ABSTRACT BODY:

Purpose/Hypothesis: To evaluate the relationship between organizational emphasis on productivity and rates of reported unethical behavior in physical therapy clinicians.

Number of Subjects: 3,446 physical therapy clinicians (2,381 PTs and 1,065 PTAs) licensed in the State of Texas

Materials/Methods: A 27-question electronic survey of physical therapy clinical productivity standards and clinical behavior was developed and distributed online through a mailing list purchased from the physical therapy licensing agency in the State of Texas. Unethical behaviors were modeled after sample behaviors found in the APTA’s “Consensus Statement on Clinical Judgment in Health Care Settings”. Respondents rated the frequency with which they observed six unethical behaviors on Likert scales, with responses ranging from 1=never to 7=always. Since the definition of unethical behavior can be subjective in nature, behaviors were not strictly defined. To avoid biasing responses, terms such as "inappropriate" were used to describe each behavior, unless behaviors were explicitly illegal or fraudulent. Respondents also answered items related to the presence and qualities of productivity standards in their primary work setting.

Results: The respondents' mean age was 42.5 years (SD=11.5, range=21-75) and mean years of practice was 14.9 years (SD=11.3, range=0-41). Significant differences were found in the frequency of observed unethical behavior between different practice settings (p<.001), with those in skilled nursing facility (SNF) settings reporting higher frequencies than all other settings. Clinicians in SNF settings were 4.1 times more likely to observe more unethical behavior than the median when compared to all other settings. A weak, positive correlation was found between an organization's productivity rate expectations and rate of unethical behaviors observed (r^S=.225, p<.001).

Organizational emphasis placed on ethical practice and evidence-based practice in comparison to achievement of productivity showed moderate negative correlations to total observed unethical behavior (r^S=-.509, p<.001; r^S=-.492, p<.001).

Conclusions: Higher rates of unethical behavior were associated with higher emphasis on productivity achievement and higher perceived difficulty, appropriateness, and rate of clinicians’ expected productivity. These associations are all consistent with previous studies in other industries of the effect of productivity goals on unethical behavior in the workplace.

Clinical Relevance: These findings may help organizations understand the impact of performance goals, such as productivity standards, and encourage them to reassess whether their culture facilitates ethical practice. The results should be used in continuing research on individual and organizational factors that foster ethical practice and encourage investigation of strategies to transition from volume-based to value-based healthcare reimbursement.

KEYWORDS: Productivity, Ethics, Administration.

References: Limit to only those materials that ensure that the content is evidence-based; minimum 5 references, no more than 10 years old (2009 and forward): Andreoli N, Lefkowitz J. Individual and Organizational Antecedents of Misconduct in Organizations. Springer Science & Business Media B.V.; 2009:309-332


