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“Quizá la Ética sea una ciencia que ha desaparecido del mundo entero. No importa, tendremos que inventarla otra vez”.

Jorge Luis Borges

CONTENTS

INTRODUCTION

Since Plato's *"Republic,"* concerns about conflicting values and ethical dilemmas have constellated the public sector. Exploring the challenges brought by these conflicting values and dilemmas (Van der Wal, de Graaf and Lawton 2011) is critical for understanding the role of ethics in public administration. As noted by Rousseau (1775), ethics may enhance the desire to work for the good of society. It is thus unsurprising that ethics has come to be conceived as an inherent principle of public service. Illustrative of the salience of ethics in this context, some public administration scholars have gone as far as to define ethics as "the most important public policy" (Maletz and Herbel 2000).

In recent times, the relevance of ethics has acquired renewed importance (e.g., Goss 1996; Long 1988; Marini 1992), possibly due to the increasing complexity faced by public administrations around the world. Indeed, besides triggering endless theoretical disquisitions, ethical issues may have profound consequences on the implementation of public policies and the accessibility of public services.

Against this backdrop and being interested in both theoretical and empirical developments of this multifaceted construct, the three chapters of my dissertation have the overall aim of contributing to our understanding of ethics in public administration and, more specifically, within complex public organizations. To do so, after an exercise of stocktaking and systematization of what we know (Chapter 1), my work investigates critical questions on ethics in the empirical context of public healthcare organizations.

In Chapter 1, I provide a systematic review of the literature in public administration. While developing a reasoned synthesis of state of the art regarding ethics in public administration scholarship, this chapter underlines several aspects that have been mostly overlooked. Public sector ethics has been extensively studied both at the level of institutions (e.g., Arsenault 2001; Gormley 1986; Rizzo and Swisher 2004) and of individuals (e.g., Habermas 1998; Kant 1909; Quill 2009; Quinlan 1993; Rutgers 2009). However, little attention has been devoted to ethical issues at the level of public

managers. Systematically reviewing 160 articles from six top-ranked journals discussing ethics in public administration scholarship, this chapter illuminates ethical issues and dynamics emerging at different levels of public administration life. Moreover, I offer a three-pronged classification of ethics in public administration that allows organizing the ethical issues addressed by the extant scholarship around the institutional, managerial, and individual levels. Results suggest that dilemmas and challenges arise from conflicting interests and values that occur inside and between levels.

Moreover, this chapter highlights ethical issues experienced at the managerial level. As suggested by previous studies, public managers have several sources of obligations and responsibility, which require some degree of moral problem-solving ability (Rizzo and Swisher 2004). Besides duties to their superiors (Weber 1947), they also have obligations to individuals as service users (Cooper 1998) and individuals as professionals. These sources of obligations and responsibilities are often in conflict, and therefore public managers may face ethical challenges and dilemmas that are specifically connected to their role (Gormley Jr. 2001). When faced with such dilemmas, public administrators may find it challenging to perform their managerial tasks and balance their administrative discretion, responsiveness, and professional independence (Adams 1993; Allmendiger et al. 2003; Kernaghan 1980). Given the importance of managing ethical dilemmas to preserve individual and community instances, it is crucial to offer a taxonomy that acknowledges the managerial function as one of the *loci* where those dilemmas are more likely to arise.

Moving to the remaining chapters, they are both empirical investigations of ethics in public administration. Specifically, given the existing gap at the managerial level, which was previously delineated, in the second and third chapters, I explore ethical issues characterizing the decision-making processes of public managers, as well as the strategies through which public managers pursue their core mandate in contexts replete with dilemmas.

In Chapter 2, I explore the ethical dilemmas experienced in decision-making processes by public health managers when confronted with trade-offs between the interests of individual patients and the interest of the community in the domain of public health. Using the emergency context induced by the Covid-19 pandemic as an empirical setting, this chapter aims at understanding how health managers perceive and cope with such ethical dilemmas. Moreover, it tries to elicit and gauge the relative importance of different factors influencing the preferences of healthcare managers with regards to organizational setting and patient priority. Methodologically, I employ a sequential mixed methods design composed of a qualitative stage based on semi-structured interviews, followed by a stage where I perform a conjoint analysis in the form of a discrete choice experiment, whose attributes are derived from the interviews. Through the study, I find that health managers' experience of health emergencies is characterized by negative emotions and an exacerbated perception of a specific type of ethical dilemmas, the one connected to the difficulty of balancing their responsibilities as clinicians and their duties as managers.

Moreover, the findings highlight that health managers' relationships with the institutional level are fraught with perceived problems in terms of coordination and autonomy that, paired with the absence of standardized external protocols that guide decisions in the face of resource scarcity, are perceived as a further emotional burden. The analysis also reveals that health managers express strong preferences when assigning priority to patients in conditions of resources scarcity. Interestingly, the experiment elicits that resource scarcity and age are the factors influencing more the choices of healthcare managers, who – when confronted with trade-offs - show strong preferences for younger patients. The results of this study are relevant for policymakers, especially during health emergencies facing the need to treat urgent patients with pressures on public hospitals and resource scarcity. In particular, the results highlight the importance of standardized protocols issued by public institutions to provide guidelines for treatment while considering the practical availability of resources.

In Chapter 3, I explore the role of public managers in the implementation of a contentious policy, voluntary termination of pregnancy in Italy. In this country, elective abortion was regulated in the late '70s. It is currently included in the so-called essential levels of care, i.e., the government's services to all citizens. At the same time, roughly 70% of gynecologists are conscientious objectors. According to this provision, through professional policies or codes of ethics, civil servants can exercise refusal clauses or conscience clauses that exclude them from the direct involvement of specific legal services falling within the scope of their qualifications and practice. Conscientious objection, which with a few exceptions (Rohr 1971; Uhr 2014) has been overlooked by the public administration literature, has divisive consequences on the workplace collective, as it typically splits civil servants between those who opt-in and those who opt-out. At the same time, due to societal developments such as value pluralism and professionalism, as well as to advancements in biotechnology, this provision is likely to spread across policy domains and countries. Yet, little is known about the role of managers in orchestrating the delivery of public services that trigger such an ethical division in the workplace. This is exactly the focus of this chapter.

The theoretical underpinnings of the chapter lie in the studies on conflicting values in public service (Selden et al. 1999, de Graaf 2010, de Graaf et al. 2016) and the different responses developed by civil servants to deal with these dilemmas. I then zoom on the strategies of public managers to lead and motivate public professionals in this type of context, also drawing from the literature on 'dirty work' and emotional-laden tasks in sociology and organization studies (Boyle and Healy 2003; Ashforth & Kreiner 1999; Kreiner et al. 2006; Ashforth et al. 2007; Ashforth et al. 2017; Mastracci 2021). Empirically, the study adopts a qualitative research design based on extensive documentary analysis and a set of in-depth semi-structured interviews conducted with Heads of gynecology and obstetrics units in Italian public hospitals. The findings illuminate strategies through which managers ensure service delivery with a divided workforce by attending to the ethical dilemmas in their discursive, structural, and organizational strategies.

Chapter I.

Ethics in Public Administration:

A Systematic Review

1.1 INTRODUCTION

Throughout the development of the public administration scholarship, ethics has come to be regarded as an inherent principle of public service. And, since ethics inspires public administrators and public servants to work for the good of society, as noted by Rousseau (1755), some scholars have conceived ethics as “the most important public policy” (Maletz and Herbel 2000). The importance of ethics has been increasingly recognized also in practice, and parallel developments have been witnessed by the flourishing of codes of ethics (Thaler and Helmig 2016) and the promotion of ethical organizations (Svara 2014). The general “loss of ideology or purpose” (Neuse 1982) that, according to many scholars, characterizes modern political systems to various extents has encouraged governments to introduce ethical reforms with the profound motivation of revamping the purity of governmental processes (Maletz and Herbel 2000). By introducing ethical guidelines and standards of conduct to norm different fields, these reforms have shared the aim of reinstating the central position of ethics in public administration. Indeed, ethics and administrative reforms to initiate ethical guidelines in public services have been implemented in different countries, such as New Zealand, Australia, the UK, and Canada. However, the success of such reforms has been contingent on the individual behaviors of public servants (Christensen and Laegreid 2011), especially at the local level. Therefore, the ethical intent behind such reforms has lost its purpose in several circumstances.

Ethics has assumed even more importance (e.g., Goss 1996; Long 1988; Marini 1992) due to the increasing awareness of the complexity involved in public administration practices. In stylized terms, from the time public administration was recognized as a discipline by Wilson’s *The Study of Administration* (1887), such increasing complexity has also affected public service management. Public administration started to be regarded as a profession, and the role of public administrators began to require more responsibility. In turn, the recognition of public administrators’ professional roles has

led scholars to conceive public administrators as "*de facto* policymakers." As such, they have started operating value judgments when implementing political directives, rather than simply enforcing policies in an acritical way (Alexander and Richmond 2006).

