compromise work standards.[50]

How well do agencies of the executive branch support an ethical environment and culture?

According to a survey carried out by Arthur Andersen in 2000, executive branch employees rated their agencies neutral or mildly positive with respect to ethical culture.

Employees perceived that federal agencies fell short in several areas including:

- encouraging open discussion about ethics
- treating employees fairly
- being comfortable approaching supervisors with ethics-related problems

Federal employees also reported that there were gaps between formal ethics standards and actual practice, and that employees weren't comfortable approaching supervisors with ethics-related problems—both findings are associated with higher rates of unethical behavior.

Finally, supervisors also tended to have a more positive perception of agency ethics culture than nonsupervisors.

Arthur Andersen. *Executive Branch Employee Ethics Survey 2000*.

How Do Leaders Affect Their Organization's Ethical Environment and Culture?

The task of ethics management is to define and give life to an organization's guiding values, to create an environment that supports ethically sound behavior, and to instill a sense of shared accountability among employees.[25]

Leaders' behavior—including everything a leader says and does—can affect the environment and culture of their organization in obvious or subtle ways. The “primary embedding mechanisms” through which leaders' words and actions shape organizational culture are:[61]

- what leaders pay attention to, measure, and control on a regular basis
- how leaders react to critical incidents and organizational crises
- observed criteria by which leaders allocate scarce resources
- deliberate role modeling, teaching, and coaching
- observed criteria by which leaders allocate rewards and status
- observed criteria by which leaders recruit, select, promote, retire, and ostracize organizational members

The message leaders send through these primary mechanisms are reinforced through such additional means as organization design and structure, systems and procedures, the design of physical space, and the organization's rituals, stories, legends, and myths about people and events.[61]

The influence of leadership behavior on the ethical environment and culture of organizations is well documented. Whether that influence is deliberate or unintentional, it is powerful. Employees tend to adjust their own ethical orientations to the behavior they observe among leaders in their organization. Research has shown, in fact, that—astonishingly!—“most leaders are significantly more likely to lower their subordinates' ethical standards than to elevate them.”[62] To counteract this tendency, leaders must take proactive steps to foster an ethical environment and culture.

Fostering an ethical environment and culture

Research has shown that leaders play a critical role in creating, sustaining, or changing all aspects of organizational culture, including ethical culture. For example, one survey found that:

Where employees perceived that supervisors and executives regularly pay attention to ethics, take ethics seriously, and care about ethics and values as much as the bottom line, all of the outcomes were significantly more positive.[30]

Other research on the relationship between ethical culture and ethical practice has shown, for example, that specific ethics-related actions by leaders (such as talking about the importance of ethical behavior or setting a good example for ethical practice) are strongly associated with desired outcomes (such as lower rates of observed ethical misconduct, fewer situations inviting ethical misconduct, and higher levels of overall employee satisfaction with the organization).[63] How leaders behave displays for employees what

is acceptable (or accepted) conduct in the workplace. Leaders are role models as much by virtue of their status and role within the organization and their power to affect others as they are by virtue of their personal character or leadership style. To be an effective ethical leader, an individual:

must be viewed as an attractive, credible, and legitimate role model who engages in normatively appropriate behavior and makes the ethics message salient. . . . Explicit ethics-related communication and reinforcement contribute to the salience of the leader's ethics message.[64]

Being personally morally upright is surely essential, but leaders must recognize that their own virtuous character, even coupled with self-conscious role modeling, isn't enough to guarantee an ethical environment and culture. In fact, a morally deficient organizational culture can prevail despite the best intentions of morally upright managers.[65] As one major corporate leader put it:

I thought we were in control. In reality, the organization was decaying at its core, and many of my managers and employees knew this. But no one told me.[57]

It isn't unusual for leaders to assume everything is fine from an ethical perspective when in fact it is not. Research has shown that perceptions of organizational ethics are "lovely at the top" – that is, the higher the level of leadership, the "rosier" the perceptions of organizational ethics.[51]

One of the most important things leaders must understand about their influence on the organization's ethical environment and culture is that they can inadvertently encourage or endorse unethical behavior despite their best intentions and even without being aware they are doing so. This can happen in any of several ways, such as:

Failing to link performance incentives to ethical practice. When leaders create strong incentives to perform in certain areas without creating equally strong incentives to adhere to ethical practice in achieving the desired goals, they set the stage for ethical lapses.

Lopsided incentives can leave employees feeling pressured to do whatever it takes to "make the measure" even when doing so raises ethical concerns. Leaders need to incentivize ethical practice just as they incentivize other behaviors.[20]

The way a supervisor uses incentives can encourage ethical or unethical behavior. When a supervisor tells employees to reach the goal as quickly as possible and that he/she doesn't want to know how they do it—that just encourages unethical behavior. – Focus group, VA leaders

Overemphasizing compliance with legal standards. Paradoxically, when leaders put too much emphasis on legal compliance, they can actually encourage unethical practice. Employees must know, understand, and adhere to law, regulation, and policy, of course. However, studies have shown that an organizational culture that emphasizes obedience to authority and following the rules is associated with more

Focusing on all the top-down and unimportant regulations takes precious time away from things that matter.— Focus group, VA leaders

unethical behavior than a culture that emphasizes individual employee responsibility and acting on the basis of organizational values.[51]

Setting unrealistic expectations for performance. When leaders set unrealistic or unattainable goals they invite employees to game the system or misrepresent results. When leaders fail to take into account organizational barriers to achieving performance expectations, they may inadvertently set up situations in which the only way to “succeed” is by engaging in behavior that employees know is wrong. In such cases, employees are likely to become cynical, especially when they believe that those who are lauded for their performance have compromised their integrity in order to get there.[50]

Every person, including consultant physicians, was required to complete training. You weren't allowed to report less than 100%. You had to report 100% whether it was possible or not.
– Focus group, VA leaders

Inappropriately blaming individuals. Leaders have a responsibility to hold employees accountable for their actions in the organization. But when leaders blame individuals for outcomes those employees can't control or that result from flawed organizational processes and systems, this too sends a message that ethics doesn't matter much. When a particular individual is singled out for behavior that's known to be common and widely tolerated in the organization, this gives the impression that leaders care more about protecting themselves than being fair. And when employees are penalized for doing things that are intended to promote the organization's mission and values, the problem is compounded; employees perceive that political expedience can trump ethical practice.[14]

The real problem is that ethics takes a back seat to political or operational practicalities when people get punished in some way for doing what they think is the right thing from the perspective of organizational mission and values. – Focus group, VA leaders

When leaders care more about good performance numbers than accurate performance numbers, focus on accreditation requirements as simply a compliance burden, issue orders that are impossible to fulfill, or look for scapegoats to blame for a crisis, they send messages that have powerful effects in shaping the organization's environment and how staff members perceive the organization, their place in it, and the behaviors that are valued.

Ethical leadership, then, requires a great deal more than high ideals and good intentions; it requires commitment and proactive effort. An ethical environment and culture don't just happen spontaneously; they must be developed and nurtured. Leaders need to treat ethics the same way they treat other organizational priorities. That is, they need to utilize all the tools at a leader's disposal to influence organizational performance—such as defining clear lines of accountability, establishing and using formal program structures and processes, communicating formally and informally with staff, aligning incentive systems with desired results, and allocating staff, resources, and personal time.

