Building Compassionate Work Environments: The Concept of and Measurement of Ethical Climate

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6.1 Building Compassionate Work Environments: The Concept and Measurement of Ethical Climate

Ethical climate can be defined as the organizational conditions and practices that influence the ways in which ethical issues and concerns are identified, discussed, and decided [1]. It is a type of organizational climate, which derives from the focus on ethics and ethical practices in an organization. This concept is derived from Schneider's concept of types of organizational climates, which states that organizations have not one but many types of climates [2]. The type of climate is based on one's area of strategic interest; thus, an interest in perceptions of the way ethical issues and concerns are handled in an organization is referred to as ethical climate. The purpose of this paper is to define the concept of and a measure of ethical climate as a component of ethical work environments in healthcare organizations. In addition, it is important to differentiate between the concepts of ethical climate and ethical culture and to use the nursing profession as an example in highlighting how the nursing profession's Code of Ethics for Nurses with Interpretive Statements [3] provides support for nurses involved in difficult ethical issues. Research that used the Hospital Ethical Climate Survey (HECS) as a measure of perceptions of the mechanisms in place for supporting ethical practice and of the influence of the workplace on ethical practice will be highlighted. The HECS has been used in research with nurses as well as other members of the healthcare team, all who contribute to and are influenced by the ethical climate of their work setting. The Code of Ethics provides a framework within which the concept of ethical climate can be understood.

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Ethics occurs in the context of relationships; it is relationship-based. The key relationships are those with whom healthcare providers interact in their work environment. These include relationships with colleagues and other co-workers, with physicians, nurses, managers, other healthcare providers, patients and families, as well as with the overall organization. The concept of ethics also occurs within the context of healthcare providers' personal and professional values and the core values of their profession [4]. Provision 6 of the ANA Code of Ethics for Nurses with Interpretive Statements [3], for example, states that the nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality healthcare (p. 23). Since the work environment influences behavior, managers and leaders in the organization are responsible for creating an ethical work environment and for establishing working conditions that promote safe practice and collaborative interprofessional relationships. Leaders provide the resources to implement the structures and programs that support ethics and ethical practice. Through their behavior as role models and in recognition that actions speak louder than words, managers enact their role as ethical leaders.

6.2 Measure of Ethical Climate: The Hospital Ethical Climate Survey (HECS, [1])

The Hospital Ethical Climate Survey (HECS) is a 26-item survey, in which the items or variables are categorized into five key relationships that nurses and all healthcare professionals have within the work environment: colleagues, managers, physicians, patients and families, and the hospital (or relevant healthcare organization). The items represent workplace conditions that, when present, facilitate healthcare professionals and others to engage in ethical reflection and decision-making about difficult issues that arise in patient care or in relations with others. In addition to Schneider's [2] work on types of organizational climates, the framework that guided instrument development also included Brown's [5] conditions for ethical reflection in organizations. Brown purports that, for ethical reflection to occur, the conditions of power, trust, inclusion, role flexibility, and inquiry must be present. In the next section, these conditions will be defined and exemplified using the Code of Ethics for Nurses with Interpretive Statements (2015).

6.3 Conditions for Ethical Reflection in Organizations

6.3.1 Power and Trust

Healthcare employees have the right to receive relevant information and to be free to say what needs to be said about an issue. This is the condition of power, which is necessary for ethical reflection to occur among organizational participants [5]. In addition, they must be able to trust one another in order to be free to disagree and

engage in discussion in order to increase their understanding of issues. Provision 1 of the ANA Code of Ethics is an example of this because it addresses the concept of respect, which includes the nurse's role in establishing relationships of trust with patients, colleagues, and others. The condition of trust facilitates the healthcare team's understanding of issues and confidence that they can express their viewpoints without fear of retaliation or of their disagreements being used against them [5]. In building a compassionate work environment, and one in which all members of the healthcare team participate in ethical reflection and decision-making, it is important to create conditions where each participant feels they are listened to and respected. Building trust among all members of the healthcare team is an essential component to creating an ethical climate, one in which all those who have an interest in and involvement in an issue can feel free to participate and express their viewpoints.

6.3.2 Inclusion

The condition of inclusion is met when individuals and groups who have a role or interest in the issue and the outcome of a decision are involved in the conversation and decision-making processes. These include nurses, physicians, other healthcare colleagues, as well as patients and families and other appropriate stakeholders. Inclusion is discussed in Provision 4 of the ANA Code of Ethics, where it states that "the nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care" (p. 15). Section 4.3, which discusses responsibility for nursing judgments, decisions, and actions, states "nurses must bring forward difficult issues related to patient care and/or institutional constraints upon ethical practice for discussion and review. The nurse acts to promote inclusion of appropriate individuals in all ethical deliberations" (p. 16). Section 1.4 of the Code emphasizes that the role of nurses is to include patients or surrogate decision-makers in discussions and to support patient autonomy and decision-making processes (p. 3). Just as nurses expect and desire to be included in decisions affecting their patients and families, all members of the healthcare team who have an interest in and role with identified patients and families have a right to be included in discussions and decision-making.

