

ETHICAL CLIMATE AND ORGANIZATIONAL CULTURE IN DENTAL MEDICAL SERVICES: A CROSS-SECTIONAL STUDY ON ETHICAL DILEMMAS AND MANAGERIAL CHALLENGES

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INTRODUCTION

In the medical professions, the ethical dimension is not an auxiliary element, but one of the fundamental conditions for the responsible exercise of professional practice. In dental medicine, this dimension acquires particular importance due to the nature of interventions, the repeated and direct contact with the patient, the need to obtain informed consent, and the influence of economic factors on clinical decision-making.

Biomedical ethics is frequently analyzed through the lens of the principlism model proposed by Beauchamp and Childress, which includes autonomy, beneficence, non-maleficence, and justice [1]. In the organizational environment, these principles are not limited to the clinician-patient relationship, but also influence decision-making processes, leadership style, conflict resolution mechanisms, and internal operating norms.

Organizational culture may be understood as the system of shared values, practices, and meanings that shape the behavior of an organization's members [2,3]. In healthcare institutions, organizational culture affects the way transparency, professional responsibility, internal cooperation, and the management of external pressures are approached. According to the literature, a strong ethical climate is asso-

INTRODUCTION: In the field of dental medicine, the quality of professional practice is influenced not only by clinical competence, but also by the values that shape organizational life. In a context marked by financial constraints, increasing managerial demands, and an increasingly complex dentist-patient relationship, the ethical climate becomes an essential element of organizational functioning.

OBJECTIVE: The study aimed to explore how staff working in dental medical services perceive the relevance of organizational ethics, the frequency of ethical dilemmas, and the way these are managed within the institution in which they work.

MATERIALS AND METHODS: A descriptive cross-sectional observational study was carried out between February and March 2024 in dental practices in the Lugoj area, Timiș County. The instrument used was a structured anonymous questionnaire. Of the 92 questionnaires distributed, 67 were returned, and after excluding incomplete forms, 56 were analyzed. Data processing was descriptive in nature.

RESULTS: Nearly two-fifths of respondents (39.29%) considered the role of ethics to be moderately important, while 23.25% regarded it as important. Ethical dilemmas were reported most frequently as occurring occasionally (41.07%) or monthly (19.64%). The most commonly mentioned problematic situations concerned dentist-patient communication (37.5%) and therapeutic choices (23.21%). Their management was rated as very good by 67% of participants.

CONCLUSIONS: The results suggest the existence of an ethically favorable perceived climate; however, the frequency of problematic situations indicates the need for a more systematic approach. Strengthening ethics education, internal support mechanisms, and ethical leadership may contribute to the development of a more coherent and sustainable organizational culture in dental services.

Keywords: professional ethics, organizational culture, dental medical services, healthcare management, ethical dilemma

ciated with reduced internal tensions, increased professional satisfaction, and improved organizational performance [4,9,11].

In dentistry, situations frequently arise in which the optimal clinical recommendation may come into tension with the patient's available resources, time constraints, expectations, or the economic sustainability of the practice. In a system where public funding for dental services remains limited, cost pressure is largely transferred to the patient, which can amplify value conflicts and decision-making difficulties. From this perspective, studying the ethical climate and organizational culture in dental services is relevant both professionally and managerially.

CONCEPTUAL FRAMEWORK: ETHICS AND ORGANIZATIONAL MANAGEMENT

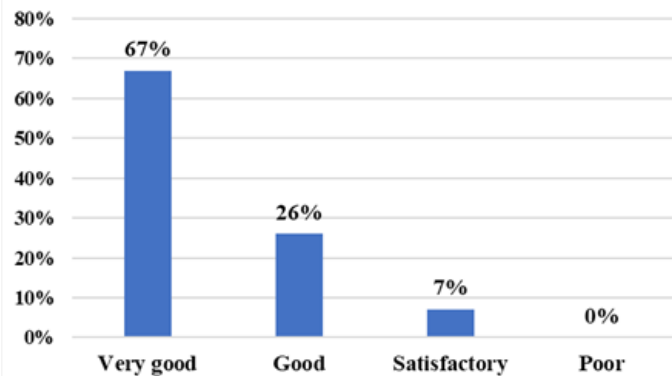
Organizational culture and the ethical dimension

The model proposed by Schein describes organizational culture at several levels: visible elements, espoused values, and deep assumptions that structure collective behaviors [3,5]. In healthcare organizations, ethical values are not relevant only at a declarative level; they must be reflected in procedures, professional relationships, internal rules, and concrete managerial practices.

