Utilizing the Ethics of Project Management in the Healthcare Field

EMILY GRAY, Undergraduate Student, Metropolitan State University; site coordinator, Children’s Hospitals and Clinics of Minnesota

2005 UNDERGRADUATE STUDENT PAPER WINNER

Abstract
The creation of an ethical code is a common practice within many professions. This paper compares and contrasts the ethical code of project managers affiliated with the Project Management Institute (PMI) with the organizational codes of a Midwest pediatric hospital (Children’s Hospitals and Clinics of Minnesota) and the professional codes of its physicians and registered nurses. Through interviews and literature research, this paper will show that even though these professional fields may differ greatly in their scope, the contents of their ethical codes can still closely mirror one another and, in fact, the PMI ethical code can be greatly utilized within the field of healthcare.

Keywords: organizational ethics; professional ethics; healthcare; virtue-based statements; act-based statements

Introduction
Throughout the history of the world, the application of ethics has been vital to various organizational and professional practices. Webster’s Dictionary defines ethics as “The science of human duty; the body of rules of duty drawn from this science; a particular system of principle rules concerning duty, whether true or false; rules of practice in respect to a single class of human actions” (Webster’s Online Dictionary). This definition is multifaceted in its description; for this paper, a simpler definition will be used from the book Managing for Dummies, which states that “ethics are standards of beliefs and values that guide conduct, behavior, and attitudes…simply doing the right thing” (Nelson, 2003, p. 200). As previously stated, ethics have been utilized across multiple organizations and professions, the most highly mentioned studies consisting of business ethics, medical ethics, religious ethics, and environmental ethics.

This paper will focus on the application of the ethics utilized in the profession of Project Management, as stated in the Project Management Institute’s (PMI®) Member Code of Ethics (Project Management Institute [PMI], 2004) to a healthcare organization, as modeled by the Children’s Hospitals and Clinics of Minnesota (Children’s) organization in Minneapolis/St. Paul, Minnesota (www.childrensmn.org). The first section of this paper will give a brief history of the ethics science, including the ethical fields that are the framework for both business and medical ethics. The second section will address the PMI Member Code of Ethics and provide the guidelines that will be applied to healthcare throughout this paper. The third section of this paper will center on the application of the PMI code to organizational ethics at Children’s, as well as to the general healthcare profession. The final section will then discuss the PMI code application to the professional ethics followed by individual professions within the healthcare field, including Physician ethics and Registered Nursing ethics. At the conclusion of these three sections, the intertwined relationship between the ethics utilized in Project Management and those in healthcare will have been clearly illustrated.

History
The science of ethics has had a remarkable impact on the practice of professionals in various fields. Since the study of ethics first began in early Greece and Rome by well-known philosophers Socrates, Plato, and Aristotle, the field of ethics has grown into studies regarding every country worldwide (including world ethics...
This widespread application of ethic studies has led to conflicts defining the exact practice of ethics, reflecting separate divisions of this science into analytic and descriptive views. The first division, analytic philosophy, is where ethics is focused into the three fields of metaethics, normative ethics, and applied ethics. Metaethics includes studying ethical sentences and attitudes as well as finding out where ethical principles are derived from and what these principles mean. Normative ethics includes the study of right versus wrong and the questions involving the intrinsic expectations regarding value. Applied ethics takes the questions that arise in normative ethics and applies them to specific issues, which in turn evolves into the branches of business and medicinal ethic applications. The second division, descriptive ethics, sees the practice of ethics is viewed by ethical codes, expected etiquette, and everyday choices made by everyday people (www.webster-dictionary.org). Both views are present in the professions of business and healthcare and will be continually present throughout the body of this paper, although not specifically addressed.

Project Management Institute (PMI®) Member Code of Ethics
Previously, there have been several mentions of the “profession” of project management and the “professions” in business and healthcare. What constitutes a profession? According to the New York Court of Appeals, “A profession is not a business. It is distinguished by the requirements of extensive formal training and learning, admission to practice by a qualifying licensure examination, a code of ethics imposing standards qualitatively of its members and extensively beyond those that prevail or are tolerated in the marketplace, a system for discipline of its members for violation of the code of ethics, a duty to subordinate financial rewards to social responsibility, and, notably, an obligation on its members, even in non-professional matters, to conduct themselves as members of a learned, disciplined, and honorable occupation” (New York Court of Appeals, 1974). This definition clearly emphasizes the importance of a standard code of ethics within a profession and the responsibility of the members of the profession to honorably conduct themselves as professionals.