If leaders are to meet the challenge of fostering an ethical environment and culture it's essential that they cultivate specific knowledge, skills, and habits required to demonstrate true ethical leadership.

Part III

The Ethical Leadership Compass

Four Points to Remember

Using the Ethical Leadership Compass

This section describes specific behaviors leaders can use to foster an ethical environment and culture. The ethical leadership compass applies insights and principles from organizational and business ethics to leadership in the context of health care organizations. It is specifically designed to help leaders orient themselves to their unique responsibilities in the terrain of ethics in health care and provide practical guidance to help them address the challenges of fostering an environment and culture that support ethical practices across their organizations.

There are four points to remember:

Demonstrate that ethics is a priority

Talk about ethics

Prove that ethics matters to you

Encourage discussion of ethical concerns

Communicate clear expectations for ethical practice

Recognize when expectations need to be clarified

Be explicit, give examples, explain the underlying values

Anticipate barriers to meeting your expectations

Practice ethical decision making

Identify decisions that raise ethical concerns

Address ethical decisions systematically

Explain your decisions

Support your local ethics program

Know what your ethics program is and what it does

Champion the program

Support participation by others

Point 1: Demonstrate That Ethics Is a Priority

The first thing leaders must do to foster an ethical environment and culture is to make it clear to staff that ethics is something that matters to them. Leaders may not fully appreciate how their everyday activities communicate their priorities to staff. Unless leaders make a point to do and say things that demonstrate they care about ethics, staff will likely conclude that “ethics isn’t valued much around here.” Treviño and colleagues summarized this point as follows:

If asked, most leaders would be likely to say that they are committed to ethics. But commitment to ethics can easily be lost in an environment in which managers are under pressure to meet many competing obligations. Leaders have to decide how to spend their limited time and what messages to send to employees.[66]

Demonstrate that ethics is a priority

Talk about ethics

Prove that ethics matters to you

Encourage discussion of ethical concerns

Talk about ethics

When we suggest that leaders “talk about ethics,” what exactly do we mean? Like “ethical leadership,” “ethics” can mean different things to different people. Yet there are some fairly common misconceptions about ethics:

Myth	Reality
Ethics is about identifying wrongdoing or misconduct.	Ethics considers what is right or what should be done in the face of <i>uncertainty or conflict about values</i> .
Ethics is about following your conscience or gut instincts.	Ethics involves analytic reasoning and is informed by specific knowledge and skills.
Ethics is a matter of personal opinion.	Many ethical practices are clearly defined and widely accepted.
Ethical behavior is determined solely by upbringing and background.	Organizational systems and culture powerfully influence ethical practice.
Ethics is dogmatic.	Ethics is a form of reasoning that takes into account a variety of points of view.

To avoid perpetuating these misconceptions, it’s important that leaders use the word “ethics” carefully. For example, leaders should not say “ethics” when they mean “compliance” or when what they really mean is that they disagree with another person’s point on the basis of their personal values.

By the same token, leaders should avoid using euphemisms that obscure ethical conflict or uncertainty. Explicitly referring to “ethics” or “values” helps to raise awareness of ethical concerns and to validate ethics as important within the organization.

In addition, it’s important for leaders to avoid saying things that might give the impression that they don’t care about ethics. For example:

“All that really matters is the bottom line.”

“What are the chances that anyone will find out?”

“You’re naïve—everyone does it.”

Leaders can also inadvertently convey that they are willing to tolerate unethical conduct, often without even realizing it. For example, the phrase “proceed until apprehended” could be interpreted to mean that it’s okay to do something unethical as long as you don’t get caught. “That’s my story and I’m sticking to it” could give the impression that the explanation being offered isn’t actually true. “I shouldn’t be telling you this, but . . .” could suggest a disregard for confidentiality or promise keeping. And “you didn’t hear it from me” could imply a lack of integrity because the leader is unwilling to take responsibility for his or her own words and actions.

But avoiding statements that could be interpreted as undercutting ethics isn’t enough. To demonstrate that ethics truly is a priority, leaders must directly and regularly express their support for ethical practices. They should explicitly refer to “ethics,” “mission,” “values,” and “principles.” They should use inspiring words like “honorable,” “duty bound,” “integrity,” “fairness,” and “truth.” Here are some more examples:

“I see ethics as a priority.”

“If it’s the right thing to do, we’ll just have to figure out a way to do it.”

“Here’s a story that illustrates how important ethics can be.”

“We have an obligation to do the best we can for our patients.”

“Everyone deserves to be treated with respect.”

Stories, as well as organizational legends and myths, often transmit values more effectively than simple statements. Stories or anecdotes demonstrate not only that the leader believes in the stated value but also that he or she actively supports it in everyday practice.[64] For example, a leader who wishes to make the point that explicit discussions of ethics should routinely be part of practice might tell a story such as:

“When I was in management school, I shadowed a corporate health care executive. When making a tough decision with staff, the leader would always ask if the mission and values had any applicability to the situation. Because he used the organization’s mission and values regularly, everyone else on the management team also looked to those values and had a common language for decision making.”

The message that ethics is a priority needs to be repeated over and over again, in different ways, to various audiences, in many settings.

Prove that ethics matters to you

Leaders must also “walk the walk”—that is, they must demonstrate a commitment to ethics through actions as well as words. Leadership behavior is recognized as the primary

determinant of ethical conduct in organizations.[62] For this reason, leaders must model the ethical behavior they want to see in others.

It goes without saying that leaders shouldn't violate legal standards—they shouldn't defraud the government; sexually harass other employees; discriminate on the basis of race, religion, age, gender, etc.; retaliate against whistleblowers; use their public office for private gain; or otherwise break the law. But in many cases, ethical misconduct is not illegal. In a recent study of over 3,000 U.S. workers, respondents said that more than half of the instances of unethical behavior they observed violated their organization's ethics standards, not law or regulation.[50] The most frequently observed misconduct—reported by 21 percent of survey participants—was behavior by leaders that was abusive or intimidating toward employees. Other behaviors reported by respondents included lying to employees, customers, vendors, or the public (19%). Placing employee interests above those of the organization and misreporting time worked were also troubling behaviors respondents observed.[50]

A role model for ethical practice:

- projects professionalism and responsibility at all times
- demonstrates respect and consideration for others
- maintains composure and poise even in times of crisis
- is honest, forthright, and trustworthy
- is careful to treat everyone fairly and not to play favorites
- follows through on promises and commitments
- exercises self-control and restraint
- chooses to take the “high road” even when others do not

The following behaviors are almost always inappropriate in the workplace, especially for leaders:

- emotional outbursts (e.g., yelling at others in anger)
- physical displays of aggression (e.g., banging desk, slamming door, throwing objects)
- public profanity (e.g., cursing, lewd jokes)
- intimidating body language (e.g., holding up a fist, deliberately blocking a person's exit)
- openly hostile language (e.g., “How dare you!” “Get out of my face!”)
- harshly upbraiding subordinates or colleagues in the presence of others
- personal attacks, labeling people, name calling (e.g., “You jerk!” “He's a liar!”)
- bullying, abusive language, or inappropriate threats (e.g., “You'd better, or else!”)
- patronizing or talking down to others
- dominating conversations when others should get equal time or abruptly cutting people off
- speaking disrespectfully about patients (e.g., gallows humor; using derogative terms like “dirtball” or “gorked out”; using depersonalizing language, such as “the pneumonia in bed 2”)

Rudeness is the weak man's imitation of strength
– Eric Hoffer

Research has shown that these sorts of behaviors can have devastating effects on business performance. For example, one study of for-profit, not-for-profit, and government organizations found that as a result of “uncivil” behaviors in the workplace, 53 percent of employees lost time from work, 22 percent deliberately decreased their work efforts, and 46 percent contemplated changing jobs.[67]

In addition to avoiding inappropriate behaviors and modeling respect and professionalism leaders can also communicate what’s important by how they spend their time, how they allocate their resources, and how they reward performance. A leader who skips ethics-related items on meeting agendas, declines requests for resources to support ethics activities, or is conspicuously absent from an event sponsored by the local ethics program sends a message that ethics isn’t a high priority.

