INTRODUCTION: TOWARD A NEW PERSPECTIVE

This book is based on the assumption that students, including you, want to make a positive contribution to the field of healthcare administration, to the healthcare organizations you will serve, and to the diverse stakeholders interacting with healthcare organizations. (The term *stakeholder* means any individual or group, including the community, that is affected by the activities of a healthcare organization.)

The single most important responsibility of a healthcare administrator is to ensure that the moral core of his healthcare organization remains intact as the organization faces increasing challenges to its operations and even its viability. If you, as a healthcare administrator or manager, succeed in preserving and enhancing the moral core of your organization, you will have made a significant and positive contribution.

To achieve this contribution, healthcare administrators and managers need a new perspective that recognizes that every decision they make and every activity they undertake has the potential to compromise or to enhance the moral core of their healthcare organization.

Some debate exists concerning exactly what constitutes the moral core of a specific healthcare organization. But there is no debate about the service mission of all healthcare organizations: to alleviate pain and suffering and help restore the health of their patients. This is, or should be, the foundation of any healthcare organization's mission. This mission is, or should be, the foundation of any healthcare organization's moral core.

The mission of any organization is its purpose, its reason for existence. As will become clear through this book, the legitimacy of any organization depends on whether or not its mission is positive and acceptable to the greater society. (See Chapter 2 for an expanded description of the mission of a healthcare organization.)

When a society deems the mission of an organization to be positive and legitimate, it is acknowledging that the service or product of that organization somehow benefits (or at least does not harm) society. Thus, society conveys, by accepting the legitimacy of the mission of the organization, a moral approval (or at least a moral neutrality) of that mission.

Because society welcomes the service mission of all healthcare organizations, and because this mission constitutes the basis for what healthcare organizations do or should do, the service mission is the foundation of any healthcare organization's moral core.

The moral core of the organization also depends on whether or not the organization and the individuals associated with it are prepared to fulfill its mission within the context of the values society associates with its mission. These values reflect the moral core of the organization. If the *values* of the organization are not appropriate to its mission, if they are not socially endorsed as being appropriate to the mission, the organization's moral core would be hard to identify, if it exists at all.

The moral core of any organization, even if its mission and values are acceptable to society, also depends on whether or not the organization and its stakeholders are committed to fulfilling its mission within the context of its values. If the organization and its stakeholders are not prepared to commit to the organization's mission and values, the organization's ability to fulfill its mission within the context of acceptable values is in doubt.

Thus, the preservation and enhancement of the moral core of any organization depends on three things: the mission of the organization, the values that reflect its mission, and the commitment of the organization and its stakeholders to fulfill its mission within the context of its values. This interplay is dynamic. Mission, values, and commitment affect each other as well as the moral core.

All healthcare organizations have the service mission. Therefore, part of the moral core of all healthcare organizations will be associated with this mission. But differing healthcare organizations have distinct missions, and they will have distinct moral cores and distinct values. For instance, a community hospital does not have a research mission and so need not have a moral core that reflects the values associated with research. Moreover, a commitment to a similar mission does not ensure that two healthcare organizations share the same values. For instance, two healthcare organizations can share a commitment to the health of the community as part of their moral core. But the values that drive this commitment can be different. One healthcare organization might prioritize the values associated with prevention through education. The other might prioritize the values associated with efficiency to maximize access. The important point is that the values reflected by the organization are socially acceptable and consistent.

Individuals, including you, have a moral core as well. We said previously that the moral core of organizations is reflected through their values. This is true of individuals as well. Individuals reflect their moral core through the values they hold and espouse. And just as in organizations, these values are reflected in behavior, activities, and decision making. And therein lies the

crux of many of the challenges you will face. You will be managing people who are passionately committed to the mission of the healthcare organization but who also believe that their values are the correct values and that these values should be reflected in the mission of the organization.

