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ETHICAL DILEMMAS AND ETHICAL CLIMATE IN HEALTH ORGANISATIONS: A STUDY OF HEALTH MANAGERS

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ETHICAL DILEMMAS AND ETHICAL CLIMATE IN HEALTH ORGANISATIONS: A STUDY OF HEALTH MANAGERS

Abstract:

After many years of reforms of institutional governance and personnel management, health executives face ethical dilemmas increasingly often. How can they reconcile clinical ethics, related to patient care, with business ethics? This article identifies the ethical dilemmas faced by health managers and proposes ways of improving the situation. The qualitative study of 34 health managers identifies 20 ethical dilemmas related to the institution, management, and patient or doctor relationships, showing the complexity of ethical decision-making involved. Health organizations have to propose solutions to help executives manage ethical conflicts. Establishing ethical codes, and particularly a compassionate ethical climate, and training caregivers in narrative ethics and meaning building, are two possible managerial solutions to this problem.

Keywords: Ethics, Ethical Dilemma, Public Health, Caregivers, Ethical Climate

Health organisations, particularly those providing healthcare (public hospitals, private clinics, etc.), have undergone important transformations in recent decades. The numerous reforms affecting their governance and finances have had direct consequences on the management of hospital staff, since the aim has been to improve efficiency and performance. But can these public health organisations have the same objectives as for-profit organisations, given that their primary mission is to take care of patients, consider their wellbeing, and respect them as individuals? This raises the question of the relationship between clinical ethics - defined as patient care by professionals and the study of often complex care situations that require interdisciplinary concertation (Jacquemin et al., 2003) - and organisational ethics. We have to determine the best type of management to implement in the face of these ethical issues, and the possibility of incorporating ethics into the organisation and its HRM. Very often, care teams face ethical dilemmas: as intermediaries between the hospital's management and the patients, they must resolve sometimes contradictory demands for efficacy and efficiency on one hand, and complex human situations on the other. The objective of this article is to show the importance of creating an ethical climate in health organisations to limit the ethical dilemmas faced by care workers. In the first section, we review the integration of ethics in health organisations and define the notions of ethics and ethical dilemmas. The second section presents the scenario method we used and the results of our qualitative study of the ethical dilemmas faced by 35 health managers in public establishments. In the final section, we discuss the managerial implications of these findings and propose solutions.

I- ETHICS IN HEALTH ORGANISATIONS

Discussions of ethics in health organisations have mostly focused on bioethical issues and clinical ethics. Indeed, the various ethical issues raised by different practices in health

establishments can involve the removal of organs, tissue, and cells, the voluntary termination of pregnancy, biomedical research, etc. Very often, the legislation regulating health organisations covers the ethical problems that they encounter. Faced with important ethical issues, organisations implement HR practices that formalise ethical managerial conduct via social audits, for example: *“the aim is more precisely to check whether the standards and values are properly inscribed in the behavioural script of the leaders, particularly with regard to decision-making”* (Tahssain-Gay & Cherré, 2012, p. 15). However, incorporating ethics into health organisations very often means focussing on clinical ethics.

1. Clinical ethics: at the heart of carer concerns

Fletcher (1976) introduced the concept of clinical ethics into the health sector, to identify ethical problems related to care and medical practice. The idea is to judge each situation individually, and so to take the best decision (Jacquemin et al, 2003). Such complex care situations can be discussed in interdisciplinary teams to analyse what happens in each situation. The values of responsibility, respect, autonomy, dignity, and hospitality are at the heart of clinical ethics¹. Fletcher (1976) stresses that it enables professionals to provide people with the best possible care, and that professionals must use it as a tool to reflect on, analyse, and improve their care practices. Consequently, it is necessary to consider the best way for professionals to introduce clinical ethics into hospitals, because it is important to train them in decision-making and ethical reasoning (op. cit.).

