Preface

This collection of viewpoints on organizational culture and ethics in modern medicine serves at least two purposes: to point out the variety of organizational cultures in hospital practices and ethics in public health and to provide patient’s treatment with respect, dignity and with the use of new technology. Organizational culture is a broader concept than organizational climate, and organizational culture can be used to explain why an organization such as hospital focuses on certain priorities, particularly in the context of patient safety and communication with patient, ethical treatment, and high quality medical procedure. Our book focuses on organizational culture and ethics, we refer to some studies on organizational climate. We analyze the relationship between organizational culture and types of performance indicators, which include key concerns of policy makers and the public view of hospital behaviors. The indicators include resource use per patient (communication process and treatment method, ethical behavior), productivity in resource use (by improving the teamwork and staff education), short-term profitability, patient satisfaction with medical care, and employee satisfaction with improved work culture.

Considerations included in this book indicate that the typical culture of public hospitals in European countries focuses more on social responsibility, sense of competition (building a leadership organization is essential), and sustainable development, and also on capability development, team orientation, and empowerment. In addition, hospital managers may want to consider emphasizing cultures with greater involvement and adaptability. Our book also shows how to promote effective organizational culture within health care institutions (hospitals). Analyzing the problem of patient’s satisfaction through the prism of external environment, (such as patient’s family assessment of hospital image, communication culture, teamwork in medical environment, quality of care in hospital ward, and elements which are important from patient’s point of view) we can say that a well-managed hospital that wants to constantly improve its image and organizational culture, should pay close attention to quality of the offered service, to efficient functioning within the limits of pre-established low cost, and to striving for patient’s satisfaction. Such actions are the way to creating a strategy for improving the medical service quality and building a positive image for a hospital through quality and patient’s satisfaction. At the same time, they guarantee patient’s loyalty. Medical personnel treats patients as partners whose support in the world of increasing competition should be ensured and whose perception of medical service and hospital itself should be positive. The main conclusion is that developing a culture of collaboration and coordination in healthcare requires a commitment to engage in shared learning and dialog. Dialog with staff focus, interdependence, information and communication and also process improvement with patient focus have potential to encourage collegial learning, change thinking, support new working relationships and improve patient care. Assessment of an organization by cultural and ethical criteria, especially their inside characteristics,
offers a powerful new way to think about performance at the frontlines of healthcare and in the future it could be a gold standard for assessing the success of a medical organization.

Ethical problems of modern medicine and organizational culture described in this book can be used to explain why an organization such as hospital focuses on certain priorities, particularly in the context of patient safety and communication with patient, ethical treatment, and high quality medical procedures. Our book focuses on organizational culture and ethics, we also refer to studies on organizational climate. We analyze the relationships between organizational culture, ethics and types of performance indicators, which include key concerns of policy makers and the public view regarding hospital behavior. The indicators include resource use per patient (communication process and treatment method, ethical behavior) and productivity in resource use (by improving the teamwork and staff’s education).

The book consists of two sections.

In the first section, in Chapters 1 to 8, authors discuss significant problems in terms of organizational culture, with changes the new technologies bring to medical practices. These changes make it necessary to adjust both the medical staff and the organization. The authors undertook this difficult issue, to bring the reader (healthcare professionals, doctors, nurses, directors of hospitals, public health workers) a new organizational culture of health facilities, as well as emphasize the importance of information technology for the patient, the doctor and manager with consideration of all aspects of ethics and respecting patients’ rights.

Information technology becomes important part of the current state of the art within health sciences. Authors in section 1 describe the concept of the development of the health care and professional training based on current achievements within technology, education, E-Health and patient-tailored therapy. This section also provides information on the nature of traditional methods of communication and that the new organizational culture and the influx of new technologies is very important. Social changes, development of IT systems and shortages in number of specialists stimulate quicker development of cheaper semi-automated solutions, increasing both accurateness of the diagnosis and the safety of patients. Experiences from different countries and several studies on medication errors have been included in the book but there is no uniformity in the definition which makes evaluation of medication error difficult.

