ORIGINAL ARTICLE

The impact of hospital organization in the ethical act of hospital management

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ABSTRACT

Objective: There are different levels of decision and clinical, administrative and management procedures in a hospital organization. The exercise of management and bioethics should be seen as an interconnected operation by anyone committed to an ethical conduct. This article is based on a larger study under a PhD in Bioethics and was conducted in 25 Portuguese hospitals. The objective of the article is to determine whether hospital organization is predictive of the ethical act of its managers.
Methods: We have developed a correlational study using the Questionnaire of Ethicity in Hospital Management (QEHM). It was conducted with a sample of 421 professionals with management positions in Care Units/Services, Management Departments/Units, Boards of Directors of the National Health Service and hospitals connected to the Ministry of Health. The sample is also composed of different management models, representative of the Public, Private and Social sectors.
Results: A significant association/correlation was discovered in the following dimensions: Accountability and quality, Ethical weighing and Costs and ethics within the management models; Ethical weighing and Ethical decision within the management level; Costs and ethics and Economical and ethical restriction within age.
Conclusions: The ethical act of hospital managers, besides being associated with the hospital management model, is not independent of the managers' age, being influenced by the organizational structure, particularly at management level. This means that hospital organization has an impact in the ethical act of hospital management. Given the correlational nature of the study and the current health sector reforms in Portugal, we suggest an observational study to examine the implications of the organization in the ethical act of managers and their impact on health care users, which was not included in this study.

Key Words: Hospital management, Management model, Ethics, Bioethics, Predictors of ethical action

1. INTRODUCTION

Throughout time, the organization of Portuguese health services was oriented to provide the best possible answer to health situations highlighted by citizens and communities. It was also processed taking into consideration the country's economic, political and social conditions.

Whatever the management model, hospitals exist to promote "health gains" in the people they serve, whether through: (i) gains in life years that are no longer lost (they increase life expectancy); (ii) reduction of episodes of illness or shortening its duration (increasing health in life); (iii) a decrease in situations of permanent or temporary disability (due to disease, trauma or sequelae) and an increased physical and psychosocial functionality (adding more life to life years); and (iv) reduction of avoidable suffering and an improved

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quality of life related to or conditioned by health.

Management occurs on three levels: institutional or strategic, intermedium or tactical and operational or first line. All three levels require management skills which, according to Rego and Cunha,[1] are situated within the conceptual, human and technical framework.

Any manager, especially those who oversee human resources, needs skills to act in turbulent and demanding contexts of the Knowledge Society, when exercising four key roles: participating in the organizational strategy, acting as a change agent, boosting internal organizational processes and displaying values by example.[2]

In general, and the National Health Care hospitals in this study are no exception, hospitals are complex organizations. Their complexity is due to the number of positions and functions, the different departments and teams and the various categories of professionals with diversified levels of education. This changes the point of view in what comes to vulnerable patients with a pyramidal structure and variable dimensions, both in number of beds available and in their valences. These facts create implications in the management process, which is simultaneously multivariate and dual, usually persisting antagonistic implications in technical and management powers. However, "*if the doctor can't ignore his responsibility in the economic implications of his decisions, the manager must know that sometimes only the clinician will be able to discern*."[3]

Both in the private sector and in the social health sector, we find reduced dimensions and valences, management levels with a cylindrical structure which, in our perspective, makes management less complex.

There is an interdependence in the functions of management. The higher the level in the hierarchical pyramid, the bigger become the decision constraints. Top management (Board of directors, General direction, *etc*.) should therefore create good framework conditions in the healthcare structure: setting proper circuits for the intermediate level (Division, Area or Department directors); assuring humanized and quality healthcare in the optimization of available resources to the operational level (Service directors, Chief nurses, Section heads, *etc*.).

