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ETHICS INSTITUTIONALIZATION IN HEALTHCARE FACILITIES IN THE REPUBLIC OF MOLDOVA

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Keywords: *ethics management, code of ethics, ethics leadership, ethics training, ethics audit.*

Introduction. *The process of institutionalizing ethics is composed of the implementation of tools such as: codes, ethical leadership, training, ethics committees, ethics audits, ethics consultants. The article presents an analysis of the situation on the role of these ethics' tools on the activity of the healthcare facilities of the Republic of Moldova.*

Material and methods*. The research was carried out on 2 target groups: 1. a cross-sectional study on a sample of 1070 employees of 120 hospital and primary care institutions and 2. a sample of 134 members of ethics / bioethics committees. Two questionnaires were developed and transposed into Google forms to be completed anonymously. Comparative evaluation was performed using the 95%CI. The standard Chi-Squared Test (α = 0.05) for Independence without Yates' Correction was considered for 3x3 and 7x5 contingency tables.*

Results. *In the country's medical institutions, the level of institutionalization of ethics was low, and the application of ethics management tools varied significantly. Only 13% (95% CI: 11.0, 15.0) of respondents reported the existence of an institutional ethics code, while 30.4% (95% CI: 27.6, 33.1) admitted they were unaware of such a code within their institution. Furthermore, only 25.5% (95% CI: 22.9, 28.1) of respondents indicated that institutional values were promoted by all employees. Just 36.2% (95% CI: 30.4, 36.1) felt they had the necessary knowledge to make decisions in ethical dilemmas.*

Conclusions. *The detected gaps lead us to the conclusion that the continuous integration of ethics into institutional activities must become essential for the managers of medical institutions in the country. This is an important condition for ensuring the quality of services. Implementing ethics programs should be an indispensable part of developing institutional strategies.*

Cuvinte cheie: *managementul eticii, codul de etică, conducerea etică, instruirea în etică, auditul etic.*

INSTITUȚIONALIZAREA ETICII PROFESIONALE ÎN INSTITUȚIILE MEDICALE DIN REPUBLICA MOLDOVA

Introducere. *Procesul de instituționalizare a eticii constă în implementarea unor instrumente precum: codul de etică, leadershipul etic, instruirea eficientă, comitetele de etică, auditul pentru etică și, consultanți eticieni. Articolul prezintă o analiză a situației cu privire la rolul acestor instrumente de etică în activitatea instituțiilor de sănătate din Republica Moldova.*

Material și metode. *Cercetarea a fost realizată pe 2 grupuri țintă: un studiu transversal pe un eșantion de 1070 de angajați din 120 de instituții spitalicești și de asistență primară, și un eșantion de 134 de membri ai comitetelor de etică/bioetică, pentru acestea fiind elaborate două chestionare anonime în Ggoogle forms.*

Rezultate. *În instituțiile medicale din țară se atestă un nivel precar de instituționalizare a eticii, iar instrumentele de management etic au fost aplicate foarte diferit. Doar 13% (CI95% 11,0, 15,0) dintre respondenți au indicat prezența unui cod instituțional, iar 30,4% (CI95% 27,6, 33,1) recunosc că nu au știut despre așa cod în instituția lor. Doar 25,5% (CI95% 22,9, 28,1) dintre respondenți consideră că valorile instituționale au fost promovate de către toți angajații, și doar 36,2% (IC95% 30,4, 36,1) dintre cei chestionați posedă cunoștințele necesare pentru a lua decizii în situații de dileme etice.*

Concluzii. *Lacunele depistate ne sugerează că, integrarea continuă a eticii în activitatea instituției ar trebui să fie prioritară pentru managerii instituțiilor medicale din țară. Aceasta este o condiție importantă în asigurarea calității serviciilor, iar implementarea programelor de etică ar trebui să devină o parte indispensabilă a strategiilor de dezvoltare instituțională.*

INTRODUCTION

In the recent specialized literature, the *Management of Ethics* has been increasingly discussed, as a new distinct field within organizational management. This represents the management of all elements related to the moral aspect of an organization, be it a commercial firm, hospital or university. Ethics management deals with the development of those management tools that contribute to the ethical development of an organization, determine the desirable situation and decide on the measures to be taken to achieve it, consistent with other forms of management (1, 2, 3).