Here are some ways to “prove” that ethics matters to you:

- hold a regularly scheduled meeting to discuss ethics
- add ethics-related items to performance reviews
- free up staff to serve in your facility’s ethics program
- require IntegratedEthics training for your staff
- reward staff for their contributions to promoting ethical practice
- follow up when concerns are raised about ethical practice

In challenging times, proving that ethics matters to you requires you to demonstrate “the courage of your convictions”:

Among the characteristics of ethical leadership is the courage to act on one’s values and to take risks necessary to realize those values. Leaders who demonstrate this competency act from their values even when it is difficult, risky, or costly to do so, and these leaders create environments that nurture ethical practices by others within their organizations.[68]

In other words, as VA’s Under Secretary for Health has been heard to put it, “ethics is easy until it costs you something.”

Encourage discussion of ethical concerns

In a healthy organization, leadership creates an environment where open communication is welcome and encouraged. Employees can speak up without fear of having their comments held against them. In a “morally safe environment,”[52] staff is less prone to unethical behavior.[56]

Bringing discussions of ethics “out of the organizational closet” is beneficial in other ways as well.[69] For example, it allows leaders to learn how commonly held their beliefs are. It provides opportunities for leaders to clarify misconceptions that may exist among staff. And it helps employees to develop and apply a shared set of values to guide behavior within the organization.

Leaders can either squelch or encourage discussion of ethical concerns in a number of ways. Obviously, leaders can stifle discussion explicitly, through statements like, “I don’t want to hear any complaints,” or “stop whining.” But leaders can also stifle discussion in more subtle ways. For example:

- stating your own views too early or too forcefully tends to cut off discussion
- suggesting that something or someone is “unethical” is a surefire conversation stopper

To illustrate:

Staff member: “I’m worried that this plan raises some possible ethical concerns.”

Leader: “I think not implementing this plan would be unethical.”

Staff member: (Silence)

End of discussion!

It isn’t enough to avoid short-circuiting discussion about ethics or being dismissive when people raise ethical concerns. It’s also important to reinforce on a regular basis that ethics is a legitimate and valued topic for discussion:

“Now that we’ve determined what we can do legally, let’s discuss what we *should* do from an ethics perspective.”

“I think there are some important ethical considerations behind this question.”

“How can we balance these competing values?”

“If you have any ethical concerns about this, I encourage you to speak up.”

“Let’s set aside some time to talk about the ethical aspects of this problem.”

Leaders should also create formal opportunities for staff to discuss ethics. Johnson and Johnson’s response to the “Tylenol scare” crisis was widely lauded as exemplary. What made them so successful wasn’t the fact that they had an organizational code of ethics hanging on the wall, but the fact that they regularly held “challenge sessions” to encourage employees to clarify their own perspectives and commitment to organizational values.[70]

Routinely involving staff in open discussions about ethical issues helps leaders reinforce the importance of ethics and make clear that employees have a stake in the organization’s ethical environment and culture. Lockheed Martin organizes staff discussions around such questions as:

Why is management buy-in critical to building an ethical organization?

How can organizational communication build an ethical foundation?

What are the benefits of linking performance to ethical standards?

What is HR’s contribution to the ethical framework of an organization?

How does the culture of an organization impact its ethical behavior?

How does employee empowerment foster ethical decision making?

Source: Lockheed Martin, available at http://www.shrm.org/foundations/Ethics_Discussion_Guide.pdf

Point 2: Communicate Clear Expectations for Ethical Practice

To foster an ethical environment and culture, it's important that leaders make their expectations for ethical practice clear. In addition to demonstrating that they're committed to ethics, leaders also need to translate that commitment into explicit and practical guidance about what employees should do.

Communicate clear expectations for ethical practice

Recognize when expectations need to be clarified

Be explicit, give examples, explain the underlying values

Anticipate barriers to meeting your expectations

Recognize when expectations need to be clarified

When it comes to ethics, leaders too often assume that employees know what is expected of them without being told. We tend to believe that the people we work with share our values and think about those values in the same way we do and therefore that communicating with them will be straightforward. It's human nature to think that other people share our expectations for ethical practice—until someone's behavior suggests otherwise.

Leaders communicate their expectations for ethical practice in a variety of ways, from formal institutional policy, to memoranda and speeches, to performance standards, to informal conversations with individual staff members.

In both formal and informal situations leaders should err on the side of over-communicating. And they should be alert to situations in which expectations for ethical practice are inconsistent or ambiguous. For example:

- The leader receives new information that affects ethical practice, such as a new directive from Central Office or a new external accreditation standard. When this occurs, it is essential for leaders to interpret the information and spell out how it should affect local practices.
- The leader is asked by a staff member to clarify expectations with regard to a specific ethical practice. It is wise to assume that if expectations are unclear to one staff member, they may be unclear to others as well.
- The leader learns that staff is finding it difficult to meet expectations for ethical practice or have misconceptions about what is expected of them. In this case, it is the leader's responsibility to resolve the apparent inconsistency.
- The leader hears about problems with ethical practices in another unit, setting, or organization. In this case, clarifying expectations can help prevent the same problems from occurring locally.

Another source of misunderstanding about expectations for ethical practice can be differences in cultural background and professional socialization among employees. By making their expectations clear, leaders also play an important role in acculturating VHA's increasingly diverse staff to the perspectives and values that inform ethical practices in the VA system.

Be explicit, give examples, explain the underlying values

Recognizing when expectations need to be clarified is only a first step. Leaders must also communicate their expectations effectively. Sometimes leaders take communication about ethical practices for granted, or underestimate its complexity. But it's important to remember that different people often interpret things differently.

In addition, leaders should realize that they aren't the only ones in an organization who are sending messages about what counts as ethical practice, either overtly or tacitly. Most of the time (except when someone gives them a specific, direct order) staff must interpret what they're supposed to do against a complex backdrop of different perspectives and influences. Therefore, whenever they communicate expectations for ethical practice, leaders have a responsibility to carefully consider what employees need to know in order to really understand what's being requested of them.