Using the previous definition, the majority of project management professionals utilize PMI as their professional organization, and as such, project managers seek to follow the PMI Member Code of Ethics. For this reason, the PMI Member Code of Ethics will be considered the ethical code for project managers in this paper. This code takes two approaches to defining the ethical considerations of its members. The first approach is considered a virtue-based approach, meaning that these traits are character traits that are viewed as being how an individual “should” behave. The second approach is considered an act-based approach. In this approach, acts are evaluated by how well they adhere to a set of underlying principles such as avoiding harm, providing benefit, truth-telling, or keeping agreements (Brunnquell, 2004). Both of these approaches are valued expectations in both the project management profession and healthcare organization and this paper will address both types of approaches in the following applications.

From the first page of the PMI Member Code of Ethics, these virtue-based statements will be references for applications and comparisons within the healthcare organization:

“As a professional in the field of the project management profession, PMI members pledge to uphold and abide by the following:
1. I will maintain high standards of integrity and professional conduct.
2. I will accept responsibility for my actions.
3. I will continually seek to enhance my professional capabilities.
4. I will practice with fairness and honesty.
5. I will encourage others in the profession to act in an ethical and professional manner.” (www.pmi.org)

From the second page of the PMI Member Code of Ethics, these act-based statements will be references for additional applications and comparisons within the healthcare organization:

I. Professional Obligations
A. Professional Behavior
1. PMI Members will fully and accurately disclose any professional or business related conflicts or potential conflicts of interest in a timely matter.
2. … will refrain from offering or accepting payments, or other forms of compensation or tangible benefits which: (a) do not conform with applicable laws; and (b) may provide unfair advantage for themselves, their business, or others they may represent.
3. …who conduct research or similar professional activities will do so in a matter that is fair, honest, accurate, unbiased, and otherwise appropriate, and will maintain appropriate, accurate, and complete records with respect to such research and professional activities.
4. …will respect and protect the intellectual property rights of others, and will properly disclose and recognize the professional, intellectual, and research contributions of others.
5. … will strive to enhance their professional capabilities, skills, and knowledge; and will accurately and truthfully represent and advertise their professional services and qualifications.

B. Relationship With Customers, Clients, and Employers
1. PMI Members will provide customers, clients, and employers with fair, honest, complete, and accurate information concerning (a) their qualifications; (b) their professional services; and (c) the preparation of estimates concerning costs, services, and expected results.
2. … will honor and maintain the confidentiality and privacy of customer, client, employer, and similar work information, including the confidentiality of customer or client identities, assignments undertaken, and other information obtained throughout the course of a professional relationship, unless (a) granted permission by the customer, client, or employer; or (b) the maintenance of the confidentiality is otherwise unethical or unlawful.

3. … will not take personal, business, or financial advantage of confidential or private information acquired during the course of their professional relationships, nor will they provide such information to others.

C. Relationship With the Public and the Global Community.

1. PMI Members will honor and meet all applicable legal and ethical obligations, including the laws, rules, and customs of the community and nation in which they function, work, or conduct professional activities.

2. … will perform their work consistent and in conformance with professional standards to ensure that the public is protected from harm. (www.pmi.org)

Both these virtue-based and act-based guidelines will now be discussed within their applicability to the organizational ethics involved within the healthcare practice.

Organizational Ethics

As one of the premier healthcare organizations in the Midwest United States, Children’s Hospitals and Clinics of Minnesota (Children’s) will be the standard healthcare organization whose organizational code will be compared with the PMI code. Children’s is also a heterogeneous organization with employees representing a vast number of different cultures, as well as providing care for a large population of culturally diverse patients and families. In addition, they operate as a non-profit business structure with many health care/business employees. Their documents of organizational codes include the Employee Service Standards (personal accountability for focus areas), the Employee Standards of Business Conduct (personal accountability for business areas), and the Organizational Code of Business Ethics (Children’s accountability on employee responsibilities).

In the article “The Intersection of Health Care and Organizational Ethics” by Cheryl Raven, the author makes the statement that “there is a significant overlap between what is considered organizational ethics and that which is considered to be healthcare ethics.” (Raven, 2002, p. 8) Along the same lines as this statement and using page three of this document as reference, there are a large number of similarities between the ethics that a project manager must use and the ethics that a health care organization and its employees are expected to follow. In comparison of the PMI code virtue-based statements and Children’s Employee Service Standards, four out of the five PMI code statements are addressed. The PMI code includes the fifth statement “I will encourage others in the profession to act in an ethical and professional manner,” which is not addressed within the Children’s Service Standards. Dr. Donald Brunnquell, Director of Children’s Office of Ethics, addressed this area as being performed more often in the hospital setting through peer review by clinical professions, which means that it will be touched on within the next section. When the Children’s Employee Service Standards are compared with the act-based statements in the PMI code, the main similarity lies with the responsibility of confidentiality. The act-based portion of the PMI code I.B.2 and I.B.3 create the responsibility of client confidentiality, which is one of the most vital components of healthcare and an often-debated issue.