Organizations are recommended to adopt an *ethics program* with distributed responsibilities. The process of governing and managing an organization's ethical performance through an *ethics program* is based on four pillars, namely: a) institutionalization of ethics; b) ethical risk assessment; c) development of ethical standards; and d) ethical performance reporting and disclosure. Thus, the environment in which organizations exist is an important determinant of ethical behaviour. Institutionalizing ethics aims to integrate ethical standards into an organization's strategies and operations and build an organizational culture (4).

There is a strong relationship between the work climate formed in an institution and the behaviour of employees, which is strongly influenced by organizational practices. Through institutionalized norms, policies and procedures, an organization alerts and empowers its employees to decide what is correct behaviour and thus creates an ethical culture (5). The managers should decide regarding the ways of influence to be applied – either through building the correct perception of ethical behaviour or through tools to promote ethical behaviour among their employees (6).

To organize the ethics of an institution, it is necessary to create an "ethical infrastructure" (7). Thus, the activities of organizing ethics in the institution can be carried out by means of a series of instruments, such as: the elaboration of institutional codes of ethics; ensuring ethical leadership, i.e. behaviours of managers worthy of following; the activity of institutional ethics committees; ethics training within the organization; ethics audits; appointing the person responsible (ethics consultant) for ethical issues and promoting an ethical climate and culture (1, 2, 7).

The *aim* of the research was to determine the role and impact of these ethical tools on the activities of healthcare facilities in the Republic of Moldova.

MATERIAL AND METHODS

A cross-sectional study was carried out, which included a sample of 1070 participants (±3%; expected frequency – 5 0%). The study was carried out in the period of 2022-2023.

The questionnaire was transposed into a *Google forms* and distributed through human resources departments, professional associations and social networks. The invitation to participate in the survey was sent to120 hospital and primary care institutions from the Republic of Moldova.

The questionnaire contained 57 questions to identify problems related to the ethical dilemmas faced by the employees, the ways and possibilities to solve them, the existing ethical tools, as well as the level of respect for the patient's rights in providing medical services. The five-level Likert scale (for ordinal variables), single-choice or multiple-choice matrices (for dichotomous or nominative variables in accordance with the question) were applied. At the same time, for some questions, the respondents were given the possibility of their own answers, by including the open answer option and being asked to formulate suggestions for improving the ethics management of their institution.

Another questionnaire in a similar format was created for the members of ethics / bioethics committees of medical institutions and was completed by 134 respondents. The questionnaire was composed of 25 questions with closed and open answer options, the purpose of which was to evaluate the opinions of members with reference to the role and importance of committees and about their membership activity.

No personal data were recorded, the completion of the questionnaires was done anonymously.

Statistical analysis: Descriptive statistics for discrete data were performed by estimating relative frequencies, completed with 95% confidence in-

tervals (95% CI). Comparative evaluation was performed using the 95% CI. The standard Chi-Squared Test ($\alpha = 0.05$) for Independence without Yates' Correction was considered for 3x3 and 7x5 contingency tables. Visualization was performed using barplots and heatmaps. The programs used for the statistical analysis were SPSS 26 and Google Collab.

RESULTS

The research found that in the medical institutions of the country there was a low level of ethics institutionalization, and the tools of ethics management were used very different, from case to case.

Codes of ethics

More than half of the respondents – 56.6% (95% CI 53.7, 59.6) indicated that in their institutions, there was no separate code, and thus the Code of Ethics of the Medical Worker and the Pharmacist was automatically applied (approved by Government Decision no. 192/2017). Practically, one third of the respondents – 30.4% (95% CI 27.6, 33.1) did not know about the code of ethics in their own institution. Only a small number – 13% (95% CI 11.0, 15.0) indicated the presence of an institutional code. Every third employee in republican hospitals – 37.9% (95% CI 32.8, 41.9), and among those in municipal hospitals – 36.5% (95% CI 30.0, 43.5), admitted that they did not know about the code of ethics governing the institution where they worked. The rate of those who did not know about the code of ethics was likely higher, possibly due to reporting bias.