Clinical ethics develops above all through discussions between professionals and must be a means to make the best possible decisions in any given situation. It can also reveal the individual responsibility of the carer and the patient, and encourages professionals to focus their attention on their patients. However, its implementation raises several problems

¹ Hardy T. (2007) “L’hôpital en marche vers une éthique de tous les métiers?”, *Recherche en soins infirmiers*, ARSI, no. 90, September 95-101.

(Jacquemin et al., 2003): conflicts within teams can prevent them taking charge of patients; other difficulties are linked to resources, health policy, the unavailability of staff, and the representations and expectations that carers may have of the ethicist. Indeed, the ethicist can guide and support health personnel, but cannot provide the solution. Finally, the notion of carer suffering can sometimes arise in ethical discussions, raising important issues. But resources and time are also necessary to take the right decisions, together with a precise location where these meetings can take place (Segers-Laurent, 2015). The question arising will be as follows. *“How can we best act, in the time given to us, given what we are and why we are here in this institution, given who the patients are, their families, their expectations, and who our colleagues are and their expectations, and finally, given the limits of the skills each of us has?”* (op. cit., p. 9).

Thus, clinical ethics consists in reviewing situations in order to analyse practices and experience. It consists of considering the different possible scenarios to understand how professionals take decisions. This initiative is not mandatory but emerges from needs and demands (Jacquemin et al, 2003). Managers must take ethical decisions, but depending on the situation, they find themselves facing ethical dilemmas.

2. Ethical dilemmas faced by health personnel

Different authors have defined the ethical dilemma in management *“as a problem, a situation, or an opportunity that obliges people to choose between several poor solutions or unethical decisions”* (Tahssain-Gay & Cherré, 2012, p.19). Each employee in a firm faces different ethical dilemmas with more or less important implications depending on their position. In such cases, they must choose between what is fair or unfair, and very often to choose between two unsatisfactory solutions. Langlois (2005, p. 15) explains, *“the ethical dilemma is an issue that creates tensions and contradictions in the individual’s thought*

processes". Moreover, Girard (2007) stresses that the ethical dilemma is a complex situation, and that ethical codes cannot solve everything, which means that the best decision is not always clear, and this creates an ethical conflict. This occurs when people perceive that their duties towards one group as incompatible with their duties towards another group (Chonko et al., 1996). They interviewed marketing specialists, who revealed that in 70% of cases, 4 major conflicts of interest occur: between the company, the client, oneself, and subordinates.

Every individual does not see the solution to an ethical dilemma identically. *"Some might think that dilemmas are only difficult situations that can be solved using rational management methods. Banal situations can however become catastrophic in human terms. Managers cannot always recognise the ambiguity or moral danger present in a situation"* (Tahssain-Gay & Cherré, 2012, p. 19). Ethical dilemmas are complex in their diversity and can be encountered in many different situations: organisational, human, technical, information, communication, etc. They are always linked to the context and depend on the experience of those involved (op. cit.). Langlois (2008, p. 37) specifies that dilemmas *"trigger an exploration of the axiological dimensions confronting each other (conflict between personal, professional, or organisational values)"*. The result is generally a complex, demanding choice to make. Health personnel face such dilemmas more often than others do: in palliative care situations, *"decision-making is difficult and raises questions in care teams about the content of their mission"* (Gagnou-Savatier, 2018, p. 95).

3. Integrating ethics in health organisations: the role of the ethical climate

Etymologically, the term "ethics" comes from the Greek *ethos*, whose first meaning was "the inhabited place" and then "the place where one lives". Originally, *ethos* was associated with behaviour aligned not only with morals but also with norms, traditions, and the law (Lavorata, 2007). The term is often assimilated to morals, which in fact refer to the rules of society,

leading some authors to distinguish between the two terms (Comte-Sponville, 1994): ethics lie in the individual domain, while morals are considered universal. This distinction between ethics and morals is indeed generally accepted, because it clarifies the two concepts, as underlined by Crane and Matten (2004). Consequently, we retain the definition of Lavorata et al. (2005, p. 8) for whom “*ethics is the search for good living and good actions based on an individual disposition to act consistently in favour of others*”. If ethics has an individual dimension, can it be incorporated into business life, and if so, how can it be described?