Comparing the PMI virtue-based statements with the Children’s Employee Standards of Business Conduct, there is not much overlap in statements. However, when the Children’s Employee Standards of Business Conduct is compared with the PMI code act-based statements, there is much more alignment of responsibility and accountability. For instance, PMI code I.A.2 matches up with the fifth standard of Children’s regarding accepting and soliciting advantageous gifts. Other similarities between the two documents include disclosing conflicts of interest, confidentiality of the client and employer, and responsibility for obeying the law.

When the virtue-based statements in the PMI code is compared with Children’s Organizational Code of Business Ethics, the results are similar to Children’s Employee Standards of Business Conduct where there is not much overlap. However, in the act-based PMI code statements, the issue of conflicts of interest is reviewed much more thoroughly and even addresses the key points involved with communicating conflicts, similar to the PMI code, of conflicts being disclosed honestly and timely. Children’s also encourages the healthcare worker to obtain consultation and seek a resolution for their conflicts, which is not recommended in the PMI code.

Along with the hospital monitoring of their performance with these applicable guidelines that align with the PMI code, there is also a Federal regulatory agency called the Joint Committee on Accreditation of Healthcare Organizations (JCAHO) that also utilizes many of these statements in the PMI code in order to regulate the hospital performance on these guidelines. In fact, there are eight pages of ethical responsibilities that a hospital must be accountable for in order to keep their organization in good standing (Brunnquell, 2004).

Professional Ethics

In referring back to the New York Court of Appeals definition of a “profession” in section III, the definition includes the guideline that “a code of ethics imposing standards qualitatively of its members and extensively beyond those that prevail or are tolerated in the marketplace” is required for a profession to exist. This means that in addition to the healthcare organization having organizational ethical responsibilities, each profession within the organization also has a profession-specific code of ethics that they must utilize to keep membership in that profession. Physicians and registered nursing
are the two professions that will be discussed for comparison of the PMI code to their specific professional codes.

Physicians
The American Medical Association (AMA), which represents half of the physicians practicing in the United States, is the professional body that prescribes the expected ethical guidelines that a physician must follow. In the AMA code, the association stresses that the physician has a responsibility to society as a whole instead of only the individual patient (Veatch, 1997, p. 16); this is similar to the PMI code I.C.2, which refers to the consistent professional standards to ensure that the public is protected from harm. There are also requirements that physicians must complete continuing education and support for physicians who educate future physicians (medical students and residents.) This supports the virtue-based PMI code third statement regarding enhancing professional capabilities.

Dr. John Andrews, Director of Graduate Medical Education at Children’s, views the PMI code as being applicable to the field of healthcare. The virtue-based statements of high standards of integrity and fairness and honesty are viewed as especially important in order to encourage open discussion between the physician, the patient and the patient’s family. In application of the virtue-based statement to enhance professional skills, there are Continuing Medical Education and Graduate Medical Education that professionals are obligated to do to maintain their certification (J. Andrews, personal communication, October 14, 2004).

In discussion with Dr. Jessica Larson, Children’s Chief Resident, about the application of the PMI code to the ethical guidelines she follows as a physician, she responded: “If everyone practiced according to these (PMI) ethics, then the patients would receive excellent care. The guidelines fit well with what is important in our organization, except that in medicine, there is a fiduciary relationship, where the physician has a code to enter into a relationship with patients and put their needs first. In reference to the PMI statement ‘I will practice with fairness and honesty’, physicians need to be non-judgmental and honest with their patients. They also need to be honest when billing so that they are compensated correctly” (J. Larson, personal communication, October 5, 2004).

Dr. Brunnquell, trained in both clinical psychology and ethics, responded “When comparing the statement to ‘encourage others in the profession to act in an ethical and professional manner’ to the Children’s physician practices, this is attained by peer review system that allows confidential peer review within each physician’s specialty by a member of that specialty. Audits are also performed to ensure compliance.” (D. Brunnquell, personal communication, October 6, 2004). Dr. Jessica Larson also confirmed this PMI statement application through her statement “Physicians are expected to ‘police’ each other. If a physician is behaving unprofessionally, then it is to be brought to the Board of Medical Practice. There is also the expectation that a physician set a good example for each other and the medical students/residents that they work with” (J. Larson, personal communication, October 5, 2004). These two viewpoints are often considered the basis for individual physician and peer accountability: “Medical professional culture is more collegial than executive and responds better to a matrix or bilateral accountability system. Application of general styles of management to health care professionals often results in demoralized and frustrated professional staff and negative relations” (Ozar, Berg, Werhane, & Emanuel, 2001). The PMI virtue-based fifth statement is definitely held in high regard in the physician profession.