One of the essential functions of the code should be the unanimous endorsement of a set of values that are commonly agreed upon by all staff. We noted that only a fourth of the study respondents – 25.5% (95% CI: 22.9, 28.1) considered that the institutional values were promoted by all employees. 40.5% (95% CI: 37.5, 43.4) of respondents believed that only some employees in their institution knew the values, and 34% (95% CI: 31.2, 36.9) could not provide any opinion. We could assume that refraining from answering was a way to avoid a negative response, which could affect the image of the collective in which they operated.

More than half of the respondents working in the private sector – 57.1% (95% CI: 37.2, 75.5) considered that in their institutions all employees knew the values declared at the institutional level, while among employees from public district hospitals, this value was only 20.4% (95% CI: 16.8, 24.4). A possible explanation could be the fact that private institutions tend to have much more insistent policies to maintain a high degree of satisfaction of the beneficiary (the paying customer).

The respondents were asked about the way in which they were informed about the ethical principles and values that underlie the institution's activity. Also, we found the association between this parameter and the hospital type. It is worrying the fact that there were employees who indicated that no one from the institution informed them about this subject (fig. 1).

An ethical leadership

The managerial staff, for the most part, was appreciated with a high score, which was an advantage for the institutions. However, the number of those who rated the behaviour of their managers with a low score should not be ignored. The assessment of the managers' behaviour was proposed through a five-level Likert scale from 1 to 5, where 1 meant 'strongly disagree' and 5 meant 'strongly agree.' 15.2% of physicians appreciated the behaviour of their manager with only 1 or 2 points out of 5 (1 point – 9.1% (n=63, 95%CI 7.1, 11.5), 2 points – 6.1% (n=42, 95%CI 4.4, 8.1)). A critical opinion was also identified towards the vice directors – 18.8% of doctors gave a very low score to their behaviour, namely 8.7% (n=60, 95%CI 6.7, 11.1) – 1 point, and 10.1% (n=70, 95%CI 8.0, 12.6) – 2 points. Additionally, 13.6% of doctors rated the behaviour of the immediate heads of the subdivisions in which they worked as unsatisfactory (6.4% (n=44, 95%CI 4.7, 8.5) – 1 point, and 7.2% (n=50, 95%CI 5.4, 9.4) – 2 points).

The appreciation of the behaviour of the representatives of the institution's administration has improved with the increase of the respondents' work experience (fig. 2). This trend can be explained by the loyalty that has developed in employees over time and the fact that the group of respondents with a long work experience can include more representatives of different levels of management in the institution.

Among the negative assessments, the many respondents mentioned the presence of favouritism, lack of transparency and inappropriate influences in managerial decisions.