Public administrators' roles and public administration practices are often shaped by a plurality of values (i.e., de Graaf and Van der Wal 2010; Kakabadse et al. 2003; Van der Wal and Huberts 2008). Different interpretations of the vast array of values that underpin the public realm have been explored (Van der Wal 2010), and the very meaning of public sector values has changed with time (Habermas 1975), due to environmental changes such as globalization and devolution (Bryer 2006), to the application of managerial notions to the service delivery (Macaulay and Lawton 2006), and to the process of secularization which has removed the tie between spiritual wisdom and public values (Lynch et al. 1997). Many have investigated public values in contrast to private sector values (Berman and West 1994; van der Wal 2011; Wittmer and Coursey 1996) and processes of secularization (Lynch and Cruise 1997), especially after the introduction of New Public Management reforms (Sheaff and West 1997). Others have discussed conflicting values and ethical dilemmas concerning individuals (Van der Wal and Huberts 2008), building on the argument that such conflicts cannot be avoided.

Although the public administration scholarship has extensively examined issues related to public sector ethical values, the lack of a cohesive understanding of ethics has led to a progressive impoverishment of such values. Scholars have tried to clarify the importance of ethics, albeit relying on narrow categories and definitions to study ethical issues. These efforts have resulted in implicit definitions of ethics that refer to various topics. The topics discussed have varied from public service motivation (e.g., Crewson 1997; Kim 2009; Meyer-Sahling, Mikkelsen and Schuster 2018; Moloney and Chu 2014; Perry and Wise 1990; Ripoll and Breaugh 2019), to administrative evil (Adams and Balfour 2006; 2008), to corruption (e.g., Jackson and Smith 1996; Nelson

and Alfonso 2019), to ethical dilemmas (O' Kelly and Dubnick 2005), and codes of ethics (Kernaghan 1980), to cite a few.

Notwithstanding scholarly efforts, research on ethics in public administration is still fragmented and mainly focused on isolated issues. An effort to study ethics in public administration in a "sustained and systematic fashion" (Cooper 2004, 395) is still lacking. Far from being a purely academic discourse, this is a major gap given that ethical issues might entail practical implications for the very functioning of public sector organizations and hamper further scholarly progress. This paper takes a first step toward addressing this gap. It does so by providing a systematic review of 160 articles from six top-ranked journals discussing ethics in public administration scholarship, guided by the following research question. *How are ethics and ethical issues defined and organized in public administration scholarship?*

This work offers two main contributions. First, rather than focusing on one aspect of ethics, the review encompasses the range of all possible domains that ethics can cover in public administration. I argue here that providing a unique and comprehensive definition of ethics in public administration would not be a fruitful intellectual endeavor, for it would oversimplify the ontological richness of the multifaceted issue of ethics in public administration. Against this background, the review offers a theoretical classification that 1) organizes different perspectives on ethics in public administration and 2) highlights the dynamics among the multiple dimensions on which ethics has a bearing. Drawing on the classification I propose, ethics can be conceived as operating at three levels punctuated by conflicting values and ethical dilemmas.

Second, while examining conflicting values and ethical dilemmas inside and between levels, my analysis sheds light on ethical issues experienced at the levels of institutions and individuals and, in particular, by public managers in decision-making processes.

The remainder of the study is organized as follows. In section 1.2, I provide an overview of the existing definitions of the term ethics. In section 1.3, I describe the methodology

I adopt to conduct a systematic review of ethics in public administration. Using this methodology, in section 1.4, I present the results and describe the corpus of studies on public administration ethics. In section 1.5, I then provide a classification of public administration ethics that may interest both theory and practice.

1.2 DEFINING ETHICS

Before examining ethical issues, a more precise definition of the terminology adopted is needed. First, it is helpful to note that ethics and morality have often been used interchangeably. Notwithstanding that both ethics and morality are related to issues and dilemmas concerning individuals and public organizations, these terms have peculiarities that is important to address.

In public administration scholarship, the term ethics has been approached differently according to the various theoretical perspectives adopted. Quill (2008) has defined ethics as 'procedural correctness,' pointing to the fact that the primary function of ethics is to ensure adherence to norms and avoid violation of public trust. Other scholars have referred to ethics as 'administrative ethics' (Thompson 1985). Still, ethics has often been associated with the concept of 'care' (Stensöta 2010), built on the assumption that individuals are related one to the other and challenging the idea of the 'autonomous self.' Ethics has also been referred to as the essential condition for creating an environment of trust in public sector organizations (Menzel 1995). Others have used the construct of ethics to indicate the science of ranking moral values (O' Toole 1990) and argued that ethics is a value-driven discipline. Still, others have identified several situations in which 'ethical dilemmas' are encountered (Dobel 2003; Gormley Jr. 2001; Rizzo and Swisher 2004), for instance, when organizational rules are settled without previous consultation with employees (Rich 1996). Although the topic has been widely discussed, as noted by some scholars (Bowman et al. 2011), no formal standard exists to delineate the exact content of public administration ethics.

Regarding the term morality, the *locus* of morality and the characterization of moral values have raised significant scholarly interest. Green (1931) has defined morality as "the disinterested performance of self-imposed duties," pointing to the social dimension of individuals in their relationships with others. Through the cultivation of the social dimension, the process of self-realization acquires meaning to the individuals, and others become the source of the individual's self-imposed duties. Departing from this argument, an action is moral insofar as it contributes to the 'common good,' which has been intended not as the sum of individual interests but as the mutual harmony of all individuals' self-realization. For Habermas (1998), morality has been conceived as a matter of justice when examining human interactions in the social sphere. Scholars have also investigated the issue of 'morality policies' to study the regulation of community values (Gormley 1986), conflicting values in the phase of implementation (Arsenault 2001), and to address questions concerning religion to understand whether the latter influences the governance of moral issues (Budde et al. 2017). Still, others have investigated deficiencies of morality, given that flaws in moral reasoning might lead to negative consequences for the ethical conduct of government (Rizzo and Swisher 2004) and degenerate into episodes of 'moral inversion' (Adams, Balfour and Reed 2006; Russell and Gregory 2005, 2011). In the presence of moral inversion, individuals perform acts of administrative evil while believing that they are indeed pursuing good actions (Adams and Balfour, 2008).

In sum, the definitions offered by scholars suggest that morality has to do with the exercise of duties and values that individuals must apply to maintain harmony in the social sphere. Conversely, ethics has been more referred to as techniques, strategies, and models that might be applied in the exercise of public services and the creation of an environment of trust in public administration through adherence to norms or the example provided by ethical leadership. Yet, ethics in the public sector seems to be more devoted to procedures to enhance an environment permeated by adherence to norms and duties, or, at least, by the exercise of ethical conduct driven by the example

of ethical leadership. Therefore, given the complexity of the dynamics connecting ethics and morality, distinctions between these terms are blurred and remain mixed.

The second element of confusion, which complicates the attempt to assess what ethics in public administration is, can be found in the different philosophies and ideologies adopted to explore this issue. As Brady (2003) has underlined, universal voices arising from traditional perspectives have dominated the literature on ethics in this field. Considering universal concepts that can be applied to anyone and neglecting the "ethics of particularity," the vast presence of universal voices has prevented particulars from being considered, thus limiting the exploration of concrete rather than abstract ethical experiences. In the awareness of the tiny differences between proponents and advocates, there is broad consensus on the fact that we can consider deontology (focused on norms, principles, duties, and rules) and teleology (focused on purposes, interests, goals, and consequences) the traditional perspectives to categorize ethics.

The first approach, known as 'deontological' or 'bureaucratic,' has been mainly assimilated into Kant's writings. Deriving from the Greek words *deon* (duty) and *logos* (discourse, study), this approach, also defined as the 'science of duty,' has asserted the existence of moral principles that can be universally applied. According to Kant, reason is the source of morality, and it revolves around a 'categorical imperative.' This latter can be conceived as the guiding principle for all the members of society. Focusing on universal rules and the dichotomy between right and wrong, ethical behavior has been conceived as the result of rules and norms that shape deontological reasoning. Universal principles connotate actions as morally binding, with no regard to their consequences (Brady 2003), and therefore, they constitute the moral rationale for decisions. In other words, given that duties arise from superior norms, morality coincides with respect for such norms.

The second fundamental theoretical approach, known as 'teleological' or 'consequential,' has been mainly related to Bentham's conception of utilitarianism (1789). According to this perspective, actions should be examined by looking at the

moral worth of decisions, which can be assessed vis à vis the amount of good achieved. Unlike the deontological tradition, the teleological approach has focused on the consequences of actions. Hence, the morality of an action should be confronted with its outcome and results. By subordinating duties to purposes, this theoretical perspective has affirmed that public servants chose public careers because of their already existing concerns for society. It can be argued that the deontological approach gives *a priori* justification for all activities, while the teleological approach is instead relativistic.

For a long time, scholars have tried to approach ethics in public administration through the lenses of either deontology or teleology (Brady 2003). Nevertheless, besides these two traditional approaches, other perspectives are worth mentioning. Among these, there is broad consensus on the importance of the perspective known as 'virtue ethics,' which has stated that identity is the driving force guiding individuals in ethical decision-making and moral development. This lens can be traced back to Aristotle, who advocated the importance of cultivating a virtuous character to handle ethical dilemmas and make proper decisions. From this perspective, identity is also responsible for forming motivations since it directly affects actions and behaviors (Ripoll and Breaugh 2019).

