



Ethics in Healthcare Administration



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Introduction

With health service shortages in many parts of the United States, many practices have more control than ever on which populations they provide services to. While some providers may view this as a good thing for their career direction, it can leave certain populations without important care. For example, cash and concierge services are gaining popularity, which can exclude people with a low socioeconomic status or those who are otherwise underprivileged. OT is traditionally viewed as a field with a large and diverse client base, but certain diagnoses or populations may receive more services, attention, and awareness than others. This course will explore ethical dilemmas that may arise as a result of this and similar scenarios. The Occupational Therapy Code of Ethics is an essential guide for our profession around all areas of occupational therapy and can be used in situations such as these.

Section 1: Healthcare Administrator Scope of Practice and Code of Ethics

References: 1, 2, 3, 4, 5

The topic of ethics in healthcare administration is more succinctly referred to as organizational ethics, which is defined by the marriage of business and clinical ethics in healthcare. There are two types of ethical fields that apply to healthcare administrators. Preventive ethics involves anticipating potential ethical concerns and responding accordingly to protect oneself and other relevant parties. This field is developed on the basis of ethical concerns or crises that have affected healthcare administrators before. Individuals and agencies who practice preventive ethics must be forward thinking to develop protocols and policies that sidestep ethical concerns. Preventive ethics is in line with many organizational

goals because it aims to avoid unnecessary consumption of resources. As we will discuss in the coming sections, resource allocation is one of several forms of ethical dilemmas healthcare administrators may face, so this is an ideal focus for many executives. In addition, preventive ethics allows administrators to learn ideal operations in the realm of ethical healthcare business practices, which can assist for future use.

Reactive or remedial ethics is the alternative form that requires administrators to respond to problems after they have occurred or while they are still unfolding. In addition to dilemma responses, reactive approaches also involve addressing consequences and taking steps to ensure concern(s) do not recur. In many cases, a reactive approach to ethics will need to be used at some point regardless of whether or not an organization/department has a solid preventive approach to ethical conduct. For example, the COVID-19 pandemic brought about many unprecedented situations that needed to be dealt with urgently. Many healthcare administrators were forced to react to ethical dilemmas as well as other emergencies as they arose because there were not many similar situations to look back to for guidance. Healthcare executives should be prepared to adopt both approaches as needed.

Healthcare Administrator Priorities & Job Duties

Administration ethics has been a contentious topic within healthcare over the years and is notoriously underresearched – even more so than clinical ethics. One reason for this being a hot-button issue is that the rehabilitation field itself has grown alongside foundational healthcare systems. This means both parts are actively changing in real time and have become increasingly complex. In addition, there are many moving parts related to healthcare regulations, hierarchy, and administration, which has made the field of organizational ethics even more

essential for administrators to properly understand. While these bodies often appear to have conflicting ideologies that make ethical dilemmas more challenging, there is a shared purpose among them to help the public and make a profit. This can guide some administrators in making decisions, though it doesn't necessarily make it easy to manage obligations related to each at the same time. Healthcare executives should use organizational considerations as a guiding light that helps them perform the vast majority of their duties, including but not limited to designing and implementing healthcare services.

Healthcare administrators have a range of job tasks that therapists must be aware of in order to understand their ethical duties. In some cases, administrator responsibilities involve clinical care, meaning they may face dilemmas in this area. For example, many healthcare organizations integrate patient care (e.g. a certain number of weekly treatment hours) into the job scope for their directors of rehabilitation. However, administrators are less likely to deal with these duties as they ascend the organizational hierarchy since their main focus shifts toward business and leadership. As such, many healthcare administrators will face ethical dilemmas related to those priorities.

When discussing the ethical challenges practicing therapists may be faced with, providers are encouraged to think back to the work they did, the situations they dealt with, and their subsequent responses in patient care. When the conversation turns to ethical dilemmas healthcare administrators face, it may be more difficult for therapists to understand since not every OT provider has assumed such roles during their career. Some of a healthcare administrator's duties vary depending on their exact role, but they most often include:

- Establishing and maintaining a healthcare organization's regulatory compliance

- Ensuring a healthcare organization's healthcare practices are safe and effective
- Overseeing operations taking place in a healthcare organization through the task delegation and the creation/management of schedules
 - Depending on the size of the facility, administrators may have many or a few responsibilities in this area. In larger facilities, administrators may co-lead or lead a specific department while administrators in smaller facilities may be tasked with running the entire facility on their own.
- Managing a facility's finances, including processing insurance claims, gathering analytics on income generated, and presenting this information to stakeholders
- Staffing departments within their facility, including recruiting, onboarding, and supervising employees (directly or indirectly depending on their department)
- Performing large-scale scheduling for employees to ensure their department(s) are able to operate efficiently
- Establishing (in some cases) and maintaining a solid relationship with the public to create an ongoing sense of trust
- Ensuring healthcare workers are given reasonable expectations
- Navigating the negotiation process between clinicians and their healthcare organization as a whole
- Cultivating a healthy, positive work culture

- Taking an unbiased approach to disciplinary action for any organization members, regardless of their affiliation
- Creating and fostering multiple cultures that stand firmly against misconduct
- Promoting shared decision-making through efficient communication and responsible management of each of a healthcare organization's aims
- Demonstrating resourcefulness and ingenuity to create solutions in situations where there appears to few options available

As you can see, the nature of these roles opens healthcare administrators up to a different set of ethical dilemmas. Clinically-based ethical situations are typically akin to the treatment process itself and are commonly experienced by direct service providers. However, there is a fair deal of overlap between these dilemmas and those that are administrative in nature. For example, let's say a treating OT is pressured to care for a patient who does not demonstrate a skilled need for services. There is clearly a practice-related and administrative side to this dilemma, meaning there is the potential for more than one party to experience ethical stress. It is possible for the treating therapist in this scenario to feel pressure from their immediate supervisor (such as a lead OT or director of rehabilitation). Similarly, the therapist's supervisor may also be placed in an unethical position by their own superiors (e.g. other facility administrators) in an effort to meet a certain quota or make a certain amount of profit in a given time. If that is the case, this dilemma involves two sets of healthcare administrators, which can make the scenario even more difficult to respond to. While this does not offer justification for the lower-level supervisor's actions, it is a salient example of ethical dilemmas from a healthcare administrators' lens. Such dynamics can add even more layers of complexity to an already difficult topic.