5. Evaluation of ethical dilemma management

The way organizations respond to difficult ethical situations was evaluated in predominantly favorable terms. Two-thirds of respondents (67%) rated management as “very good,” 26% selected the “good” option, and 7% rated it as “satisfactory.” No participant used the category “poor” (Figure 7). At the same time, 95% of respondents stated that ethics is respected in the medical unit where they work.

Figure 7 – Evaluation of ethical dilemma management



6. Preliminary analytical observation

The data reveal an interesting combination between the relatively frequent reporting of ethical dilemmas and the favorable evaluation of the way they are managed. This association may suggest either the existence of functional internal mechanisms or a tendency to positively evaluate one's own professional environment.

DISCUSSION

The study results indicate that ethics is present in the perception of dental medicine staff, but it does not always occupy the position of an explicit managerial priority. The fact that most respondents chose the assessment “moderately important” suggests the existence of a general recognition, but not necessarily a firm assumption of the ethical dimension as a central element of organizational culture.

A relevant finding of the research is the difference between the spontaneous recognition of ethical dilemmas and the reporting of their actual frequency. Although only 32% of participants initially stated that they encounter such problems, the analysis of detailed responses shows that more than 60% face them at least occasionally. This difference may reflect an incomplete awareness of the ethical nature of certain current situations in practice. The literature suggests that healthcare professionals do not always explicitly identify the moral dimension of everyday decisions, even when it is present [8,10].

Another important result is the dominant position of dentist–patient communication among the reported types of dilemmas. This aspect is consistent with observations in the literature, which show that communication difficulties represent a major source of dissatisfaction, conflict, and litigation in medical practice [6,7]. In dentistry, com-

munication concerns not only the transmission of information, but also the explanation of risks, clarification of therapeutic alternatives, establishment of realistic expectations, and management of patient anxiety. Therefore, relational deficiencies may have ethical consequences even when the technical act is correctly performed.

Financial pressures, although not the most frequently mentioned, remain a sensitive area. In a system in which access to dental care is significantly influenced by the patient's financial means, the dentist may be placed between the obligation to recommend the optimal course of action and the need to adapt the intervention to concrete economic constraints. Data from the literature on access to dental services in Romania support the importance of these barriers and their impact on equity in care [12,13,14].

The generally positive perception regarding the management of ethical dilemmas may be interpreted in several ways. On the one hand, it is possible that the analyzed units benefit from efficient informal forms of support, professional cohesion, and functional leadership. On the other hand, the influence of social desirability cannot be excluded, especially in the context of self-reporting. Studies on organizational ethical climate show that ethical leadership and the consistency of institutional values significantly influence how staff evaluate their professional environment [4,9,11,15].

Overall, the results support the idea that dental medical services may operate in an ethically favorable perceived climate, without excluding the existence of recurrent difficulties. For this very reason, a positive perception should not be interpreted as an argument for managerial passivity, but as a starting point for strengthening clearer and more stable mechanisms.

MANAGERIAL IMPLICATIONS

The results are directly relevant for the management of dental practices and dental care units.

- ⇒ First, it is necessary to transform ethics from an implicit theme into a formal component of organizational management. The frequent existence of dilemmas, even in a favorably perceived climate, justifies the development of internal conduct guidelines and clear procedures for approaching difficult situations.
- ⇒ Second, ethics training should be practically oriented. An effective approach is not limited to theoretical notions, but includes case discussions, applied scenarios, the development of communication skills, and reflection on value conflicts arising in everyday practice.
- ⇒ Third, leadership has an essential role. The organization's management influences the ethical climate through the way it communicates, distributes responsibilities, manages internal fairness, and responds to difficulties. Visible ethical leadership can increase staff trust and decision-making coherence.
- ⇒ Finally, ethics should be integrated into the organization's mission and objectives, not treated exclusively as a normative obligation. A healthy organizational culture requires the assumption of ethical values as a strategic resource for quality, trust, and sustainability. →

An ethically oriented organizational culture implies consistency between stated values and day-to-day conduct. This includes the existence of clear standards, responsible leadership, mechanisms for reflection and reporting, and low tolerance for inappropriate conduct.

