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# Ethics Management of Healthcare Facilities in the Republic of Moldova - A Qualitative Study

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**Abstract:** *The institutional managers are strategically responsible for ensuring that an organization's practices are ethical. Healthcare executives must demonstrate the importance of ethics in their own actions and seek various ways to integrate ethical practices and reflection into the organization's culture. A qualitative research was carried out in 15 hospitals of the Republic of Moldova in order to obtain a rich understanding of the issues of management ethics among managers of healthcare facilities. The research results have shown that the style of thinking and leadership in the healthcare facilities in the Republic of Moldova continue to be predominantly top-down. The perception of ethics is limited to the relationship with the patients only, and the ethical aspect of the internal relations within the organization is not subject to any supervision of hospital managers. There are no specified policies or programs for promoting ethical values in hospital institutions. The only tools of ethics management in healthcare facilities in the country are hospital ethics committees, but their work is formal, they are not involved in the institutions' management. It is necessary to elaborate a concrete ethical auditing tool of the medical institutions in the country, in order to determine the current state, and develop conditions for the promotion of a proper ethics management.*

**Keywords:** *ethics management, healthcare facilities, healthcare managers.*

## Introduction

Bioethics and clinical ethics are well developed fields of applied ethics that focus on medical activity, patient autonomy, patient and healthcare professional relationships, and issues that arise in clinical and other medical settings. However, despite these developments, little attention has been paid to the organizational aspects of these fields within healthcare facilities.

The current literature is filled with strong arguments for more ethical corporate leadership and incorporation of ethics in the education curriculum, but what is conspicuously missing is the question how to actually put ethical goals and theories into practical action. [1] The lack of involvement from leaders and

managers in the field of ethics has spawned a great deal of confusion and misunderstanding among leaders and managers, as far as institutional ethics is concerned. Many leaders and managers believe ethics is a theory only, or they believe it to be superfluous because it seems to merely assert the obvious: "do good only!" So a great number of them think ethics is not so relevant in the driving process of an institution. [2]

In the same time, hospital cultures and policies affect what sick patients experience, for both better and worse. All this means that the ethical quality of health care is profoundly influenced by the ethics of the organizations, as it is not possible to have ethical health care without ethical organizations. Thus, managing ethics in the workplace holds tremendous benefit for leaders and managers, benefits both moral and practical.

This is particularly true today when it is critical to understand and manage highly diverse values in the workplace. However, the field of ethics has traditionally been the domain of philosophers, academics and social critics. Consequently, much of today's literature about medical ethics is not geared toward the practical needs of healthcare leaders and managers - the people primarily responsible for managing ethics in the

workplace. The most frequent forms of ethics literature today typically include: a) philosophical aspects; b) case studies; and c) the focus on social responsibility. There is a lack of practical information and insufficient involvement of leaders and managers in the discussion and literature regarding ethics. Healthcare leaders and managers should become more involved. [3]

The process of governing and managing an organization's ethics performance by means of an ethics program rests on four pillars, namely (1) institutionalization of ethics; (2) assessing ethics risk; (3) developing ethical standards; and (4) reporting on and disclosing ethical performance. Thus, the environment in which the organizations exist has shown to be an important determinant of ethical behavior. Institutionalizing ethics is ultimately aimed at integrating ethical standards into an organization's strategies and operations and building an ethical organizational culture. [4]

An organization formally builds an ethical culture through structures of authority and responsibility, decision-making processes, selection (hiring) and promotion, performance management and review, and disciplinary procedures. [5] When the professionals reach the top, they have to meet all these expectations from all

the constituencies. The administration should further ensure that the governance of the organization's ethics is not reduced to a mere compliance exercise delegated to a unit or function (such as human resources or risk management). At all times, the managers should retain control of and responsibility for the organization's ethics. [6]

Of course, the institutionalization of ethics cannot guarantee an ethical conduct from everyone in the organization at all times, but it can create a corporate culture that is conducive to an ethical conduct and that in turn can benefit the organization in terms of public trust and reputation. In addition, there is evidence of the following consequences of an effective ethics programme: improved perceptions of top management, less pressure to compromise ethical standards, less observed misconduct, more reporting of ethical misconduct, and more use made of values and principles taught in training to guide decisions and actions at work. [7]

The ability of an organization to achieve its full potential will remain dependent upon the motivation, knowledge, skills, and ethical practices and values of each individual within the organization. Thus, the executive has an obligation to accomplish the organization's

mission in a manner that respects the values of individuals and maximizes their contributions. [8]

At present, a series of specific tools for ethics management are available, such as: ensuring a high level of morality to the institution's administration; ethics training within the organization; joint development and approval of ethics codes; professional oaths; carrying out the ethical audit; implementing an adequate management of human resources in accordance with ethical criteria; appointing of responsible for ethical issues; the activity of institutional ethics committees. [9] At the same time, these tools seem to be both old tools, intrinsic to the medical profession (such as: medical oath, codes of ethics) and new tools, still not understood by most of the healthcare facilities' managers (such as: ethical audit of the institution, occupation of the position of responsible for ethical issues, the ethics committees activity etc.)