One major reason for this degree of complexity is the amount of reach that each party has. While the work that OTs do is essential and life-changing, ethical dilemmas on that level often involve one patient at a time. This is not to lessen how distressing and muddy practice-related ethical dilemmas can be, but it does offer some clarity since the patient's well-being should supersede nearly all else.

Administrators, on the other hand, are tasked with managing multiple staff members – some in the tens or possibly even the hundreds, depending on the size of the facility. This responsibility is added to the indirect burden of patient care, as they must properly manage the staff members who are offering direct care. It can sometimes be difficult for healthcare administrators to balance their direct responsibilities while still keeping the patients' best interests at heart. It is the hope that clinicians who assume the role of healthcare administrator would naturally be more adept at using empathy and assuming a person-centered approach, even in their operational dealings. However, it is important for any person stepping into an administrative position in a healthcare setting to not lose sight of the patients amid the work they do.

Healthcare Administrator Values

Regardless of their background, administrators in the healthcare space should be familiar with several core values to properly guide their work. These values are directly from the OT Code of Ethics and can also be traced back to similar documents for other professions. Clinicians are well aware of their impact on the profession, though their presentation morphs when going from practicing to supervisory roles. Yet, their impact is not lessened since they serve as a guiding light for the large-scale impact administrators can have. The main core values healthcare administrators should look to include:

- **Autonomy** - Patients have the right to make their own case decisions and should consent at all points during the treatment process. While the onus is on the treating provider to obtain informed consent from patients, administrators should maintain a strong respect for the decisions patients make.
- **Justice** - Administrators should advocate for policies, protocols, and work flows that promote the provision of fair and equitable healthcare services. They should create and encourage a positive work environment that fosters justice among the providers they employ.
- **Respect** - It is a healthcare administrator's responsibility to act in a trustworthy way that gains the respect of the clinicians they oversee as well as the patients they indirectly serve. Respect has several components, each of which are essential to the value as a whole.
- **Beneficence** - All of an administrator's actions should have the patient in mind and aim to benefit them. An administrator's work should set an example for medical providers and other staff in the organization to do the same. Administrators should remove or attempt to remove any barriers that stand in the way of their provider's ability to do this.
- **Non-maleficence** - Administrators must do more than simply act to help patients; they should also actively take steps to avoid harming their patients (directly or indirectly). Some of the same steps that apply to beneficence apply to nonmaleficence. However, administrators aiming to uphold this value should also thoroughly review all existing processes and closely oversee the provision of care to ensure their providers avoid medical errors, offer the most fitting resources, and utilize proper therapeutic approaches.

While not as common of a value as the ones listed above, self-determination is also consistently mentioned in healthcare administration literature. This relates quite closely to respect, which encompasses a patient's power over their own choices as well as their self-determination for recovery and good health. Another facet of this value is recognizing and respecting each patient's place in the community around them – both individually and societally. Each individual is their own person but they remain interconnected through these communities, which administrators must not lose sight of. While respect pertains to individual rights, it also incorporates the rights of communities as a whole.

There are times when individual rights may conflict with community rights and vice versa. Administrators are in a unique position to see this clash and have a duty to keep both sides of the curve in mind. For example, health professionals in any capacity cannot focus solely on individual rights, autonomy, and self-determination when each individual's welfare is so closely intertwined with the well-being of others. This means healthcare administrators must remain educated of organizational and theoretical limitations that affect their ability to address both concerns in tandem. We will discuss this more as we go into the evolution of healthcare administration ethics and other related topics.

Evolution of Healthcare Administration Ethics

There is no reasonable way for specific ethical dilemmas (or even broader categories of ethical dilemmas) to be eradicated. However, some such situations may no longer be as prevalent due to the rapidly changing landscape of the healthcare field over the past few decades. This also applies to shifts in regulatory standards and setting-specific requirements.

A salient example of this was discussed in the American Journal of Occupational Therapy (AJOT) in 1984. This article discussed ethical concerns faced by home

health administrators who must ensure that home health patients meet homebound criteria set forth by third-party payers while still receiving care that is restorative in nature. Therapists these days can understand how difficult meeting such standards would be since a great number of homebound individuals require compensatory care to prevent decline from chronic conditions. Restorative care is not always a possibility for patients, so therapists need to rely on their judgment as well as the patient's rehabilitation potential and diagnoses to make this assessment.

This particular conflict has been made redundant since there is no longer a stipulation like that for home health services. Yet, there are plenty of circumstances that still place administrators and therapists alike in a difficult position. This is one of many reasons therapists must remain up-to-date on changes occurring in their field, as it impacts the ethics of the work they do.

In a similar vein, healthcare administrators in previous years had a comparatively limited breadth of ethical concerns (e.g. those that were clinical in nature) to deal with. The scope of ethics in healthcare administration is now far more broad, encompassing existing and steadily emerging technological considerations along with more complex organizational duties. Persistent understaffing and recruitment difficulties may also lead healthcare organizations to add even more responsibilities to their administrators' plates. This emotional and cognitive load can overburden supervisors and make ethical dilemmas even more trying to properly respond to. There is no shortage of challenges healthcare administrators face, but awareness of the organizational and systemic problems that cause ethical concerns is critical to formulating proper responses.

Administrator Code of Ethics

If a healthcare administrator is a clinician, they should follow the code of ethics set forth by their respective profession first and foremost. Healthcare administrators also have their own code of ethics, which individuals can look toward for guidance. This code was created by the American College of Healthcare Executives (ACHE) and states that administrators have responsibilities to five key parties: the profession of healthcare leadership, patients and anyone else they serve, the organization by which they are employed, their subordinates, and the greater community/society they are part of.

This code of ethics is rather detailed, though the document highlights some of the same values throughout each section. These include fairness, equity, respect, honesty, and integrity, which should be followed in any and all professional activities. In addition, ACHE outlines several fundamental objectives that all tenets relate back to. These state that all healthcare leadership professionals must:

1. Enhance or maintain the dignity, well-being, and quality-of-life of each individual who seeks healthcare services.
2. Ensure an ethical workplace and ethical workspaces for all members of the healthcare workforce regardless of their role.
3. Create a safe, effective, accessible, equitable, and efficient healthcare system.
4. Conduct themselves in a manner that merits the respect, confidence, and trust of all parties (the general public, healthcare professionals, and their staff).
5. Lead lives that are reflective of an exemplary system of ethics and values.