The second alternative approach recalled here is that proposed by 'feminist ethical perspectives,' which have emphasized the aspects of the relationship between the self and the external world. Substituting rational considerations for relational thinking and abandoning mere rationality in decision-making processes, this approach has conceived individuals as relational instruments who must overcome opposition towards other individuals to achieve a deeper understanding of the self (King 2000). Once such narrative dialogues allow the emergence of relations among individuals (Benhabib 1992) and stories give meaning to individual lives, the public discourse can be opened to all (King 2000). Therefore, a different associational public space can be created by cultivating interactions among individuals, thus rejecting and destroying

universal rules, normative requirements, and the traditional Cartesian dichotomy between rationality and feelings.

The theoretical approaches just delineated summarize the scholarly perspective on ethics in public administration. In stylized terms, deontology has highlighted the importance of normative and cultural elements when assessing ethical behaviors; teleology has identified the instrumental role of ethics in the public sector; last, virtue ethics has offered an alternative perspective to incorporate the importance of identity as the determinant of an individual's ethical heritage.

In sum, these perspectives have suggested that providing a comprehensive definition of ethics in the field is impossible and may add very little precious to our scholarship. However, given the plurality of ethical values constellating public administration and the challenges that conflicting values might entail for the very functioning of public sector organizations, there is room for arguing that a systematic organization that can accommodate these different perspectives on the thorny subject of ethics is a necessary endeavor. Hopefully, this systematic research effort might help prevent the progressive erosion of ethics in the public sector. To provide this systematization, in the study, I consider ethics a discipline, the study of morality that, including the shared perceptions of norms, values, and behaviors, ensures the preservation of democratic values.

Given the valuable knowledge offered by extant scholarship, in the following sections, I build a three-pronged classification of ethics in public administration, which pertains to institutions, individuals – as both public servants and public service recipients - and public managers in public organizations. This classification highlights the importance of illuminating the complex dynamics between ethical issues and public administration practices inside and between levels while accounting for the peculiarities that characterize the public sector's functioning.

1.3 METHODS

To take stock of the public administration scholarship on ethics, I conducted a systematic review that led to the selection and analysis of 160 academic journal articles. To ensure research rigor, the analysis followed a PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analysis) screening process.[1] This process consisted of a checklist of 27 items and a flow diagram organized in four stages, i.e., identification, screening, eligibility, and inclusion criteria (Liberati et al. 2009). Studies to be included in the review were identified according to the following steps. First, the following six top-ranked journals were selected for the systematic review (in alphabetic order): *American Review of Public Administration (ARPA), Governance, Journal of Public Administration Research and Theory (JPART), Public Administration (PA), Public Administration Review (PAR), Public Management Review (PMR).* This choice followed the trend of the journal impact over the last years. Other articles from the journal of *Public Integrity (PI)* were included with no systematic effort for inclusion since the latter is the only international journal on ethics and governance and, therefore, it is of interest for this chapter.

Second, the primary search was conducted electronically using the keywords 'ethic*' and 'moral*' to be searched in the abstracts. I decided to keep both for the primary search since scholars have often used ethics and morality as synonyms. This broad search criterion enabled every article discussing ethical issues, both explicitly and implicitly, to be included in the analysis. Given that the available filters were mutually exclusive, the search was run only for keywords included in the abstracts. The abstract-only filter was the only one enabling a more comprehensive search since scholars may have discussed ethical issues in public administration without making explicit reference to ethics in the title. Indeed, screening the title-only would have resulted in very exiguous records, and a keyword filter was not available for each

[1] See Appendix A.1 for the complete PRISMA checklist, following Liberati et al. 2009

journal. The only exception was represented by the search in *Public Management Review (PMR),* which did not allow a keyword search in the abstracts. This exception required a manual screening of all the articles containing the keywords in their texts. Third, six eligibility criteria were used for article election, and articles not meeting these criteria were excluded.

Eligibility of articles

To limit the analysis to the purposes of this study and to handle the vast subject of ethics, eligible studies were selected when meeting the following six criteria (Moher et al. 2009):

- *Topic:* The articles had to explicitly address ethics to ensure an in-depth analysis of the issue. Indeed, some papers dealt with ethics or morality tangentially, and therefore they were excluded. This narrow criterion aimed at limiting the burgeoning number of articles discussing ethics to the scope of the review. For instance, some studies dealt with moral hazard and fiscal policy, tackling only tangentially ethical issues. Others dealt with professionalism in public management, and the subject of ethics was barely mentioned.
- *Field:* Articles had to be focused on ethics in the public sector.
- *Study design:* Both theoretical and empirical studies were included to account for all the relevant contributions to ethics comprehensively.
- *Source:* Only papers published in the six selected international top journals were admitted. The rationale for excluding all “grey literature” (Rothstein and Hopewell 2009) was that published articles increasingly represent the principal research outlet and capture the primary contemporary trend in academic studies (Ospina, Esteve and Lee 2018). Moreover, since a systematic review is characterized by the quality assessment of the included articles, the review process inherent to journal articles acceptance provided an implicit mechanism of quality control, differently from conference papers and books (Bryman 2006).

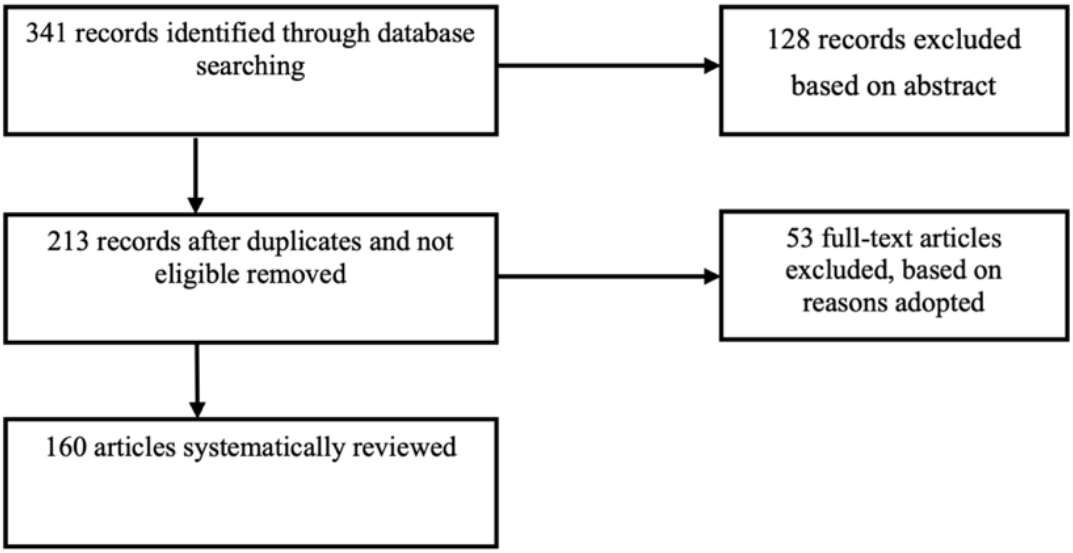
- *Language:* Following the standard practice, only English-written articles were included, thus avoiding problems related to translation and replicability.
- *Time frame:* The review was not limited by any time restriction. Since the goal was to understand how public administration research in this area has evolved, time restrictions seemed ill-suited to track scholarly developments over time.

Records selection

The process of selection followed different steps. The first keyword search led to the identification of 341 articles of potential interest. After the search, the second step consisted of a first screening of the articles by carefully reading the titles and abstracts. This step allowed the exclusion of 128 articles among book reviews, commentaries, codes of ethics, and reports that did not meet the eligibility criteria or were duplicates. Regarding the issue of duplicates, some studies resulted more than once since the same article could correspond to the two keywords used for the search process. The inclusion of duplicates was carefully prevented to avoid biases, and double counting of the articles was circumvented by juxtaposing author/s names. The third step involved an in-depth analysis by carefully reading the remaining 213 abstracts or full papers to assess the likelihood of being included in the systematic review. After the full reading of the previously screened articles, 53 records were excluded to ensure consistency with the research question for the following reasons. Twenty-four studies were dropped because the issue of ethics was addressed tangentially, and eleven were eliminated because they were not suitable to answer the research question. Other reasons had to do with the fact that the topic was too narrow to inspire the development of this paper or that it was a minor one in the literature. Six articles dealing with specific cases about codes of ethics, ethical frameworks, standards, and ethics commissions were dropped out, given that such codes, frameworks, and standards were only employed as empirical contexts, with no actual discussion on ethics. Eight articles in which the term moral indicated the issue of ‘moral hazard’ were eliminated. Two articles referred to ‘moral suasion.’ One study was explicitly related to ‘moral

handwriting.' Therefore, they were dropped. The overall PRISMA screening ended up with 160 records to be included in the review. The PRISMA flowchart is condensed in Figure 1, which shows the search and selection processes on the six selected top journals without time restrictions.

