Ethics and Leadership Commitment in Healthcare

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Ethical Leadership and Decision-Making in Healthcare

Ethics are standards that govern a person's behavior, particularly a member of a given profession. This can be towards a particular individual or to the society thus, philosophical morals. Ethical dilemmas are common in every workplace, including healthcare. Ethical decision-making is essential in helping people make cumbersome and hard choices when slapped with ethical dilemmas.

Clearly outlined ethical principles form a basic foundation for the decision-making process at all levels. The decision-making process in ethics looks at various perspectives: ethics pertaining to care, reason, obedience, and social dimensions. The whole process is founded on ethical principles, which include autonomy, non-maleficence, beneficence, and justice. Ethical leadership can be well defined as the activities executed by leaders with the aim of fostering a culture and conducive environment that upholds ethical practices in an organization.

Leaders in the healthcare system of veteran affairs have a sensitive obligation flowing from roles as healthcare providers, public servants, and managers in charge of both staff and care professionals. This is motivated by veterans' mission to serve the nation in the armed forces. VA leaders are responsible for good management of resources, giving duty the first priority, keeping public trust, meeting veterans' health demands, and creating a good workplace culture founded on fairness, respect, accountability, and integrity (van Gils, Hogg, Van Quaquebeke, & van Knippenberg, 2017). Some decision-making processes can raise ethical concerns. Leaders are faced with challenges daily in wise decisions as far as healthcare is concerned. With leadership turnover and understaffing in the VA healthcare system, people failed to understand their roles, system processes, and responsibilities, poor program coordination, and eventually a failing health system. Challenges faced by the veterans as a result of bad leadership included delayed medical care, patient deaths, long and manipulated waiting times, and poor scheduling practices. The ethical crisis that has overwhelmed the Veteran's Health system cannot be solved by the employment of many nurses and doctors nor by increasing resources. This is because the problems are perceived to be fundamentally ethical and cultural. The leadership structure is not responsive and lacks the ability to communicate and manage the employees or veterans effectively. The culture has led to outdated technology, lousy management, retaliation toward veterans, inadequate physical space for patient treatment, and a shortage of staff. Restructuring is the only way to enhance accountability and transparency.

Decline of Accountability in Veterans Affairs

Around 2000, veteran affairs were the leading in excellent care and at the frontline of academic achievements in education, specialized research, and clinical activities in spinal injury, geriatrics, prosthetics, rehabilitation, infectious disease, substance abuse, post-trauma disease, and pulmonary disease (Bolman & Deal, 2017). Later on, the programs started failing due to a lack of accountability. Ethics was overlooked. It was seen as a hindrance to outstanding patient care. For instance, patient-doctor visiting was normally within the duration of 14 days, this demonstrates timeliness in attending to the patient which is, in turn, a good measure of evaluating performance quality. However, whenever it became difficult to meet the requirements, local foremen and administrators who were bribed to reduce waiting time changed the records. This form of corruption eventually leads to long waiting times and deaths. This is very unethical. Different patients suffer from different illnesses, some of which are emergent while others are not.

If I were to come up with policies or standards to ensure ethical leadership practices with due respect to enhancing coordination of the electronic wait list and primary care appointments in the VA health system, it would be the Integrated Ethics Strategic policy. It will be aimed at ensuring good ethical leadership practices are adhered to by laying out various strategies, such as outlining the roles and responsibilities of the people involved. Good channeling communication in healthcare, which cooperates with the very first service providers, is the hospital setup to the highest service providers. The policy ensures transparency and accountability among its members. Every patient will receive special and equitable care irrespective of gender or ethnic origin. For instance, adherence to the rule of patient-doctor intervention must be strictly within ten days, and only patients with prior booked appointments must be registered electronically. A manager is appointed to account for the number of people attended to in the hospital daily and their dates of appointments and ensures the registration process system is up-to-date. Power will be distributed to individuals at each level of hospital management, and everyone will be assessed for their roles and responsibilities. Another policy would be a healthcare Ethical promotion initiative (Johnson, 2017). This will be aimed at ensuring the roles stipulated in the integrated ethics strategic policy are implemented. It will also issue penalties to medical practitioners whose behaviors are unethical and violate patient rights. It will also put in place and ensure the equipment involved in performing particular procedures is in place and computers are updated technologically. This will ensure a continuous smooth workflow of activities and, in turn, promote good coordination among the workers and quality care to the patients.