As with many code of ethics documents, administrators cannot look to such information to delineate a clear plan of action for ethical dilemmas. In many cases, these documents may even be far too general to point them in the right direction, since many ethical dilemmas may place two values in conflict with one another or involve too many factors to show one clear path forward. However, administrators can use values and codes of ethics to begin discussions about ethical dilemmas – both reactive and anticipatory in nature. Such conversations can help executives determine their obligations to regulatory bodies, organizational hierarchy, and administrative duties. When referenced alongside agency goals and professional codes related to their discipline (if applicable), codes of ethics can be an excellent starting point in planning for next steps.

Section 1 Personal Reflection

In what ways might an OT's education allow them to affect change at the individual and community level when acting as a healthcare administrator?

Section 1 Key Words

Organizational problems - Concerns that are specific to employees and administration in a particular workplace; these are often isolated situations that have root causes in the larger organization

Systemic problems - Deep-rooted problems related to a system's mechanisms, such as policies, processes, and structural makeup; these require high-level transformation-based solutions

Section 2: Ethical Concerns Faced by Healthcare Administrators

References: 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24

In this section, we will discuss the main ethical concerns faced by healthcare administrators with greater detail. A large part of the detail for each dilemma will be regarding research as well as prompts that can guide administrators through the decision-making process.

Resource Allocation

Resource allocation concerns require executives to ensure all healthcare decisions and provisions are fair while still preserving a patient's right to treatment.

Resources refers to medical equipment (including treatment equipment and personal protective equipment), medical staff, and treatment spaces.

It is especially difficult when multiple resource allocation issues arise at once. For example, nearly every hospital administrator faced difficulties in these areas during the COVID-19 pandemic due to drastic changes in staffing and a sharp increase in need for services. The personal safety of healthcare professionals was often considered an afterthought, as many executives needed to choose between having staff provide treatment (continuing to focus on the bottom line) and caring for their frontline employees (protecting their safety). Many healthcare workers were stripped of their professional autonomy and were compelled to go to work – not only due to pressure from superiors but also a sense of obligation to care for those in what was considered greater need than they were. However, many providers were similarly in need during this time, facing burnout and unsafe working conditions. Some executives may still be dealing with the after effects of supply chain issues and staffing shortages affecting the healthcare industry.

When viewing resource allocation for an organization, administrators must think about:

- The distributive principles that are most reliable when rationing healthcare resources
- The relationship between cost-effectiveness and ethics regarding healthcare services
- How to view shortages that have arisen from age and disability discrimination
- The best way to approach rationing and pricing related to therapies in public organizations such as large health systems and private organizations such as independently-owned clinics
- The onus that may or may not be put on patients to take responsibility for their health amid resource allocation issues
- The reason that socioeconomic status and inequality comes up when discussing responsibility in healthcare
- How to create allocation policies on criteria such as urgency of medical need and amount of resources needed by each patient
- When in situations where there is a substantial lack of resources, consider giving priority to patients based on measures such as whose care will help them avoid premature death or drastically poor outcomes, then on patients who will experience the most significant change in quality-of-life.
- When resource allocation concerns are less critical, decisions should be made objectively and with transparency given to patients who may be denied resources.

Cultural Competence

Cultural competence presents a plethora of ethical dilemmas for administrators because all patients deserve access to care that is inclusive while still meeting their unique cultural needs. Healthcare administrators may encounter ethical dilemmas in this area in some of the following ways, such as when:

- Collecting data related to ethnicity, language preference, race, and religion
- Developing disease management programs that meet the needs of a large group of people
- Creating pipelines for diversity and minority populations
- Interacting with the community in any way
- Identifying and gathering analytics related to disparities

Balancing Organizational Achievement with Patient Outcomes

We alluded to this in the first section, as this is potentially one of the most glaring ethical dilemmas that administrators face. Executives must satisfy obligations to their superiors and the organization as a whole while still maintaining a focus on quality care, positive health outcomes, and patient satisfaction. This makes the decision-making process multifaceted and complex each step of the way.

Ethical Participation in Research

If healthcare administrators are employed at large hospitals, especially those considered teaching hospitals, they are likely to face ethical concerns pertaining to research. This creates far more dilemmas, including those related to:

- Choosing an inequitable or inappropriate study design

- Failing to follow benchmarking
- Failing to select proper placebos, shams, or controls
- Not adhering to the proper protocols related to study blinding
- Not ensuring heterogeneity
- Recruiting in an unethical manner
- Encouraging study adherence in an unethical manner
- Not adhering to study protocol consistently
- Not ensuring homogeneity in quantitative studies

Whistleblowing Reporting Channels and Protections

Healthcare administrators are especially crucial in the realm of whistleblowing, as they are expected to create reporting channels for whistleblowers along with protections for individuals who do report. The presence of reporting channels and protections is essential to a positive workplace culture and should be considered a centerpiece in ethical healthcare practice for managers. Healthcare administrators should ensure a good balance between their integrity and duty to protect patient safety as well as any professional repercussions that result from whistleblowing. It is important that administrators place patients and reporters in high esteem during this process, regardless of how they may personally be affected by it.

Health Equity

Administrators have a duty to remove barriers for patients to access quality care. They should do this by educating others around them as to the barriers that are present, helping redesign care in innovative ways, and to transform cultural

perspectives on health equity. One of the most common ethical dilemmas in this area involves not using a shared language to detail barriers, challenges, and root cause issues. This can create misunderstanding stemming from gaps in health literacy, which has a ripple effect through many populations. Another ethical concern is when administrators attempt to address health equity using innovative solutions but fail to utilize a community-centered approach. These are just some examples of how health equity is not as clear cut as it seems. Lewis et al. (2023) explains how important it is to identify and manage antecedents in order to address health equity. The most common antecedents include those related to economics, legislation (including law and politics), structural and societal concerns, research, technology, and environment. Administrators should include each of these in any assessments before they make a plan.