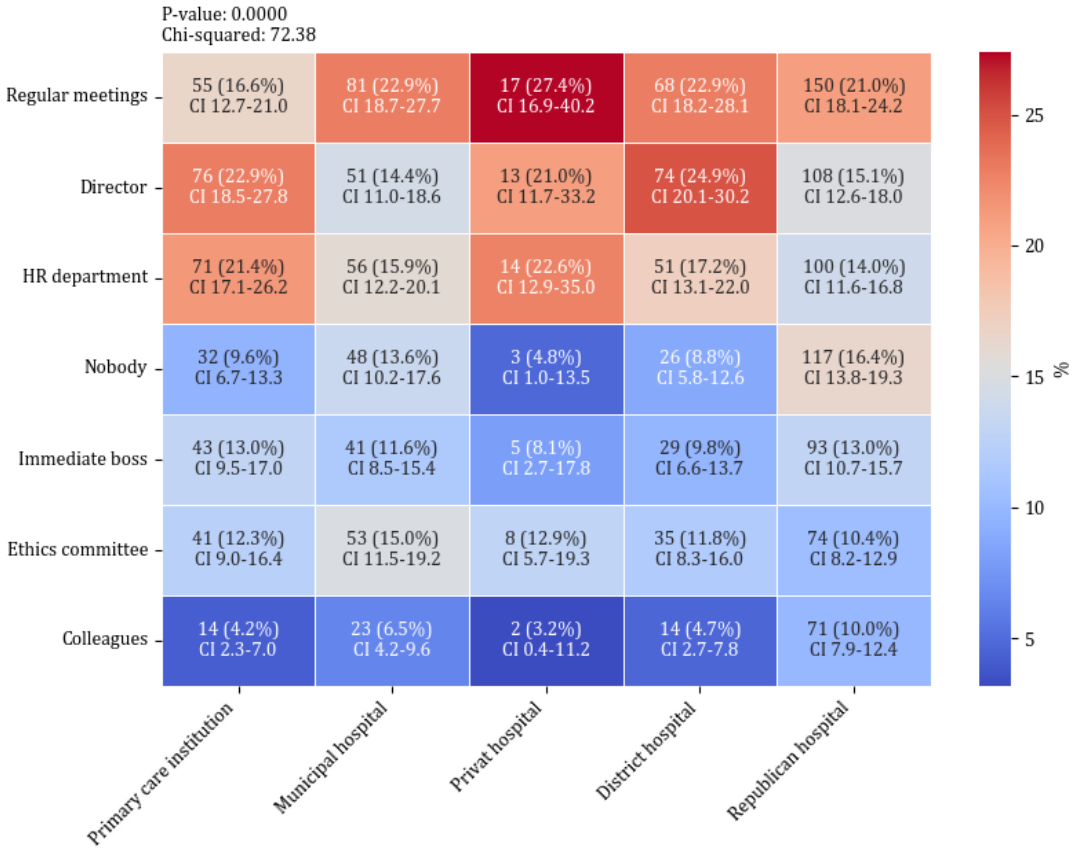

Figure 1. The source of information about the institution's values, by institution type, absolute figures, %.

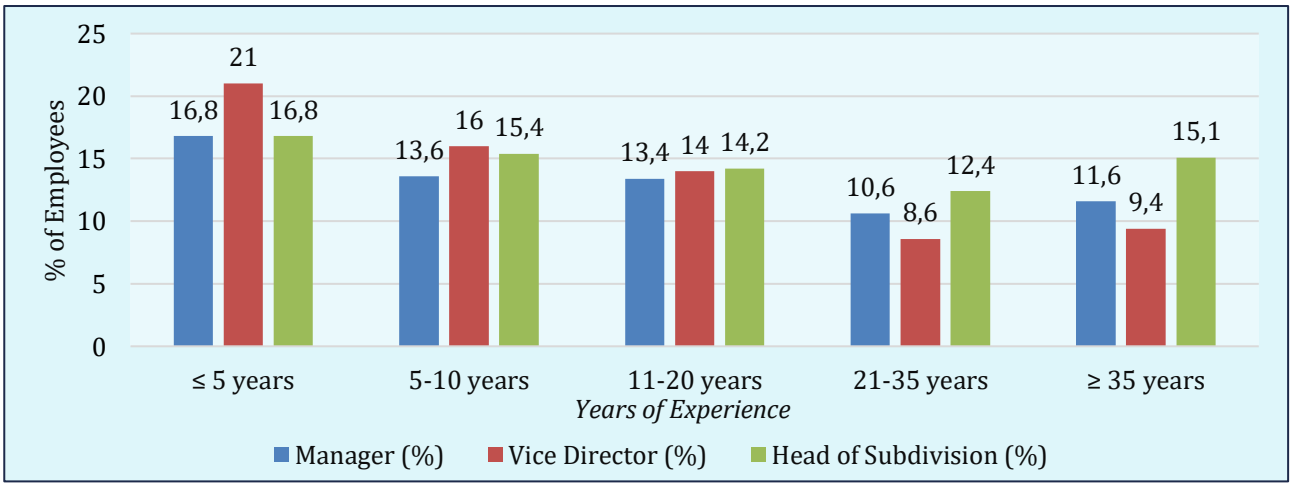

Figure 2. Negative assessment (1-2 points from 5) of managers' behaviour, by work experience, %.

Ethics/bioethics committees

The emergence of ethics/bioethics committees in medical institutions is conditioned by the mandatory criteria of the accreditation process. The presence and activity of these committees has been verified through the evaluation and accreditation procedure of the institution for a period of 5 years (8, 9). Absolutely in all the institutions included in the study (100%) there are such committees.