This was the key moment in initiating a research to identify the managers' attitude towards the application of ethics management tools in healthcare institutions of the Republic of Moldova. The study was focused on analyzing the organizational culture and values, the ethical climate of institutions, and the

priorities established and promoted by the managers.

### **Methodology of the study**

The research was conducted by the School of Public Health Management in the period 2014-2015. The study was developed in 15 hospitals (5 at the republican and 10 at the rayon levels). Data collection was done using two techniques of qualitative investigation: personal interview and focus group discussions (5-6 persons per group). These sources of information have provided descriptive data, essential in qualitative studies, and also made possible a further analysis and the formulation of important findings. The study participants were representatives from the hospital administration – managers, deputy managers, heads of Human Resources Department, people in charge of Quality Management.

Confidentiality and anonymity were guaranteed to all participants. A semi-structured interview guide was used to ensure consistency across participants. The guide included open-ended questions grouped in the following topics:

1. Background (manager's perception of the problem, description of hospital performances);

2. The existing policies and programs for ethical values promotion within the institution;
3. Tools and mechanisms for monitoring and evaluation of organizational ethical climate;
4. Established ways and procedures to identify unethical behaviors;
5. Attitudes towards conflicts of interest;
6. Ethical decision making – manager's perception and experience;
7. Ethical tools – code of conduct, committee, confidential reporting, trainings etc.

The discussions were audio recorded and transcribed verbatim. A hermeneutic phenomenological approach was used to analyze the data. After we have carefully read and analyzed the transcripts of the semi-structured interviews, we identified words, phrases and statements that described the experiences facing ethical problems in healthcare forming themes reflecting the managers' perceptions.

In this paper, we report the results on the attitudes of some managers and managerial staff towards the implementation of the ethical approach of healthcare facilities management. Our study was limited by both its setting and its selected methodology. We opted for a

qualitative method in order to obtain a rich understanding of the issues of management ethics among managers of healthcare facilities in the Republic of Moldova.

## Results

### *Background (perception of the problem)*

We asked managers about their perception of the ethics role and place in the management process of healthcare facilities. The answers were very wide, and actually the administrative staff was actually quite surprised by this question. We were exposed to the view that ethics is a compulsory aspect of health workers professional behavior and managers should not assume that any further action be taken to develop this aspect among employees.

However, it was mentioned that it is complicated to lead a medical institution where ethic problems appear in different relational dimensions, firstly in the physician-patient relationship. Most of managers initially perceived the topic of our discussion as medical ethics, i.e., a physician-patient relationship, and were less familiar with the subject of organizational ethics. Therefore, it was necessary to provide further explanations in order to differentiate between these two fields of ethics.

Interviewed managers had made a direct link between ethics and the issues of human resources management. Among the faced problems of organizational ethics, from their point of view, they set the procedure for staff recruitment, which is imposed by superiors (the Ministry of Health), the lack of transparency and of fair competition. Many financial problems faced by medical institution, low salaries, poor working conditions lead to a lack of interest on the part of some employees, which are not interested in getting involved in the institution's life.

The problem of communication between generations within the institution was mentioned as a special subject. Some representatives of the more senior generation, educated in soviet-style, have a stereotyped attitude towards leading and the younger colleagues. A manager even told us that he had some heads of divisions with large and important professional achievements, but who feel like "*priests in the Church*" (I.1). It means that they impose their own rules and an exaggerated autonomy, making the cooperation and work of the institution as a whole rather difficult.

Another problem mentioned in this context was the conflict existing between the hospital staff and the employees of the clinical departments

of the State University of Medicine and Pharmacy "Nicolae Testemițanu", which are located in the hospitals. Managers described as a deficiency that the Ministry of Health automatically appointed the heads of the academic departments as Directors of Clinics. Being employed by the SUMPh, but working in the hospital, these doctors retain large autonomy in their work, which comes in conflict with the hospital's staff, who work alongside and, obviously, with managers, who are unable to fully monitor the activities of the staff in their institution. The method or the mechanism according to which they should attribute their responsibility - to the University or/and to the hospital - is not clearly stipulated. Of course this tension between the University and the hospital staff leads to an unhealthy climate in the institution.