If the most important responsibility of the healthcare administrator or manager is to preserve and enhance the moral core of the organization, then you must be prepared to

1. continually measure the activities and decision making of your organization against the mission of your organization to ensure they are in alignment,
2. continually critique the activities and decision making of the organization and its stakeholders with the values your organization espouses in realizing its mission, and
3. ensure that the commitment of the organization and its stakeholders to its mission is consistent.

In this way you preserve and enhance the moral core of your institution.

You cannot assume that good people are aware of the moral core of your institution. You cannot assume that your people are aware of your organization's mission and values, have a firm commitment to them, and use them as the basis of their activities and decision making. Nor can you be sure that you are aware of your institution's moral core. You must always be open to appropriate changes in the mission of your organization. You must always be open to the possibility that values might change over time. Your colleagues may be right; their values may be the appropriate values. So you must listen to them. You must constantly critique yourself and your own values and question if they align with the organization's values. And you must question your own commitment to them.

These challenges require a perspective—the new perspective—that acknowledges their importance. They are not easy. Thus, our goal is to give you the conceptual and practical tools that you need to be positioned to preserve and enhance the moral core of your organization while meeting day-to-day and long-run challenges that threaten its operations and potentially compromise its viability. To achieve this goal, this book is grounded in the reality of healthcare administrators' experience.

This book is not a text for philosophers. We do not guide you to look for answers by appealing to ethical standards or norms (a belief of how we should behave) embedded in healthcare, such as autonomy (the right of a patient to make decisions about his care without controlling influences), beneficence (doing good and avoiding harm), nonmaleficence (avoiding

harm), or justice (acting and making decisions fairly). These ethical standards or norms are important and in well-defined situations can provide guidance as to how you should behave and what decisions you should make. Knowledge about them is both important and helpful. But they do not and cannot provide answers to all the situations you will encounter. (See Chapter 14 for more discussion of the limitations of appealing to a standard or norm for an answer to a troublesome moral or ethical situation.)

This book exists to help you—the future administrators or managers of increasingly complex healthcare delivery organizations—understand that your decisions and activities have consequences that might challenge the moral core of the healthcare organization you serve.

This book is not a comprehensive guide to or catalog of the hard issues faced by healthcare administrators or managers. No such book could exist. Neither can hard issues be predicted; they are constantly changing. The way in which hard issues come to the individual and hospital vary with each situation. What will best serve you is not a cookbook that describes the hard issues—such as decisions made at the end of life—but a guide that focuses on *moral frameworks* that enable you to respond from your own clearly understood values in ways (not just one way) that you can live with comfortably, knowing that you have contributed positively to the outcome.

To respond to a hard issue or challenge, you need to recognize that it creates moral or ethical tension, or that it is a morally or ethically problematic issue or event, or that it creates moral distress in yourself or others. (Moral distress occurs when an individual knows or thinks he knows the right thing to do but is prevented or constrained from doing it. See Chapter 7 for more on this topic.) You cannot respond—you cannot begin the process of solving the issue or event by defining it, identifying what is at stake and for whom, determining the options for actions and their implications, and elucidating the values on which you will act—without first perceiving and acknowledging that the issue or problem exists. And importantly, you need to understand and measure your own response to these issues or problems. You will need to understand what enables you to perceive and acknowledge the issue or problem and to decide if your response is appropriate or not.

The primary objective of this book is to prepare healthcare administrators and managers to accept responsibility and accountability for a healthcare organization's moral core. To achieve this objective, this book will:

- explore the moral core of healthcare organizations and ask what this means in day-to-day operations and decisions;
- familiarize you with the ethical and legal frameworks currently relied on by healthcare organizations to preserve this moral core, and demonstrate 1) how these ethical and legal frameworks sometimes

conflict; 2) why they are often inadequate to address many issues faced by healthcare organizations, especially in a period of rapid change; and 3) how these conflicts and inadequacies can weaken the moral core of the healthcare organization;

- present you with some of the concepts, resources, and tools you can use to prepare yourself to sustain and enhance the moral core of the healthcare organization you manage;
- remind you that unless you have a set of values that recognizes and accepts the moral core of healthcare organizations, you will be incapable of recognizing when the moral core of a healthcare organization might be threatened;
- explore the idea of organizational culture and ethical climate and examine what role they have in formulating and maintaining the moral core of a healthcare organization and how it can be influenced appropriately; and
- identify phenomena not commonly acknowledged, such as moral distress, and discuss their consequences.