Ethics is a cross-sectional dimension to all areas of management. The institutional culture has an influence, whether positive or negative, over the ethics component. Zoboli[4] assumes that "*the ethical competence is the application of insight and knowledge of ethic's common notions in new cases*". Thus, the power of judgment is the only tool capable of equipping the healthcare professional with the criticism of its own reason. Accordingly, we corroborate the perspective of Gadamer[5] when he stresses the need to achieve a balance between the ability to do, the will and the responsible doing.

Bioethics concerns everyone, it is not merely a privilege of experts. Bioethics receives input from philosophical anthropology, ethics of virtue and Kantian moral duty. As Dupuis[6] highlights, bioethics must become organizational to develop a vision, a discourse and ingredients for ethical inspiration and the axiological regulation of care organizations, in the way hospitals are.

The healthcare manager manages people. Therefore, he should be a facilitator of relationships and be referenced by the values and mission of the institution. Goals can only be achieved if all employees are aware and committed to their achievement. In addition, Dupuis[6] says that health management must consider the classic parameters such as the availability of means or the effectiveness of the results that are expected and achieved. It must also consider all the indicators pertaining to management and leadership in teams and services, the regional and national healthcare policy, resources and economic options. As Grande[7] said, "*the foundation of ethics is the human person, so you can either defend and promote the human person to achieve the quality of life they are capable of, or there is no sufficient ethical sensitivity in professional life and healthcare*", because "*bioethics pursuits a substantiation for the action through a reflection on the principles that determine human action. . . .*"[8]

The ethical act is difficult to define because doing and acting are interconnected, and therefore broader than complying with the rules of the ethical code of the profession. Doing implies competence and efficiency and acting involves a professional conduct in day-to-day that respects the professional conscience, the dignity of the human person, the uniqueness and the competent care, whether applying the technique or managing the decision-making process. Therefore, the ethical act comprises complexity factors that interfere in that decision process. Coherent action is necessary, whether we are working under the Public, Private or Social Health Sector.

The design and relevance of this study arise from the fact that database research has shown a lack of studies related to the ethics of health management in general, and in particular about possible predictors of the ethical act of the hospital manager. Given the lack of other studies within this theme, these research gaps give relevance to this study in the current social, political and health sector context.

Taking the perspective of Teixeira when he states that "*. . . the rapid growth of ethical concerns related to organizations is an important trend in our time*",[9] this article appears

with the objective of determining whether hospital organization has an impact on factors related to the ethical act of its managers.

For this purpose, we have set as hospital organization variables the management model and the management level; of socio-demographic characterization of health professionals in management functions we have set their age, their professional group, time of service in the management of the Service/Unit Care and the total time of service in management.

2. Methods and materials

Methodologically, this research is identified as a correlational study with a quantitative approach and cross-sectional design, resorting to descriptive and inferential statistics.

2.1 Sample

We invited all of the hospitals in the National Health Service and hospitals linked to the Ministry of Health, under the integrated managing system of subscribers in surgery in the North Zone of Portugal to participate in this study, totaling 47, with 25 authorizing access to professionals in management functions. In this context, the random sample consists of 421 professionals in management positions in Care Services/Units, Management Departments/Units and boards of directors of National Health Service hospitals linked to the Ministry of Health. They have different management models, representative of the Public Private and Social sectors, with the recruitment of participants being conditioned by the prior consent of the primal responsible in each of the hospitals. This sample is represented by the three management levels (strategic, intermediate and operational) and four socio-professional groups (Administrators, Doctors, Nurses and Others, which corresponds to the coordination of technical areas).

2.2 Instrument and procedures for collecting and analyzing data

For the data collection, this study used the Questionnaire of Ethicity in Hospital Management (QEHM), which was created and validated by the author[10] and has a good level of internal consistency (Cronbach's alpha = 0.74). It is a self-report multidimensional measurement instrument consisting of six dimensions (Costs and ethics; Ethical weighing; Ethical decision; Accountability and quality; Economical and ethical restriction; and Ways of limiting costs) with a total of 37 items, using a five-point Likert scale with five response options (1 - Never; 2 - Rarely, 3 - Sometimes; 4 - Often; and 5 - Always).