All the research articles reviewed agreed that enhanced oral and written communication between the health care providers and enhanced communication by healthcare providers was a step towards the prevention of medication errors and better understanding of a customer (patient) but also towards improving teamwork in health organization. Chapters contained in this section are intended to show the reader that organizational culture, including health care providers and the consumers plays a contributory role to the quantity of medication errors. For a better understanding of the problems associated with organizational culture in health care in this section there are case studies provided, relate to which events that take place in hospitals, particularly in operating blocks. In order to eliminate medical errors that are responsible for 44,000 to 400,000 deaths in hospitals around the world, authors draw attention to the importance of the problem of patient safety in accordance with ethical principles. In this section, the authors also relate to issues of ethics, showing the phenomenon of presenteeism (i.e. being at work despite having health problems) among healthcare professionals, such as doctors, nurses and caregivers. The last chapter in this section presents a review of studies regarding prevalence of presenteeism as well as determinants of attending work while ill. Authors decided to describe some preliminary results of a research project on presenteeism in Polish hospitals and discuss ethical concerns that are inevitable in case of healthcare workers who come to work despite being ill.
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The eight chapters in the first section of this book discuss also funding of technology which may impact on changes in organizational culture. The findings of the research suggest that although technology changes the organization, without the communication with patients and respect for the ethics and dignity of patients in hospital good functioning of a health care unit is impossible.

In the second section, Chapters 9 to 16, the authors discuss the ethical issues related to the role of communication and the essence of conducting a conversation with a patient. The problems here relate to patients’ rights both in clinical and legal terms. The increased interest in this type of problems that we see in health care due to a number of systemic changes taking place in different countries in Europe, also has to do with the growing awareness of the patients themselves. For this reason, in the second section of the book, a significant share of attention is devoted to psychological, ethical and moral issues encountered at work in health care, as well as legal aspects of this work. Included here are also aspects of both the European and Polish law relating to the rights of the patient in clinical situations. In this section we are given information about the psychological factors that influence patient perceptions of quality of care. It is also shown how important it is to publicly report on the quality of services, which gives the patient the ability to make an informed choice of health care facilities providing high-quality services. The changes leading to improved quality of medical services lead to changes throughout the organization.

Chapter 9 links the relationship between medical personnel and patients and application of main ethical theories in conversation with patients as a diagnostic-therapeutic instrument. It as an instrument of diagnosis and therapy that has retained its value despite introducing numerous methods of diagnosis based on the findings of modern physics or electronics. The conclusions and case studies illustrate basic ethical principles of a conversation which should always aim at the benefit of the patient and the results of treatment as well as sustaining patient’s subjectivity and hope for achieving a higher quality of life.

Chapter 10 underlines the importance of universal human rights and civil liberties to the formation of standards for hospital care. The right to life and the right to health are discussed in detail selected examples of realization of human rights in the treatment and forms of their violation. During the presentation of these issues, the chapter analyzes provisions of the International Covenant on Civil and Political Rights and European Convention on the Protection of Human Rights and Fundamental Freedoms and use a number of judgments of the European Court of Human Rights issued in matters concerning human rights abuses in the course of treatment and hospitalization.

Chapter 11 discusses human rights as they are enacted in daily clinical situations. It invokes basic documents describing human rights as well as legislative acts dealing more specifically with the rights of doctors and patients. The case study aims to evaluate the level of conflict and misunderstanding between various participants of clinical situations. The authors are mainly concerned with the clash of values and beliefs concerning terminal care treatment of ICU patients and with the issue of patient’s autonomy and self-determination. The researchers show concepts of informed consent and moral distress which are explained and visualized with real life examples which should be more valuable for readers.