In comparison with the World Medical Association (WMA) Code of Medical Ethics, the PMI code closely matches the responsibilities expected of each WMA member and actually uses some of the same wording: “highest (WMA)/high (PMI) standards of professional conduct”, “deal honestly with patients (WMA)/practice with honesty (PMI).” The WMA unethical conduct, when reversed, also matches with the PMI code in regards to receiving solicitation (PMI I.A.2) (WMA).

Even with these similarities in the Physician and PMI codes, there are still opinions that feel medical ethics is more complex than other codes of ethics. “The standards of ethical managing are assumed to be essentially the same from organization to organization, regardless of the nature of the activity. However, we along with others, claim that health care is viewed in American society as a special kind of good that cannot be dealt with ethically in the same way as most other commodities…” (Ozar et al., 2001). Dr. John Andrews elaborates on this view further “that one of the biggest healthcare issues faced by physicians is that health-care is more than a commodity. Our customers are vulnerable” (Andrews). These viewpoints have a well-founded view of medical ethics. But, although the physician profession may include a varying focus and different relationship aspect, the PMI code is a still fairly accurate fit.

Registered Nurses
In the nursing profession, all contract nurses are accountable to the American Nurses Association (ANA) for their code of ethics. This code is very similar to the AMA code in that it requires nurses to gear their work towards society as a whole in addition to the patient. (ANA, 2001.) In addition to the ANA Code of Ethics, this responsibility is also illustrated in the Nursing Social Policy Statement.

Lani Hollenbeck, RN, C, relates the PMI virtue-based statements of high integrity and professional enhancement of capabilities to her own nursing responsibilities: “Interactions with clients, start to finish, are focused on providing quality and competent care to the best of our ability. There is a focus at present to promote excellence in nursing to assist nurses to achieve and maximize their personal best in the delivery of nursing care. To encourage personal and professional development, we also have CEU offerings that are mandated as well as financial support from the hospital for nurses to return to school, attend conferences and seminars, and receive bonuses for additional certifications. In
addition, there have been magnet programs and reporting systems developed that analyze problematic medical errors, without placing blame. These programs and reporting systems have helped to promote accountability while maintaining integrity in conduct when treated as a professional” (L. Hollenbeck, personal communication, October 5, 2004).

The ANA code of ethics speaks specifically to the role of the nurse in the field of healthcare. Among the ethical responsibilities of the nurse are the responsibilities to be accountable for individual nursing practice, preserve integrity, and to continue personal and professional growth (American Nurses Association, 2001). Once again, a health care code of ethics is very similar to the PMI code.

In contrast to these constant similarities, the fifth virtue-based statement in the PMI code is not as prominent in the nursing profession as the other ethical statements. This guideline “I will encourage others in the profession to act in an ethical and professional manner” is actually a source of distress to some nurses. Although technically nursing is within their peer profession, physicians also play a part in the ethical decisions faced by nurses. Laura Langanki, BSN, RN, understands that “people are generally ethical and professional; sometimes, doctors use their status to not always behave professionally with the people that work for them” (L. Langanki, personal communication, October 5, 2004). This issue was also addressed by Dr. Donald Brunnquell, who stated, “There is a nurse/physician hierarchy present that can deter nurses from having the authority to correct a physician when their behavior is unethical or the nurse doesn’t feel the procedure being performed is going along well ethically” (D. Brunnquell, personal communication, October 6, 2004). Actually, one of the most difficult situations for nurses is the predicament that arises when they are directly responsible for patient care and therapy, but are issued an incorrect or possibly unsafe physician order for them to complete (Mappes & DeGrazia, 1996, p. 134). This is similar to the business situation where a project manager is pressured to inflate figures or time frames because their boss ordered them to complete the project. These ethical situations and the dilemma they cause are comparable across the fields of project management and nursing.

**Conclusion**

Throughout this paper, several connections have been made relating the PMI Member Code of Ethics to applications within the healthcare field. From the organizational issues regarding Children’s standards of behavior and organization expectations to the breakdown of ethical responsibilities in the professions of physician and registered nurse, a close alignment of both the virtue-based and act-based statements in the PMI code have been shown. These interrelations lead to the conclusion that the ethics in project management are utilized often in the healthcare field.

**References**


**EMILY GRAY** is a senior at Metropolitan State University in Minneapolis/St. Paul, Minnesota. She will be graduating in December 2005 with her Bachelor of Science degree in Business Administration, along with minors in Project Management and Industrial and Organizational Psychology. In January 2006, Emily will begin her Master’s in Business Administration program, also at Metropolitan State University.

Emily works as a coordinator in the Department of Medical Education at Children’s Hospitals and Clinics of Minnesota. Besides the full time commitments of school and work, Emily enjoys exercising, coaching soccer, and reading. She resides in a suburb of Minneapolis/St. Paul with her husband and two daughters.