



What Is To Be Expected from an Ethics Audit Integrated Within the Accreditation Process of Hospitals from Romania?

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Abstract

Background: We aimed to verify the issue of the ethics audit and its use in the system of accreditation of hospitals. It presents the results of a survey conducted among hospital managers from Romania.

Methods: Our article highlights the results of the second part of a research carried out in 2012 on the pertinence and the structure of the ethics audit integrated within the accreditation process of hospitals, according the opinion of the 47 executives and managers involved in the quality management of Romania hospitals. The data have been gathered with the aid of the online questionnaire.

Results: An ethics audit integrated within the accreditation process of hospitals should include primarily the respect of the patients' rights, the good relations of the institutions with its patients and the respect of the moral rights of the employees.

Conclusion: The usefulness of this study is due to the fact that it consults precisely those who should really contribute to the creation, application and monitoring of ethical policies and instruments necessary in every hospital which are permanently under the scrutiny of public opinion and confront themselves with the obligation to give a thorough account of their results and spending of the public resources. This study gain consistency as the relevant aspects that could form the structure of a hospital ethics audit are identified with the direct help of the managers responsible for implementing it.

Keywords: Ethics audit, Accreditation process, Romania, Hospitals

Introduction

The ethics audit is essentially a process which expresses a temporal quality: the "patience" the organization manifests in listening to its people. Linguistically, its roots go back to the Latin word "audire", to listen to, whereas practically, they go back to the age and intelligent "weapons" of the Roman army, when, according to Kaptein (1), the retired officers were chosen as "auditors" to listen to the soldiers' problems and complaints, hence

contributing to their identification and resolution in the nick of time. The ethics audit is at the same time an instrument of dialogue. Its language is the modality preferred by ethicists whereby to bring into view the importance of ethics, which, consequently, comes into sight with its various problems and solutions (as is the language of the values audit, which might be a part of the ethical one) (2). Menzel (3) deems the ethics audit as a proactive

instrument in the build-up of organizational integrity, García-Marzá (4) a key factor in the management of trust, and Weber (5) an instrument for enhancing the performance of the organization. Robbins (6) focuses on its role as a preparatory tool for the improvement of the ethical program, but it can also be a full-fledged part of the latter (5).

Also, other authors refer to the importance and structure of an ethics audit of health system or organization. Robert Hall (7) associates it with a social audit necessary for evaluating the ethical performance for an organization, which is one of the operational strategies for organizational ethics programs. Sandra Trice Gray (8) considers it as being as important as a financial audit, which brings attention to the organization's values and ethics. O. C. Ferrell et al. (9) highlights that it is "a major component of the ethics program that provide an opportunity to measure the conformity to the desired ethical standards" of the organization. Metaphorically, we might say that the ethics audit is actually a "doctor" for the organization, which examines her, keeps a watch on whether the right principles of life are respected, gives a diagnostic, and, when needed, offers an optimal treatment, according to the knowledge "he" has about the organism and the reactions of the patient. The consultation may be simply preventive, such as a routine check in order to avoid serious illnesses, or imperiously necessary for recovery, when the organization exhibits severe symptoms and requires urgently the elimination of the cause.

Our article brings to attention the issue of the ethics audit and its use in the system of accreditation of hospitals. It presents the results of a survey conducted among hospital managers from Romania.

What issues are examined by performing an audit of ethics?

The majority of scholarly opinions regarding the ethics audit appreciate the part it plays in the examination of organizational policies and procedures, of the degree of fidelity of their practical implementation. According to Rosthorn (10), an ethics audit means "regular, complete and documented measures of the conformity of declared