Only 44.1% (95%CI 41.1, 47.1) of the respondents rated the ethics committee as a very relevant and useful structure. The number of those who were unaware of the committee's activity was alarmingly high at 18.9% (95%CI 16.5, 21.2), to which could be added those who could

not assess its relevance – 20.8% (95%CI 18.4, 23.3). One in six respondents, 16.2% (95%CI 14.0, 18.4), stated that this structure in the institution was irrelevant and formal (fig.3).

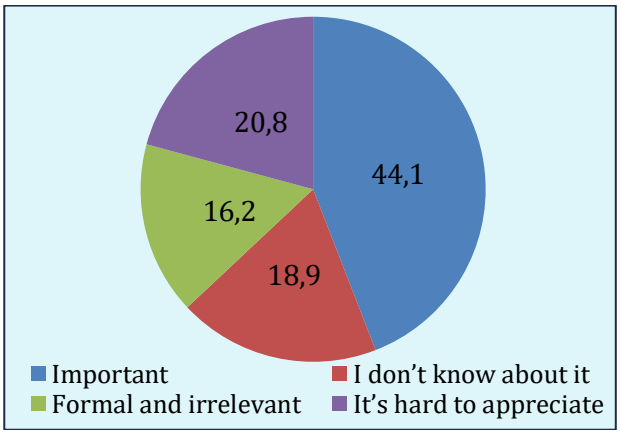

Figure 3. Usefulness of the institutional ethics/bioethics committee, employees' opinion, %.

Some of the members of ethics/bioethics committees themselves were skeptical of the necessity of the committees they were part of. Practically, every fifth member included in the study (18.9%) could not appreciate the usefulness of these committees or considered them formal structures just for filling the accreditation procedure.

Regarding the transparency of the work of the ethics/bioethics committee, only half – 55.4% (95%CI 52.4, 58.4) – of the employees confirmed that its decisions were known within the institution. It is alarming that 18.6% (95%CI 16.3, 20.9) stated that their colleagues did not know about the committee's activities. To this group could be added those who hesitated to give an answer – 26% (95%CI 23.4, 28.6), probably because they were not familiar with any procedures that would guarantee transparency and communication in this field.

Ethical training of employees

The ability of an organization to reach its full potential remains dependent on the knowledge, skills, and values of each employee. The research determined that there were significant reservations regarding the ability of employees to recognize ethical dilemmas and conduct ethical analyses. Only a little more than a third of the respondents, 38.5% (95%CI: 35.6, 41.4), considered that they had a collective with sufficient capacity for ethical analysis. At the same time, one in three respondents—33.7% (95%CI: 30.9, 36.6)—believed that employees in their institution needed additional training and negatively evaluated their ability to recognize and solve moral dilemmas.

Half of the respondents from the private sector—50% (95% CI: 30.6, 69.4)—believed that their collective had a high capacity for ethical analysis. In contrast, only 33.9% (95% CI: 29.6, 38.5) of the respondents from republican hospitals provided the same answer, followed by those from primary care institutions—38.8% (95% CI: 31.9, 46.0)—and from municipal hospitals—41.8% (95% CI: 35.0, 48.8).

Just over a third of employees—36.2% (95% CI: 30.4, 36.1)—considered that they possessed the necessary knowledge to make decisions in ethical dilemmas. Additionally, 43.2% of respondents considered that they had insufficient knowledge and would like additional training (95% CI: 36.8, 42.7). The group of those who considered that they needed extensive training—10.1% (95% CI: 7.5, 11.0)—was equal to those who could not assess their knowledge—10.3% (95% CI: 7.7, 11.2).

Doctors were more critical in assessing their own knowledge regarding ethical evaluation compared to nurses (fig. 4).

The interest focused on discovering where employees received the knowledge to deal with ethical issues. It was of great concern that the number of doctors who considered having received no training in ethics throughout university was 30.8% (95%CI 28.1, 33.6), and during residency studies was 50.2% (95%CI 47.2, 53.2), where the foundation for ethical analysis should be laid. One in five doctors – 21.2% (95%CI 18.8, 23.7) – had no such training at work, while 29.1% (95%CI 26.3, 31.8) denied having received such training in continuing education. Additionally, some (13.7%) believed that the training received was useless.