6.3.3 Role Flexibility and Inquiry

The condition of role flexibility implies that participants in decision-making about ethical issues are allowed to change their views or to take different positions. Similarly, the condition of inquiry is present when participants are encouraged to ask questions to gain the needed information for informed decision-making. An example of this is Provision 5 of The ANA Code of Ethics, which addresses the concept that "the nurse owes the same duties to self as to others" (p. 19). Section 5.3,

which discusses preservation of wholeness of character, states that "sound ethical decision-making requires the respectful and open exchange of views among all those with relevant interests," including the nurse's responsibility "to express moral perspectives" that apply to the issue, "whether or not those perspectives are shared by others" (p. 20). This provision also addresses the responsibility of nurses who experience moral distress related to institutional or professional practices to report their concerns to an "appropriate authority or committee" (p. 21).

6.3.4 Ethical Climate or Ethical Culture

The terms ethical climate and ethical culture are often used interchangeably; however they are distinct and separate concepts. Ethical culture can be viewed as the way ethical issues and situations creating ethical concerns are handled in an organization. Hospital ethics committees or ethics consultants are mechanisms in place within a facility that comprise the way ethical issues should be handled. Ethical climate constitutes employee perceptions of these organizational practices. If healthcare providers perceive that an ethics committee is either not accessible to them or that they need explicit permission from others to access it, it may not be perceived as a helpful mechanism for addressing ethical issues or allowing for ethical reflection. Therefore, ethical climate constitutes employee perceptions of how decisions having ethical content are discussed and resolved and of the support offered within the workplace for engaging in ethical reflection and problem-solving.

Provision 6 of the ANA Code of Ethics, for example, addresses the need for ethical practice environments, stating that "the nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care" (p. 23). This provision upholds the importance of an ethical environment in which the ethical practice of nurses and others is essential to meeting the preferences and goals of patients and families. Nurses in all roles and settings are responsible for contributing to an environment in which colleagues and peers interact in a respectful manner that facilitates open discussion of ethical issues. Those issues can involve interactions with patients and families or decisions related to nursing practice and working conditions (p. 24). The particular responsibility of healthcare executives is to assure the fair and just treatment of all employees as well as to provide mechanisms for nurses and others to address concerns about the healthcare environment. Similarly, all healthcare employees contribute to the creation and continual improvement of the ethical environment of their workplaces.

6.4 Research

By using a measure of ethical climate, researchers can study the influence of the work environment on nurses' ethical practice [1]. Such a measure has also been used in research with other healthcare professionals. Researchers have studied

relationships among ethical climate and moral distress, nurse turnover or nurses' intent to leave their position or the profession [6], job satisfaction [7], collaboration [8], moral sensitivity and work-related moral stress [9], nurse competence [10], and medical error [11]. The research has been conducted with nurses and others in hospitals, long-term care [12, 13], mental health settings [9], and others.

6.4.1 The Relationship Between Ethical Climate and Moral Distress

A number of nurse researchers have studied the relationship between ethical climate and moral distress [8, 14–16]. Moral distress occurs when the ethically correct action is known; however, situations in the workplace prevent nurses from carrying out the action they believe is appropriate. Fogel [14], who also studied turnover intentions in critical care nurses in two hospitals, found that the more positive the perceptions of ethical climate, the lower the likelihood that nurses' scores on intent to turnover were high. Ethical climate factors, such as relationships with peers and managers, moderated the effect of moral distress on nurses' intent to leave their positions [14]. Thus, the way in which nurses perceive the ethical climate of their work environment is inversely related to moral distress. The higher and more positive the perceptions of ethical climate, the less likely that nurses experience levels of moral distress that lead to the likelihood of leaving their positions. In their study of 374 nurses in acute care hospitals in British Columbia, Pauly et al. [15] also found that higher scores on ethical climate resulted in less intense levels of moral distress as measured by Corley et al.'s [17] Revised Moral Distress Scale. In addition, a study on 249 nurses in 2 hospitals in Sweden found that the more positive the perceptions of ethical climate, the less frequent were nurses' reporting of morally distressing situations [16].

6.5 Ethical Climate and Turnover Intention and Job Satisfaction

Positive perceptions of ethical climate are associated with lower turnover intentions and nurses reporting higher intention to stay in their positions [6, 11, 18]. Perceptions of ethical climate can be managed, changed, and improved. For example, managers can improve the ethical climate by providing support for nurses and other healthcare professionals to actively participate in decision-making about patient care with physicians. Research has also demonstrated that the more positive the perceptions of ethical climate, the higher the reported level of job satisfaction by nurses [7].

In a study of 1826 nurses in 33 public hospitals in South Korea, Hwang and Park [11] found that nurses with a more positive perception of the ethical climate dimension related to "patients" were less likely to report making medical errors. Korean nurses rated the ethical climate in their hospital an average of 3.6 out of 5. Of the five dimensions measured by the Hospital Ethical Climate Scale, the score on the

"physician" dimension was lowest (3.0) in this study, indicating "…the need for increased collaboration between nurses and physicians and for promoting mutual support, respect and shared decision making regarding patient care" [11]. When studies find lower scores on the dimension with physicians in the HECS, improving nurse-physician relationships can then be identified and implemented. In this way, the HECS can be used as a tool to identify areas in which the professional work environment can be managed, changed, and improved. Future research is needed to better understand how interprofessional teams enhance the ethical climate of the workplace and improve quality of care delivery.

6.6 Summary and Conclusion

Nurses and all members of the healthcare team face increasing demands in a workplace environment where patient needs and their corresponding care are complex and challenging. Whether referred to as a healthy work environment, a compassionate work environment, or an ethical work environment, it is important to create one that contributes to positive patient and healthcare employee outcomes. Positive perceptions of ethical climate can mitigate the impact of moral distress associated with difficult and complex ethical issues in the healthcare workplace.

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