Some authors consider it impossible to speak of business ethics, because, by its nature, the firm is an artificial entity that cannot have moral responsibility, and the individuals within it contribute to its ethicality. Others, on the contrary, define organisational ethics as “*the way the firm incorporates its core values into its policies, practices, and decision-making processes*” (Mercier, 2014, p. 6). Crane and Matten (2004) stress that the firm has its own moral responsibility, which influences the decisions of its employees. Ethics can be formalised when organisations implement ethical codes to define its employees’ ethical practices and behaviours. *The existence of these deontological markers encourages ethical behaviour and guarantees the predictability of people’s conduct. The fact that the members of an enterprise respect and align with shared references strengthens the reliability of their behaviour and legitimises the decisions taken*” (Chouaib et al., 2012, p .66).

One can also develop ethics further by promoting an ethical climate, which is defined by Victor and Cullen (1988, p. 101) “*as a predominant perception by employees of the company’s practices and procedures that have an ethical component.*” The concept involves both formal ethical practices such as ethical codes (formal ethics) and the value system established in firms (informal ethics) (Lavorata, 2007). Consequently, scholars agree that the ethical climate facilitates the definition of the company’s ethics (Victor & Cullen, 1988, Lavorata, 2007, Mercier, 2014). The ethical climate is also the responsibility of a leader and a

team, and it is co-constructed in a way that is only possible if the leader transmits positive qualities to those around him/her (Dupuis, 2014). Some authors (Chouaib et al, 2012) have used the work of Victor and Cullen (1988) to identify three types of ethical climate. A self-centred climate, focused on personal interest, is the manifestation of a lack of ethics, and creates a lack of personal trust. A benevolent climate based on shared values, promotes collective wellbeing and commitment to the organisation. The deontological climate “*aims to bring members’ behaviour in line with the intentions of the management and to ensure the firm’s continuing alignment with predetermined ethical principles*” (op. cit., p. 66) and assumes trust between members.

II- A STUDY OF HEALTH PROFESSIONALS

To identify the ethical dilemmas faced by health personnel and the conflicts between their different roles, we conducted a qualitative study of 35 health managers, between December 2018 and March 2019. We conducted an initial exploratory study of 10 health managers in December 2018, interviewing them by email, with two key questions: can you describe a managerial situation that raised an ethical problem for you? What ethical questions did this situation raise? As one of the research team is a health manager, his personal relationship with the interviewees gave him substantial freedom in his questioning. We then conducted a second qualitative study of 25 health managers (7 men and 18 women) in the French regions *Grand-Est* and *Hauts de France* between 18 February 2019 and 1st March 2019. We conducted 18 telephone interviews followed by seven face-to-face interviews. The managers work in different fields in public establishments: surgery, medicine, operating theatres, mental health, aftercare and rehabilitation, retirement homes, and nursing homes. We added 3 new questions to the initial interview guide: What problem did you encounter in this situation? How did you respond to it? How did the institution or management respond to it? We

transcribed the interviews and analysed them according to the situation, the problem encountered, the response provides, the question raised, and by key words. We analysed the content thematically and manually to identify the principal ethical dilemmas, which we classified in terms of type of problem encountered (linked to the institution; linked to management; carer/patient relations; carer/doctor relations).