Figure 1. PRISMA flowchart



1.4 RESULTS

The final sample included 160 primary studies. These studies were systematically analyzed to provide a complete picture of recurring ethical issues in the public sector, as underlined by scholars when discussing the role and the possible definitions of ethics in public administration literature. Data were chartered using the following dimensions.[2] For each of the retained articles, I included:

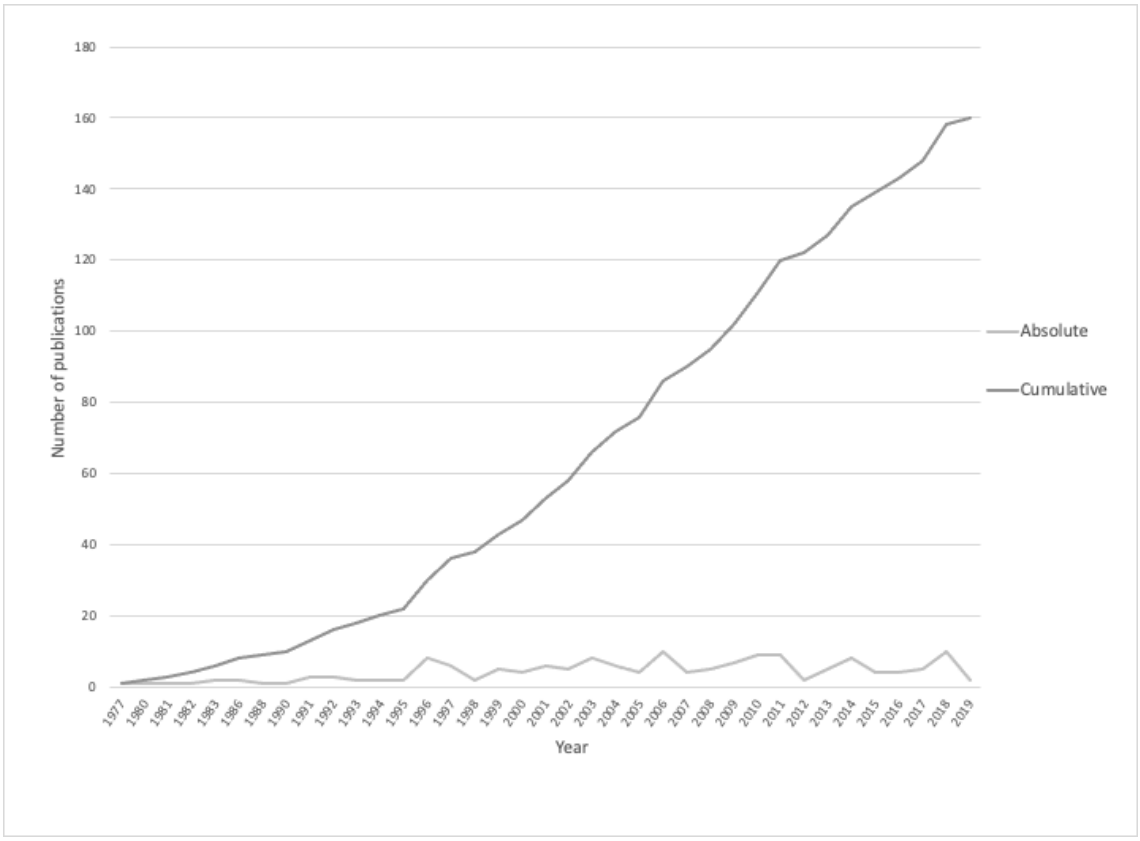
- Baseline information, i.e., journal of publication, publication year, author(s), title
- Context information, i.e., policy field and issues under examination
- Research method: qualitative (e.g., archival analyses, case studies, content analyses, ethnographies, focus groups, interviews, surveys), quantitative (e.g.,

[2] See Appendix 1.B for the full database of selected papers

comparative analyses, factor analyses, experiments, logistic regression analyses, path model, rare events logit models, scales, surveys, vignettes), mixed methods (e.g., interviews and path analysis), and theoretical studies (essays, reviews, taxonomies, theoretical models)

Before answering the research question, I first describe the data. The 160 selected articles were published between 1977 and 2018. The trend of the number of publications over time, as shown in Figure 2, highlights a constant increase in academic interest in ethics, despite some sharp decreases, thus warranting a systemic review as a natural step forward to consolidate extant knowledge. In particular, the growth in the interest in ethics in public administration between 1999 and 2006 was astonishing, with many scholars more engaged in dealing with ethical issues than at any time before. This picture corroborates the choice of not including any time restriction to attest to progress in scholarly developments about ethics in public administration.

Figure 2. Number of papers included in the review by publication year



The journal providing the highest number of articles was *Public Administration Review*, followed by *American Review of Public Administration, Public Administration*, *Journal of Public Administration Research and Theory*, *Public Management Review,* and *Governance.* Over half of the final sample (82 articles out of 160; 51%) was published in two journals, namely PAR and ARPA, with, respectively, 45 (28%) and 37 (23%) articles for each journal. For the other journals, 28 articles out of 160 (17.5%) were published in PA, 24 articles (15%) in JPART, 18 articles (11%) in PMR, and 8 articles (5%) in GOV.

In what follows, I present the synthesis of primary studies by classification variable. Figures 3, 4, and 5 provide a classification of the reviewed studies by unit of analysis, research design, and country, respectively.

The selected papers were categorized into several different units of analysis and contributory fields. Noteworthy is the percentage of studies in public administration literature, which counts for 29% of the total, with 46 studies out of 160. Of these, 30% (14 out of 46) explicitly reference ethical theories and 20% (9 out of 46) to public administration ethics. Instead, the fields of public administration practice (3%, 4 out of 160), NGOs and IOs (2%, 3 out of 160), and morality policy (1%, 2 out of 160) were still at an embryonical stage. Ethics has been studied at all government levels. The regional and local levels of government were encountered more often. Regarding the government, articles were dealing with government agencies, taxation systems, public budgeting, the issues of delegation and bureaucratic authority, and others.

Figure 3. Classification of reviewed studies by unit of analysis

Classification variable	Category	N	Share (N=160)
Unit of analysis	Public administration literature	46	29
	Ethical theories	14	
	Public administration ethics	9	
	Bureaucratic and ethical behavior	6	
	Political science	1	
	Contentious issues	1	
	Reforms	1	
	Other	14	
	Government	35	22
	Regional and local level	14	
	State government agencies	6	
	Central level	6	
	Taxation system	2	
	Delegation scholarship	1	
	Bureaucratic authority	1	
	Public budgeting	1	
	Other	4	
	Public sector	33	21
	Public sector organizations	13	
	Public service	10	
	Service delivery	3	
	Healthcare	2	
	Public sector values	1	
	Responsiveness	1	
	Other	3	
	Public management	13	8
	Moral reasoning	2	
	Comparative studies	2	
	Democratic theory	1	
	New Public Management literature	1	
	Organizational politics	1	
	Behavioral studies	1	
	Other	5	
	Public servants	8	5
	Ethical behavior	3	
	Political activity	1	
	Other	4	
	Public administration education	6	4
	Public policy	5	3
	Medical biotechnology policy	1	
	Local level	1	
	Policy design and implementation	2	
	Other	1	
	Governance systems	5	3
	Organizational sociology	1	
	Other	4	
	Public administration practice	4	3
	War	1	
	Pragmatic morality	1	
	Other	2	
	NGOs and Ios	3	2
	Morality policy	2	1
	Religion	1	
	Sex education	1	

As for the research design, one noticeable feature was the preponderance of theoretical studies. These were the prevalent category (84 out of 160; 54%). Theoretical studies included essays, theoretical frameworks and models, reviews, and so forth. Theoretical papers were followed by empirical studies, both quantitative (40 out of 160; 25%) and qualitative (30 out of 160; 19%). Among quantitative studies, most studies (13 out of 40) used survey techniques to collect firsthand data. As for qualitative studies, case studies were the most frequent research designs (6 out of 30), followed by interviews and content analyses. Moreover, quantitative and qualitative studies were also used in tandem in the research on public administration ethics; therefore, six studies adopted mixed methods.

Figure 4. Classification of reviewed studies by research design

Classification variable	Category	N	Share (N=160)
Research design	Theoretical studies	84	53
	Essay	9	
	Theoretical framework/model	7	
	Review	6	
	Symposium article	3	
	Taxonomy	3	
	Other	56	
	Quantitative	40	25
	Survey	13	
	Experiment	4	
	Comparative analysis	3	
	Logistic and probit regression	3	
	Factor analysis	2	
	Longitudinal study	2	
	Path analysis	2	
	Scale	2	
	Other	9	
	Qualitative	30	19
	Case study	6	
	Interviews	5	
	Content analysis	4	
	Analysis of law	2	
	Archival analysis	2	
	Survey	2	
	Other	9	
	Mixed methods	6	4

With regard to the geographical origin of the studies, much of the reviewed studies were published in the US context and reported American experiences (78 out of 160; 78%). However, a considerable number of articles were focused on the ethical experiences in other countries and, therefore, cultures. There were 18 studies focusing on the UK. These were followed by the Netherlands (9), Australia (4), Israel (4), the EU (3), and Germany (3). Other countries included Ireland, Korea, Russia, and so on. Figure 5 reflects the geographical spread of the selected publications.