Confidentiality

While each healthcare professional has a duty to uphold patient confidentiality, healthcare administrators have a much larger role in enforcing the tenets of the Health Insurance Portability and Accountability Act (HIPAA). They must ensure that enough health information is shared so that professionals and other agencies can do their jobs while still following HIPAA regulations and keeping information safe. Ewuoso et al. (2021) found that healthcare professionals across the globe have the most concerns related to professional duty, communication, decision-making, and confidentiality. Given how many providers were surveyed as part of this study, it is especially telling that confidentiality made it on the list. If providers themselves are worried about confidentiality as they go about treating patients, it is understandable that it's also at the forefront of administrators' minds. Providers note that consultation, resolution, and disclosure/concealment are some of the most effective ways to deal with these ethical dilemmas, and each of those involve

superiors. Therefore, this is something that will affect the job of a healthcare administrator a great deal.

Patient Autonomy

At first glance, this may seem like an ethical dilemma more so seen by practicing clinicians. However, patient autonomy can present administrators with just as many problems depending on how the clinicians they supervise provide care. Patient autonomy may come into conflict with a therapist's judgment, which means it's just as important for providers to create a healthy balance between these two areas as it is for administrators to emphasize this balance. Healthcare clinicians certainly have a high degree of experience and knowledge to share with their patients, yet there are few circumstances during which it can supersede patient input.

Technology

The medical field is known for rapid technological advancements, most of which serve to benefit patients. However, it is essential that organizations adopt any new equipment, medical devices, treatments, and more with a watchful eye. In many cases, healthcare administrators are tasked with reviewing evidence, assessing risk, and making difficult decisions regarding the use of technology with their patients. Many ethical dilemmas can arise if administrators promote new or reportedly innovative modalities without adhering to best practices – both within their field and patient care as a whole.

Section 2 Personal Reflection

What are some examples of ethical dilemmas that may arise from failing to acknowledge a patient's ability to make decisions about their own care?

Section 2 Key Words

Distributive principles - Tenets that guide the fair administration of challenges, benefits, resources, and other factors within an organization or society

Teaching hospital - A hospital that is partnered with a medical school and provides on-the-job training to residents, fellows, and students within various healthcare professions in the form of clinical rotations and fieldworks; also known as an academic medical center

Section 3: Literature & Theoretical Foundations in Healthcare Administration Ethics

References: 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47

While there continues to be gaps in the literature on healthcare administration ethics, current research studies address both dilemmas and solutions in this area.

Education is widely regarded as a solution to some of healthcare's most difficult problems. However, dated evidence suggests that education may not be as effective of a solution for ethics. Even when paired with persistent observation of ethical care being provided in clinical settings, this solution will not completely bridge the gap between theory and practice. Three barriers were found to play an even bigger role in preventing administration-related dilemmas from being remedied. These include the clinical environment itself, personal characteristics of

each member of the healthcare team as well as personal traits of patients served, and organizational values attributed to the healthcare system. Such findings mimic the structure of some theoretical foundations used to guide OT practice, such as the Person-Environment-Occupation Model and the Model of Human Occupation (MOHO), which are both known to highlight intrinsic and extrinsic factors. This research shows how important it is for healthcare providers to have a deeper awareness of existing clinical issues in healthcare so they can improve the organizational atmosphere and culture.

There are, however, ways to structure ethics education so that it is more beneficial to all parties. A systematic review published by Andersson et al. (2022) explored how ethics education can be structured to properly build ethical competence. Administrators may be tasked with educating their employees on ethics in healthcare, so they should be aware of how to create the best materials possible. This can be done by creating the proper conditions for learning, such as allowing sufficient time for education, creating clear and realistic learning objectives, ensuring materials are inclusive and promote safety for learners, and creating a sense of trust between learners and course creators/administrators. Various design strategies including the use of theoretical foundations, relevant literature and technology, workshops, case studies, problem-based learning scenarios, simulations, role playing, storytelling, and small group discussions can all be utilized to meet learning needs. Lastly, administrators should encourage interaction with peers to properly discuss dilemmas, shared values, and experiences. This can also help providers build awareness of their own perceptions that may contribute to biases or prevent proper responses to ethical concerns. Many principles in this research reflect learning strategies therapists readily use in the rehabilitation process, which solidifies the importance of having clinicians in management and teaching positions.

We discussed earlier that a shared focus on profits may help administrators fulfill obligations to multiple stakeholders. However, a dated study found that an overt focus on profits in skilled nursing facilities contributed to even more ethical dilemmas, which trickled down to rehabilitation professionals. In particular, therapists reported being expected to provide quality care that is administered at the proper frequency according to organizational objectives. Due to an obvious conflict between these two ideologies, researchers posited that open discussions between providers and administrators can assist with balancing ethics without sacrificing organizational success. In addition, these authors suggest that shared accountability (with the help of responsibility frameworks) for meeting goals can help prevent ethical dilemmas from arising.

A dated study on ethics and shared decision-making within pediatric OT settings shed some light on the early stages of responding to an ethical dilemma. While this study primarily focused on clinicians and ethical dilemmas, the shared decision-making process is intended to loop superiors, colleagues, and other parties into the response phase. Researchers note that proper identification and information sharing are both important to determining ethical risk. In addition, the timeliness and manner in which information is shared has a large effect on collaboration and understanding. This highlights the importance of having involved managers who are in tune with the needs of the therapists who work under their supervision. If an administrator is burned out or doesn't have the availability to help therapists in need, this can affect their ability to respond to clinicians in the midst of ethical dilemmas. This may also negatively impact their professional relationship, as even one instance of non-response can prevent a therapist from reaching out to their supervisor in the future, which can impact their ability to respond to subsequent dilemmas and so on.

More recent research from Made Nopita Wati et al. (2023) looked into nurse leaders and ethical dilemmas they may face. The most common challenges that

nursing administrators faced were trust issues, a lack of ethics training (as well as a lack of reflection about ethical dilemmas), and seniority. These researchers felt that negative working conditions – which are present in many healthcare settings – have the potential to increase unethical behavior and compromise patient safety. Administrators are even more so responsible for remedying issues related to seniority since that falls so closely within their purview and cannot be addressed by clinicians. These implications can carry over to administrators with any background, though executives who are also clinicians can use their knowledge of group dynamics and skills such as therapeutic use of self to assist with conflict resolution.