policies and procedures", verification whether the latter are consistent and truly respected in all the units of the organization and whether they assure a propitious environment for the resolution of ethical issues. Krell (11) argues that the ethics audit guaranties that there is concordance between the behaviour of the organization such as it is expressed in conduct codes, ethical policies and procedures, and the real behaviour displayed in practice; it also guaranties that the forbidden forms of conduct, listed in these documents, are not enacted. These policies are important for the medical practice because they indicate the direction of development for the organization, designate what must be done concretely, and if the actions are not conforming to them, it signals the vulnerability of the institution, which is rapidly exposed to risks and confusion (*idem*). The ethics audit evaluates these "policies, procedures and perceptions in order to determine the consistency of the vision, mission and values of the organization" (12). According McAuliffe (2002, cited by Menzel), this kind of auditing identifies the breaches of these policies and procedures, as well as the need for a better awareness of the potential areas of ethical risks, according (3). It might contribute moreover to the elaboration of certain educational policies and also of special policies such as the ones that give answers to issues related to the organizational mission and ethical goals established by the organization (*idem*). Rigg and Allen (1994, cited by Manning) propose an analysis concerning the way in which the policies with regard to the activity of top-managers, employees and clients are concretely observed by those concerned (13).

In support of these ideas, we refer to an ethics audit (The Social Work Ethics audit - SWEA) conducted in 2001-2002 by Kirkpatrick, Reamer și Skuylski (14), in three healthcare units belonging to a big healthcare corporation and affiliated to a medical school. The structure of this SWEA audit (15) consists in the evaluation of the following aspects: the rights of patients, the informed consensus and intimacy, the supply of services, the style of documentation and procedures, issues connected to keeping the distance between em-

ployees and clients and to conflicts of interests, defamation of character, monitoring, consultation, clients' complaints, providing training, prevention of fraud, completion of services, ethics of decision-making.

Conducting this process emphasized (14-16) the fact that the biggest ethical risks are connected with the application of policies and procedures regarding the informed consensus (providing an interpreter and translation services for the persons with a foreign nationality), confidentiality of information, safeguarding certain limits in interacting with the patients, interventions in such cases where a non-traditional use is made by the patients, monitoring the personnel, consultation of personnel, examination by the community's specialists of the intimations made by the patients, monitoring of the quality of healthcare services delivered by the chief suppliers of the community, documentation of ethical decisions. In the wake of the facts established through the enactment of the ethics audit, the personnel have the possibility to develop improvement strategies.

Boyle, Hermanson & Wilkins (17) underpin the fact that the ethics audit implies the control auditing of the organization's environment (integrity and ethical values; philosophy of management and the operative style; organizational structure; designation of the authority and of the responsibilities related to it; policies and practices concerning human resources; competence of personnel). The ethics auditing is most effective when, in the framework of the internal control conducted by the competent authorities and which entails evaluation of risks, control of activities, communication and monitoring, it might not provide to stakeholders the guaranty that the "organization is adequately protected against risks, such as the inappropriate use of assets, the lack of conformity to the requirements and the statutory demands of the law, the lack of credibility in financial reporting".

As to the structure of the ethics audit, several aspects must be taken into account. Barsky (18) specifies that the elements approached within its scope depend on the context of the organization. The auditors must analyse policies and procedures (such as, for example, those connected to the safety of

clients, confidentiality of information which belongs to clients, diversity, etc.). Some of these aspects are identical to those belonging to the structure of the processes used within the ethics auditing of an institution from the healthcare filed. Allen (19) suggests that there is a "check-list of the organizational healthcare" which comprises, within an encompassing, wide and unique whole, several elements: the way in which the organization treats and deals with the personnel, clients, volunteers and donors; the opening up towards communication and leadership of the executives; the practices of collecting funds, marketing, financial management or ecological ones; the relationship with the community; the evaluation process of the personnel and volunteers; salary structure; the policies of complaints solving; the ability of the organization to cultivate a value-based climate (trust, respect, professionalism, sense of community, etc.); the way in which the organization respects its values-statement, its ethical code (if one exists).

The format proposed by Waring and Daugherty (20) examines statistically the relations between the four indicators of the ethical climate and the different financial and administrative measures which might be influenced by ethical issues. Likewise, the authors detected correlations between the expected/desired behaviour of the employees in organization and the elements which relate to the internal control of the environment, which contribute to more easily identify those actions which might help managers the most to determine the financially and administratively beneficial climate of an organization.