1. Use of the scenario method

When management researchers want to study difficult situations, they often use the critical incidents method developed by (1954). Gremler (2004) stressed the appropriateness of this method in the services field. However, this qualitative method, which consists in questioning people to reveal the difficult situations, is mostly used to assess patient or customer satisfaction, customer loyalty, or any relationship between two identified actors (Gremler, 2004). The aim of our research was not to identify all the critical incidents but to focus on ethical dilemmas. For this reason, and given that ethics is a sensitive issue, we chose to use instead the scenario method. Scenarios are defined as *“short descriptions of a person or a social situation that contains precise references to the most important factors involved in decision-making or the development of the respondents’ evaluations* (Alexander & Becker, 1978, p. 95). Scenarios are a variation of projective techniques (a form of qualitative method) whose aim is to study actors’ attitudes and behaviour. Management researchers often use them to study ethical behaviour (Lavorata et al., 2005). Generally, the scenario method is used in two ways: *“either we construct scenarios based on interviews with the respondents, or we use scenarios elaborated in previous studies”* (op. cit., p.5). For this study, we asked the health personnel we interviewed to describe ethical dilemmas that they had faced. According to the work of Mercier (2014) and Tahssain-Gay and Cherré (2012), ethical conflicts can be divided into different types: inter-personnel, intra-organisational, inter-organisational, extra-

organisational, of conflicts linked to various situations: organisational, human, technical, information, communication.... Thus, we identified 20 ethical dilemmas, which we divided into four types: linked to the institution (table 1), linked to management (table 2), concerning patient/carer relations (table 3) and concerning carer/doctor relations (table 4).

2. Ethical dilemmas linked to the institution or management.

Our results show that all the health managers we interviewed had faced managerial situations that posed an ethical dilemma in their daily work (table 1).

Table 1. Dilemmas linked to the institution

| MANAGER | SITUATION | ETHICAL DILEMMA |
|----------------|--|---|
| 1 | Outsourcing of laundry services. Problem of laundry supplies. | Problem of maltreatment during washing. Ethically, what is the most acceptable? |
| 3 | Suspicion of theft by one disabled adult resident of another disabled adult resident. | The question concerns concern for the mentally disabled by the management and the public prosecutor |
| 6 | Admission to the adult psychiatric ward of a 15-year old with behavioural problems. | Admitted to the psychiatric ward for want of anything better. Refusal by the paediatric ward to take him in charge. Frustration of carers |
| 7 | Transfer of a detainee from the psychiatric ward to the emergency department. The hospital is responsible for him, and he must be accompanied by a carer, not by | Risk for the carer given the legal vacuum Responsibility of the carer? The carer becomes the guard instead of the prison staff. |

| | | |
|--|---------------|--|
| | prison staff. | |
|--|---------------|--|

The dilemmas presented in this table are linked to restructuring problems (outsourcing services) or of resources and organisation. These situations generate stress or frustration in the health manager, which confirms the findings of the study of hospital staff by Rivière (2019). In this case, these le situations also raise questions about their role and their job: can a carer replace a guard or a paediatrician? We also observe the notion of role tension “*when [people] face ambiguous or incompatible expectations for their role*” (op. cit., p. 14). Health managers expect clear answers from the institution, because they often face these situations alone. As the interface between different organisational structures: administrative, care, training, social, and technical, they have to help people manage changes and reforms². Their role is crucial, but complex or even unpleasant. In 2009, the De Singly report noted how difficult it is for hospital managers “*to position themselves, to capture the contours and components of their professional identity,*” thus stressing the persistent unease of managers facing “*contradictions and conflicting loyalties*” (op. cit., p. 1).

The health managers reported other dilemmas linked to staff management (table 2).

Tableau 2. Dilemmas linked to management

| MANAGER | SITUATION | ETHICAL DILEMMA |
|---------------------------------|--|---|
| MANAGER 17 | Having a manager/subordinate relationship with someone known personally. To avoid any suspicion of favouritism, managers tend to | How to manage the personal/professional link equitably? |

² Roma T. (2011). “Une stratégie managériale en réponse aux attentes des cadres de santé”, EHESP, December, 1-50.