Leadership Failure and Organizational Consequences

Secretary Eric Shinseki had to resign his position because, as a leader, he had failed terribly. The VA health administration had taken a bad route, and even its trials to reverse or change was effortless. Everything was a mess. Rampant scheduling manipulation, fraud, and delayed treatment days have

claimed many peoples' lives with no single possibility of coming to an end. 1One thousand seven hundred veterans in Phoenix were kept in line waiting for medical care. They took an average of 115 days from their previous visit to the hospital. An example of the reason for scheduling schemes was pressure to reach the expected VA's performance. Systemic complaints about the allocation and distribution of healthcare resources were too much for Sec. Shinseki's leadership. He failed to fix the issues of accountability. Secretary Shinseki seemed to be unaware of the challenges that worked against the healthcare department.

Ethical Consultation and Corrective Strategies

Some of the possible solutions that Sec Shinseki could have taken to resolve the unethical decision-making practices include ethical consultation. This is a healthcare service provided by the ethics committee or team to assist patients, parties, and providers to iron out ethical issues amicably in a health setup. The patients or family involved can be demoralized when they realize there is nowhere they can express their ethical concerns. Ethical consultation helps in collecting information, listening to peoples' issues, classifying people's responsibilities in decision-making, and identifying and justifying ethical options (Watts, Ness, Steele, & Mumford, 2017). It is also used to educate people on how to handle issues ethically. Another method is ethics education and communication. He could have ensured that the staff met the required medical standards through training, outreach, and teaching forums. He could have also responded promptly to the challenges people were facing.

Conflicts of Interest in Veterans Health Administration

Veterans' health administration, in the first place, exposes itself to conflicts of interest. The interests can be conflicting with employment-related punishment, criminal penalties, governmental laws, and civil sanctioning. Under these circumstances, the American College of Healthcare Executives (ACHE) Code of Ethics may apply to the VA Health System case study. The Code of Ethics of the American College of Healthcare aims to serve as standard behavior for every member. It constitutes healthcare executives' conduct in their profession. The relationships comprise patients, colleagues, organization members such as healthcare executives, the community, and society at large. A code of ethics encompasses standards of morals governing one's conduct, especially when they directly affect healthcare executives' roles and identities. The core aims of medical care management are as follows: to enhance the quality of life, well-being, and dignity of every person in dire need of health services and also to create an effective, equitable, and accessible healthcare system. Health executives, on the other hand, are responsible for acting in a manner that will earn the confidence, respect, and trust of the general public and medical professionals (Bolman & Deal, 2017). A Code of ethics is applied in the VA healthcare sector to ensure all veterans are well treated and given gratitude for working toward the protection of the country. Health executives, being advocates of

good morals, should carefully evaluate the outcomes of every decision they make. They must work toward safeguarding and fostering the rights, prerogatives, and interests of the patient.

Strengthening Ethical Leadership in Healthcare

To sum up, envisaging new approaches to ethical issues in health care, new ways of analyzing their complexity, and channels to achieve integration can be of much help in promoting good ethical leadership and decision-making processes. Ethics in organizations is a task in progress. Its success is dependent on leadership commitment and perseverance. And concerning moral courage, Gibson states, “each VA employee who assists to improve and adhere to procedures and policies at all organizational levels, invents a culture of commitment, advocacy, respect, and integrity”. It is the initiative of the VA to go back to the drawing board, review its ethical programs, and point out their potency and weaknesses so as to discern whether to adhere to, replace, or discontinue the programs (Watts et al., 2017). It is everyone’s desire to be treated equally, whether in the right mind or Ssoulor when sick. It should happen anytime and anywhere, be it in an organization, company, health center, or a group of people, among others. It instills a sense of belonging when one fits in a category either socially, economically, mentally, spiritually, or politically. Therefore, leaders in the healthcare system of veteran affairs have a sensitive obligation flowing from roles as healthcare providers, public servants, and managers in charge of both staff and care professionals. This is motivated by veterans’ mission to serve the nation in the armed forces. VA leaders are responsible for good management of resources, giving duty the first priority, keeping public trust, meeting veterans’ demands, and creating a good place culture founded on fairness, respect, accountability, and integrity.

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