The application of QEHM to hospital managers took place from July 2011 to December 2011, after prior authorization from the Board of Directors in Health Institutions, under favorable opinion of the respective Ethics Committees. Data was analyzed using SPSS (version 21.0 for Windows). In each hospital, the application of the questionnaire survey was conducted through a liaison appointed by each institution in order to avoid the identification of the respondents.

Given the Likert format of the QEHM items, we assume the sums of said items of each dimension, taking the status of interval variables. Statistical significance was accepted at $p < .05$ with a 95% confidence interval. The data was analyzed using SPSS (Statiscal Package for the Social Sciences) for Windows (version 21.0).

3. Results

To characterize the sample we used descriptive statistics and to study the relationship between variables we conducted inferential analysis. We have performed a regression analysis taking the study variables (management model, management level, age, professional group, length of service in managing the care unit and total service management time) to verify the prediction on ethicity in hospital management (QEHM).

As hospital organization variables we have set the management model and the level of management; as the socio-demographic characterization of health professionals in management roles we have set age, occupational group, length of service in the Care Service/Unit management and the total time of management service.

From the analysis of Table 1, we find that nurses (45.4%) are the leading professional group, followed by doctors (24.9%), managers (8.1%) and professionals from other groups that coordinate technical areas in hospitals (21.4%). The sample mostly comprises the female gender (61.8%); its academic profile is essentially focused in the undergraduate degree (76.2%), while 13.8% possess a master's degree, 3.6% a doctoral degree, 5.2% secondary school and 5% have a graduate degree. Management of Health Units/Services is the area that absorbs most professionals (56.1%), while 16.6%, are from Management Department/Unit, 5.2% are from Board of Directors and 22.1% work in the coordination of technical areas. The prevalent management model is the Corporate Public Entity (73.9%), with 14.7% from the Public-Private Partnership, 6.2% from the Private Sector and 5.2% from the Social Sector (Private Institutions of Social Solidarity).

To study the relationship between hospital management models, the level of management and the ethicity of health professionals in hospital management, we assumed that the ethicity indices in hospital management (QEHM) were significantly associated with the level management of health profession-

als and hospital management models. In order to analyze the association between the indices of ethicity in hospital management, the level of management and the management models, we studied the correlations (Product-Moment or Pearson's *r*) between variables, considering the overall study sample (n = 421).

Table 1. Sociodemographic, professional and organizational variables from the sample (n = 421)

	Variables	N	%
Gender	Feminine	260	61.8
	Masculine	161	38.2
Age group	< 30 years	12	2.9
	30-40 years	71	16.9
	40-50 years	159	37.8
	50-60 years	162	38.4
	> 60 years	17	4.0
Academic qualifications	Highschool	22	5.2
	Graduation	323	76.2
	Master's Degree	59	13.8
	PhD	15	3.6
Professional group	Doctor	105	24.9
	Nurse	191	45.4
	Administrator	35	8.3
	Other	90	21.4
Length of service in management	< 3 years	73	17.3
	3-10 years	235	55.8
	10-20 years	95	22.6
	> 20 years	18	4.3
Length of time in management in the current job	< 3 years	122	29.0
	3-10 years	238	56.5
	10-20 years	55	13.1
	> 20 years	6	1.4
Level of management	Council of Hospital Health Unit Administration	22	5.2
	Department of Management	70	16.6
	Management of Health Service/Unit	236	56.1
	Other	93	22.1
Management model	Private	26	6.2
	Corporate Public Entity	311	73.9
	Public-Private Partnership	62	14.7
	Private Institution of Social Solidarity	22	5.2