| | | |
|-------------------|---|--|
| | act less favourably to people they are friends with. | |
| | Lack of fairness to one agent in favour of another who is needed for particular jobs | Use of certain skills to the detriment of others |
| MANAGER 18 | Health manager working in close collaboration with another manager who is also his friend → makes up for ineptitude and hides failings from the hierarchy. | Difficulty of working with a friend, calls the friendship into question Questions about the position to adopt? What will be the repercussions if the hierarchy is informed? |
| MANAGER 23 | Taking up a new position: notes from the previous manager making value judgments about the members of the team. These notes included comments on people's private lives, their religious convictions, and other distinguishing marks. | Questions about the professionalism of the manager making value judgments? Managerial value? |
| MANAGER 17 | Applying a decision by the institution that goes against your values and convictions | Whether or not you should work against your values. Problem of institutional and hierarchical loyalty |

The first two situations show how it is difficult to manage staff with whom you are close friends. Although the situations are linked to team management, it is clear that the managers

feel the need for more precise rules to define the limits of their job. Deontological codes for managers might help them in their daily work, along with a list of ethical dilemmas with suggested responses, which would help avoid unethical practices. The last situation is more problematic, since the manager considers that the order given by senior management does not correspond to his/her values and the difficulty lies in applying such an institutional decision. Such situations sometimes lead health professionals to feel so uncomfortable at work that they suffer from burnout. Truchot and Bestagne (2018, p. 20) show that managers often face a contradiction between “... *financial management, profitability, and the profits imposed on them by senior management, and on the other hand quality of care, and the management and expectations of the department*”. They stress the contradictions between values and governance, between institutional injunctions and practice, and the emergence of ethical conflict. If institutional loyalty is at issue, the ethical response might be to reject it: the manager thus faces a conflict between ethics and authority.

3. Carers facing dilemmas with regard to patients or doctors’ decisions

The most common types of dilemma described by health managers are linked to patient relations (table 3).

Tableau 3. Carer/patient dilemmas

| MANAGER | SITUATION | ETHICAL DILEMMA |
|--------------------------------|---|---|
| MANAGER 8 | 68 year-old resident of an EHPAD (old people’s home), suffering from Alzheimer’s disease and bedridden. The family, finding the experience very painful, asks for euthanasia. | Questions about accompanying those at the end of their life, and about sedation Questions about anticipated directives |
| MANAGER | An old people’s home resident is | Questions about care quality |

| | | |
|--|---|---|
| <p>12</p> | <p>opposed to treatment and systematically confronts carers aggressively and insultingly.</p> | <p>Acceptance of the resident's opposition Conflict with carers' values</p> |
| <p>MANAGER 15</p> | <p>A night carer acted improperly: did not wash patients, change their protection at the end of the night, or prevent bedsores.</p> | <p>Problem of improper practice Questions about care quality Questions about the carer's integrity and carer values Question of ill treatment? Question of patient vulnerability?</p> |
| <p>MANAGER 16</p> | <p>Patient schizophrenic patient committed to a mental ward for stabilisation. During the hospital stay, his brother dies in an accident. The medical decision, in collaboration with the care staff and the parents, is to avoid announcing the death but to wait until his condition stabilises. The death was announced to him some weeks later.</p> | <p>How to maintain trust with the patient? Do we have the right to withhold information? What is the fairest or least bad decision during a critical clinical condition?</p> |
| <p>MANAGER 19</p> | <p>A couple was established in an old people's home. Both of the people have cognitive problems, one slight and the other substantial. One of them is married. The pair are very demonstrative of their affection in</p> | <p>Questions about values and family representations Questions about whether to let things be?</p> |

| | | |
|---------------------------------|--|--|
| | public (wandering hands, cuddles, kisses). The carers have different attitudes to the situation. | |
| MANAGER 24 | A hospital agent settled an unclothed patient on a scanner, and the door was open. The patient was in full view of everyone. | Respect for modesty and patient rights |

Very often, these situations a lack of respect of patient rights: the rights of disabled or dependent patients; hospital patients; the right to care, to information, to confidentiality, to privacy. Different laws exist that should help ethical decision-making, particularly with regard to end-of-life care, yet this abundance of legislation does not always provide answers to the ethical dilemmas faced by health managers, because it is often difficult or even impossible for these professionals to apply them.