A dated but very relevant study explored how ethical leadership within healthcare organizations affected the work attitudes of employees and similar job-related outcomes. This study looked into both public and private organizations with results showing that ethical leadership was significantly positively correlated to job satisfaction. A similarly strong positive correlation was found between ethical leadership and affective commitment. Results also showed that ethical leadership was significantly negatively correlated with burnout, meaning employees demonstrated lower levels of burnout if they were supervised and led in an ethical way. These researchers also looked into protective factors that helped manage burnout within hospital executives who practiced ethical leadership. Such factors included emotional stability and frustration tolerance, which are important skills for anyone in person-facing roles to possess. This study speaks volumes about the positive impact of healthcare executives who display strong socioemotional skills.

Ethics is important in all areas of healthcare, though it may seem especially at the forefront in complex specialties. Balak et al. (2022) discussed the importance of ethical hospital administration when providing education in one such speciality: neurosurgery. Neurosurgery shares several common links to neurological rehab administered by PTs, OTs, and SLPs, meaning it is highly dependent on technology

and can be one of the most demanding specialties for these therapists. Therefore, professionalism, safety, and a strong sense of ethical practice are critical to health outcomes. Balak et al. notes that it is just as important for health systems and organizations to demonstrate strong moral practices as it is for neurological rehabilitation therapists to. This shared responsibility of sorts is essential because all decisions within healthcare organizations have an impact on ethical healthcare as a whole. Ethical healthcare, in turn, affects the ability to care for an aging population, manage staffing and supply shortages, properly respond to a growing need for chronic care management, and stay up to date on technological advancements. Ethical practices in healthcare will then ripple throughout the medical field as well as into other areas of society such as government policy and medical education. This shows that, while complex areas of the healthcare industry may seem to operate independently, they intersect with other healthcare specialties and other industries just the same.

Robotics and artificial intelligence are other complex subsets of healthcare, which are both being researched with greater frequency these days. Elendu et al. (2023) conducted a narrative review that discussed well-known ethical and technological concerns in these areas, such as data security and privacy. This review also discussed the importance of various forms of encryption and responsible data sharing and storage to ensure patient confidentiality. Results also explored more nuanced issues such as algorithmic biases and the need for transparency among all decision-making involving artificial intelligence. Responsibility frameworks play a large role in this process in order to assist with trust building. With such a rapid rate of change in these technological areas, ethical guidelines must be updated continually and readily accessible to all stakeholders. Artificial intelligence also stands to further widen the gaps in care access for certain underserved populations such as those in rural areas, patients with low health literacy levels, and those of a low socioeconomic status. This is something administrators should

be particularly mindful of, as it is within their power to develop and advocate for fair practices in technology implementation within their organization. This, in turn, helps set the precedent for other organizations doing the same and can have even more widespread effects.

Bhati et al. (2023) performed a comprehensive review looking into how effective (and ethical) hospital administration can improve patient outcomes. These researchers highlighted how complex hospital leadership can be, which creates a need for patient-centered care and interdisciplinary collaboration to assist with bolstering outcomes. Another area of need is data-driven measurement and benchmarking to monitor quality improvement. Bhati emphasized how efforts on both ends of the continuum can help healthcare executives achieve a balance between the two often opposing constructs: quality care and profits. These initiatives can be furthered by healthcare leaders and policymakers alike teaming up to make several priority moves. These areas were identified as making sound investments in technology, creating and promoting capable administrators within healthcare organizations, enhancing value-based care measures, and continually identifying and addressing disparities that impact care.

Organizational change is another topic that often comes up when discussing ethics – both within and outside of healthcare. A dated study discussed the ethics of organizational change in healthcare and posited a modified definition to assist with achieving objectives. Since healthcare continually presents decisions that are often grave in nature, it is important to deepen the definition of this specialty in order to properly identify fields of application that can assist with learning about and teaching ethics. There is a close link between ethical choice in healthcare organizations and legality just as there is a close link between the prevention of corruption and transparency. These researchers also highlighted the importance of a strong supervisory and evaluation system to assist with making ethical decisions as well as a culture of ethical organizational choices made by health

managers. These areas of focus should give way to a more solid identity and sense of belonging within one's healthcare organization.

Lastly, a dated study in the UK compared the type of ethical dilemmas experienced by PTs and OTs. Results showed that just under half of the OTs who experienced ethical dilemmas experienced these concerns while working in mental health settings. Therefore, therapists in these settings may need additional support from healthcare administrators. OTs noted that the most frequent dilemma arose from staff acting unprofessionally and having to manage dangerous or difficult behaviors from patients. PTs reported difficulties related to treatment effectiveness and a scarcity of resources. However, due to the similarity in job duties, it's very possible that OTs would experience some of the same dilemmas as PTs in physical rehabilitation settings. In addition, resource limitation could also have played a part in OTs' difficulty responding to patient behaviors in terms of a lack of proper staffing, absence of mentors/admin to assist, etc. In addition to facing their own ethical concerns, administrators should have an understanding of the issues their clinicians face across all practice settings in order to properly lead a team.

Theoretical Foundations in Healthcare Administration Ethics

There are many theoretical foundations that can be used to guide the ethical practice of healthcare administration. One of the chief models is the Bioethics Model, which closely coincides with a framework called Principlism. This is one of the most widely used models – and for good reason. The Bioethics Model is based on four main principles: justice, autonomy, beneficence, and non-maleficence. If you recall from the first section, these are some of the hallmark values identified as being crucial to a healthcare administrator's job.

The Four Box Method is another useful tool that helps bring clarity to ethical concerns in this specialty. This method involves looking at four key areas when attempting to resolve an ethical concern: the desires of the patient, medical indications, context, and quality-of-life. In determining the patient's preferences in a situation, administrators should explore their wishes, goals, and values. Occupational therapy administrators are particularly well-positioned to do this, as these all fall under the scope of an occupational profile. Administrators with an OT background should be well-equipped to do this as well as to educate others who do not have the same training. Administrators should explore the evidence-based treatments and other relevant facts about the patient's condition in order to understand medical indications that may warrant a certain decision. Contextual factors – both large and small – can affect ethical dilemmas and should be assessed. Lastly, administrators and clinicians should refrain from making any assumptions about a patient's quality-of-life, as this concept is highly subjective and can change over time. Anyone exploring a certain situation should weigh the impact of the medical indications we just discussed on someone's quality-of-life.