Figure 5. Classification of reviewed studies by country

Classification variable	Category	N	Share (N=160)
Country	US	78	49
	Other or not specified	26	16
	UK	18	11
	Netherlands	9	6
	Australia	4	3
	Israel	4	3
	EU	3	2
	Germany	3	2
	Ireland	2	1
	Korea	2	1
	Russia	2	1
	Canada	1	1
	Chile	1	1
	Jamaica	1	1
	New Zealand	1	1
	Norway	1	1
	Poland	1	1
	Sweden	1	1
	Taiwan	1	1
	Vietnam	1	1

Furthermore, I decided to add another classification variable to classify primary studies. The criterion inspiring this choice was to dig deeper and clarify the research question that inspired the paper. *How are ethics and ethical issues defined and organized in the public administration scholarship?*

Related to this criterion, it seemed worthy to classify the selected studies by the level they investigate, namely institutional, individual, and managerial. In fact, many ethical

issues and elements of ethics in public administration can be thought of as pertaining to the institutional, individual, or managerial levels. This three-layered taxonomy is the focal point of the theoretical classification that will be explained in detail in the following paragraphs.

Regarding the institutional level, which accounted for 39% of the reviewed studies (63 out of 160), noteworthy is the number of studies discussing codes of ethics and ethical guidelines (11 out of 63). Other salient topics were challenges at the institutional level (8 out of 63), governance systems (7 out of 63), reforms (6 out of 63), ethical reasoning and (un)ethical behaviors (6 out of 63).

A smaller sample percentage was attributed at the individual level (30%, 48 studies out of 160). Of these, public service motivation was the most discussed topic (8 out of 48), followed by the issue of ethical education for public servants (7 out of 48), and, with the same number of studies at the institutional level, ethical reasoning and (un)ethical behaviors (6 out of 63).

Finally, the percentage of studies addressing the managerial level was 26%, with 42 articles out of 160 reviewed. Of these, the issue of ethical climate in public sector organizations from a managerial point of view was the most discussed topic (6 out of 42), followed by decision-making, leadership and ethical conduct (5 out of 42), and a number of challenges faced by public managers (4 out of 42).

The three levels have both peculiar and shared ethical issues. Although prevalent at the institutional level, the topic of codes of ethics was present at all three levels. The same is true for ethical challenges, ethical reasoning and (un)ethical behavior, public sector values and principles, conflicting values and interests, accountability, responsibility and responsiveness, public service motivation, and professionalism and reputation. Hence, some issues pertained simultaneously to more than one level, thus signaling that boundaries between levels are, in fact, blurred. Governance systems, service delivery, and morality policies were only discussed at the institutional level. Ethical education and administrative evil were specific issues of the individual level. The issue of reforms was addressed at both the institutional and managerial levels.

The same was true for decision-making, leadership and ethical conduct, and ethics failures. Participation was a shared topic between the institutional and the individual levels. Ethical dilemmas and perceptions of ethics were encountered at both the individual and the managerial levels. In sum, when discussing ethics in public administration, the differentiation between the institutional, the individual, and the managerial levels is blurred. Nevertheless, this three-layered classification underlines the importance of exploring some aspects of ethics, especially at the managerial level, that have been unduly overlooked. Figure 6 provides a classification of the reviewed studies by the level of classification.

Figure 6. Classification of reviewed studies by level

Classification variable	Category	N	Share (N=160)
Level	Institutional level	63	39
	Codes of ethics and guidelines	11	
	Challenges	8	
	Governance systems	7	
	Reforms	6	
	Ethical reasoning and behavior	6	
	Public sector values and principles	5	
	Conflicting interests and values	4	
	Service delivery	4	
	Decision-making, leadership and ethical conduct	4	
	Ethics failures	2	
	Morality policy	2	
	Accountability, responsibility and responsiveness	1	
	Public service motivation	1	
	Professionalism and reputation	1	
	Participation	1	
	Individual level	48	30
	Public service motivation	8	
	Education	7	
	Ethical reasoning and behavior	6	
	Administrative evil	5	
	Public sector values and principles	4	
	Participation	4	
	Professionalism and reputation	3	
	Administrative discretion, dissent and guerrilla government	2	
	Codes of ethics and guidelines	2	
	Ethical dilemmas	2	
	Accountability, responsibility and responsiveness	2	
	Conflicting interests and values	1	
	Perception of ethics	1	
	Challenges	1	
	Managerial level	42	26
	Decision-making, leadership and ethical conduct	5	
	Ethical climate	6	
	Challenges	4	
	Public sector values and principles	4	
	Administrative discretion, dissent and guerrilla government	4	
	Ethical reasoning and behavior	2	
	Accountability, responsibility and responsiveness	3	
	Professionalism and reputation	3	
	Reforms	2	
	Ethics failures	2	
	Ethical dilemmas	2	
	Perception of ethics	2	
	Conflicting interests and values	1	
	Codes of ethics and guidelines	1	
	Public service motivation	1	
	Other	7	

Regarding contextual information, for the sake of a comprehensive account of public sector ethics, it was important to identify the predominant topics in the selected paper. The principal issues were challenges to public sector ethics (14 out of 160 studies; 9%). Among these, five studies addressed the challenges posed by technological change, either focusing on the problems posed by algorithms for the creation of public value (1, Andrews 2018), the role of public values in the development of the internet (1, Rogers and Kingsley 2004), privacy and drones (1, West and Bowman 2016), and managerial issues with regards to technological change (2, Roman 2013; Wirtz and Muller 2018). Two studies addressed financial challenges, i.e., public pay disclosure (1, Bowman and Stevens 2012) and public expenditure (1, Connolly 1986). Other studies addressed the challenges posed by privatization (1, Haque 1996) and environmental synergy (1, Reed 2002). One study provided an ethical analysis of the political activity of public servants (1, Bowman and West 2009), which might be a challenge for the danger of political abuses. Other studies discussed ethical challenges for public managers concerning the issues of innovation (1, Jordan 2014), religion and spirituality in the workplace (1, King 2007), and the approaches for managing integrity risks in organizational settings (1, Molina 2018).

Following challenges to public sector ethics, codes of ethics and guidelines were discussed at some length (14 out of 160 studies; 9%). Three studies dealt with standards boards (1, Lawton and Macaulay 2017) and ethics commissions (2, Rauh 2015; Smith 2003) to protect societal core interests (1, Svara 2014). Others were discussing the impact of codes of ethics on public servants, with one study exploring the impact of organizational rules on job satisfaction (1, DeHart-Davis et al. 2014) and one study investigating the ethical conduct of the public sector employees (1, Kernaghan 1980). Also, drivers of ethical conduct were explored (1, Tomic 2018). Moreover, one study focused on ethical guidelines for public managers (1, Zanetti 2004). Notwithstanding the widespread use of ethical guidelines (1, Christensen and Lægreid 2011), scholars discussed also the challenges presented by codes of ethics (1, Cowell et al. 2011), investigated their impact on politicians (Cowell et al. 2014), and

presented doubts on the utility of such codes in preserving integrity and trust (1, van Blijswijk et al. 2014). These studies were settled in different empirical contexts, with one making specific reference to international organizations (1, Nastase 2013), and one addressing the field of medical biotechnology policies (1, Littoz-Monet 2015).

Then, public sector values and principles were discussed with great intensity (14 studies of 160; 9%). These included secularization (1, Lynch t al. 1997), the role played by values in governance (1, Meier 2010) and state government agencies (1, Waeraas 2013), the issue of statesmanship (1, Newbold 2005), public trust in government (1, Wang and Van Wart 2007). With regards to public sector values, two studies discussed the values of virtue and competence (2; Bowman et al. 2001; Macaulay and Lawton 2006), two other studies addressed the value of integrity (2, Boyce and Davis 2009; Lasthuizen et al. 2011), and one study discussed the value of loyalty (1, de Graaf 2010). With regards to public sector organizations, other studies addressed the importance of value solidity (1, Van der Wal and Huberts 2008) and the moral health of an organization (1, Fleming and McNamee 2005). Last, other studies discussed the ethical values of public managers (1, Goss 1996) and their value preferences (1, Van der Wal 2011).

The other topic receiving utmost importance was ethical reasoning and ethical or unethical behavior (13 out of 160; 8%). Five studies focused on unethical behavior (e.g., Bellè and Cantarelli 2017), with two studies discussing corruption (2, Jackson and Smith 1996; Nelson and Afonso 2019), two studies examining violation of moral and social norms (1, Zamir et al. 2018), such as integrity violations (1, Lasthuizen et al. 2011). One study discussed ethics complaints (1, Menzel and Benton 1991), thus calling for the importance of designing accountability mechanisms inside public sector organizations (1, Jos 1991). Three studies discussed the phenomenon of whistleblowing (3, de Graaf 2010; Lavena 2014; Taylor 2018). Residually, one study focused on the impact of gender on ethical behavior and moral development (1, White 1999), one on the different ethical behavior between public and private sectors

employees (1, Wheeler and Brady 1998), and one on the measures of moral reasoning of public managers (1, Rizzo and Swisher 2004).

Among other issues discussed at some length, ten studies discussed public sector reforms (10 out of 160; 6%), for instance, assessing the impact of reforms on ethics in public administration (1, McCann 2013) or the role of gender differences in reforms projects (1, Stewart et al. 1999). These included research on New Public Management and ethics (1, Chapman and Duncan 2007), consolidation of democracy (1, Hahm and Kim 1999), organizational reforms, and ethical change (1, Kerkhoff 2009). Others focused on the challenges posed by reforms, such as privatization (1, Sheaff and West 1997) or the concept of prudence in managerial reforms (1, Kane and Patapan 2006).