The managers tell us they cannot apply promotional measures, motivating their employees since employment legislation is too rigid. For instance, in some specific specialities, the physicians would prefer to have a rotation inside the institution, to increase their professional skills, but the administration cannot provide such conditions. This causes discomfort and lack of motivation among employees.

### *Existing policies and programmes for ethical values promotion within institution*

There are no special programmes or policies for the promotion of ethical values among all the institutions included in the study. Moreover, managers could not determine or they hardly identified the values promoted within the institutions they run. As an explanation for this lack of capacity in this regard was: "*the futility of some values being nominated, because we have the driven human rights*" (I. 1), or "*I have not received any directive from above to identify such values*" (I. 8), or some people admitted that they didn't know that there some special values should be established in the institution.

We would like to mention that in some discussions there was an emphasis on the orders and directives received from the superior courts (the ministry). Managers referred strictly to the official documents, and the subject of the manager decision-making autonomy in the institution was avoided or even denied.

*"We have the legislation as rules and norms of conduct!"* (I.5) - a manager told us. We noted that there was no distinction made between law and ethics, which is a flawed approach. We noticed such an attitude in managers who had worked in administrative positions for many

years, even in the Soviet period. Their style of thinking and approach to problems was stiff, placed in the boundaries of very dogmatic ideologies, which makes us suppose that the managerial processes in these institutions are made only from top to bottom, and the acceptance of other possibilities is unlikely.

On the other hand, having discussed with the younger managers, who had been appointed for a relatively short period, we determined a different approach - open to communication, providing freedom to the employees to be involved in the decision-making process. A manager told us: *"The previous manager of this hospital had a very rough leading style. The employees experienced a strong monitoring and control from the administration. Activities were lead only from the fear of not being punished and not from their own responsibility. When we came as a new management team, we stated that we will have a democratic style of leadership. But I was surprised when democracy was turned into anarchy. Feeling that they are not monitored, some employees relaxed and started to violate certain rules ... It is something normal ... for whom is used to the "whip-method", it becomes hard for him to adapt to other forms of leadership. We were obliged to initiate the control of certain aspects of the employees' work, but certainly not in the form that it was in the past ..."* (I.2)

Most of those interviewed admitted that people are not prepared to see the ethical side of their behavior at work. A manager told us: *"Our people think that the code of ethics is something nice to be put on the wall, and in reality, everyday problems are something else, outside of the code's regulations ... Articles of the code of ethics are perceived as ideals, and is not understood how it could be implemented in the usual practice ..."* (I.3)

#### ***Tools and mechanisms for monitoring and evaluation of organizational ethical climate***

The managers couldn't confirm the assessment of the institutional climate in the hospitals they run. Some of them told us that they never thought about such evaluation, others confirmed that it would be necessary, but did not know how it should be done. The assessments made in the institution until now were focused on the patient's satisfaction, and it was no "directive" and necessity to evaluate the opinion and analyze the satisfaction of the employees. However, many managers are confident that they know the real situation within their institution, even without any methodical assessment.

A manager from the elder generation told us, very convinced, that the climate in his institution is healthy because no radical changes had been made in the Management

Board (over 15 years), no heads, managers had been changed at the level of the institution, or the level of subdivisions. So, in his perception, such stability ensures an ethical and favorable climate.

A manager explained that in his institution it was decided the retirees, particularly those who were in administrative positions (heads of subdivisions), should remain engaged with the retention of full salary in order to share experience with young specialists. In their opinion such decision ensures the continuity, stability and communication between generations.

Most of the managers mentioned that they offer the employees the freedom to develop scientific activity, to participate in internships and scientific meetings, which should increase their satisfaction.

Within an institution where the manager represents a younger generation it has been said that he prefers to delegate some functions to his employees, involving them in some process of institutional activity and making them feel important and useful.

However, in focus group discussions we registered the views that the institutional climate is very much affected by the financial problems faced by the population and by the doctors. The conflict existing

between the doctors for the patients stands out as a real problem. In some specific fields (specialities) where there are not so many patients, some doctors will resort to unethical behaviors in order to gain the patient's trust. It is not a secret that in our medical institutions informal payments are practiced. Patients consider it necessary "to thank" the doctor for his assistance, if they are satisfied by the quality of the medical care. Thus, in surgical units, where operations are planned, a conflict between doctors and a competition for patients is noted.