Another framework that can guide a healthcare administrator in responding to ethical scenarios is the **Care Ethics** model. This model emphasizes the interdependence between relationships, care, and empathy and how they may create vulnerability in certain individuals, especially those seeking healthcare services. The main hallmark of this model is that it was developed as a feminist alternative to other ethical models, which were largely created and promoted by men. Because this model is so essential for individual well-being, it is often used in conjunction with other ethical models because it helps someone in an ethical dilemma keep a person-centered view on the choices they make. According to this model:

- Right versus wrong and good versus bad are both determined by whether or not an action supports care for others and forming bonds with others.

- A person's actions should support any vulnerable population as well as those in immediate need, e.g. women, children, those who are acutely ill, and those with chronic disabilities.
- A person in an ethical dilemma should be able to articulate how a particular action (e.g. a potential solution to an ethical dilemma) supports others and any relevant consequences that may emerge if they don't care for a certain person or choose to care for someone else (someone in less need such as themselves or other healthcare administrators) instead.

The **Virtue Ethics** model has a similar focus, as this approach centers on the character of the moral agent and encourages the cultivation of various virtues such as integrity, honesty, and compassion. This model says that someone should use such virtues to guide the decision-making process and influence their behavior. According to this model:

- Right versus wrong and good versus bad are both determined by whether or not a particular action embodies traits that are culturally recognized as 'good' or 'bad.' These include courage, bravery, and justice, among others, and the creators of this model posit that selections in these categories can lead to a greater or lesser realization of potential.
- A person's actions are reflective of either good or bad character, which they then embody in behaviors and habits that last beyond the time they are put into action.
- There is a strong cultural component here, as various cultures view virtues and vices differently. Cultural awareness and competence plays a major role in ethics, so this model can prompt someone to keep this in mind. Culture should also be taken into consideration when viewing the consequences of

one's actions in that these actions may affect individuals and cultures as a whole.

Egoism is another model that emphasizes the self and its own needs. According to this model:

- Right versus wrong and good versus bad are both determined based on whether or not a certain action satisfies the desires and meets the needs of the person placed in a certain situation. The self-interest of the person who is carrying out the action, weighing a certain action, and will ultimately be affected by the action in some way is at the center of Egoism.
- The best action is the one that most realizes a person's self-interest. While this seems like a rather insensitive guideline to follow in an industry that involves service to others, this self-interest tends to take the forefront in a capitalist economy. Therefore, this model is apt in helping healthcare administrators fulfill certain business-related job duties.
- One of the best ways to ethically use Egoism in healthcare administration is by exploring slightly modified concepts, such as enlightened and rationalized self-interest. These still emphasize self-interest, though they have a roundabout way of still focusing on patients. In addition, Egoism can be paired with Care Ethics and similar models for further guidance.

Deontology is a theory that focuses on duties and obligations. This theory emphasizes that actions should be judged based on whether or not they comply with a certain set of moral duties or rules. This judgment should be objective and not take consequences into consideration. Individuals using deontology should ensure they use reason or healthy common sense to engage in the discovery process for duties. As such, there are now deontology variations that lead

someone through using reasoning and common sense for these purposes.

According to this model:

- Right versus wrong and good versus bad are both determined based on whether or not someone's actions conform to a sense of rational duty. These duties can be fulfilled toward oneself or others around them.
- The best action is the one that allows someone to fulfill a general sense of duty with complete consideration given to its morality and not any consequences that may result.
- It is not enough to simply identify the duties that have been ascribed to a particular person as part of this theory. Someone using deontology must instead be able to think of the duties in a more general sense. This allows a person in an ethical dilemma to explain how any given course of action would relate to or interfere with the general duty (aside from the person).

As its name suggests, **Utilitarianism** is a theory that places a strong emphasis on how much good is impacting a large number of people. From a healthcare lens, this theory focuses on maximizing positive outcomes (for as many as possible) and/or minimizing negative outcomes (for as many as possible). One person's pleasure and pain hold as much weight as the next person's, so there is no favor given to those in power. This is especially salient in healthcare administration, as it helps prevent superiors, executives, and related parties from experiencing favoritism in the cost of care for others. According to this model:

- Right versus wrong and good versus bad are both determined based on whether or not the action in question produces the highest amount of happiness and pleasure for the greatest number of people. In order to achieve an appropriate answer, individuals must weigh overall pleasure and pain for all groups or individuals who stand to be impacted by the action(s).

In the process of this calculation, it is also acceptable to give consideration to what action removes the most amount of pain for the greatest number of people.

- The best action is the one that is the most moral, or the one that produces the most good for the greatest number of people.
- By using Utilitarianism to gauge ethical dilemmas in healthcare administration, individuals can achieve a more balanced view than they would with other models such as Egoism, since this places the good of the many ahead of the good of the few. However, Utilitarianism tends to use a quantitative lens rather than a more personal qualitative approach that would likely weigh the severity of needs, quality of care needed, and similar factors.

Contractualism is one of the last major theories used to guide healthcare administrators in an ethical way. This theory is often used in political philosophy, as it tends to view situations from more of a regulatory and transactional lens. This theory suggests that ethical rules are those that multiple parties would consent to if given a supposed social contract. A contract such as this would require all parties to agree upon certain terms that were developed with equity in mind. According to this model:

- Right versus wrong and good versus bad are both determined based on whether or not an action can be justified by making reference to a certain principle that anyone could reasonably understand. An action is considered wrong if the principle that someone uses to support it is rejected by someone else. This can easily happen if someone judging the action is interested in finding a principle to regulate someone's behavior.

- The best action is the one decided on through shared reasoning and a mutual agreement that the action coincides with a hypothetical social contract. If the person who implements the action can justify their reasoning to others, the action is considered justifiable.
- Reasoning and motivations behind someone's actions are considered almost as important as the actions themselves. This leads Contractualism to be seen as more balanced compared to some other theories such as Utilitarianism. In healthcare administration, however, this model may not be sufficient on its own as it doesn't weigh the safety of others, especially those who are vulnerable or lack advocacy skills to question the actions of those intended to help them.

Section 3 Personal Reflection

What type of involvement might an occupational therapist supervisor have in responsibility frameworks at their healthcare organization?