Ten studies discussed decision-making, ethical leadership, and ethical conduct (10 out of 160; 6%), either focusing on government decision-making (1, Cutting and Kouzmin 1999) or on managerial judgments concerning utility (1, Brady and Woller 1006), impartiality (1, Ireni Saban 2010), ethical sensitivity (1, Wittmer 1992), fairness (1, Hassan and Wright 2014). Four studies tackled the issue of leadership and ethical conduct, focusing on the latter's influence on employees' ethical behaviors (1, Thaler and Helmig 2016) or as a response to agency failure (1, Wallis and Dollery 1997).

Nine studies discussed the issue of public service motivation (PSM) (9 out of 160; 6%). Three studies focused on the nature of PSM. Of these, two provided engaging and encompassing definitions of PSM as the public service commitment to act on behalf of people (1, Perry 2011) or as the ethics to serve the public (1, Kim 2009), one investigating the different *ethos* of public servants (1, Crewson 1997) when compared to other sectors' employees, and one exploring the antecedents of PSM (1, Perry et al. 2008). Other studies focused on the link between PSM and ethical climate (1, Moloney and Chu 2014), on the willingness to report ethical problems to management (1, Meyer-Sahling et al. 2018, on PSM and unethical behavior (2, Ripoll and Breaugh 2018; Wright et al. 2016), and on how PSM might alter decision-making processes (1, Stazyk and Davis 2015).

Then, topics related to governance issues were analyzed (8 out of 160; 4%). These articles focused on Non-State Market-Driven governance systems (1, Cashore 2002), ethical communities (1, Cooper 2010), public-private partnerships (1, Ghere 1996), the principle of voluntary agreement (1, Goodin 1986), the evolution of state functions (1, Hardiman and Scott 2010), interest groups and policymaking (1, Jewell and Bero 2006), and contracting out to Non-Governmental Organizations (1, Schmid 2003).

The issues of professionalism (e.g., Plant 2009) and reputation (e.g., Lee and Van Ryzin 2018) were widely elucidated as well (6 out of 160; 4%). Two studies explored the relationship between professionalism and ethics (2, Adams 1993; Quinlan 1993). Other articles investigated whether the professional ethics of public servants might be different from that of ordinary citizens (1, Overman and Foss 1991) and the role of public scrutiny in the reputation of public managers (1, Allmendinger et al. 2003).

Other important issues discussed were conflicting interests and values (6 out of 160; 4%). One of these was grounded in the field of morality policies (1, Arsenault 2011). Another paper discussed the issue of political forgiveness concerning conflicting interests and values (1, Nieuwenburg 2014). Referring, for example, to the tricky balance between governing with integrity and governing with effectiveness (1, de Graaf and Van der Wal 2010), the management of conflicting interests was explored (1, Brady 1981), and some scholars invoked commitment to the public interest to face conflicting values effectively (1, Rutgers 2009).

Also, ethical education and training received considerable attention (6 out of 160; 4%). One paper discussed the approaches to ethics education in the public sector (1, Worthley and Grumet 1983). Education for the public service (1, Castron 1983) was examined mainly regarding literature, with three studies discussing this specific issue (3, Dobel 1992; Marini and Akron 1991; Quill 2008).

The issue of accountability, responsibility, and responsiveness also covered great importance (6 out of 160; 4%). One paper explored the relationship between responsiveness and citizens' demands (1, Vigoda 2000). Another highlighted the public-spirited behavior of public servants (1, DiIulio 1994). Responsiveness and

responsibility were conceived as capable of balancing competing ethical obligations (1, Bryer 2006) in light of democratic expectations (1, Laratta 2011) and as a form of engagement in policy design (1, Lavee et al. 2018). Lastly, one paper explored accountability to stakeholders (1, Van der Wal and Huberts 2008).

A big part of public administration scholarship was devoted to the issue of ethical climate in public sector organizations (6 out of 160; 4%). Articles focused on organizational norms as an impetus to organizational change (1, Borry 2017), workplace spirituality and performance (1, Garcia-Zamor 2003), positive ethical climate (1, Menzel 1995), managerial perceptions of ethical climate (1, Raile 2013). As for the context, the issue of ethical climate was analyzed comparatively, for example, examining non-profit versus government organizations (1, Rasmusen et al. 2013) or public versus private managers (1, Wittmer and Coursey 1996).

Other articles discussed administrative discretion and various forms of dissent, such as guerrilla governments (5 out of 160; 3%). Two papers focused on guerrilla employees (1, O'Leary 2010) and statesmanship acts rooted in guerrilla government (1, Newswander 2015). Others two focused on dissent and disobedience with institutional directives (2, Gormley 2001; O'Leary 2009). One article, instead, focused on the relationship between administrative discretion and moral reasoning (1, Stewart et al. 2002).

The issue of participation was explored to some extent (5 out of 160; 3%). Scholars discussed the issue of participative democracy (1, Scott 2000), for instance, through the instrument of budgeting processes (1, Rossman and Shanahn 2012) focusing on citizens' engagement (1, Handley et al. 2010), the level of satisfaction and involvement of citizens (1, Wong et al. 2011), from passive recipients to co-creators of public value (1, Tuan Luu 2018).

Service delivery was discussed at some length (5 out of 160; 3%), along with the problem of administrative evil (5 out of 160; 3%), from its etiology (1, Moreno-Riano 2001) to issues such as technical rationality (1, Adams and Balfour 2008), moral

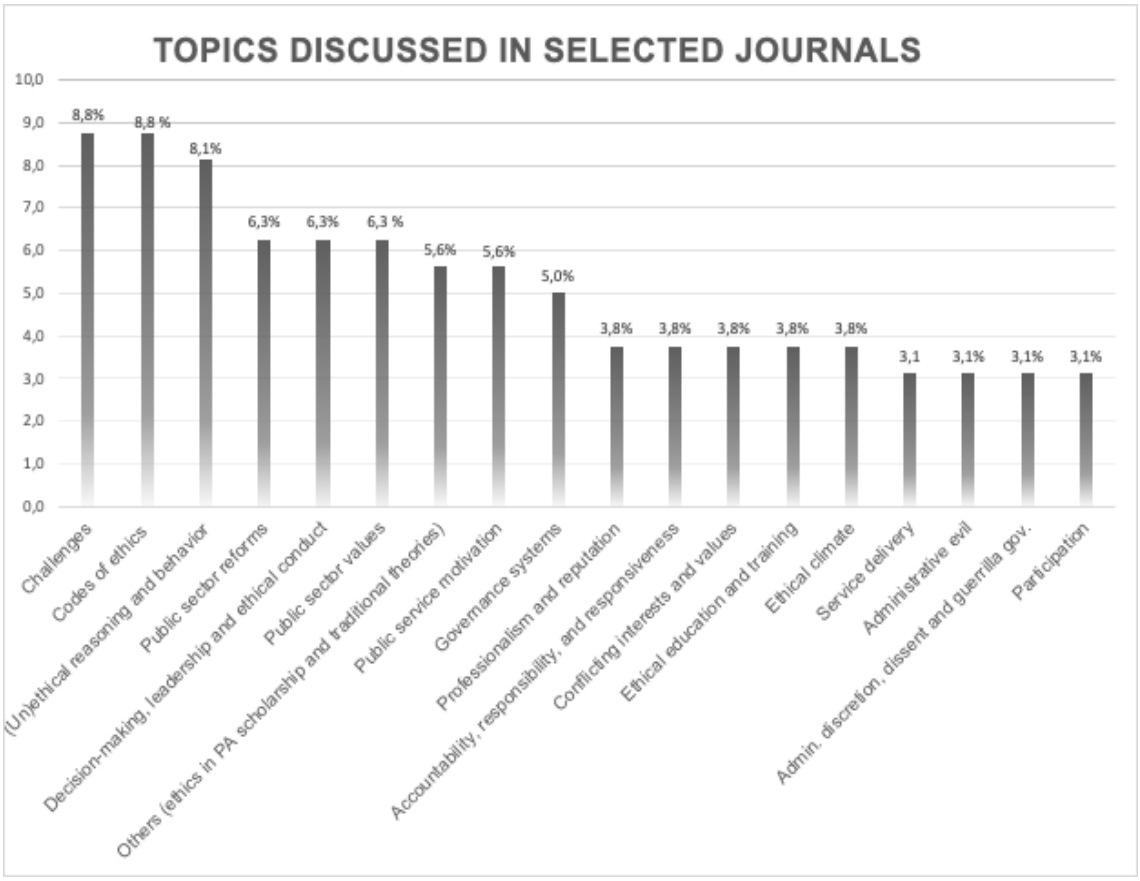
inversion (1, Adams et al. 2006), and individual responsibility (2, Russel and Gregory 2005; 2010).