Ethical dilemmas in dental practice

In dental practice, ethical dilemmas may arise when two legitimate obligations come into conflict. Frequent examples include choosing between ideal treatment and affordable treatment, realistically explaining risks without increasing patient anxiety, obtaining informed consent under time pressure, and avoiding the influence of commercial factors on professional conduct. The literature shows that communication deficiencies are among the major sources of dissatisfaction and complaints expressed by patients [6,7]. Likewise, the financial context may subtly shape therapeutic decisions and perceptions of fairness in access to care [12,13,14].

Ethical management in healthcare organizations

Integrating ethics into organizational management involves more than compliance with general norms. It includes continuing education, explicit rules, managerial support, periodic evaluation of the ethical climate, and the assumption of ethical leadership as part of organizational performance. Organizations that invest in this direction tend to develop a more stable, predictable, and responsibility-oriented work environment [9,11,15].

MATERIALS AND METHODS

Study design

A descriptive observational study with a cross-sectional design was conducted between 1 February and 30 March 2024. The research had a pilot character and aimed to capture the perceptions of dental medicine staff regarding the ethical climate and problematic situations encountered in daily activity.

Study population

The target group included professionals and collaborators from dental practices in the municipality of Lugo and nearby localities within an approximate radius of 20 km.

Eligible participants were those who simultaneously met the following conditions:

- were working within a dental medicine unit;
- had at least 3 months of experience in that unit;
- expressed their agreement to participate by completing and returning the questionnaire.
- Incomplete questionnaires were excluded.

Data collection instrument

Data were obtained through an anonymous questionnaire designed based on the specialized literature on medical ethics and organizational culture [1–4]. The instrument included items referring to:

- respondents' socio-professional characteristics;
- perceptions regarding the importance of ethics;
- frequency of encountering ethical dilemmas;
- dominant types of problematic ethical situations;
- evaluation of how the organization manages these situations.

Data collection

A total of 92 questionnaires were distributed. Of these, 67 were returned, corresponding to a response rate of 72.8%. After excluding 11 incomplete forms, the final analysis included 56 respondents.

Data analysis

Given the sample size and the pilot nature of the research, the analysis was limited to descriptive statistics. The results were expressed through frequencies, percentages, and basic descriptive indicators.

Ethical considerations

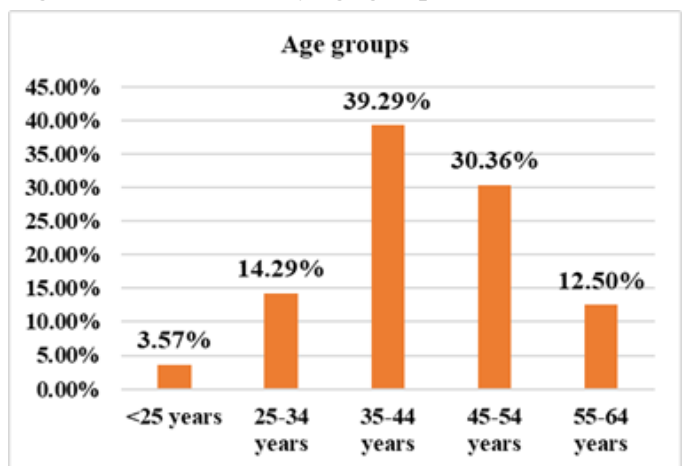
Participation in the study was voluntary and anonymous. Responses were collected exclusively for scientific purposes, and returning the questionnaire was considered an expression of implicit consent to participate.

RESULTS

1. Sample profile

The analysis included 56 respondents. The mean age of participants was 45.2 years, with a standard deviation of 22.3 years, and values ranging from 23 to 64 years. The best represented age groups were 35–44 years (39.29%) and 45–54 years (30.35%) (Figure 1).

Figure 1 – Distribution by age groups



Women represented 57% of the sample. From the perspective of professional category, the distribution was dominated by dentists (57%), followed by nurses (32%), auxiliary staff (9%), and dental hygienists (2%) (Figure 2).

Most respondents came from urban areas (66%). The mean professional experience was 13.6 years (SD = 7.2), and 42.86% of participants had more than 15 years of experience in the field (Figure 3).