An example of good practices in the ethics auditing of a hospital is provided by the Ethics Institute of South Africa for Chris Hani Baragwanath Hospital from the same region (21). The audit had as specific objectives the identification of key-aspects and of ethical problems already noted by the actors from the hospital: depicting the general working environment and its potential effects upon personal and inter-personal behaviours of employees; a detailed description of the elements of the ethical culture and of the way in which these influence the everyday conduct in the hospital.

Similar initiatives (but more limited) in the ethical assessment of hospital facilities can be given as examples: auditing values applied to Calvary Hospital, Bronx, New York (22) in ensuring the ethics program; the national survey on ethics issues in healthcare, commissioned by the St. Joseph's Hospital, Phoenix (ethics of allocating resources and treatment efficacy) (23).

The survey of the scholarly literature shows that there is not a unique structure appropriate for the ethics audit, but there are common aspects which pertain to all the proposed types. Each institution is unique, such as each organism is unique and, consequently, the ethics audit must be adapted to what is going on in each institution.

Nonetheless, in view of the fact that the healthcare organizations have a strong social mission to accomplish, it is extremely important that the frequent ethical dilemmas to be taken into account, and that auditing concerning key-aspects (the rights of the patients, the use of funds, etc.) to be conducted carefully and in time, especially for prevention reasons.

The ethics audit and the accreditation process of the hospitals

The possibility of conducting an ethics audit within the accreditation process of hospitals is mentioned explicitly or implicitly by Morrison (24), Barsky (18), Kirkpatrick, Reamer and Skuylski (14), and a "narrow" form of it is to be found in the ethical standards included in the referentials of the accreditation commissions, such as those applied by the Joint Commission Accreditation on Health Organizations (JCAHO) from USA (25).

Naturally, one could ask: why would the ethics auditing be connected to the accreditation standards? First of all, the ethical accreditation represents a moral duty of the society which needs a way of assessing not only the professional competences of the healthcare institutions, but also their moral ones. The accreditation conducted by professionals would recognise and certify this kind of competence. In this way, it would generate trust, guaranty to stakeholders that the institution takes the trouble to engage in ethical think-

ing and that its ethical efforts would come thus clearly into view. Consequently, the image and the reputation of the institution would be notably enhanced. The organization might verify whether the ethical policies and procedures are correctly applied and produce the anticipated effects. Equally, the ethical risks would be dealt with in time and the losses and costs generated by unethical and illegal conduct would be eliminated. For that purpose, the ethical accreditation would be an instrument of control and feedback, through the assessment and revision of the management system of ethics or of the program of values effectiveness, available not only for the managers of the institution, but also for the authorities, which attempt to limit the unethical behaviour in division areas. The accreditation would create a homogenous official framework and would provide the possibility of a comparison/ranking of the institutions concerned, according to the same criteria elaborated by experts. The authorities might monitor the performance of the organization and allocate supplementary resources according to the "behaviour grade" accorded to each institution. In such a way, a competitive and stimulating environment is encouraged. Min-Hua Wu and all (26) made a study on the possible introduction of the ethics audit within the accreditation system of hospitals from Taiwan and of its optimal structure. The authors proposed to the managers of hospitals for debate six chapters which might be included in the structure of the audit: medical ethics, policies, regulations and leadership; the foundation and functioning of the medical ethics committees; the foundation and functioning of committees concerned with ethical research; ethical medical education; ethical organizational climate; the respect of the patients' rights and the establishing of good relation between the hospital and the patients.

Materials and Methods

The study which follows represents the second part of a more wide research aiming at identifying the opinion of executives and managers from hospitals concerning the pertinence of introduc-

ing the ethics audit within the accreditation system of hospitals from Romania, as well as concerning its possible structure.

Our research takes as its starting point and justification the theoretical and empirical arguments mentioned above. The current system of accreditation of hospitals in Romania does not focus enough on ethics referential. Meanwhile, the introduction of ethical audits between criteria for accreditation of hospitals in Romania must be consulted with the managers of quality assurance within these institutions. Their opinion on the need audit ethics and its structure is important because it will be a signal of how there will be an open attitude from their side for the audit of ethics, and key issues that should be followed.