Other topics included ethical dilemmas (4 out of 160; 2,5%), which might verify, for instance, when organizational rules are settled without previous consultation with employees (1, Rich 1996). Ethical dilemmas were discussed concerning moral conflicts public servants face (1, Gormley Jr 2001) or dilemmatic decisions faced by public managers (2, O'Kelly and Dubnik 2005; O' Toole 1990). Others had to do with perceptions of ethics (4 out of 160, 4%), such as citizens' perceptions of ethics in public administration (1, Vigoda-Gadot 2006) and managerial perceptions of ethics in the public service (2, Bowman 1977; Wang and Van Wart 2017).

Less frequent topics included ethics failures (3 out of 160; 2%), with examples of race-related police violence (1, Rivera and Ward 2017), public trust abuses (1, Zajac 1996), integrity violations (Lasthuizen et al. 2011), and how ethics failures might trigger organizational learning (1, Zajac and Comfort 1997); 2%), and the influence of religion on the governance of moral issue in the field of morality policy (1, Budde et al. 2017).

Figure 7 provides a visual representation of the most discussed topics, broadly defined, that were published in the selected journals.

Figure 7. Topics discussed in selected journal articles



Ethics in public administration scholarship

This paragraph examines ethics in the public sector in broad terms, as emerging from the thorough evaluation of the selected articles investigated. Throughout public administration scholarship, the interest in ethics increased between the 1980s and 1990s, following the widespread feeling that the New Public Management (NPM) practices eroded ethical standards and impacted public service delivery (Brereton and Temple 1999). One of the greatest promoters of this idea was the OECD, with the development of the "compliance-integrity" continuum, intending to promote the shift from a 'rules-based management' to a 'values-based management' system. These opposite systems reflected a theoretical quarrel between advocates of economic explanations (i.e., utility maximization) of human behaviors and advocates of sociological perspectives relying on value components (Nastase 2013). Associated with several specific initiatives, such as a stronger emphasis on controlled delegation

in Britain, customer orientation, the adoption of business plans, performance targets, and the abandonment of central recruitment (Barberis 1998), the New Public Management had an impact also on government accountability.

Considering the developments of the public sector and the transformations brought by the wave of the New Public Management on a global scale (Brereton and Temple 1999), the argument for the existence of a different public sector *ethos* started to be problematized. This problematization was accompanied by the declining confidence in the legitimacy of public administration and public services, which received a further negative impact due to the phenomenon of privatization (Haque 1996) and the diffusion of new governance arrangements such as public-private partnerships (Ghere 1996). A strong influence was exerted by that alternative form of steering known as Network Governance, described as the direct opposite of the New Public Management and more suitable to cope with greater complexity and uncertainty (Andresani and Ferlie 2006).

By looking at extant knowledge, the argument that public administration ethics is driven by values is a widely accepted opinion. Yet, public sector values have been progressively crumbled by market economy typical values (i.e., efficiency) and the application of business-like methods. These changes came to undermine the very motivation of public servants (Haque 1996). Moreover, public sector values have been further hampered by several challenges, such as the increasing demand for transparency about public expenditure expressed by citizens (Connolly 1986) and technological changes, especially with the introduction of machine learning systems (Roman 2013). Although innovation has been frequently described as a necessary element in states' development (Jordan 2014), technology is far from a neutral instrument; instead, it can modify individual interactions, perceptions, and evaluations. Given the threat of technological changes, several examples of challenges to public sector values (i.e., selection errors of algorithms, violation of legal norms, manipulation of fake news, propaganda against democracy, and brand contamination) have been pointed out (Andrews 2018). For instance, some scholars have shed light on the

necessity of discussing, from an ethical point of view, the issue of surveillance of citizens, for example, using drones (West and Bowman 2016). Notwithstanding the positive externalities of having more advanced technological systems for public administration, specific policies to weigh risks and benefits from an ethical perspective have been invoked by many, suggesting the implementation of “AI ethical standards” (Wirtz and Müller 2018). Others have argued the importance of introducing a proper ethical education in the public service (Garofalo and Geuras 1994; Hoffman 2002), following a variety of approaches, from literature and fiction (Dobel 1992; Marini and Akron 2002; Quill 2008) to the study of codes of conduct and emphasis on law (Worthley and Grumet 1983).

Given the myriad of pressures, influences, and threats just delineated, it is unsurprising that extant literature has expressed a strong interest in exploring ethical challenges. Nor is it surprising that scholars studying ethics consequently have turned attention to ethical codes and standards of conduct. First, the implementation of ethical standards in the professional sphere of public service has been intended to foster ethical behavior. Given that unethical behavior has been regarded as one of the main plagues of modern governance systems (Thaler and Helmig 2016), codes of ethics have been designed to fight corruption. The idea that corruption undermines public trust is now universally accepted, and therefore, scholars have tried to build knowledge that could be useful to limit and eventually fight corruption. Second, codes of ethics have been an effort to provide some structure to administrative discretion (Alexander and Richmond 2007) and formal guidance for managers’ actions, enhancing their “acting ethically” (Bowman 1977). Third, such codes have served the purpose of clarifying expectations about public administrators’ behavior (Chadwick 2013) while ensuring an ethical ‘conduct of conduct.’ Accordingly, codes of ethics have been seen as important vehicles to develop professional identity, shared norms, and a general commitment to ethics. Nonetheless, the effort to face challenges and unethical behavior requires building consensus on shared values and the capacity to act responsibly to ensure the effective use of codes in enhancing ethical practice (Jos 2006).

Notwithstanding scholarly endeavors to promote codes of ethics as solutions to diverse problems and counteract ethics complaints (Menzel and Benton 1991) whether ethical standards have effectively improved ethical behavior in the public sector is still an unresolved issue (Cowell et al. 2011). The uncertainty concerning their effectiveness has been attributed to the fact that such standards have tended to be either too specific or too general, unworkable, unused, unknown, and unfeasible for solving complicated ethical dilemmas (Kakabadse et al. 2003; Maletz and Herbel 2000). Some scholars have manifested strong opposition to ethical standards, conceiving such codes as political subterfuges to maintain technocratic control on highly contested issues characterized by the problematic achievement of democratic consensus due to conflicting interests (Littoz-Monnet 2015). Nevertheless, scholars have also shed light on the reassuring role of such codes for citizens. Given their symbolic function of preserving ethics, codes of ethics and ethics commissions could positively affect public administration (Smith 2003). Illustrative of this view, Bowman (1977) has suggested a conceptualization of ethical conduct as a tool to counteract the general decrease in trust in the public service relying on “standards of behavior.”

These findings show that many scholars have engaged in disquisitions on public administration ethics, mainly relying on implicit definitions. Still, I posit that the lack of a clear articulation of the different perspectives weakens the importance of the issue for public administration scholarship. What emerges throughout public administration literature is that scholars have not provided any cohesive understanding and organization of ethics. Still, given the broad scope and the complexity of the issue, some scholars have suggested that it is impossible to provide a “systematic treatise” (Waldo 1980) of ethical behavior in public administration. However, serious consideration should be paid to this gap since ethical aspects are closely intertwined with the very foundations of society, public organizations, and individuals. Therefore, I posit that public administration and public sector organizations in charge of service delivery have evolved to the point that an advancement in the comprehension of the

ethical issues, challenges, and dilemmas at multiple levels should not be postponed further.

1.5 THREE-LEVELS CLASSIFICATION

This section proposes a classification of the scholarly contributions to ethics in public administration. The systematic delineation of the extant paradigm has led to the development of a classification that conceives ethics as operating at multiple and interrelated levels. In what follows, I construct a three-layered structure, showing that the three levels have both peculiar and shared ethical issues. Specifically, I have identified three levels to organize studies that, respectively, are focused on ethics at the institutional level, the individual level, and the managerial level. Taken together, the ethical issues displayed at the three levels provide a comprehensive account of the complexity of ethics in the public sector. They are, indeed, the focal point of this systematic research effort.

First, at the institutional level, the focus is on government actions, the relationship between institutions and citizens, and the challenges that undermine this relationship. Given that institutional decision-making cannot benefit all individuals and social groups simultaneously, government actions are often the result of compromises between conflicting interests and values. Second, at the individual level, ethics can be analyzed regarding both public servants in the exercise of their public duties and final recipients of public services. At this level, ethics assumes different meanings depending on the ethical content that individuals assign to their thoughts and actions. Third, at the managerial level, ethics can be related to the values that inspire public managers to organize public services and exercise their responsibilities. At this level, ethics assumes the connotates of situational character, also described as role morality, related to specific roles and aspects of individual life. In some circumstances, more than one role overlap, as in the case of healthcare managers, who are simultaneously

professional clinicians and directors with managerial duties. Given these multiple roles, public managers often face conflicts between the existence of their own moral identity as individuals, as professionals, and the 'morality' of being part of the public sector (Rutgers 2009).

Although each level proposed here has some peculiarities, their boundaries are far from being neat, and some ethical issues are common to more than one level. This conceptual continuum is reflected by the fact that several studies contribute to more than one level and that the same ethical issues are analyzed at all three levels, although from different perspectives. To provide an example, the topic of public service motivation has been transversally addressed, also considering the large number of publications on the issue to date. Although these levels are closely intertwined, it is essential to elucidate the ethical issues separately at each of the three levels proposed to understand the ethical dynamics, challenges, and dilemmas that develop inside and between levels and ultimately have a bearing on the public service. Given the close interrelation between the levels offered here, my theoretical classification considers the functioning of public sector ethics at the intersection between public sector values and ethical dilemmas experienced by institutional actors, individuals (as public servants and citizens), and public managers, especially in decision-making processes. Understanding the implications of the different dimensions of ethics at these three levels is crucial for both scholars and practitioners in the public sector since ethics is relevant for its impact on public administration theory and practice alike. At all three levels, ethics may entail far-reaching consequences, such as the accessibility of public services.