Ethics audit

The ethical audit, as well as the presence of ethical consultants, is not a practice applied in medical institutions in Moldova. However, the results of the carried out research were the basis for the development of a Grid for Ethics Audit, intended for evaluation of medical institutions on three dimensions: (a) the place of ethics in the policies,

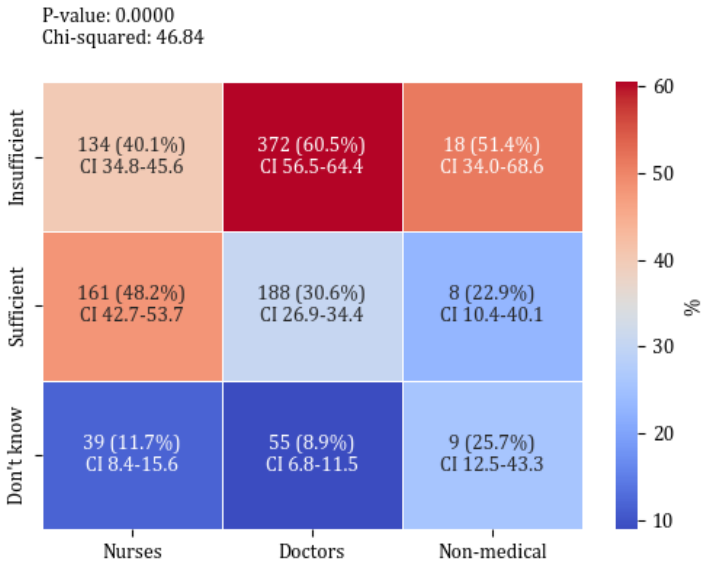

Figure 4. Appreciation of own level of knowledge in the field of ethics, by profession, %.

programs and strategic activities; (b) promotion of ethical values and human rights principles; (c) institutional environment (ethical climate) and employees` satisfaction.

The grid was applied by the author in two hospitals. An extensive assessment was made, which identified certain gaps and non-conformities regarding ethical environment and the existing risk of human rights violations, both from the perspective of the patient and of the employee. As a common conclusion it was determined that ethics is included in the institutional policies only in a general form, without any dedicated activities or concrete programs. The institutions have not developed sufficient procedures and tools that would ensure the appropriate conditions for respecting the patient's rights, especially regarding informing procedure and informed consent collecting, accepting the patient's refusal, communicating with non-native patients, etc. Based on the performed audit, the institutions received a set of solid recommendations for improving the situation.

The grid was published (10), being presented to managers from the healthcare system who can use it for self-evaluation/internal audit of their institutions at a certain frequency.

DISCUSSIONS

The research identified a series of gaps in the organization of the ethical dimension in healthcare facilities of the Republic of Moldova, both hospital and primary care institutions. Tools proposed in the ethics management theories are insufficiently implemented. The role of ethics codes, ethics committees and of the periodic ethical training at the workplace is insufficiently explored. At the level of medical institutions, there are also identified some gaps in the promotion of values-based leadership and ethical model of managers. Ethical counselling is very little applied in daily clinical activity. There are no consultants dedicated to the ethical assistance of employees in medical institutions. The ethical audit is not a procedure implemented in the evaluation practice of the medical institutions of the Republic of Moldova.

The described managerial tools have an extremely important role in organizing ethical environments in medical institutions, especially to ensure a high quality of the services provided and to increase the satisfaction of both the providers and the beneficiaries of medical services (1, 11).

Firstly, the codes of ethics are valuable tools for improving the ethical climate of an organization. During the last years, many works are dedicated to the structure and content of ethical codes, their importance for organizations being emphasized (12). Managers cannot continuously and directly communicate to employees the ethical behaviour that is expected of them. For this, a more structured and constant form of communication is needed. Therefore, a code of ethics is required as the primary means of guiding em-

ployees to behave ethically. Managers should be interested in transforming the code of ethics from a formal text printed on paper into a living document woven into the organizational culture (13). Mureşan V. (7) identifies several important aspects in defining a code of ethics, considering that this document clearly demarcates the field of morals in the life of an organization. The code will promote the desirable values and virtues of the organization, which must always be educated among employees so that their moral actions are habitually voluntary, regardless of the circumstances. Thus, a code will impose a minimum number of expectations that apply to all employees, providing clarity regarding their responsibilities (1).