The last type of ethical dilemma mentioned by the health professionals involves relationships between carers and doctors (table 4.).

Table 4. Carer/doctor relations

| MANAGER | SITUATION | ETHICAL DILEMMA |
|---------------------------------|--|--|
| MANAGER 5 | Refusal to treat a senior citizen. Opposition with the doctor who no longer wants to treat the patient. | What right does a hospital professional have to refuse to take care of a patient? Respect for personal rights |
| MANAGER 13 | End-of-life support for a senior citizen with Alzheimer's, who is completely | Question: why continue to feed a person who is opposed to it and finds it difficult |

| | | |
|-------------------|---|---|
| | dependent. Doctors find it difficult to move to palliative care (desire to care and to cure) | to open their mouth? Questions about compassion in the face of forced feeding? Consideration of the person in palliative care? |
| MANAGER 25 | A patient is in hospital for palliative care as a consequence of cancer. She receives care for her comfort, wellbeing, and eating pleasure. The doctor decides to fit a nasogastric tube to feed her using a pouch and overcome her nutritional problems. The patient pulls the tube out and refuses to accept this care. | Incomprehension of the medical decision. Unreasonable stubbornness? How to make the medical corps, with their curative approach, accept a palliative culture? What is the benefit to the patient of re-nutrition? |
| MANAGER 9 | The situation concerns a 98-year-old resident with Alzheimer' in a cardiology ward. The resident returns to the old people's home after her hospital stay with a letter from the cardiologist explaining, "no future hospital stay would be beneficial." The resident has made no requests for the future and has not nominated a trusted person. | Who decides what with regard to hospitalisation? Should we not consider the opinion of the family? Should an elderly person not receive every possible care? |
| MANAGER 22 | Announcement of a serious chronic illness by a doctor in the corridor | Questions about the respect of confidentiality? Urgency of the |

| | | |
|--|------------------------|---|
| | during visiting hours. | announcement? Competence in the field of revealing pathologies? |
|--|------------------------|---|

The clinical ethical dilemmas highlighted by the health managers show that care staff often find these situations troubling as they raise serious ethical questions that sometimes call into question their mission to “take care” of patients. Relations between paramedical and medical personnel are not easy, since the former have to implement the decisions of the latter, without always being able to give their opinion or have it considered. Yet as intermediaries, health managers are in direct contact with patients and sometimes have to justify decisions with which they do not agree. As underlined in the study by Rivière (2019), health managers consider that patient relations and contact with suffering are part of their job, and give it sense for them. However, conflict with other professionals, such as with doctors of the institution, generate stress and, in our study, engender ethical conflict.

III – PROPOSALS FOR HEALTH ORGANISATIONS

The ethical dilemmas faced by health managers show the need for institutions to offer solutions and help them manage these ethical conflicts. We propose two areas for improvement.

1. Development of an ethical climate in health organisations

A first solution would consist in establishing ethical codes within the institution: the hospital is subject to strict regulations. Moreover, managers base their decisions on the legislation, procedures, protocols and regulatory texts that govern the profession and its practices. Health establishments seek to improve their risk management, develop continuous quality processes, and introduce quality actions that are subject to a certification process evaluated by the

French National Health Authority (*Haute Autorité de Santé - HAS*), which has set up organisations or programmes covering different topics such as pain management, nutrition, and professional practice. The authority also organises programmes covering patient safety, risk management, efficient care systems, the fight against undesirable events, the avoidance of infection, and other important issues. Yet these programmes are not enough, since the situations described in this study show that legal vacuums often arise and that care workers do not always know what the most ethical decision is. We might imagine the publication of a guide to good managerial practice offering solutions to help them overcome ethical dilemmas. Such a guide could also serve as a tool to help improve personal conduct.

The results of our study suggest that to help health workers it is important to establish a compassionate ethical climate. Indeed, the promotion of such a climate will stress the firm's desire to improve wellbeing at work and facilitate communication within health organisations, providing a positive response to the expectations of health workers (op. cit., p. 143).