The data have been gathered with the aid of the questionnaire applied to executives and managers involved in the quality management of Romania hospitals (members of the target group of a European financed project). The questionnaire was applied in the period between January and July 2012, which coincided with the conferences and workshops of the project and when the respondents were available for the completion of the questionnaire. They were addressed by one of the authors of the research who informed them about the research objectives and the key concepts. The link to the questionnaire has been sent to the email addresses that they were enrolled in the project database. The invitation to complete the questionnaire was justified by the role of ethics in quality improvement in hospitals (24-27).

From the 150 addressee, only 47 of them responded to the questionnaire, which means a response rate of 29%. The questionnaire was available online, with the help of googledocs application and comprises in all 58 questions (including the identification data of the respondents), organized in two parts: a preliminary part which inquired for the opinion of the respondents regarding the ethics-quality-accreditation-ethics auditing relationship, the beneficial of the ethics auditing through accreditation and the degree of preparedness achieved by managers and institutions in order to deal with an ethics auditing; a second part concerning the aspects that

the respondents deem pertinent for being included in an ethics auditing process.

The identification data of the respondents comprise: the gender of the respondent, age, type of education, the level of education, ethical training, the type of the hospital unit according to the different ways of funding, the type of the hospital unit according to the classification and the capacity (number of beds) of the healthcare institution. To the survey participated 32 respondents which were women and 15 men. Most of them have a bachelor's degree (66%), 21.3% a master's degree, 8.5% a doctorate, and 4.3% a post-doctoral qualification. According to the education type, 40.4% have a medical education, 38.3% an economic education, 12.8% a qualification in humanities, and 8.5% a technical education. The percentage of those who took an ethical training course is very low (10.6%, N = 5). 40.4% are located in the age interval 36-45, 27.7% are between 46-55 years old, 23.4% are between 25-35 years old, and 8.5% are over 55 years old. In an equal percentage – 8.5% are respondents from county hospitals, and respectively municipal hospitals, 6.4% are from academic hospitals, and 4.3% from clinical units. A percentage of 40.4% from the healthcare units has under 200 beds, 34% has between 200-500 beds (medium capacity), and 25.5% over 500 beds. According to the type of the healthcare entity, most of the respondents work in emergency hospitals (25.5%) and in an equal percentage of 17%, they work in both hospitals with a general profile and hospitals which provide medical services for patients chronically ill. A percentage of 89.4% of the respondents come from healthcare institutions publicly funded, whereas the rest is funded from mix resources.

In this article, we will only take into account the second part of the questionnaire which comprises questions regarding aspects which might be part of an ethics auditing, which in turn is integrated within the accreditation process of hospitals.

In order to find out the opinion of the respondents regarding the aspects which might be taken into account for an ethics auditing to be integrated within the accreditation process of hospitals, 28 questions were formulated. They were se-

lected after consulting the scholarly literature available and on the basis of the good practices enacted in the healthcare domain, both of which are focused on the organizational ethics.

The study of Min-Hua Wu and all (26) and the one conducted by the Ethics Institute of South Africa for Chris Hani Baragwanath Hospital (21) is the basis for the ethical aspects of audit structure proposed for evaluation by managers in our research. These issues have been completed with those given by other authors cited above in this article.

The elaboration of the questions envisaged elements from three important categories: professional and institutional values and principles, ethics and policies in management and the managerial process, including the concern for social responsibility; ethics and policies related to the management of human resources; medical ethics and ethical committees. Some of these aspects verge on the limit of categories, and their separate classification illustrates the need for a special treatment as to their inclusion in an ethics audit. This might be the case with the activity of ethical committees and of those of medical research (classified in the category medical ethics and committees), which can be included in the category ethics and management because of the fact that, for their existence, it is necessary to create separate departments/units/organisms within the organizational structure already in place. Similar examples provide the policies concerning data confidentiality and the whistle blowing, which are elaborated habitually as general policies, at the level of the entire organization, but in our approach, we classified them in the category ethics and policies in the management of human resources because of the fact that they address themselves especially to personnel. Moreover, even if the evaluation of the organizational culture, from the point of view of the knowledge about the values of the organization, represents an element located at the crossing-point of several values: - management (the managers are those who shape the system of values of the organization) and the management of human resources (to make the values of the institution

known the personnel) – it was opted for its classification in the category values and principles, in view of the fact that it can only be conducted an audit of the values which guide the activity of the organization, as a part or form of an ethics audit. Nevertheless, within the questionnaire addressed to participants, the questions were distributed according to different categories, because its aim was not to obtain a classification of aspects or an evaluation judgment on their pertinence vis-à-vis a certain category.