To ensure that expectations are communicated clearly, leaders should:

- **Make expectations explicit.** The only way to ensure that staff understands expectations for ethical practice is to communicate those expectations explicitly. The less employees have to interpret what a leader says, the less likely they are to misunderstand what the leader wants. When giving direction, it's important to avoid overgeneralizing or oversimplifying and to include qualifications or exceptions when appropriate. When explaining a particular rule or standard, leaders should not just make blanket statements but should help explain the most ethically optimal ways for employees to meet the standard.
- **Give examples.** One highly effective way to clarify expectations for ethical practice is to use examples of the desired ethical practice. Real-life illustrations help explain abstract concepts and link them to concrete behaviors. Examples or scenarios are engaging and help employees picture themselves in various situations. This is particularly important when there's an ambiguous or confusing relationship between the spirit or intent of a standard and the practicalities of implementing it. Examples can also help to communicate what's really important (and what's not).
- **Explain the values underlying expectations.** It's equally important for leaders to explain why they have particular expectations, and that means explaining the values that underlie those expectations. Research shows that obedience to the law is strongly influenced by a belief in its legitimacy and moral correctness.[25] Leaders must communicate how their expectations derive from the organization's mission and values, ethical standards, and professional obligations, not just from the motivation to stay out of trouble by complying with legal and regulatory requirements. Leaders should also take ownership of the expectations they communicate instead of passing off responsibility with such statements as, "Don't ask me, I'm just following orders."

Here are examples of leadership communications that illustrate these points:

“It’s never acceptable to look at a patient’s chart out of curiosity—you must have a need to know. I realize that all of you who work with Allen are worried about him, but we still shouldn’t look at his chart. We have to respect the confidentiality of everyone who’s a patient here, even when the patient is one of our colleagues. If you have any question about whether or not you should be looking at someone’s chart, please discuss this with me or with your privacy officer, because I don’t want anyone getting in trouble over something they think is the right thing to do.”

“Sure it’s awkward talking to patients and families about an adverse event. But remember, this isn’t just about the JCAHO standards or risk management. As health care professionals we have an obligation to be honest with our patients. They have to believe they can trust us to put their interests first, including admitting when there’s been a mistake. Of course, I don’t expect you to explicitly notify the patient every time their medication is 10 minutes late. But someone needs to have a brief conversation with the patient any time we make a mistake and there’s a possibility the patient could be harmed in any way.”

Anticipate barriers to meeting your expectations

Finally, leaders should ensure that their expectations are reasonable and attainable. They need to be able to see the situation from staff’s perspective and anticipate barriers that staff might face in trying to uphold the standards set for them. Leaders should make clear that they want to know about problems. Without that information, they risk setting staff up for failure—or worse, unintentionally endorsing unethical behavior.

For example, imagine a chief of staff talking to her service chiefs:

“Okay, the VISN office wants our budget for equipment by the end of the week. So each of you needs to get me the numbers for your big ticket items no later than day after tomorrow.”

Setting out expectations that staff can’t meet or issuing peremptory orders can backfire. Unless leaders make an effort not only to be clear about what action they want staff to take but also to consider difficulties staff may encounter, employees may misinterpret what’s being asked of them, even to the point of thinking they’ve been invited to engage in questionable behavior:

The chief of radiology hasn’t yet completed his annual review process to determine equipment needs and he can’t put together a reasonable estimate in 48 hours. He’s left wondering just what he should do.

“Get her numbers,” he thinks to himself. “Great. She knows we aren’t ready to make a decision yet on equipment purchases. Is she telling me to fabricate data?”

The chief of staff could have avoided any potential misunderstanding by anticipating barriers to ethical practice and clarifying her expectations:

“I know this doesn’t give you much time, especially considering how this could affect what resources we’ll have to work with, but it’s essential I get figures from every department—the people in the VISN office need to submit the overall budget next

Wednesday. I've warned them that some of our figures will only be a guess, not hard numbers, but they need something to work with. Please indicate on your report which numbers are fairly hard and which are estimates for planning purposes. We just have to do the best we can for now."

Many messages to employees focus on specific performance expectations. But leaders who have a personal commitment to ethics make it clear that they care not only that the results are achieved, but also *how*.^[51] If a leadership directive is expressed in absolute terms or too forcefully, it can create a strong incentive for staff to "game the system," or to withhold or even misrepresent information, i.e., "fudge the numbers."

Here are some phrases to avoid in the context of communicating performance expectations:

"I don't care how you get it done"

"By any means"

"No matter what"

"Just do it"

"I expect 100 percent compliance"

"It's my way or the highway"

"No excuses"

"I don't want to hear why you can't"

"It's an open book test—there's no excuse for wrong answers"

It's important not to "shoot the messenger" or to blame employees for things that are beyond their control. While it's appropriate for leaders to expect results, they also need to communicate clearly and explicitly that it's not okay to lie, cheat, steal—or bend ethical standards to achieve them.^[51]

Point 3: Practice Ethical Decision Making

What does it mean to practice ethical decision making? All leadership decisions have an ethical component—that is, they are based on assumptions about what is good or bad, right or wrong. When leaders make decisions, it can generally be assumed that they're trying to “do the right thing.” But this is sometimes easier said than done. In practice, ethical decision making requires rigorously identifying and analyzing ethical values.

In health care, as in other contexts, leaders can fall short of this goal in any of three ways. First, leaders sometimes fail to recognize that a decision raises special ethical concerns. Second, leaders may recognize the ethical concerns but fail to respond appropriately. Third, they may recognize the ethical concerns and respond appropriately but fail to explain their decision to others. Each kind of flaw in the process can be problematic for any given decision. When a leader habitually falls short in one or more of these ways, that can contribute to an environment in which leadership decisions are perceived to be unethical.

Practice ethical decision making

Identify decisions that raise ethical concerns

Address ethical decisions systematically

Explain your decisions

Identify decisions that raise ethical concerns

Leaders are faced with making a variety of decisions every day. While all decisions have an ethical component, only a subset of decisions raises significant ethical concerns. Being able to recognize when a decision raises such concerns—and being able to define those concerns clearly—is fundamental to ethical decision making:

The difference between ordinary decisions and ethical decisions lies at the point where the accepted rules no longer serve and the decision maker is faced with the responsibility for weighing values and reaching a judgment in a situation that is not quite the same as he/she has faced before.[71]

Ethical concerns may be signaled by:

- uncertainty about how to interpret or decide among important values
- an intuition that something isn't right
- an issue that “keeps you up at night”
- a complaint or expression of dissatisfaction about how someone is being treated
- a substantive difference of opinion about the right course of action
- the prospect of a harmful or inequitable outcome
- an impulse to conceal information from others

For leaders, any of these feelings or situations might indicate that there are underlying concerns at stake. For example:

- a facility director needs to decide how to allocate resources among several competing priorities
- a clinical service chief feels uncomfortable about allowing a physician employed by a pharmaceutical company to practice without compensation in VHA clinics
- a finance director feels conflicted because he suspects the facility's financial performance results are too good to be true
- a nurse manager is uncertain about how to respond to a patient's demand that male nurses not participate in his care

Because ethical decision making hinges on the consistent recognition of ethical concerns, leaders should institute specific safeguards to ensure that such concerns aren't overlooked. Here are some steps leaders can take to be sure that ethical concerns are systematically recognized in decision making:

- add an item relating to ethics to whatever decision-making template you use
- include someone from your ethics program on your decision-making team
- when decision making involves a group process, designate someone specifically to raise ethical concerns
- ensure that all staff receive training about how to identify and respond to ethical concerns

Leaders themselves should be familiar with the content domains of ethics discussed in Part I of this primer and be on the alert for ethical concerns that commonly arise in these domains. For example, in the domain of "shared decision making with patients," judgments relating to decision-making capacity, informed consent, surrogate decision making, advance directives, and limits to patient choice may require particular attention.