Section 3 Key Words

Affective commitment - The sense of attachment and identification/relation an employee feels to the organization where they work; affective commitment is associated with feelings of loyalty, dedication, and belonging that stem from an emotional connection to an organization's mission, values, goals, and leadership

Algorithmic bias - A machine learning concept that involves software committing continual errors that are systematic in nature and cause discriminatory or inequitable outcomes that target specific groups of people; algorithmic bias can contribute to societal inequalities on a much larger scale

Enlightened self-interest - Actions that help others, which eventually also serve your own self-interest in the long term, making the actions mutually beneficial

Moral agent - Anyone who has the capacity to view the world in terms of what is right and what is wrong and is also able to act in a way that reflects that understanding

Rationalized self-interest - When someone uses logic and reason to make an action-based decision that ultimately benefits themselves; actions are driven by personal goal achievement and a desire to maximize one's own welfare, which is not always selfish as it's possible to find someone with complementary interests and make an even exchange of sorts

Reasonable rejection - The idea that any given action is morally wrong if the acting party cannot find a principle that supports it or another party feels the action conflicts with their self-interest

Responsibility framework - A structure that designates certain responsibilities (often shared) to various parties; within healthcare, responsibility frameworks focus on accountability for health outcomes, which is shared across organizations (such as the Center for Medicare and Medicaid Services), healthcare providers, and patients

Section 4: Strategies for Ethical Healthcare Leadership

References: 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64

There are many strategies (most high-level) that assist with ethically leading in a healthcare administrator role. The majority of these are not simple one-off techniques to implement, rather they will require a long-term commitment and consistency. As such, leaders do not usually see results immediately. However,

administrators who thoughtfully implement several of the below strategies are likely to see lasting organizational change and more positive responses to ethical dilemmas:

- Create more detailed, impactful mission statements and value statements for your organization, as this relays the ethical stance of the agency to all relevant parties.
- Set expectations for all staff related to professional behavior and ethical decision-making, which serves as a real-time demonstration of your commitment to ethical practice.
- Continually provide learning opportunities including but not limited to educational programming and reference materials available to members of the general public, employees, and stakeholders.
 - For maximum impact on all learners, materials should discuss ethical standards set forth by the organization along with larger ethical issues in the industry. This not only serves to position your organization as trustworthy but also allows you to be seen as a thought leader and subject matter expert in the area of ethical practice.
 - Some examples of important topics to cover include health equity, artificial intelligence, cultural sensitivity and competence, patient confidentiality, medical research, emerging technologies, professional use of social media, surrogate decision-makers for patients, the supervision of student health professionals, and navigating conflicts of interest. It's important for administrators to stay informed of new topics that may increase in priority as time goes on.

- Produce a workplace culture that not only fosters ethical practice in clinical practices but also administrative practices. It is important to ensure each of these practices is rooted in ethical decision-making as well as the organization's core values, mission, and objectives.
- Implement safeguards that protect patients and healthcare staff alike from power imbalances, biases, and other negative effects that may result from poor decision-making by other administrators. It is a healthcare executive's duty to take various interests and perspectives into account when creating these safeguards in order to contribute to equity.
- Develop and administer mechanisms that address organizational and clinical ethics concerns. Plan for the proper use of organizational resources to assist in implementing these mechanisms. Both of these action steps should include qualified professionals from various backgrounds, disciplines, and perspectives.
- Complete a thorough analysis of your healthcare system's organizational culture. This can help executives identify and correct gaps in ethical practice. This is sound advice to follow when an administrator first assumes a role at a new organization, but can also apply to other times within their tenure. For example, ethical gaps may become more glaring or mission critical during times of organizational restructuring, mergers, and acquisitions. Therefore, executives have a duty to guide their department as best they can during such times.
 - The data from such an analysis will continue to prove useful beyond periods of mass change, so healthcare administrators are well-served to complete them whenever they see fit.

- The next step after identifying gaps is to build a stable infrastructure related to ethical responses. This infrastructure should be implemented in all of the organization's departments with modifications as needed to ensure it is as helpful as possible. Administrators can only make these modifications by gaining a deep understanding of the unique duties, skills, and needs presented in each department, so this step should take time to be effective.
- Take business classes, seminars, and other learning experiences surrounding organizational ethics. This will be helpful for any healthcare administrator, regardless of their background, as it pertains directly to their job duties.
- Engage in self-directed learning to complement any formal learning experiences. This most commonly takes the form of reading journals, books, articles, and more on the topics of organizational structure, ethics, and business. However, administrators are also encouraged to take advantage of any other unique opportunities they come across.
- View the standard decision-making process as part of their job (which they usually engage in multiple times each day) as an ethical issue waiting to be explored. Use this as a learning opportunity to gain a greater understanding of how certain decisions may lead to the development of ethical concerns or may worsen existing ethical concerns. When creating learning materials for employees, administrators can use some of these examples as case studies.
- Adopt the belief that ethics will override law in all forms of executive decision-making. Administrators can put this into practice by reflecting this belief in all of the actions they take.

- Healthcare administrators who are involved in research should explore medical humanities topics through their studies to widen the base of literature in this area. The same goes for administrators in academic roles, as they should incorporate medical humanities education in their curricula regardless of the capacity in which they teach. This will more sufficiently prepare students in all healthcare disciplines to understand and handle ethical dilemmas. This will undoubtedly have a ripple effect on the healthcare executives of the future, as many of those clinicians will enter leadership roles at some point in their careers.
- When organizations take on population health development projects, they should ensure administrators with a clinical background are closely involved in the process. If administrator-clinicians are not involved at the ground level (specifically during the design and administration phases), executives should advocate for their participation, emphasize their background and knowledge, and convey exactly how their expertise can make the project successful. This not only helps preserve the general public's trust in various health professions, but also sets the tone to create accessible and appropriate preventive care approaches for all demographics.
- Utilize Rawlsian concepts when viewing inequalities within your organization and society as a whole. Rawls states that any obligations and essential rights in a society should be derived from a notion of fairness for disadvantaged groups. This is done by addressing inequalities exclusively in a way that benefits those that are most vulnerable or least fortunate. This often includes individuals of a low socioeconomic status, children, women, and older adults considered frail. Executives can then use these individuals as a benchmark to follow when they develop policies.