The questions are formulated so as to present multiple choices and a scale of response “Likert type” (1 – complete disaccord, 6 – complete accord). The respondents held the possibility to mention freely which are the values predominant in their organization.

To achieve the design and content of the questionnaire were consulted 8 specialists with expertise in ethics in public policies in the health system.

Results

The following study starts from the results ensued from the first part of the research that is to be published in another article: the fact that the majority of the respondents (53.2% expressed a complete agreement and 31.9% their simple or plain agreement) appreciates the useful trait of the ethics audit integrated within the accreditation process of hospitals from Romania and its beneficial effects on the institutional performance (57.4% expressed their complete agreement, whereas 23.4% their agreement), the consolidation of the trust of the public opinion (68.1% complete agreement, 12.8% agreement), the gaining of a criteria for the allocation of resourced by central authorities (36.2% agreement, 34% complete agreement) and a possible classification of hospitals (34% complete agreement and 34% agreement). The analysis of the data reveals a very high degree of homogeneity of the received answers. The average of the responses for this part of the research varied from 5.89 to 5.15 (and the total average was 5.59).

For the first category – *professional and institutional values and principles*, the highest averages were fo-

cused on the respect of the moral rights of the patients ($M= 5.89$, $\sigma= 0.31$), a percentage of 89.4% of respondents ($N = 42$) expressing a complete agreement for their inclusion in an ethics audit, and 10.6% ($N = 5$) a simple agreement. The same result was obtained regarding the good relation between institution and patient, based on morality, trust, transparency and integrity. A high number of respondents ($N=41$; 87. 2%) considers that the ethics audit must verify the way in which the moral rights of the employees are respected. Likewise, a significant percentage of 89.4% ($N = 42$) of the executives which completed the questionnaire express their accord for the evaluation of deontological principles ($M=5.83$, $\sigma= 0.52$). Only 61.7% ($N = 29$) are completely agree, and 25.5% ($N = 12$) simply agree with the monitoring of the ways in which the principles applied in international ethics are respected ($M=5.43$, $\sigma= 0.90$). 63.8% ($N = 30$) are completely agree with the feedback provided by the auditing of the knowledge about values and organizational norms (the application of values), namely of the organizational culture ($M=5.40$, $\sigma= 1.06$).

For the second category, *ethics and policies in management and the managerial process*, 78.7% ($N = 37$) and 17% ($N = 8$) express their complete agreement, respectively their simple agreement for the evaluation of the ways in which the policies of the allocation of resources are applied ($M=5.74$, $\sigma= 0.53$). 35 from a total of 47 respondents (74.5%; $M=5.74$) are in complete agreement with the preoccupation for efficiency, and 36 of them (76.6%) with the realization of the decision-making process – substantiation, criteria, transparency, bearing responsibility ($M=5.72$, $\sigma= 0.54$). The following aspects of this category worth to be mentioned: formulation, presentation and compliance with the ethical regulations-/codes (complete accord 76.6%; $M=5.62$, $\sigma= 0.85$); the conformity with legal regulations ($M=5.60$, $\sigma= 0.97$); the application of policies regarding the institution's assets (70.2% complete accord, $M=5.55$, $\sigma= 0.83$) and the proactive and voluntary identification of instruments necessary for the application of ethical principles (such as ethics audit, ethical codes, ethical committees,

ethical help lines) (61.7% complete accord and 27.7% accord, $M=5.36$, $\sigma= 1.13$).