Address ethical decisions systematically

Once leaders determine that a decision raises a potential ethical concern, they must address the decision in a systematic fashion. This applies regardless of whether the decision is to be made by an individual leader, an informal leadership team, or a formal leadership board. The more the decision relates to ethics, the more systematic the decision-making process needs to be.

Why? First, because ethical decision making is a complex process that includes collecting relevant facts, identifying stakeholders and taking parties' differing values into account, thinking about the potential benefits and burdens of different possible courses of action, and employing the tools of analytic reasoning in a clear, coherent, logical process. Second, leadership decisions about ethical issues can have significant impact on patients, staff, and the organization and should be made through a process that is open, thoughtful, and consistent from decision to decision. Finally, without a systematic, transparent process decisions can be mistakenly perceived as capricious, arbitrary, and unfair.

According to the American College of Healthcare Executives policy on *Ethical Decision Making for Healthcare Executives*:

Healthcare executives have a responsibility to address the growing number of complex ethical dilemmas they are facing, but they cannot and should not make such decisions alone or without a sound decision-making framework. Healthcare organizations should have vehicles . . . to assist healthcare executives with the decision-making process. With these organizational mechanisms, the sometimes conflicting interests of patients, families, caregivers, the organization, payors, and the community can be appropriately weighed and balanced.[72]

The literature on leadership and management offers a wide variety of models for ethical decision making to assist leaders in thinking through complex ethical considerations either by themselves or in collaboration with others. (Examples of decision-making models are available on the Center's website, www.ethics.va.gov/IntegratedEthics or www.ethics.va.gov/IntegratedEthics) We don't recommend any single model, since different models suit different situations and leadership styles.

The models differ in their details, but in one way or another they are all intended to lead to decisions that share the following attributes:

Informed. The more value-laden a decision is or the more it involves uncertainty about what is the right course of action, the more important it is that it be well informed. Leaders must ensure not only that they have collected the full range of facts that bear on a given decision but also that they understand the perspectives of those who are (or should be) involved in making the decision and those who will be affected by it.

Participatory. To the extent possible, individuals who have a stake in the outcome should be allowed to have input into the decision-making process. This not only generates buy in, it provides useful insights and demonstrates respect for those who will be affected by the decision.

Values-based. By values, we mean strongly held beliefs, ideals, principles, or standards that inform ethical decisions or actions. Well-made decisions weigh options carefully in relation to important organizational and social values. This requires that the values at stake in a decision, such as fairness, stewardship, or fidelity to mission, be clarified and explicitly considered.

Values-Based Decision Making

To make values-based decisions, leaders must be familiar with various types of ethics-related resource materials and use them to inform their decisions.

Sources of information on values in health care include organizational mission and values, statements of ethical principles, professional codes of conduct, and organization and public policies. (See "Tools for Ethical Leadership" for examples.)

In some instances, weighing options in relation to values may be a relatively straightforward task; in others, however, it may call for close ethical analysis. Since ethical analysis requires specialized knowledge and skills, leaders will often find it useful to have access to experienced and trusted experts they can involve or consult through their local ethics program.

Beneficial. Ethical decision making requires that leaders weigh the short- and long-term consequences, both positive and negative, and make sure that the benefits of the decision outweigh potential harms. Making those determinations involves balancing fairly the different interests of stakeholders, including patients, staff, the organization, and, often, the community. Leaders may find it helpful to consider best-case and worst case scenarios as a way of thinking about the impact a decision will have on different parties or different activities across the organization.

Systems-focused. Ethical decision making should include an examination of underlying systems issues that may cause or contribute to ethical concerns. Ideally, the decision should prevent similar situations from happening again. Focusing on systems issues can also help to ensure that the decision establishes a precedent that can be applied to other similar cases.

Reasonable. Finally, leaders should consider how their decisions will be perceived by persons other than those directly involved in the decision-making process or immediately affected by a given decision itself. Imagining whether a decision would seem reasonable to a friend or family member or to a mentor or respected colleague outside the organization can be a useful exercise. Asking, “Would I be able to defend this decision to patients, external stakeholders, the media, or the general public?” can be another test to help ensure that decisions rest on a defensible decision-making process and sound reasoning and that they’ve been carefully considered from all angles and is ethically justifiable.

Quality Check

To check the quality of your ethical decision-making process in relation to the desired attributes, ask yourself these questions.

- Do I have all the important facts relevant to the decision?
- Have I involved everyone who should be part of this decision?
- Does this decision reflect organizational, professional, and social values?
- Do the likely benefits of the decision outweigh any potential harms?
- Will this decision keep the problem from recurring or establish a good precedent?
- How would this decision look to someone outside the organization?

Explain your decisions

Finally, practicing ethical decision making requires that decisions be transparent to those affected by them. Leaders should explain to the individuals who have a stake in an ethical decision both the process used to make the decision and the reasons why certain options were chosen over others. Even people who disagree with a decision will be more likely to accept it if they perceive the decision-making process as fair and understand the rationale behind the decision. Willingness to stand by decisions by explaining the rationale also signals moral courage and integrity.[65]

You can't cultivate honesty and integrity in the dark. . . . In any ethical organization, programs and policies cannot be undertaken in secrecy, in the dark, under cover, or behind closed door. . . . Transparency strengthens the hand of people who want to do things right.[68]

For example, consider the following problematic interaction. The chief of social work services needs to inform her staff about changes in their workspace:

Chief of Service: "I want to let you know that the renovation plans have been finalized and the clinic is moving to the fourth floor. Unfortunately, social work is losing two offices and we'll have to double up. The good news is, the offices are a little bit bigger and have windows . . ."

Social Worker 1: "Don't we get a say in this? I've had my own office for the 20 years I've worked here!"

Social Worker 2: "What about privacy? We have meetings with patients and family members in our offices, sensitive discussions—they can't happen with other people in the room."

Chief of Service: "I assure you, I didn't make this decision lightly and there are very good reasons for making it this way."

When decisions appear to overlook important considerations or to be made without input from the people affected, or when stakeholders are asked to take the decision-making process on faith, they may feel disrespected and find it hard to trust the decision or the decision maker.

Being transparent, however, is one of the most effective ways to build trust and foster the kind of environment that supports ethical practices. Imagine the scenario playing out differently:

Chief of Service: "I want to let you know what decisions we've made about the renovation plans. The clinic is moving to the fourth floor, and unfortunately that means social work is losing two offices, so we'll have to double up. I know this isn't an ideal situation.

"For one thing, you need a private space for patient/family conferences—it wouldn't be right to ask people to discuss sensitive topics where others can hear them. We've been able to set aside a small conference room in the final plan; and I do mean small. Just enough for a table and a couple of chairs.