Table 2 presents the matrix of correlations between QEHM dimensions, management models and the management level. Taking into account the criteria referred to by Pestana and Gageiro,[11] the values obtained from the analysis of correlation coefficients shown in Table 2 suggest little or no association between some dimensions of QEHM, the management models and the management level. In addition to the associations in the positive direction, we also find associations in the negative direction, most of these very close to zero. When relating the QEHM dimensions, models of management and the management level, there are respectively three and two significant correlations. Therefore, the dimensions of Accountability and quality, Ethical weighing and Costs and ethics relate significantly with the management models implemented in the hospitals (r = -0.100; r = -0.143; r = 0.150, respectively). Moreover, the dimensions of Ethical weighing and Ethical decision relate significantly (r = -0.148; r = -0.117, respectively) with the management level.

Table 2. Correlation matrix between QEHM dimensions, management models and the management level

QEHM dimensions	Management models	Management level
Accountability and quality	- .100*	- .020
Ways to limit costs	.026	.016
Ethical weighing	- .143**	- .148**
Costs and ethics	.150**	- .020
Economical and ethical restrictions	.030	.082
Ethical decision	.066	- .117*

*p < .05; **p < .01

The results of the dimensions of the negative direction of QEHM alert us to a non-linearity in the association of the variables under consideration. There were statistically significant associations in four dimensions and in the management model and management level variables. Given these correlations, we wanted to find out the predictive value of the independent variables (hospital organization and sociodemographic characterization) in the ethical act of managers. We start from the assumption that the hospital management model, the management level occupied by health professionals in management positions, as well as their sociodemographic characterization (age, occupational group, time of service in managing the care unit and total time in service management) have an impact on factors related to the ethical act of hospital managers. We opted for the multiple linear regression analysis with stepwise procedure to verify the predictive value of the independent variables in the variable ethical action of hospital managers, evaluated by QEHM (dimensions of Accountability and quality, Ways of limiting costs, Ethical weighing, Costs and ethics, Economical and ethical restriction and Ethical decision).

The *stepwise* method enabled us to solve the problem of multicollinearity, *i.e.*, the correlation between independent variables, by eliminating some of those variables from the regression equation.

Table 3 shows the values resulting from the multiple linear regression analysis (stepwise method) for the total sample (n = 421), taking the ethical act of hospital managers as the dependent variable and, as independent variables, the management model, level of administration, age, professional

group, service time in managing the care unit and the total service time in management. The analysis of Table 3 reveals that, despite being weak, the results of these models can explain the predictive value of the variables.

Table 3. Results of regression analysis of the management model, management level, age, occupational group, length of service in managing the care unit and total service time managing the ethicity in hospital management (QEHM)

Dimensions	Model	*R*	R^2	R^2 Adjusted	*F*	*Gl*	*p*
Accountability and quality	1	0.10†	0.01	0.008	4.221	420	.04
Ethical weighing	1	0.148†	0.022	0.020	9.407	420	.002
	2	0.198††	0.039	0.035	8.561	420	.000
Costs and ethics	1	0.178†	0.032	0.029	13.642	420	.000
	2	0.232††	0.054	0.049	11.863	420	.000
Economical and ethical restriction	1	0.096†	0.010	0.007	3.915	420	.049
Ethical decision	1	0.117†	0.014	0.011	5.794	420	.017

Note. *R*: regression; R^2: multiple linear regression or 2nd degree; Adjusted R^2: R^2 alternative; *F*: test analysis of variance; *Gl*: Degrees of freedom within the sample (N-1); †Predictors: Management level (Constant); ††Predictors: Management level, Hospital management model (Constant)