Concerning social responsibility, only 30 of all 47 respondents (63.85) are in complete agreement with the assessment of the policies for the protection of the environment – the management of wastage ($M=5.55$, $\sigma= 0.69$), and only 25 from 47 (53.2%) are in complete agreement with the evaluation of the ways in which the healthcare institution involves herself in projects of social responsibility addressed to the community (for example, voluntary campaigns of information, treatment, etc.) ($M=5.45$, $\sigma= 0.65$). Although, as it was noted before, the respondents expressed a strong agreement (89.4%) concerning the importance of taken into account the moral rights of the patients, only 59.6% ($N=28$; $M=5.21$, $\sigma= 1.21$) deems the evaluation of policies concerning vulnerable groups to be desirable and pertinent (application of the principle of special consideration). The lowest score of the average results belongs to the topic of introducing in the ethics audit the formulation of the mission and the vision of the organization, less than half of respondents (42.6%, $N=20$, $M=5.15$, $\sigma= 0.93$) expressing their complete agreement (whereas 38.3% namely 18 respondents, their agreement) with this measure.

For the third category – *ethics and the management of human resources*, 83% ($N = 39$; $M=5.79$, $\sigma= 0.66$) are in complete agreement with the auditing concerning the application of ethical policies within the management of human resources (recruitment, selection, integration, performance evaluation, promotion, dismissal); 80.9% with the policies regarding data confidentiality ($N = 38$; $M=5.77$, $\sigma= 0.56$); 76.6% with policies conducted for the avoidance of conflicts of interests ($N = 36$; $M=5.72$, $\sigma= 0.58$); 78.7% expressed a complete agreement with the introduction of whistle blowing policies ($N = 37$; $M=5.72$, $\sigma= 0.62$). 33 of respondent (70.2%) appreciate fully (and 13; 27.7% accord) the evaluation of the ways in which the ethical principles are respected within the practice of leadership ($M=5.64$, $\sigma= 0.70$) and the same number of them appreciate fully the evaluation of the organizational climate ($M=5.62$,

$\sigma = 0.64$). 35 of all the 47 respondents (74.5%) chose without hesitation the ethical training of the personnel ($M=5.57$, $\sigma = 0.88$). 68.1% express their complete agreement with the monitoring of the loyalty of the employees ($N = 32$, $M=5.51$, $\sigma = 1$). For the fourth category – *medical ethics and committees*, 72.3% ($N = 34$; $M=5.51$, $\sigma = 1.04$) are in complete agreement with the monitoring through auditing of the formulation and application of the principles of medical ethics; 63.8% ($N = 30$; $M=5.51$, $\sigma = 0.80$) and surprisingly only 57.4% ($N = 27$; $M=5.30$, $\sigma = 1.14$) with the verification of the existence and of the activity of the committees of medical ethics. Table 1 summarizes the mean and standards deviations for the analyzed issues.

Discussion

In the wake of our analysis, we can state that an ethics audit integrated within the accreditation process of hospitals from Romania should include primarily the respect of the patients' rights, the good relations of the institutions with its patients and the respect of the moral rights of the employees. This vision is perfectly legitimate in view of the fact that the mission of the hospital consists precisely in taking care of the health of the population, and of the fact that the professionals from the healthcare field are lately more and more interested by the "idea of rights" (30). As our findings suggest, lightly under-average scores were obtained by aspects concerning the personnel (ethical training, policies regarding loyalty), policies about the management of the institution (the protection of the institution's assets, the voluntary use of instruments for the implementation and monitoring of ethics, the protection of the environment and aspects related to social responsibility, formulation of the organization mission/vision), but also concerning different aspects of institutional values (evaluation of the organizational culture), professional principles (compliance with international ethical principles) and medical ethics (ethical policies in med-