2. Training in ethical decision-making

Legislation limits the latitude enjoyed by health managers in the face of ethical dilemmas, rendering decision-making complex. They face multiple questions and often have to take the decisions alone. Institutional support is rare or even absent in some case, despite numerous injunctions. However, whenever a decision commits people other than the decision-maker, the health manager must act ethically. Institutions could thus offer training in ethical decision-making, perhaps using one of the two approaches presented below (table 5), developed by Blanchard and Peale (1988), and Laczniak and Murphy (1993), and presented by Mercier (2014).

Table 5. Ethical issues

| Ethical decision-making | Blanchard & Peale (1988) Quoted by Mercier (2014) | Laczniak & Murphy (1993) Quoted by Mercier (2014) |
|---|--|--|
| Legality of decisions | Does the decision conform with the law? | Is the decision legal? |
| Equity | Is the decision taken equitable? | |
| Satisfaction | Is the person proud of the decision he/she has taken? | |
| Moral obligations of society and the firm | | Is the decision in line with the firm's moral values? |
| Intentions and results | | Are they harmful? |
| Options | | Are other options possible providing similar or even better results? |
| Individual rights | | Does the decision consider/respect what others have to say? |
| The place of the group | | Does the decision neglect or deprive a person or a group? |

The training could involve scenarios developed from the situations described in our qualitative study and the work of Lavorata et al. (2005), for the managers to simulate. They could discuss together the most ethical decision to take using the questions proposed in table 5. A lot is at stake, since the different situations experienced can generate negative emotions in the managers, cause them to question their professional identity and values, and lead them to lose some of the sense they see in their work. The seminars could also train the managers in narrative ethics by asking them to describe difficult situations precisely to give them meaning.

Narrative ethics *“is like multidisciplinary, pragmatic ethics applied to techno-scientific practices in an attempt to ‘describe their meaning’”* (Gagnou-Savatier, 2018, p. 96). The managers would recount their actions objectively; describe how and in what context the situation occurred. They should also analyse how they need to consider the different dimensions of decision-making (human, organisational, resources...). This method makes it possible to *“justify a decision using a universally recognised process or values, bearing in mind the context of vulnerability”* (op. cit.). Training health managers in narrative ethics and in sense-making would also improve their understanding of dilemmas and help them take fair, ethically motivated decisions.

CONCLUSION

The initial purpose of this paper was to investigate how ethics is implemented in health organisations. While the issue of ethics appears to be structured and well framed, particularly with regard to bioethical questions, organisational ethics appears much vaguer. The concept of ethical climate could help health organisations to define the organisational ethics they wish to inculcate in their managers. Moreover, the results of our study lead us to observe that health managers face ethical dilemmas during their everyday work linked to the institution, management, and both carer/patient and carer/doctor relations. These dilemmas reveal all the complexity of their decision-making, which is often complicated and burdensome. Institutions must help their managers to find solutions and manage ethical conflicts. To do so, we recommend that they should establish not only ethical codes but also an ethical climate with regard to managerial practice, which would help them manage ethical dilemmas and/or take impartial decisions. Based on the typologies of ethical climate presented above, it would be interesting to investigate the types of ethical climate existing in hospitals and to propose the development of an ideal climate. Similarly, training health workers in narrative ethics and

sense-making would help them to interpret and justify their choices in a given context to promote ethical conduct.

Nonetheless, this research displays some limitations, since the field of organisational ethics and managerial practice is complex and multidimensional. As a first step, we conducted a qualitative study of health managers, which shows the difficulty of decision-making in the face of ethical dilemmas. As a second step, it would perhaps be useful to conduct a second study of paramedical staff to identify the different management styles used, the impact on their working life, and their expectations. We could then identify any gap between the management style identified by health managers and that identified by their staff. Similarly, in this paper we have not investigated the notion of psychological contract. Yet the formalisation of ethics also involves defining the psychological contract between the different organisational stakeholders. It might be useful to investigate this concept through a study of ethical climate.

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