#### *Established ways and procedures to identify unethical behaviors*

In the institutions included in our study there are no special procedures for the reporting of unethical behaviors. Some managers considered an unethical behavior as a professional mistake, which is always discussed at the professional councils. We believe that such interpretation of the concept of unethical behavior is too narrow, as the unethical behavior is closer to the perception of a human behavior rather than to a professional misconduct.

A manager told us that in his hospital the confidential discussions between managers and employees are usual when they sought such discussions. "Our doctors know that the Director, as well as Deputy

Directors, are always open for discussion, they will be welcomed, and the confidentiality will be assured" (I.7).

We identified a case when managers have in plan to open a confidential telephone line, where each, both patients and medical staff, might report cases of violation of ethical rules. But the manager told us that for him it is difficult to decide who will answer this phone and how they should react after information is received, in order to be correct and respect fairness.

Another manager told us that he has a good collaboration with the Center for Combating Corruption. When someone in the hospital is suspected of taking bribes the Administration is blatantly informed. It is a way to prevent the development of corruption within the institution.

We see that for managers the decision-making process in cases of any unethical behavior becomes a problem. They are not prepared for things which could happen in everyday activity, as no special policy or guidelines are developed in this regard.

In an institution somebody explained that when an employee's unethical behavior is discovered, they organize closed ad-hoc meetings. The participants at those meetings are selected by the manager, depending

on the case discussed. The collective decision is exposed to the hospital administration and then the manager will make his final decision.

### *Hospital ethical tools*

During our discussions we intend to understand what tools of management ethics, as they are described in the literature, are used in the hospitals in the Republic of Moldova.

#### *Code of Conduct*

All managers have confirmed that the Ethics Code-Framework of the medical and pharmaceutical worker, approved by the Ministry of Health in 2007, is implemented in their institutions. Some managers said that some elements of this code have been included in the contract of employment and the employee is required to read and sign the commitment. The code is displayed in the hospital. However, managers admit that there are no specific measures for promotion of the code provisions. The Code is taken very formally.

#### *Ethical Committees*

Most managers confessed that the hospital ethics committees exist formally, without having any relevant activity. Some managers told us that the Ethics Committee sometimes has a meeting, in cases of physician-patient conflicts; others mentioned that they appeal to the Committee when

clinical trials should be approved in the hospital. However, participants unanimously confirmed that ethics committees do not participate in the activities of the institution's management. Managers do not know that these structures could be included in the decision-making process in the work of the institution and what role they could have.

In the Republic of Moldova hospital ethics committees were developed for the first time in 2004, these being made as mandatory structures of medical institutions in the whole country as a result of political changes and specific circumstances created by the reform in the system of financing of medical services, the new perception of doctor-patient relations, in terms of the provider - beneficiary (customer) service.

Thus, in the shift to compulsory insurance of medical care, the need for medical institutions to be incurred (contracted) by the company of National Insurance in Medicine has been imposed. To do this, all medical institutions and in particular the hospitals were to pass an evaluation within the framework of credentials organized by the National Council of the Evaluation and Accreditation in Health, a subdivision of the Ministry of Health of the Republic of Moldova. So, in 2004 a string of the criteria was drawn up, according to which the

institution was to be accredited. Among all criteria, it was established that the hospital's ethics (bioethics) committee should be created. [10]

Being a bureaucratic requirement, the attitude toward hospitals managers was very skeptical. They showed (formally) the existence of such structures in the organizations but without having to prove their activity and role of such committees. So far, there is no official analysis of the activity and the situation of committees created in these institutions. There is no monitoring and evaluation of these structures' activities.

The managers involved in our study were proposed to identify what the problems faced by hospital ethics committees are. Among them the following were mentioned: the lack of teaching materials; the lack of centralized coordination, the lack of guidelines for the work of the ethics committees; the weak interaction with hospital administration and low influence on the decisions-making process; the image of "the fifth wheel on the cart".

It is informative that those managers, who believe there isn't a necessity for a special training of ethics committees members, could not, as a rule, identify any ethical problems their hospital is facing. This "silent" ethical climate of those

institutions is, in fact, an alarming indicator of managers' incompetence in matter of management ethics.

As a conclusion, it was established that Ethics Committees are the only officially existing instrument of ethics in healthcare facilities in Moldova, which is insufficient, according to the professional literature, to carry out an effective management of the institution's ethical climate. The committees do not have any influence on the organizational culture of hospitals. Lack of coordination, guidance, monitoring of these structures is leading to the formalization of their activity. The members of the committees are independent persons, being employed by the hospital, so discussions within committee can be carried under the conditions of a conflict of interests, which undermine the fairness and transparency of the decisions taken. The educational, informative and advisory role of the committees is missing or it is marginal.

