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Organizational Ethics

in a Nonprofit Agency:

Changing Practice, Enduring Values

By Phyllis Mitzen, guest editor

Can a nonprofit, community-service organization become more focused on the "bottom line" and still remain true to its ethical values? In 1997, staff of the Council for Jewish Elderly in Chicago met to express concerns about the lack of an approach to integrate the agency's values into all organizational practices. Prompted by significant change over the past several years in the way CJE operates, the staff had two main ethics-related concerns: first, that CJE not lose sight of our mission as we change and, second, that as we establish new services and business practices, they embody the values of the organization.

The Council for Jewish Elderly in Chicago provides services to 12,000 older people and their families yearly in the northern metropolitan Chicago area. We serve many needs (related to transportation, independent housing, assisted living, home health, adult daycare, in-home services, mental health services, and nursing home care) with a substantial budget from a number of funding sources (private fees, Medicare, Medicaid and Title III, foundation grants, private donors, the Jewish Federation, and others). We are accountable not only to the consumer of our services, the older person, but also to our funding sources, to our board of di-

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rectors, and especially since we are a sectarian organization, to our community.

In recent years, we have undergone major organizational change as we respond to the marketplace. We have relied on the quality expert Edwards Demming's concepts of continuous quality improvement, process thinking, strategic planning, and market-driven programs as we shift from a social welfare model to a more market-driven model. A philosophy that focuses on the "bottom line" has been introduced, to coexist with our long-standing commitment to provide quality services, as we anticipate a growing need for services to the aging and in order to position ourselves to provide more services to more people.

CJE has had an ethics program since 1984. Two ethics committees were established, one dealing with nursing home issues and one dealing with community issues. Within a couple of years, the committees developed ethics guidelines for community-based practice and for the long-term-care facility. These guidelines are now used to orient new clinical staff and as a guide for practice and for the work of the ethics committees.

The CJE ethics program has been providing a number of services, including ethics training for our practitioners and occasional seminars on selected topics for clients, families, and other

staff. In the community, where the clinicians seldom have "ethics emergencies," we created monthly ethics brown bag lunches to discuss cases. Over lunch, an ethicist joins our home-care staff to discuss topics that could range from a moral conflict about their role in a case to questions about distribution of resources when at-risk clients refuse services to, most common, questions about a client's self-determination when the person's judgment is perceived to be impaired. These clinically focused mechanisms have served the needs of the agency and the professional to work out the often complex issues that arise in day-to-day service delivery to older people.

The recent changes in the CJE operations have been of real concern to the clinical practitioners. And, because of their sensitivity to ethical issues, they have framed some of their concerns in ethical terms, expressing worries about creation of a "two-tiered system" and "not throwing the baby out with the bath water." At a particularly heated ethics brown bag last year, one social worker raised her concern about an ad CJE was running in local papers for our new assisted living program. The ad cleverly made reference to forgetfulness in a way that could be taken in more than one way. The clinicians harshly challenged CJE's commitment to organizational values, stating that their colleagues outside of CJE expressed surprise at what could be interpreted as CJE's insensitivity and use of stereotypes. CJE's marketing staff responded that the ad was targeted to families and that it had generated many inquiries about the facility, fulfilling the purpose of the ad, which was to generate new clients for CJE, part of the organization's strategic plan. (Because the ad had fulfilled its purpose, it was discontinued.) This kind of issue, only a small matter, served to show that our values were being challenged in unforeseen ways, and it became clear that we needed to think of organizational ethics differently.

A team was assembled with the responsibility to plan an organizational ethics strategy for CJE. The team consisted of the two chairs of the agency's ethics committees, an assistant to the executive director, and another agency executive. Also serving were the ethicists from both committees and the ethicist from a nearby hospital that had gone through a similar process. The team started by making a distinction between the needs served by CJE's already existing clinical ethics program and CJE's need for attention to organizational ethics. The team agreed that the mechanisms CJE has in place are not sufficient to address the problems that lie ahead.

The process started with the group defining *values* and *ethics*, words that were confusing when we tried to discuss an organizational ethics program. These are the definitions we agreed to:

Values refers to strong and enduring beliefs that motivate and define behavior. Values inform the choices we make. They are a statement of what is "good" for individuals and for society. Between groups, values are often in conflict, which necessitates ethics discussions. Values constitute the practical pieces of our work—what we believe in, what is important in our work.

Ethics refers to a fleshing out and carrying out of our values. Ethics is the practice of values and the critique and assessment of values. An ethical dilemma is a clash of values or responsibilities or rights.

Several years ago CJE developed a core values statement that embodies our mission and values. This statement is included in all of the agency's official communication and is well known in the agency and throughout much of the community. The ethics team identified all the values expressed by this statement and were surprised to find that there is inherent potential for conflict within the statement itself. In other words, at our very core, there is the potential for ethical dilemmas, even when we do everything right. For example, the core value statement calls for "commitment to Jewish communal values" and "delivering quality programs and services for all older people and their families." The basis of conflicts arising from these two statements could be in the ways the board, the community, governmental bodies, and clinical workers interpret them. For example, if we serve everyone, what happens if an African-American client interprets "quality programs and services" to mean services available on Saturday when, because of our Jewish orientation, we cannot provide them? What happens if by attempting to serve all older people, we begin to serve fewer Jewish people?

We speculated that there are three major areas in which ethical problems could arise and where the enhancement of organizational ethics mechanisms would benefit CJE: in our business practices, with our employees, and in our relationships with the larger community.

As our business focus changes from a social welfare to a market-driven service-delivery system, there will be casualties. Some services that have been provided for many years and are perceived by many people as being important may be dropped or significantly modified. Long-standing relationships with other providers may change or end. CJE may be inviting relationships with new partners that include for-profit businesses and certainly with healthcare providers. CJE has a care ethic and is highly regarded in the community for that reason. We do not want to lose this quality and respect as the changes are being decided.

Ethical behavior of an organization begins with ethical behavior toward its own employees, which means communication and a supportive environment that supports even whistle blowing, with all its potential for conflict. Ethical behavior requires us to clearly articulate our values and how they are put into operation. We must be accountable for our commitments to our clients and to our employees.

In addition, influences from outside the organization will have great impact on our development of organizational ethics. The Joint Commission on Accreditation of Healthcare Organizations requires "business ethics mechanisms" for nursing home and home-health accreditation. We have a nursing home and are opening a home-health agency, both of which are subject to these provisions. In addition, in the future and as our organizational ethics program advances, we foresee the possibility of identifying and seeking to influence policy and legislation that may raise ethical questions and have unanticipated consequences for our clients and for the agency.

By initiating an organizational ethics mechanism, we want to enhance our clinical ethics program by educating people about ethics-related issues and look for ways to integrate this work into the existing organizational structure. Now that we are clear on the purpose of organizational ethics, we will bring our concerns and ideas forward to our managing body for further discussion and development. ↝

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