By analyzing the multiple linear regression, in order to verify the impact of the independent variables under study, we found that: (i) the variable "hospital management model" stands out as the only factor with the greatest predictive power in the regression equation on the dimension "Accountability and quality", explaining only 1% of the variance (R^2 = 0.01; *F* = 4.221; *Gl* = 420; *p* = .04). Therefore, the variable with the greatest impact on "Accountability and quality" relates to the hospital management model; (ii) in "Ways to limit costs", none of the variables entered the regression equation; (iii) the variable "management level" presents itself as a factor of greater predictive power. It was the first variable to enter the regression equation, explaining 2% of the variance of the average values of "Ethical weighing" (R^2 = 0.02; *F* = 9.407; *Gl* = 420; *p* =.002). In the final regression equation also enters the variable "hospital management model", which explains the 4% of the variance of results in "ethical weighing" (R^2 = 0.04; *F* = 8.561; *Gl* = 420; *p* = .00); (iv) the variable "age" as a factor of greater predictive power was the first to enter the regression equation, explaining 3% of the variance of the average values of "Costs and ethics" (R^2 = 0.03; *F* = 13.642; *Gl* = 420; *p* = .00).

The variables with the greatest impact on "costs and ethics", which relate to the age and hospital management model, enter the final regression equation. These variables explain 5% of the variance in "costs and ethics" (R^2 = 0.04; *F* = 11.863; *Gl* = 420; *p* = .00); (v) the single variable into the equation, and with greater predictive power in "Ethical and economical restriction" refers to the age, explaining 1% of the variance (R^2 = 0.09; *F* = 3.915; *Gl* = 420; *p* = .049); and (vi) the variable "management level" stands out as the only factor with the greatest predictive power in the regression equation on "Ethical decision", explaining only 1% of the variance (R^2 = 0.01; *F* = 5,794; *Gl* = 420; *p* = .017). Therefore, the variable with the bigger impact on ethical decision, within this sample, relates to the management level.

4. Discussion

This study showed a significant association in the following dimensions: Accountability and quality, Ethical weighing and Costs and ethics with management models; Ethical weighing and Ethical decision with management level; Costs and ethics and Ethical and economical restrictions with age. This may happen because most respondents (56.1%) are managing with close proximity to the clinical decision area where ethical dilemmas are experienced more often because management is exercised at the level of the care unit/service.

It has been furthermore demonstrated that hospital organization variables (management model and management level) and socio-demographic characterization of health professionals in management functions (age), have an impact on factors related to the ethical act of managers. The professionals/respondents in management positions within the analyzed hospitals, in line with Magalhães *et al.*,[12] agree that "the prerequisite for a new management of health practices is intrinsically linked to the way the care process in health services is organized". Specifically, the hospital management model should be able to provide efficient management and quality of health care. According to Lemos and Rocha,[13] it is necessary that hospitals adjust to constant changes by reviewing their processes and modernizing their management models, so that they can achieve results.

In the current paradigm of health care organization, rethinking the organization of the Hospital in regards to an ethics of responsibility implies substantially defining and strengthening the sense of belonging of all agents. It also implies planning in partnership, directed to the real needs of health

care users, establishing economic-financial and quality criteria capable of ensuring the correct distribution of available resources. It is a desideratum that falls on managers.

The hospital manager is likely to consume a big part of his time in a constant search to give adequate response to the institutional problems, wearing up and forgetting what is essential. The manager can also lose sight of the ultimate goal, which is made up of people in a vulnerable condition. This vulnerability involves managing with values, exercising great human dignity of acting according to right conscience, always with openness to truth and sensitive to justice. When acting accordingly, the manager will not be blindly seduced by productivity indicators or by efficiency in resource management, forgetting that decisions have an impact on health and well-being of people and on the requirements of fair justice.

Users of hospital care, more than the exacerbation of respect for their autonomy right, require care with professional competence and a personalistic and humanistic point of view. Thus, managing and bioethics should be seen as an interconnected operation, because it has an underlying axiology framework. Among other things, it promotes decision making that affects the human person after ethical consideration because managers are called upon to decide in the context of limited resources and budget constraints, since the trend is to bring down costs.