- Healthcare executives should be transparent about how accountability and professional responsibility are approached in their organization.
 - Many providers look at professional responsibility as an ethical dilemma in and of itself because there is such ambiguity about exactly *which* professional's responsibility it is. Professional responsibility is an ongoing balance between all providers (viewed as members of a team) that consists of internal pressure and external obligations such as effectively addressing social issues, maintaining provider competency within your given field, and displaying the proper amount of professional autonomy.
 - Research commonly addresses the importance of professional autonomy (and recognition of this autonomy) in all levels of practice – perhaps most importantly at the executive level. Autonomy allows therapists to manage a sometimes overwhelming burden of professional responsibilities.
- Recognize that population health approaches are not the most ideal for every patient all the time. However, this seems rather counterintuitive, as there has been a greater emphasis on preventive care in recent years. Executives should recognize that this will likely create some tension between disciplines who focus on prevention in varying degrees. Providers and executives can best navigate this issue by ensuring they advocate for the patient's best interest at all times using the core values set forth by their profession.
- Look toward mentors in healthcare leadership for guidance. Learn from their words as well as their mistakes, as this can help with both navigating ethical dilemmas and conducting oneself professionally.

Section 4 Personal Reflection

What type of learning opportunities are the most effective for healthcare professionals entering leadership roles? Which of these opportunities do you feel would be best for you if you entered such a position?

Section 4 Key Words

Population health - The overall well-being of a large group of individuals; population health is frequently defined by shared characteristics such as location, gender, diagnoses, socioeconomic status, education level, etc., which helps determine a range of essential health outcomes and structure health programming

Section 5: Case Study #1

An SLP is working in the role of operations manager at a privately owned clinic in a rural area. She has been the operations manager for 6 months, though she has over 15 years of experience as a clinician. The clinic recently experienced a surge of new referrals – so much that they now have an 8-month waiting list.

The operations manager was recently tasked with hiring four new therapists to help meet this demand. Hiring usually falls to the clinic's owner, but she is giving this responsibility to the manager due to some personal matters that have temporarily taken her away from work. The manager and the owner have a fair working relationship, but this has become more strained since the owner began pressuring the manager to “get therapists in as quickly as possible... no matter what it takes.”

The manager completed the first round of interviews with 3 therapists. The manager didn't think any of the candidates made a strong first impression and

they all lacked experience in addressing rural health needs. However, she called references for each of them to help her decide where to go next. The references for all three therapists gave poor reports for their respective applicants. After making the last phone call, the operations manager relayed her honest impression to the owner: that she believed none of the applicants would do well in this particular clinic. The owner made several threats to the manager in the event she didn't hire all of these therapists, making her even more uneasy about the situation.

1. What type of ethical dilemma(s) are present in this scenario?
2. What is the best course of action for the operations manager to take in this case?

Section 6: Case Study #1 Review

This section will review the case studies that were previously presented. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. What type of ethical dilemma(s) are present in this scenario?

There is a clear demonstration of resource allocation issues present, as this rural clinic doesn't have the staffing needed to treat all of the patients who have sought care. In addition, there is pressure from the owner to place profits above quality care.

2. What is the best course of action for the operations manager to take in this case?

The operations manager's initial feeling is appropriate, as she believed it was not a good choice to hire someone who wasn't a good fit for the role. The best course of action would be to assert this judgment to the owner. If the owner maintains that the manager must hire someone, she can explain that she is happy to continue the search but she doesn't feel the present applicants are appropriate. This allows her to demonstrate her commitment to helping the clinic and fulfilling her job duties while still relaying her stance on the situation at that moment. If the owner is not satisfied with this answer, the manager can kindly, succinctly request that the owner take over the hiring process. This demonstrates that the manager is not comfortable making decisions that she can't stand behind. These outlined actions not only show the integrity of the manager, but also express her tact in dealing with difficult situations.

Section 7: Case Study #2

An OT is the director of rehabilitation at a skilled nursing facility. Over the past 2 weeks, the county that the SNF is in has experienced a sharp increase in respiratory syncytial virus (RSV) cases. This particular facility offers rehab to a lot of medically fragile older adults, so they are seeing a lot of cases in their short-term residents. Their referrals have gone up 40% due to receiving new admissions who were recently discharged from the hospital and need to build up strength before going home. In addition, their professional workload has increased even more due to the process of donning/doffing personal protective equipment and taking extra precautions to limit the spread. The facility's regularly staffed therapists only cover referrals for short-term residents. The facility also houses long-term residents, though they are in a different building located across town. Due to being in a large city, it is not feasible for therapists to commute there throughout the week to cover those residents. Therefore, the facility has an

arrangement with a local home health agency to send outside therapists to provide rehabilitation services for long-term residents when needed.

After the onset of the RSV outbreak, the home health agency informed the SNF they would not be able to cover the long-term residents until cases are lower in the area. There are currently 2 long-term residents waiting to be seen by OT and PT, and another 2 referrals are coming down the pipeline. The two parts of the SNF are in different buildings and they are fortunate to have no cases in staff or long-term residents in that part of the campus. The director of rehabilitation has been asked to send their therapists to that campus to cover the referrals.

1. What ethical dilemma might this director of rehabilitation be faced with as a result of this request?
2. What is the best plan of action for this director of rehabilitation to take?
3. What strategies might assist with managing referrals in a time of need such as this one?

Section 8: Case Study #2 Review

This section will review the case studies that were previously presented.

Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. What ethical dilemma might this director of rehabilitation be faced with as a result of this request?

This director appears to be experiencing an ethical dilemma related to patient safety and resource allocation. The therapists who cover the short-term residents are overtaxed due to the extra work these RSV cases are bringing them, so it will be difficult to ask them to also take on long-term

resident referrals. In addition, having their therapists cover both parts of campus increases the risk of exposing long-term residents to RSV.

2. What are some potential plans of action for this director of rehabilitation to take?

The director of rehabilitation cannot justify denying these long-term residents care, as it is their right to receive those services. However, the director must still keep their safety in mind. The director should explore solutions that keep both of these tenets in mind. There is the possibility of his therapists performing telehealth visits with the long-term residents while a nursing assistant or other provider assists. In addition, the therapist can provide training to the professional present during this visit to help ensure the patient comprehends and is compliant. Another option is for the director of rehabilitation to reach out to other home health agencies in the area to see if he can find other coverage for this building. Lastly, the director of rehabilitation can send one therapist there two full days per week to treat the patients.

3. What strategies might assist with managing referrals in a time of need such as this one?

Strategies to assist with triaging can help in this situation. For example, this resource allocation issue is likely less significant than those that occurred to COVID-19 and other more severe acute illnesses. Therefore, decisions should be made on the basis of objective measures. In the event some patients are not able to receive care, the director should be transparent with them about why that is the case and inform them the department is doing all they can to remedy the issue.

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