Secondly, a manager will always be seen as a model and example of behaviour for the organization they lead, and the promotion of an ethical leadership is an effective tool for the institutionalization of ethical behaviours (14). The leaders' behaviour and personality are very important in building trust of employees (15). The behaviour and image of the manager will be replicated by employees, at different levels. It is hard to imagine that we can find an ethical climate in an or ganization where the manager has integrity problems, is opportunistic, suspected of acts of corruption and bribery, has an arrogant behaviour and does not have self-control over his emotions, allowing his aggressive impulses to take over in communicating with employees (16).

Thirdly, institutional ethics committees are considered important tools in the management of the medical institution. The activity of these structures should be organized on three dimensions: continuous education of the staff, ethical consultation and policy development (17). These structures should provide essential support to healthcare managers in ethically complicated decision-making situations, when conflicts and contradictions of values are evident (18). The formal presence of committees in the structure of medical institutions is only a loss for managers who should benefit to the maximum from the support of these multidisciplinary teams, which can offer them useful visions and approaches.

Fourthly, to ensure a high quality of services, the management of an institution will have to ensure the high degree of ethical competence of its employees as well as the continuous professional development that it provides for its staff. On-the-job training is considered one of the main tools of the process of institutionalizing ethics. Such trainings should be organized with periodicity, succeeding from the problems identified during the daily practical activity (19). However, even if the effectiveness and the positive impact of ethical training on organizational outcomes is demonstrated, in practice, ethics training efforts are often met with resistance and scepticism by employees. That is why it is very important to draw special attention to the format and application content of these trainings, in order not to turn them into formal meetings without practical utility (20).

Fifthly, the ethics audit is approached as a proactive tool of ethics management for the development of integrity in organizations (21). This is an assessment to determine whether it is necessary to make any changes in the organization's environment and to strengthen its ethical policies (2). An ethics audit can help executives assess how well an organization has met its legal and ethical obligations, uncover or prevent ethical risks, and strategically plan social responsibility activities (22).

Some authors recommend replacing the word *audit* with *ethical assessment* or *ethical inventory*, considering that the assessment of the level of compliance of an organization with the context of assumed values is much broader and deeper, compared to the verification of the correspondence of some numbers, as is the financial audit, which seems to be narrower than the ethical one (23).

An ethics audit should cover three broad areas: (a) the organization's values; (b) governance; and (c) legal compliance (2). The requested purpose of the audit will determine the choice of matters that are included in the audit examination (1).

At the same time, the research had some limitations, as it did not allow to specifically identify the ethical problems of each institution, as well as its causes. This can be developed, subsequently, by applying the audit grids at the institutional level, in the organizational environments of the medical institutions in the country, which will allow the identification of gaps and non-conformities, as well as the identification of solutions for the institutionalization of ethics to be able to ensure compliance with moral values and the principles of fundamental human rights.

CONCLUSIONS

1. The activities of organizing ethics in the institution can be carried out by means of a series of instruments, such as: the elaboration of institutional codes of ethics; ensuring ethical leadership; the activity of institutional ethics committees; ethics training within the organization; ethics audits; appointing the person responsible for ethical issues and promotion of ethical climate and culture.
2. For an adequate process of institutionalizing ethics, it is important to implement all tools, because each of them has its own goals and purposes that add value to this complex process.
3. The organization and maintenance of an ethical environment and culture, implementation of ethics programs, should be the priorities of a manager interested in the quality of the services provided in their institution, as well as in building an organization with a high degree of morality.
4. The implementation of ethics management programs should become an indispensable part of the strategies and development plans of medical institutions, through which employees should adopt and conform to common values, which would determine ethical decision-making behavior.

CONFLICT OF INTERESTS

There is no conflict of interest regarding the material presented in the paper.

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ETHICAL APPROVAL

The study was approved by the Research Ethics Committee of the State University of Medicine and Pharmacy "Nicolae Testemițanu" (Decision no. 1 of 16.02.2022).

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