We encourage you to incorporate this new perspective as you carry out your duties. We urge you to consider your decisions and activities in the context of the moral core of your institution—we believe you must if you are to fulfill the fundamental professional responsibility of your positions: to preserve and enhance the moral core of the organization you serve.

About the Book

The editors cannot claim expertise in all the different areas that affect the moral core of healthcare organizations. For instance, we are not business ethicists—and perceiving the healthcare organization as a business, albeit a unique business, is entirely reasonable. And, of course, the way in which a healthcare organization conducts its business reflects its moral core.

The contributors are a distinguished panel of experts who share the vision of a new perspective on healthcare managerial ethics. They have been carefully selected to enrich the reader's understanding of the scope of ethical challenges facing the field. Their efforts, expertise, and insights are an important and much appreciated contribution.

The editors have tried to bring consistency to the chapters, despite the various styles of the contributors. For examples, each chapter begins with Learning Objectives and ends with Points to Remember. On the other hand, several chapters begin with definitions of stakeholders, but we have chosen not to edit these perceived redundancies for several reasons. First, each con-

tributor needs planks on which to build her case. Second, these repetitions allow the reader to continue reading without going back and looking up the definition. And, more important, many of the presentations are nuanced such that the contributor may be relying on a part of the definition not emphasized in another chapter.

To ground the book in experience, most chapters include cases. Using cases to illustrate the sorts of moral and ethical dilemmas facing healthcare organizations and their administrators has potential limitations. Although specific issues and specific problems are embedded in the cases, the point is not to ask you to formulate a "right" or "wrong" answer to a specific issue or problem, but to encourage you to think about and question the underlying values represented and how decisions can impact the moral core of the healthcare organization.

Through the use of cases, we hope to embed in your mental model (a deeply held set of generalizations or beliefs about the world, the organization, or the microsystem) the idea that most actions, events, and decisions, whether large or small, whether ethically or morally troubling or not, arise from the underlying values of individuals and groups. Consequently, if you do not know your own values, you will not be able to identify the values of others, let alone recognize an ethical or moral conflict that might threaten the moral core of the organization.

Using this Book for Competency-Based Learning

At the beginning of each chapter of this book, you will see a list of competencies that are related to the content of that chapter. Each competency addresses an important point that you can reflect on as you read the chapter to expand your ethical managerial competence.

The competencies are clustered into five leadership and management domains:

1. Communication and Relationship Management
2. Leadership
3. Professionalism
4. Knowledge of the Healthcare Environment
5. Business Skills and Knowledge

These domains, and the competencies within each domain, have been identified as being valuable to executives, administrators, and managers by the Healthcare Leadership Alliance (HLA), which is composed of the American College of Healthcare Executives (ACHE), the American College of Physician Executives, the American Organization of Nurse Executives, the Healthcare Financial Management Association, the Healthcare Information

and Management Systems Society, and the Medical Group Management Association (Stefl 2008).

ACHE publishes a Competencies Assessment Tool that is derived from the HLA competencies; it is updated annually and can be found at ache .org/Career Services. The competencies in the assessment tool are relevant to management and leadership tasks typically performed by members of ACHE. The competencies listed at the beginning of each chapter in this book were chosen from the competencies in the ACHE Competencies Assessment Tool.