“The decision team would rather everyone had their own office, and we talked with the planners about that. In the end the overall space assigned to the service just couldn’t be divided up into enough separate offices for all of us. But the design gives you some privacy. And your new offices will be a little larger than the old ones—and you’ll have windows.”

Social Worker 1: “Decision team?”

Chief of Service: “You may have forgotten—Allen, Jessie, and Roberta volunteered to help me prioritize the service’s needs for the planners. We got together twice before we met with the architects and building management people. I have to say, Roberta deserves a lot of credit for proposing a workable compromise about a separate conference room. That wasn’t in the architect’s original plan.”

Social Worker 2: “Well, the space won’t exactly be great, but it sounds like we can find a way to make it work.”

Point 4: Support Your Local Ethics Program

A leader who is committed to ethics is also likely to consider an investment in ethics programs, policies, and structures to be an important way to demonstrate that commitment.[66]

Finally, leaders should demonstrate their commitment to ethics by supporting their local ethics program and its activities. Unless leaders support—and are perceived to support—the formal ethics programs and structures in a facility, those programs can’t succeed. But simply by supporting ethics related programs and initiatives, leaders can have a huge impact on outcomes.[51]

Support your local ethics program

Know what your ethics program is and what it does

Champion the program

Support participation by others

Know what your ethics program is and what it does

All VA leaders should be able to explain to others the fundamental concepts of IntegratedEthics (described in Part I of this primer), including the iceberg concept and the role of each of the three core functions (ethics consultation, preventive ethics, and ethical leadership). Leaders should also know who is responsible for the various components of IntegratedEthics, and when and how to contact them.

In particular, leaders should know that the role of the facility’s ethics consultation service is *to respond to specific ethics questions*. Such questions might be about an individual patient (e.g., “What should we do with Mr. X, who refuses to be transferred to the nursing home?”); an individual employee (e.g., “Is it ethically acceptable for Dr. Y to date Nurse Z?”); a specific policy or other document (e.g., “Does this policy from the research office raise any ethical concerns?”); or a general topic in clinical, organizational, or research ethics (e.g., “What practical methods are recommended for allocating scarce resources?”). The ethics consultation service serves as a resource when expert information or ethical analysis is needed.

Leaders should also know that the role of the facility’s preventive ethics team is to *address ethics quality gaps on a systems level*. That is, preventive ethics applies quality improvement methods to produce measurable improvements in the organization’s ethics practices by implementing systems-level changes that reduce disparities between current and ideal practices. Examples of ethics quality gaps that might be appropriate for preventive ethics include:

- clinicians are failing to discuss advance directives with patients
- researchers are not fully informing subjects about study protocols
- managers are “gaming” financial performance measures
- staff believes that the organization discriminates against pregnant employees

Champion the program

A key factor in the success or failure of ethics programs is employees' perceptions of management's motivation for establishing the program. When employees perceive that the programs were created to help guide behavior, as well as to establish a shared set of values and a positive culture, they are significantly more successful than programs that employees believe were designed primarily for purposes of compliance.[14]

Ethics programs cannot thrive if leaders do not champion them. Leaders at all levels of the organization should participate in and support their IntegratedEthics program by:

- emphasizing the program's role in helping employees instead of policing them
- keeping up to date on the activities of the program and, as relevant to their leadership role, the specific activities of each function
- contacting the ethics consultation service with specific ethics questions or concerns
- working with the preventive ethics team to address ethics quality problems in their area of responsibility
- participating in education sponsored by the ethics program
- dedicating whatever resources they can at their level to help the program thrive
- reacting positively when the ethics program seeks their input
- supporting the program's efforts to assess and improve its services
- interacting regularly with members of the program to respond to their needs
- providing feedback to top leadership about the quality and effectiveness of the program and any suggestions for change

In addition, top leadership should:

- establish clear lines of authority and accountability for the ethics program
- designate or hire staff needed for key program roles
- ensure that these individuals have the knowledge, skills, and time they need to succeed in their roles
- provide necessary resources, such as budget, space, clerical support, library materials, and ongoing training
- monitor program performance to determine whether it is meeting its goals
- if not, modify the program

Support participation by others

Leaders at all levels should also encourage others, especially employees who report to them, to participate in the IntegratedEthics program and make use of the resources it offers by:

- periodically reminding employees about IntegratedEthics and updating them about its activities
- directing employees to the IntegratedEthics Council, the ethics consultation service, or the preventive ethics team when appropriate
- urging employees to participate in education sponsored by the ethics program
- making time available for employees to participate in the ethics program and designating interested staff to participate
- ensuring that employees who participate in the ethics program have ethics-related responsibilities clearly delineated in their performance plans
- recognizing and rewarding employees for their ethics-related activities and accomplishments
- sharing best practices with others in the facility and across the system through the IntegratedEthics Program Officer and/or the IntegratedEthics Point of Contact at the VISN level

Conclusion

Helping to foster an ethical environment and culture is the responsibility of leaders at all levels of an organization. By using the four points of the ethical leadership compass to guide their day-to-day practices—that is, by demonstrating that ethics is a priority, communicating clear expectations for ethical practice, practicing ethical decision making, and supporting their local ethics program—leaders at the executive and mid-manager levels can take the lead in improving ethics quality in their organizations.

The first step for any leader is to reflect critically on his or her own behavior. The Ethical Leadership Self-Assessment Tool available on the Center's website (vaww.ethics.va.gov/IntegratedEthics or www.ethics.va.gov/IntegratedEthics) is designed to help leaders identify areas in which they are successfully modeling behaviors that foster an ethical environment and culture and to highlight opportunities for improvement. The self-assessment tool challenges each leader to think about individual behaviors on each of the four points of the Ethical Leadership Compass and helps each to identify strengths, actions he or she might wish to examine the rationales for, and opportunities for further reflection. The tool includes guidance to help each leader develop a specific, personal action plan for implementing the four compass points in his or her own behavior. Taking the self-assessment every year can help leaders continue to refine their leadership practices.

By fostering a healthy ethical environment and culture, ethical leadership enhances the value of ethics consultation and preventive ethics, the other core functions of an IntegratedEthics program. Together, the three core functions will help promote ethical practices through VA's health care system.

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IntegratedEthics Glossary

Best practice: A technique or methodology shown by experience and/or research to lead reliably to a desired result. In ethics, best practice refers to the ideal established by ethical and professional norms and standards, such as communicating information to patients in language they can understand.

Case consultation: An *ethics consultation* that pertains to an active clinical case. (See also, *noncase consultation*.)

CASES: A systematic, step-by-step process for performing *ethics consultations* developed by VA's National Center for Ethics in Health Care.

Casuistry: An approach to ethical analysis that attempts to resolve uncertainty or conflict by drawing parallels between the current situation and accepted responses to similar, “paradigmatic” cases. See Jonsen, Siegler, and Winslade, *Clinical Ethics* (2002).

Cause-and-effect diagram: A tool for systematically analyzing a process and the factors that contribute to it; one example is a “fishbone” diagram.

Decision-making capacity: A patient's ability to make a given decision about his or her own health care. Clinical determination of decision-making capacity should be made by an appropriately trained health care practitioner.