Consumption of resources is more often induced by professionals who are prescribers, as decision units, rather than the management. Faced with the reality of the situation we live in today, in the context of health where several organizational models coexist in different hospitals in the country, ethics in the administration of health services calls for constant critical reflection.

In fact, achieving greater efficiency at lower cost, higher quality and satisfaction for health care users requires consideration. It is actually one of the pillars of strategic performance. Although in today's world almost everything is analyzed according to the criteria of productivity and efficiency, giving way to a utilitarian mentality, we consider that economic priorities cannot prevail over social priorities. Only a united effort to achieve a dignified and just life for their contribution to the common good can make sense. We agree that hospital managers opting for ethical decision will always have to find mechanisms to balance costs, while continuing to provide quality care and imbued with ethical values[14] . Thus, "the balance between the cost of care and its result is ethically acceptable when resources are scarce and their origin comes from a solidary nature or is a personal responsibility."[15]

We believe that the impact of the management model in the ethicity/ethical act of hospital managers can relate to rigor and the management constraints involved. Being that it is the quality of management that determines the success of organizations[9] in the Hospital, the Management dimension has as its ultimate goal the work organization and the use of resources, in order to create and implement the best conditions for the performance that the care's production process claims. As noted by Almeida,[3] the decision-maker "*... should decide in accordance with the best that you can possibly provide, not with the best that you can possibly offer*".

Ethics is now, more than ever, a necessity, considering that recent changes at work in health institutions have transformed the process, the organization and relationships.

The ethical attitude of a health professional in management involves looking at the circumstances of life of health care uses in all its dimensions. With a reflective and active attitude, it will be an active part in the ethical deliberation process, considering that the management, as well as technique and science, which are essential, should not replace at any time the need for ethical consideration.

In the 21^{st} century, users of health services expect these services to continue an anthropological orientation in its organization. In this sense, the health provider finds in the accountability for health outcomes one of its main tasks, which plays a key role in order to facilitate the achievement of organizational goals. In addition, "*any health institution is a workplace where no one works alone, so there is an obligation of professional responsibility as an ethical requirement*."[16]

For the manager to consider ethics and bioethics, it is necessary to have wisdom, a humane attitude, research and constant updating to look at the centrality of the person and the context in which he/she belongs.

In summary, analyzing the results of the ethical act in hospital managers (evaluated through QEHM) and the variables of hospital organization and socio-demographic characterization, significant associations stand out in the following dimensions: Accountability and quality, Ethical weighing, Costs and ethics and Management models; Ethical weighing, Decision ethics and Management level; Costs and ethics, Ethical and economical restrictions and Age. We also note that the variables with the greatest impact or associated with the ethical action of hospital managers (within the total sample of health professionals with management functions) relate to the hospital management model, the management level and age. We also point out that the variables "professional

group", "length of service in managing the care unit" and "total service time in management" are excluded from the regression equations. This set of values suggests that the ethical act of hospital managers, as well as being associated with the hospital management model, is not independent of personal variables such as age and hospital organizational variables such as the level of management.

The results obtained in this portion of the study seem to show that, at the time when data was collected, the interference of the management model in the decisions of hospital health units was not quite perceived. Therefore we suggest a comparative study in order to verify the real implications of the health care organization at present, now that management models are implemented in a more consolidated manner.

5. Conclusion

From a general perspective, the essential aspects that were investigated aimed at understanding some changes that have been observed in the health area, particularly with the introduction of new management models in hospitals.

In summary, organizational dynamics deserves a special mention due to its large impact. As we have seen in this study, the variables with greater impact or associated with the ethical action of managers relate to the hospital management model and the management level. The manager's age is not independent, since the position requires, in addition to the relevant management skills, the transversal skills which are located in the ethical expertise. Based on the results, we can say that the type of hospital organization is predictive of the ethical act of its managers. The objective of this study was therefore achieved.

Conflicts of Interest Disclosure

Authors declare that they have no competing interests.

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