Ethics and Morality

We indicated earlier the importance of your having a moral framework. A moral framework is a set of questions designed to help a person work through an ethically or morally difficult situation or event. The moral frameworks presented in several chapters in this text are not meant to be comprehensive, nor are they meant to be set in stone. Circumstances will differ, and so different questions may need to be asked and answered. But the questions asked in moral frameworks often overlap. For instance, all moral frameworks should ask: What are the facts of the situation? Who is affected? How are they affected? What are the values embedded in the situation? What are the options? Again, moral frameworks are presented in the hope of embedding in your mental model the kinds of questions you should ask when you recognize an ethical or moral dilemma.

The terms *ethics* and *morality* are often used interchangeably, but they have subtle differences. Morality is generally considered an informal public or social system, different from convention, prudence, obedience to law, or etiquette. Morality governs the behavior that affects others and has as its goal the lessening of evil or harm. Morality generally refers to the accepted norms and standards of a society concerning what is right to do or wrong to do.

More narrowly, ethics is a branch of philosophy—philosophical thinking and questioning about morality, moral problems, and moral judgments. When we defend, justify, or try to explain to others our moral judgments— why we believe something is right or wrong—we are engaging in ethical analysis or discussion and may find ourselves using the language of ethics, speaking of obligation, of principles, or of values.

The content of particular moral judgments or issues may change over time. For instance, that euthanasia could be justified under any circumstances was once unthinkable. Physicians and the wider society considered euthanasia morally wrong. Now, society's views are changing, and there is active debate about when and under what circumstances euthanasia can be thought of as morally justifiable. And such debates necessarily reflect the concerns of people in different cultures, circumstances, or social roles. For instance, because

of professional medical ethics, many physicians may feel that that their social role requires a certain position on euthanasia.

In discussions about euthanasia, we sometimes appeal to other widely accepted norms, such as the autonomy of a patient. This discussion is an ethical one. We are questioning, trying to search for common ground—a convergence of our shared values—to figure out how and under what circumstances euthanasia can be morally justifiable and what morally justifiable role (if any) physicians may have.

Because ethics is discussion, questioning, reasoning, or debate about morality (the right thing to do), the terms are often used interchangeably. While we recognize that we seldom differentiate the two terms in casual conversation, we have tried to maintain the distinction in the book. Some contributors use the terms interchangeably and some are explicit about how they are using the terms. If you understand that when a contributor is talking about ethics, he or she is generally referring to discussion of or questioning about widely accepted and stable norms and standards, and when a contributor is talking about morality, he or she is referring to our society's understanding of right and wrong, you will be able to differentiate the two.

Conclusion

Each of the health professions has its own code of ethics that prescribes the behavior of its professionals and articulates the goals to which its professionals should aspire. You will be a professional. You will be asked to think about and commit yourself to the goals of your profession.

You would hope that these codes of ethics, some of which have been around for hundreds of years, would make it easy to recognize and navigate your way through an ethical or moral dilemma. You would hope that the army of well-intentioned, highly educated, committed professionals, who are needed to ensure excellent care delivery, would guarantee that the moral core of a healthcare organization is protected. And sometimes these codes of ethics do help; sometimes a moral or ethical issue or decision is obvious and is either prohibited or sanctioned by one's specific code of professional ethics. Sometimes the decision and the way forward is, or should be, clear to the professional.

But more often, morally or ethically problematic situations or events are murky and have no unequivocal yes or no answer. No clear answer or defined way forward exists. Moreover, ethically or morally problematic situations or events are not always recognized as being ethically or morally problematic. These are the hard situations or events. These situations or events may end up compromising the moral core of your institution and preventing

you from making the kind of positive contribution you want to make. For these reasons, we believe healthcare administrators and managers need a new perspective that they apply in their daily decision making and activities.

—Gary Filerman, Ann Mills, and Paul Schyve

Reference

Stefl, M. 2008. "Common Competencies for All Healthcare Managers: The Healthcare Leadership Alliance Model." *Journal of Healthcare Management* 53 (6): 360–73.