Ethical leadership: Activities on the part of leaders to foster an environment and culture that support ethical practices throughout the organization. These include demonstrating that ethics is a priority, communicating clear expectations for ethical practice, practicing ethical decision making, and supporting a facility's local ethics program.

Ethical practices in business and management: The domain of ethics concerned with how well a facility promotes high ethical standards in its business and management practices. It includes ensuring that decisions are consistent with the organization's mission and values, data and records management, how the organization uses performance incentives, etc.

Ethical practices in end-of-life care: The domain of health care ethics concerned with how well a facility addresses ethical aspects of caring for patients near the end of life. It includes decisions about life-sustaining treatments (such as cardiopulmonary resuscitation or artificially administered nutrition and hydration), futility, treatments that hasten death, etc.

Ethical practices in the everyday workplace: The domain of ethics concerned with how well the facility supports ethical behavior in everyday interactions in the workplace. It includes treating others with respect and dignity, adhering to appropriate boundaries in workplace relationships, and the organization's ethical climate.

Ethical practices in government service: The domain of ethics concerned with how well a facility fosters behavior appropriate for government employees. This includes integrity, fidelity in interactions with appointed or elected officials, etc. *Note that questions concerning standards of conduct for federal employees should be referred to Regional Counsel or the VA Office of General Counsel.*

Ethical practices in health care: Decisions or actions that are consistent with widely accepted ethics standards, norms, or expectations for a health care organization and its staff. *Note that in this context “ethical” conveys a value judgment—i.e., that a practice*

is good or desirable; often, however, “ethical” is used simply to mean “of or relating to ethics,” as in the phrase “ethical analysis” referring to analysis that uses ethical principles or theories.

Ethical practices in research: The domain of ethics concerned with how well a facility ensures that its employees follow ethical standards that apply to research practices. It includes voluntary consent for research participation, human subjects protections, etc.

Ethical practices in resource allocation: The domain of ethics concerned with how well a facility demonstrates fairness in allocating resources across programs, services, and patients, including financial resources, materials, and personnel.

Ethics: The discipline that considers what is right or what should be done in the face of uncertainty or conflict about values. Ethics involves making reflective judgments about the optimal decision or action among ethically justifiable options.

Ethics case: An isolated situation involving specific decisions and actions, that gives rise to an *ethical concern*, i.e., that gives rise to uncertainty or conflict about values. (See also, *ethics issue*.)

Ethical concern: Uncertainty or conflict about values.

Ethics consultation in health care: The activities performed by an individual or group on behalf of a health care organization to help patients, providers, and/or other parties resolve *ethical concerns* in a health care setting. These activities typically involve consulting about active clinical cases (ethics case consultation), but also include analyzing prior clinical case or hypothetical scenarios, reviewing documents from an ethics perspective, clarifying ethics-related policy, and/or responding to ethical concerns in other contexts not immediately related to patient care. Ethics consultation may be performed by an individual ethics consultant, a team of ethics consultants, or an ethics committee.

Ethics consultation service: A mechanism in a health care organization that performs *ethics consultation*.

Ethics issue: An ongoing situation involving organizational systems and processes that gives rise to *ethical concerns*, i.e., that gives rise to uncertainty or conflicts about values. Ethics issues differ from ethics cases in that issues describe ongoing situations, while cases describe events that occur at a particular time, and issues involve organizational systems and processes, while cases involve specific decisions and actions.

Ethics quality: Practices throughout the organization are consistent with widely accepted ethics standards, norms, or expectations for a health care organization and its staff. Ethics quality encompasses individual and organizational practices at the level of decisions and actions, systems and processes, and environment and culture.

Ethics quality gap: With respect to an *ethics issues*, the disparity between current practices and *best practices*.

Ethics question: A question about which decisions are right or which actions should be taken when there is uncertainty or conflict about values.

Focus group: A research methodology that employs facilitator-led discussions to elicit opinions and responses about a defined subject or issue from a small group of participants representative of a broader population.

IntegratedEthics program: A local mechanism in a health care organization that improves ethics quality at the levels of decisions and actions, systems and processes, and environment and culture through three core functions: *ethics consultation*, *preventive ethics*, and *ethical leadership*.

ISSUES: A systematic, step-by-step process developed by VHA's National Center for Ethics in Health Care for reducing *ethics quality gaps*.

Key informants: Representatives of groups affected by a particular issue, or individuals who have specialized knowledge of the issue or are likely to be involved in implementing improvement strategies for that issue.

Preventive ethics: Activities performed by an individual or group on behalf of a health care organization to identify, prioritize, and address systemic *ethics quality gaps*.

Principlism: A theory-based approach to ethical analysis that emphasizes the four principles of autonomy, beneficence, non-maleficence, and justice. See Beauchamp and Childress, Principles of Biomedical Ethics (2001).

Patient privacy and confidentiality: The domain of health care ethics concerned with how well a facility protects patient privacy and confidentiality. It includes patients' control of personal health information, respect for patients' physical privacy, conditions under which information may/must be shared with third parties, etc.

Process flow diagram: A visual representation of procedures followed in a given practice.

Professionalism in patient care: The domain of health care ethics concerned with how well a facility fosters behavior appropriate for health care professionals. It includes matters of conflict of interest, truth telling, working with difficult patients, etc.

Noncase consultation: An ethics consultation that does not pertain to an active clinical case. Noncase consultations include answering questions about ethics topics in health care, interpreting policy relating to ethics in health care, reviewing documents from a health care ethics perspective, and providing ethical analysis of organizational ethics questions or hypothetical or historical questions.

Shared decision making with patients: The domain of health care ethics concerned with how well a facility promotes collaborative decision making between clinicians and patients. It includes matters of decision-making capacity, informed consent, surrogate decision makers, advance directives, etc.

Surrogate: The individual authorized under VA policy to make health care decisions on behalf of a patient who lacks *decision-making capacity*.

Values: In the health care setting, strongly held beliefs, ideals, principles, or standards that inform ethical decisions or actions, such as beliefs that people shouldn't be allowed to suffer, or principles and standards of respect for persons, nondiscrimination, truth telling, informed consent, etc.

Veterans Health Administration

Mission, Vision & Values

Mission

To honor America's veterans by providing exceptional health care that improves their health and well-being.

Core Values

Trust: Trust means having a high degree of confidence in the honesty, integrity, reliability and sincere good intent of those with whom we work, of those whom we serve, and the system of which we are a part. Trust is the basis for the caregiver-patient relationship and is fundamental to all that we do in health care.

Respect: Respect means honoring and holding in high regard the dignity and worth of our patients and their families, our co-workers, and the system of which we are a part. It means relating to each other and providing services in a manner that demonstrates an understanding of, sensitivity to and concern for each person's individuality and importance.

Excellence: Excellence means being exceptionally good and of the highest quality. It means being the most competent and the finest in everything we do. It also means continually improving what we do.

Compassion: Compassion means demonstrating empathy and caring in all that we say and do in responding to our co-workers, our patients and their families, and all others with whom we interact.

Commitment: Commitment means meaningful engagement with co-workers, veterans, and families. It includes a promise to work hard to do all that we can in accordance with the highest principles and ethics governing the conduct of the health care professions and public service. It is a pledge to assume personal responsibility for our individual and collective actions.