#### *Responsible for ethical problems*

All the managers had a positive attitude to the fact that a well trained person should be employed for concealing them in ethical issues. Some of them expressed the view that it might be someone engaged in the Division of Quality Management and Internal Audit; others considered that it should be an independent person

outside any subdivisions, with non-medical studies, in order to avoid conflict of interest.

Managers admit that it is difficult for them to decide in regard to some ethical issues, the reason being a lack of training in this area. The ethics consultant would be able to provide analysis of the actual situation in the institution, should develop programs and training sessions on medical ethics topics. Also, they could advise the hospital Administration on matters of institutional ethics.

Even if they are aware of the need for such specialist in the hospital, some managers are skeptical that such person could be hired, this being based on several arguments: unclear position of the Ministry of Health, which should give concrete indications about this position and the fund from which the salary will be paid; the professional skills of that person, because this profession is new in the Republic of Moldova and thereis no specialized training in our country.

Other managers were much more optimistic, stating that this function could be created by them, as managers' autonomy offers them this possibility. They believe that this person should be a trained psychologist, with additional training in ethics.

### *Trainings*

Managers have acknowledged that within their institutions thematic training on ethical topics were not been given. Meetings usually take place on medical or organizational topics. In a hospital several conferences were organized with institutional representatives of the Center for Combating Corruption in order to eradicate and prevent bribery in the institution.

Managers relate that this subject (ethics/bioethics) is one of the least discussed among our medical workers, who are strongly influenced by Soviet ideology and education. And as a result there is an obvious resistance to anything new. It is the situation of the already started reforms. A participant in the study tells us: *"I am not saying that our physicians have no idea about ethics and have an unethical behavior. Of course they do! But it seems that they are doing it intuitively... They have the 7 years of family education.... first of all, they have the example of previous generations. The new rules must be taught. We need training, guides ..."* (I.10)

Among topics which should be learnt participants mentioned the ethics of teamwork, the ethical aspects of the doctor-doctor, and doctor-nurse relationship. In the discussions managers noted that in their daily activity they frequently faced conflicts

due to non-compliance, insubordination, conflicts of interest within subdivisions, etc. They relate this would call for the help of a specialist who can solve such situations, a task which requires time, energy and specific skills and knowledge.

### **Conclusions**

The number and significance of challenges that healthcare organizations face in the Republic of Moldova are unprecedented. Growing financial pressure, transition period and unfinished healthcare reforms, consolidations and mergers, patient safety and quality improvement issues, raising public expectations have placed healthcare organizations under great stress - thus potentially intensifying concerns and conflicts regarding ethics.

The style of thinking and leadership in the Republic of Moldova, and especially for the healthcare facilities continuing to be predominantly top-down, seems to be the result of the influence of old Soviet ideology. The perception of ethics in healthcare is limited to the relationship with the patients only, and the ethical aspect of the internal relations within the organization is not subject to any supervision of hospital managers.

There are no specified policies or programs for promoting ethical

values in hospital medical institutions. The only tools of ethics management in healthcare facilities in the country are hospital ethics committees, but their work is formal, they are not involved in the management of the medical institution. It is necessary to strengthen the role of ethics committees as a promoter of organizational culture in healthcare facilities. In this regard, a special guideline should be elaborated by specialists and recommended by the Ministry of Health to all hospital administrations in the country.

We determined the necessity and the managers' desire to have special trainings in management ethics and trainings for employees on various issues in medical ethics.

The subdivisions of institutions have clearly defined functions and responsibilities, with a high volume of work. This seems to indicate that the human resources professions or those responsible for the quality management in the hospital have not given much thought to the possibility of assuming the responsibility for corporate ethics management. Thus, managers believe that it would be appropriate to create a new function in their institution meant to monitor, assess, instruct and develop the ethical aspects of hospital activity – the responsible for ethics.

The central authorities do not manifest any interest and involvement in the promotion of ethics in healthcare institutions, no assistance is sensed from the Ministry of Health, or Council of Accreditation in Health, organisms that should be interested in raising the quality of hospital services. It is necessary to elaborate a concrete ethical auditing tool of medical institutions in the country, in order to determine the current state, and develop conditions for the promotion of proper management of organizational ethics. The tool should be made available for the managers, and they should be trained to use it properly. This could be developed and applied in further research. Making the survey findings available to employees may be the first step for identifying and following the ethical issues in the organizational environment. However, in order to have an effective monitoring, it seems crucial that such surveys should be conducted regularly, while the hospital takes action, aiming to reach a better ethical climate.

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