ical activity, and the activity of ethical and medical research committees). In the opinion of the executives and managers from Romanian hospitals, involved in the management of quality, a lesser attention (scores under the total average) should be paid to the committees of medical ethics, the application of policies about vulnerable groups, and the formulation of the mission and vision of the organization. An explication is provided by the fact that the activity of the committees of medical ethics is not sufficiently visible, has more of a role of a "gendarme" than a consultative one, its existence and functioning are not even known by the personnel, and, consequently the committee seems to not even function or fulfil its mission (28). Nonetheless, the activity of medical committees will be also evaluated in our country through the implementation of the accreditation standards of the hospitals from Romania (CoNAS), whereas at the international level this accreditation conducted by ethical committees is in force already since 1993 (29). The opinions of the respondents legitimately raise a question mark concerning the conviction of the personnel about the functionality of these medical committees, and this makes all the more necessary to proceed to their integration within an ethics audit. As to the policies about vulnerable groups, they could be in part covered by the moral rights which have to be respected. Many of these responses must be interpreted by taking into account the fact that the professionals from the public healthcare sector have an insufficient training in ethical analysis (30), which is exactly the case for our respondents. The lack of a strong organizational culture generates inconsistency in promoting professional, as well as institutional, values, by the managers and the executives and thus the value of loyalty becomes the first victim. Ultimately, this situation leads to a vicious circle, to inappropriately motivated decisions, to objectives which are not always in the interest of the organization and of the community.

Table 1: Mean and standards deviation; issues in a hospital ethics audit

Variables	Mean	Minimum	Maximum	Standard deviation	Sum	Part.
Moral rights of the patients	5.89	5	6	0.31	277	2.3
Good relation institution patient	5.89	5	6	0.31	277	2.3
Moral rights of employees	5.87	5	6	0.34	276	2.3
Assessment of deontological principles	5.83	4	6	0.52	274	2.3
Ethical policies within the management of human resources	5.79	2	6	0.66	272	2.3
Policies regarding data confidentiality	5.77	3	6	0.56	271	2.3
Avoidance of conflicts of interests	5.72	3	6	0.58	269	2.3
Realization of the decision-making process	5.72	4	6	0.54	269	2.3
Preoccupation for efficiency	5.72	5	6	0.45	269	2.3
Whistle blowing policies	5.70	3	6	0.62	268	2.3
Organizational climate assessment	5.64	4	6	0.64	265	2.2
Policies of resources allocation	5.64	2	6	0.76	265	2.2
Principles of ethical leadership	5.62	2	6	0.71	264	2.2
Compliance with the ethical regulations/codes	5.62	2	6	0.85	264	2.2
Policies for the environment protection	5.57	3	6	0.68	262	2.2
Conformity with legal regulations	5.55	1	6	1	2,6	2.2
Policies regarding the institution's assets	5.55	2	6	0.83	2,6	2.2
Loyalty employees policies	5.51	1	6	1	2,5	2.2
Medical research committee activity	5.51	2	6	0.80	2,5	2.2
Engagement in social responsibility pro-	5.43	4	6	0.65	255	2.1
Principles applied in international ethics	5.40	2	6	0.90	254	2.1
Auditing of the organizational culture	5.38	1	6	1.07	253	2.1
Voluntary identification of instruments for the application of ethical principles	5.36	1	6	1.13	252	2.1
Medical ethics committee activity	5.30	1	6	1.14	249	2.1
Policies concerning vulnerable groups	5.23	1	6	1.20	246	2.1
Formulation of the mission and the vision of the organization	5.15	3	6	0.93	242	2.0
Ensemble	5.59	1	6		683	100.0

Note: Parameters are set for a rating from 1– complete discord, 6 – complete accord

The preoccupation from an ethical point of view with the mission/vision of the organization secures a “moral guaranty” because the mission itself is based on values, shapes the character and the good reputation of the institution (31).

Apart from the fact that the analysis of the opinions of the executives and managers involved in the management of quality in Romanian hospitals reveals rather a hierarchy of the ethical aspects which should be included within an ethical accreditation, the usefulness of this study is due to the fact that it consults precisely those who should really contribute to the creation, application and monitoring of ethical policies and instruments, necessary in every organization, especially in those which held the ethical responsibility to take charge of the leadership in the activity of improving the health of community (32), such as hospitals, and which are permanently under the scrutiny of public opinion and confront themselves with the obligation to give a thorough account of their results and spending of the public resources.

Ethical considerations

Ethical issues (Including plagiarism, Informed Consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc) have been completely observed by the authors. The study was approved by the Ethics Committee of the Grigore T. Popa University of Medicine and Pharmacy (UMF), Iași, Romania.

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