Figure 2 – Distribution by professional categories

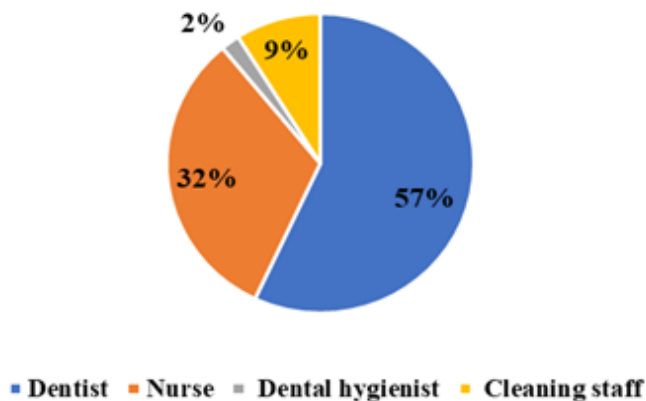
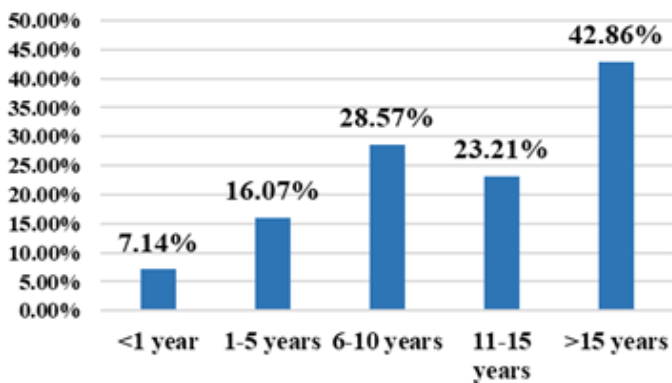


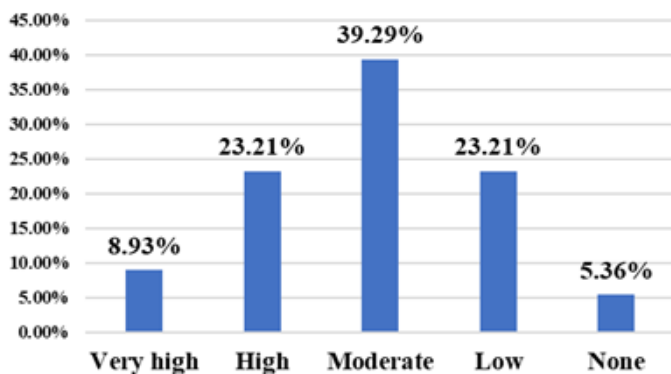
Figure 3 – Distribution according to years of professional experience



2. Importance attributed to ethics within the organizational setting

Perceptions regarding the importance of ethics in the management of organizational culture were unevenly distributed. The largest share of responses was concentrated in the “moderately important” category (39.29%). Another 23.25% of respondents considered ethics to be “important,” while the same percentage placed it in the “slightly important” category. Lower percentages were recorded for the evaluations “very important” (8.93%) and “not important at all” (5.36%) (Figure 4).

Figure 4 – Importance of ethical aspects in organizational culture management

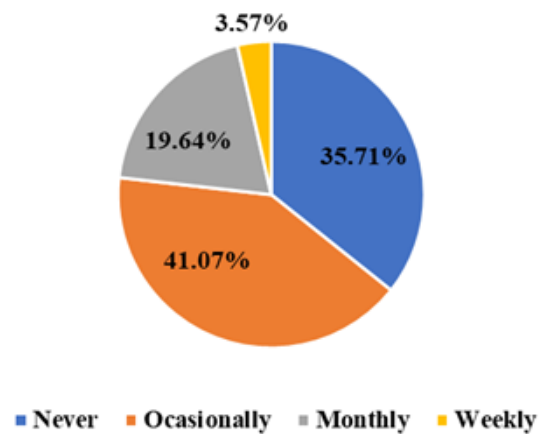


These results indicate that although ethics is recognized as a relevant dimension, it is not uniformly perceived as a central priority of organizational management.

3. Frequency of ethical dilemmas

When asked the general question regarding the existence of ethical dilemmas, only 32% of respondents initially stated that they faced such situations. However, when frequency was explored more specifically, the distribution of responses was different: 41.07% stated that they encountered ethical dilemmas occasionally, 19.64% monthly, 3.57% weekly, while 35.71% indicated that they never encountered such situations (Figure 5). The difference between the overall response and the reported frequency suggests a possible difficulty in identifying or explicitly labeling certain everyday situations as ethical dilemmas.