Chapter 12 again is devoted to universal rights of the patient. The chapter specifies the seven types of patient rights: the right to appropriate organization of treatment on equal terms, the right to respect patient’s dignity and privacy, the right to full and comprehensible information on the state of health, the right of access to medical documentation, the right to self-determination - to agree to realization of health care services, the right to respecting of private and family life and religion and the right to seek compensation and other benefits in the event of damage resulting from medical malpractice. The chapter provides an overview of health care professional’s duties: obligation to inform the patient of the medical procedure, the legal conditions for the effectiveness of consent to treatment and the principle
of access to medical documentation. Presentation of patients’ rights is made from the perspective of fulfilling the duties of medical personnel working in hospitals. Presentation of patients’ rights is made from the perspective of fulfilling the duties of medical personnel working in hospitals. The authors make extensive use of current case law of the European Court of Human Rights. The undeniable advantage of the publication is to present selected Polish court rulings issued in cases of violation of patient rights.

Chapter 13 underlines the importance of political documents and legislation of EU countries. Legislation documents (Health 2020 Strategy and EU Directive on Patient’s rights in cross-border care) change the systemic perspective and create new approach towards patient’s rights in Europe. The conclusions point to the fact that the right to health care in a contemporary world is widely recognized as one of the fundamental rights included into human rights concept.

Chapter 14 shows that in the last few decades, the healthcare sector has undergone considerable change. This change is inevitably destined to modify the way in which citizens turn to healthcare services, and the way in which hospitals are called upon to be transparent and accountable in how they provide services. The findings of the research show how public reporting systems have the potential to not only support healthcare users in making informed choices, but to also foster healthcare structures in the improvement of their services. It is within this context that public reporting became widespread as a strategy geared towards promoting informed choices to consumers and stimulating the improvement of quality of care.

Chapter 15 again describes improvement of quality of care and discusses prevention, treatment, rehabilitation and care programs suitable for patients with cardiovascular diseases. This chapter, based on research and researchers’ own experiences, tries to answer the question how maximize professional resources and optimize outcomes in clinical practice. The researchers show current issues which may potentially influence efficiency of cardiovascular disorder (CVD) prevention and therapy, including modifiable and non-modifiable risk factors, ways of cardiac rehabilitation (CR) and cardiac telererehabilitation (CTR), influence of researcher-subject relationship and patient-therapist relationship as far as placebo effect is concerned.

Chapter 16 discusses quality of care but focuses on stress reaction and psychological factors which influence how one feels pain. The chapters shows the emotional state which is one of the main factors that influence suffering from pain. The findings of the research suggest that the quality of pre- and post- operational care is thus crucial as it influences the level of the experienced stress. Strong stress reaction is the main source of adjustment disorders of patients undergoing surgical treatment.

To conclude, the second section of the book discusses patient’s rights and ethical dilemmas, public reporting and psychological relationship between physician and patient which may impact improvement of quality of care and changes in organizational culture. The findings of the research suggest that patient’s emotional state is the main factor that influences perception of quality of care. Patient-therapist relationship in many cases (surgery, cardiovascular diseases) can significance influence patient’s treatment as far as placebo effect in concerned.

**SUMMARY**

The book consists of authors’ own studies from many fields of health care and public health legislation. The topics discussed in the book are relatively new because they change the perception of the public hospitals and describe increased competition between private and public healthcare. Changing the
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patient’s expectations therefore requires changes within the organization and teaching both ethics and clinical communication at a university level.

The aim of the publication is to discuss both the ethical side of medicine and organizational contents, and can be an interesting addition to the discussion in public health. Ethical dilemmas—presented in our book—teach doctors and medical staff how to communicate with patients in difficult situations. The book may also be useful as a teaching tool in the training of new medical staff, showing how they should communicate in clinical environment. Clinical communication and ethics are very important subjects in a university study program and these themes will be increasingly studied and taught during the next ten years. This is the reason why we as authors decided to share the acquired knowledge with readers.

Anna Rosiek
*Nicolaus Copernicus University in Toruń, Collegium Medicum in Bydgoszcz, Poland*

Krzysztof Leksowski
*Nicolaus Copernicus University in Toruń, Collegium Medicum in Bydgoszcz, Poland*