Vision Statement

To be a patient-centered integrated health care organization for veterans providing excellent health care, research, and education; an organization where people choose to work; an active community partner; and a back-up for National emergencies.

Domains of Values

Quality: To put quality first.

Access: To provide easy access to care, expertise and knowledge.

Function: To restore, preserve, and improve veterans' function.

Satisfaction: To exceed veteran, family, and employee expectations.

Cost-effectiveness: To optimize resource use to benefit veterans.

Healthy Communities: To optimize the health of the veteran and the VA community and to contribute to the health of the Nation.

Source: Under Secretary for Health Information Letter, IL-10-2005-008, May 9, 2005.

Statements of Ethical Principles

There are many different statements of ethical principles. Following are some of the better known formulations relevant to health care ethics and ethical leadership.

Principles of Biomedical Ethics

Respect for Autonomy—respecting a person's right to hold views, make choices, and take actions in accordance with personal values and beliefs

Non-maleficence—doing no intentional harm

Beneficence—contributing to the welfare of others

Justice—distributing goods and treatment fairly and equitably

Source: Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*, 5th ed. New York: Oxford University Press;2001.

Moral Rules

Do not kill

Do not cause pain/disable

Do not deprive freedom

Do not deceive

Keep your promise

Do not cheat

Obey the law

Do your duty

Source: Gert B. *Common Morality: Deciding What to Do*. New York: Oxford University Press;2004.

Ethical Considerations in the Business Aspects of Health Care

Compassion and respect for human dignity

Commitment to professional competence

Commitment to a spirit of service

Honesty

Confidentiality

Good stewardship and careful administration

Source: Woodstock Theological Center. *Seminar in Business Ethics*. Washington, DC: Georgetown University Press;1995. Available at http://www.georgetown.edu/centers/woodstock/business_ethics/health.htm.

Tavistock Principles

Rights—people have a right to health and healthcare

Balance—care of individual patients is central, but the health of populations should also be our concern

Comprehensiveness—in addition to treating illness, we have an obligation to ease suffering, minimize disability, prevent disease and promote health

Cooperation—healthcare succeeds only if we cooperate with those we serve, each other, and those in other sectors

Improvement—improving healthcare is a serious and continuing responsibility

Safety—do no harm

Openness—being open, honest and trustworthy is vital in healthcare

Source: The Tavistock Group. Shared ethical principles for everyone in health care: a working draft from the Tavistock Group. *BMJ* 1999;318:248-51. Available at <http://www.bmj.com>.

Aims for Improvement in Health Care

Safe—avoiding injuries to patients from the care that is intended to help them

Effective—providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding under use and overuse)

Patient-centered—providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions

Timely—reducing waits and sometimes harmful delays for both those who receive and those who give care

Efficient—avoiding waste, in particular waste of equipment, supplies, ideas, and energy

Equitable—providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status

Source: The Institute of Medicine. *Crossing the Quality Chasm: A New Healthcare System for the 21st Century*. Washington, DC: National Academy of Sciences Press;2001. Available at <http://www.iom.edu/report.asp?id=5432>.

Professional Codes of Ethics

American College of Healthcare Executives
ACHE Code of Ethics

www.ache.org/abt_ache/code.cfm

American College of Radiology
Code of Ethics

www.acr.org (membership required)

American Medical Association
AMA Code of Medical Ethics

www.ama-assn.org/ama/pub/category/2512.html

American Nurses Association
The Code of Ethics

nursingworld.org/ethics/ecode.htm

American Pharmacists Association
Code of Ethics for Pharmacists

aphanet.org/AM/Template.cfm?Section=Search&template=/CM/HTMLDisplay.cfm&ContentID=2809

American Psychological Association
Ethical Principles of Psychologists and Code of Conduct

www.apa.org/ethics/homepage.html

American Society of Public Administration
Code of Ethics and Implementation Guidelines

<http://ethics.iit.edu/codes/coe/amer.soc.public.admin.c.html>

Association of Professional Chaplains
Code of Ethics

www.professionalchaplains.org/professional-chaplain-services-about-code-ethics.htm

National Association of Social Workers
Code of Ethics

<http://www.socialworkers.org/pubs/code/code.asp>

More professional codes of ethics can be found at <http://ethics.iit.edu/codes/>.

Organizational & Public Policies

VHA Directive 2001-027, Organ Transplants

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=323

VHA Directive 2003-008, Palliative Care Consult Teams (PCCT)

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=231

VHA Directive 2003-021, Pain Management

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=246

VHA Directive 2003-060, Business Relationships Between VHA Staff and Pharmaceutical Industry Representatives

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=288

VHA Directive 2005-049, Disclosure of Adverse Events to Patients

http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1339

VHA Handbook 1004.1, Informed Consent for Treatments and Procedures

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=404

VHA Handbook 1004.2, Advance Health Care Planning (Advance Directives)

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=420

VHA Handbook 1004.3, Do Not Resuscitate (DNR) Protocols Within the Department of Veterans Affairs (VA)

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1150

VHA Handbook 1058.2, Research Misconduct

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1259

VHA Handbook 1200.5, Requirements for the Protection of Human Subjects in Research

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=418

VHA Handbook 1605.1, Privacy and Release of Information

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=406

VHA Manual M-2, Part VI, Chapter 9, Post-Mortem Examination

www.va.gov/vhapublications/ViewPublication.asp?pub_ID=855

Standards of Ethical Conduct for Employees of the Executive Branch

usage.gov/pages/forms_pubs_otherdocs?fpo_files/references/rfsoc_02.pdf

5 USC 2302(b), Prohibited Personnel Practices

www.gpoaccess.gov/uscode

5 USC 2301(b), Merit System Principles

www.gpoaccess.gov/uscode

Other important standards are established by accrediting bodies, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, <http://www.jointcommission.org>) and the Commission on Accreditation of Rehabilitation Facilities (CARF, <http://www.carf.org>).

Ethical Leadership Bookmark - front



Ethical Leadership

Fostering an ethical environment and culture:
Four Compass Points

DEMONSTRATE THAT ETHICS IS A PRIORITY

- Talk about ethics
- Prove that ethics matters to you
- Encourage discussion of ethical concerns

COMMUNICATE CLEAR EXPECTATIONS FOR ETHICAL PRACTICE

- Recognize when expectations need to be clarified
- Be explicit, give examples, explain the underlying values
- Anticipate barriers to meeting your expectations

PRACTICE ETHICAL DECISION MAKING

- Identify decisions that raise ethical concerns
- Address ethical decisions systematically
- Explain your decisions

SUPPORT YOUR LOCAL ETHICS PROGRAM

- Know what your ethics program is and what it does
- Champion the program
- Support participation by others

National Center for
ETHICS
in Health Care
Veterans Health Administration

Ethical Leadership Bookmark - back

IntegratedEthics

Improving Ethics Quality in Health Care

For more information about the IntegratedEthics initiative, contact:

National Center for Ethics in Health Care
Veterans Health Administration (10E)
810 Vermont Avenue, N.W.
Washington D.C., 20420

intranet (VA only): vaww.ethics.va.gov/IntegratedEthics

Internet: www.ethics.va.gov/IntegratedEthics