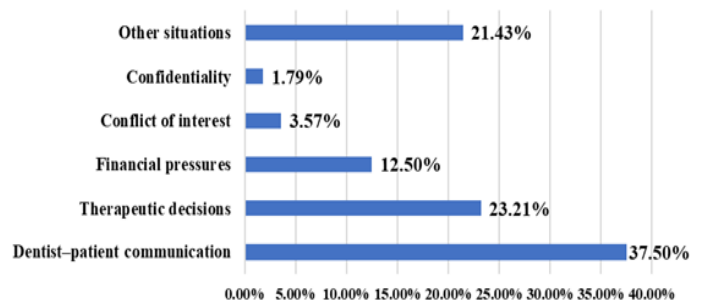
Figure 5 – Frequency of ethical dilemmas



4. Typology of reported ethical dilemmas

The most frequent problematic situations reported by participants were those related to dentist–patient communication, mentioned by 37.5% of respondents. In second place were dilemmas associated with therapeutic decisions (23.21%). Financial pressures were indicated by 12.5% of participants, conflict of interest by 3.57%, and difficulties related to confidentiality by 1.79% (Figure 6).

Figure 6 – Typology of ethical dilemmas



The results suggest that ethical challenges are concentrated mainly in the area of clinical interaction and professional decision-making, more than in the strictly administrative or legal sphere.



STUDY LIMITATIONS

The results must be interpreted in light of several methodological limitations. First, the small sample size restricts the possibility of generalization. Second, the limited geographical area means that the data mainly reflect local realities. Third, the cross-sectional design does not allow causal conclusions to be drawn. Last but not least, the use of self-reporting may introduce social desirability bias, especially in the evaluation of one's own organization.

Even under these conditions, the study provides a useful picture of relevant trends and may serve as a starting point for broader future investigations.

CONCLUSIONS

The research highlights that, in the dental medical services investigated, ethics is generally perceived in a positive manner, and the management of difficult situations is favorably assessed by most respondents. However, the relatively frequent reporting of ethical dilemmas shows that these situations are part of the current reality of practice and cannot be considered exceptional.

Therefore, the development of an ethical organizational culture should not rely exclusively on favorable perceptions, but on explicit mechanisms for training, reflection, and decision-making support. Integrating ethics into organizational management can contribute to improving service quality, strengthening patient trust, reducing professional tensions, and reinforcing institutional sustainability.

In this sense, ethical management should be understood not only as a professional obligation, but also as a strategic resource of dental medical organizations.

References

1. Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*. 7th ed. Oxford University Press; 2013.
2. Robbins SP, Judge TA. *Organizational Behavior*. 17th ed. Pearson; 2017.
3. Schein EH, Schein PA. *Organizational Culture and Leadership*. 5th ed. Wiley; 2022.
4. Victor B, Cullen JB. The organizational bases of ethical work climates. *Adm Sci Q*. 1988;33(1):101-125.
5. Epstein RM, Street RL. The values and value of patient-centered care. *Ann Fam Med*. 2011;9(2):100-103.
6. Fallowfield L, Jenkins V. Effective communication skills are the key to good cancer care. *Eur J Cancer*. 1999;35(11):1592-1597.
7. Levin RP. Effective patient communication for dental practices. *J Am Dent Assoc*. 2010;141(9):1100-1102.
8. Sokol DK. How the doctor's nose has shortened over time. *J R Soc Med*. 2006;99(12):632-636.
9. Imani A, et al. Ethical climate and job satisfaction among hospital staff. *J Med Ethics Hist Med*. 2018;11:15.
10. Campbell SM, et al. Ethical practice in primary care: educational implications. *BMC Med Educ*. 2010;10:69.
11. Grace PJ, et al. Professional values and ethical climate in healthcare organizations. *Nurs Ethics*. 2014;21(3):346-360.
12. Popa D, Dumitrescu AL. Barriers to dental care in Romania. *Rom J Oral Rehabil*. 2013;5(2):45-52.
13. Petersen PE, Kwan S. Equity and public health programmes—the case of oral health. *Community Dent Oral Epidemiol*. 2011;39(6):481-487.
14. World Health Organization. *Global Oral Health Status Report*. Geneva: WHO; 2022.
15. Treviño LK, Nelson KA. *Managing Business Ethics*. 7th ed. Wiley; 2016.