The following sections offer a fine-grained perspective on public administration ethics following the three-layered structure proposed in this chapter. While exploring ethical issues has received some attention at the institutional level (e.g., Arsenault 2001; Gormley 1986; Rizzo and Swisher 2004) and the individual level (e.g., Habermas 1998; Kant 1909; Quill 2009; Quinlan 1993; Rutgers 2009), insufficient attention has been devoted to the managerial level, especially with regards to topics such as the existence

of guidelines to handle trade-offs and dilemmas and the management of conflicting interests. Therefore, my classification sheds light on the managerial level in public organizations. Public managers' role in decision-making processes is critical for the allegiances of public managers with 1) public organizations' employees as well citizens as service users (individual level), 2) norms and directives (institutional level), and 3) their own ethical and moral values. Figure 7, at the end of section 1.5, provides a graphical representation of the three-layered classification.

Ethics at the institutional level

Whereas some values have been universally recognized as ethical since they reflect an attitude toward what is right rather than desirable on a general level (Goss 1996), other democratic, participatory values (Wong, Lui and Cheng 2011) can be classified as pertaining to the institutional level in a more specific way. These values play a crucial role in public governance (Meier 2010) and represent the characteristics against which institutions are often evaluated (Waeraas 2013). With this premise in mind, I start the delineation of the three-layered structure beginning from the institutional level. Under the label 'institutional level,' I include government (central, regional, and local), government agencies, and other governmental authorities in public administration. At this level, I consider ethics in its relationship to those institutional actions that cannot benefit all individuals and social groups simultaneously and in the same way, in a context of value pluralism and conflicting values (Nieuwenburg 2014; Van der Wal, de Graaf and Lawton 2011).

The relationship between institutions and citizens has profoundly changed throughout the decades. Citizens have progressively become participatory actors, according to a perspective that understood the goal of politics as the transformation of participants in the public discourse (Scott 2000, 253). In the Europe of the 17th and 18th centuries, the relationship between the institutions and the community of citizens started to be regulated by the notion of 'social contract,' which empowered citizens in forming their preferences regarding policing and the re-election of their representatives. In many

contexts and in a variety of countries, such as in British tradition (Goodin 1986), policymaking has been characterized by the principle of 'voluntary agreement,' which has regulated the relationship between the government and the beneficiaries of policies through strategies such as cooperation, consultation, and advice, relying on the notion of consent. Given that institutional roles derive from the power delegated from citizens, scholars have engaged in discussions around the importance of gaining citizens' trust, being accountable and responsive to citizens, respecting the dignity and administrative loyalty, performing tasks aiming at the common good in the exclusive interests of citizens (Cooper 2004).

Notwithstanding the increasing connection between the institutional level and the community and the necessity of citizens' control of government agencies, how institutions respond to citizens' demands regarding public administration responsiveness has received no clear answer in the literature (Vigoda 2000). Still, there is little question that reconciling citizens' interests and values is crucial for effective public service delivery. Thus, this balancing effort has become an essential requirement of every democratic system.

Given the existence of several public sector ethical values and considering that a particular public ethical value is not *a priori* superior to another, political choices have often been characterized as constrained by bounded rationality, cognitive limitations, and biases (Zamir and Sulitzeanu-Kenan 2018). For instance, in one of the studies looking at conflicting public values in public administration ethics, de Graaf and Van der Wal (2011) have discussed the potential conflict between governing with integrity and governing with effectiveness to preserve good governance.

In this context of value pluralism and necessary compromises, public administration ethics might be a good predictor of the quality of public service delivery (Needham 2006). Within public administration practices, policymaking and service delivery both require that the private interests of institutional actors do not interfere with the performance of their public functions and duties. Moreover, failures in reconciling conflicting interests and expectations might give rise to public complaints, which

ultimately threaten public trust in government and the broader public sector (Boyce and Davis 2009).

Given the difficulty of overcoming tensions between conflicting interests and values and trade-offs, such as between governing with integrity and governing with efficiency, scholarly endeavors have tried to define good governance in many contexts and fields, such as in those environmental issues posing ethical challenges for the multitude of values and interests at stake. For instance, de Graaf and Van der Wal (2010) have defined “good governance” as the ability to manage and overcome tensions among competing values. In the environment field, some authors have advocated the adoption of an “environmental synergy,” i.e., the possibility of reconciling environmental ethics with political values (Reed 2002). In a qualitative analysis of salary information disclosure in the US government, Bowman and Stevens (2012) have suggested alternative solutions to disclose salaries while preserving individual identities. These solutions have been inspired to guarantee the balance between citizens’ rights to know information about the government and public officials’ interests to protect their privacy. There appears to be general consensus on the argument that institutional actors are not always able to rationally maximize their utility and the utility of everyone entitled to receive public services when faced with trade-offs. This difficulty is echoed by the existence of ethical dilemmas when leaders try to increase the overall well-being of the community they govern, but this entails a loss at the expense of the well-being of some individuals. Especially in policy domains such as health, medicine, and biotechnology, politicians may face ethical dilemmas regarding some controversial issues. Given the difficulty of reaching a democratic consensus on contentious and controversial issues where multiple values are at stake, policy choices in these fields cannot be based solely on democratic consensus, and ethical concerns require the formal intervention of scientific expertise. In other words, the formal intervention of ethical experts with specific ethical competence is needed to legitimize difficult decisions. Nevertheless, what constitutes ethical competence is still a matter of debate (Menzel 2015). Littoz-Monnet (2015) has offered an analysis of EU medical biotechnology policy as a

contested area characterized by intense debates between social actors and policymakers. An illustration of health policy dilemmas at the institutional level has been offered by Sheaff and West (1997), whose article has illustrated the difficulty of reconciling the management of the NHS from the UK government in the face of increased autonomy, competition, and a higher need for public accountability.

Given the considerable amount of dilemmatic situations, institutional actors might find themselves involved in unethical behaviors consisting of moral and social norms violations. These violations include, among the others, the issue of corruption. Though hard to define correctly, corruption is a critical threat to governmental activity. Jackson and Smith (1996) have examined public perceptions of political right and wrong in search of a definition of political corruption. However, dealing with the issue of corruption at the institutional level is further complicated by the fact that different forms of government have a different impact on corruption itself (Nelson and Afonso 2019) and finding an antidote to corruption in government is not an easy process.

To ease this complexity and eventually foster a decline in corruption, public administration research focusing on the regulation of the ethical conduct in the practice of public administration (e.g., Nastase 2013) has investigated attempts to introduce standards of conduct, codes of ethics, and ethical guidelines to act as drivers of ethical conduct (Tomic 2018). Also conceived as instruments to maintain technocratic forms of governance, ethics commissions have often been proposed in the field of medicine and biotechnology policies (Littoz-Monnet 2015). Whereas the introduction of ethical guidelines has been advocated by some scholars (Christensen and Lægreid 2011), others have expressed concerns about the utility of codes of ethics in preserving societal core interests (Svara 2014) and public sector values, such as integrity and trust in government. According to van Blijswijk et al. (2004), preserving integrity requires an extra effort beyond codes of ethics. Their study on the Tax and Customs Administration in the Netherlands has highlighted the importance of ethical training and discussion opportunities for employees to provide daily guidance to handle ethical dilemmas. Given the concerns expressed about the effectiveness of codes of ethics in

preserving public sector values at the institutional levels, some scholars have highlighted the challenges posed by the regulation of ethical behavior in the institutional setting (Cowell et al. 2011) and tried to assess the impact of ethical codes on the ethical conduct of politicians (Cowell et al. 2014). For instance, some studies have analyzed the life of standards board and ethics commissions (Rauh 2015), whose role has often prompted negative feedback (Smith 2003). Initially settled to regulate the ethical behavior of institutional actors, in fact, ethics commissions have been often abolished due to their failure to solve institutional crises concerning ethical values (Lawton and Macaulay 2017).

The existence of violations of ethics, ethics failures, and ethical dilemmas at the institutional level lay emphasis on some public sector values that might influence ethics at the institutional level. Whether or not distinct public administration ethics exists (Goss 1996), as suggested by some writings, public administration literature posits that some values are crucial to the subject of ethics. Studies regarding public sector values are wide-ranging.

Numerous authors have identified the prominent role of the value of statesmanship (Newbold 2005; Newswander 2015). Acknowledging that the conduct of government is different from how individuals conduct themselves, scholars of public administration have started investigating the issue of statesmanship, as it may be the vehicle of suitable solutions for the community of public services recipients in a given moment. To borrow from Newbold (2005), statesmanship resides in identifying ethical dilemmas while respecting individuals' interests and the community's interests. Given the importance of statesmanship at the institutional level (Newbold 2005), this value may ultimately influence how leaders guide a society. Studies of public service motivation at the institutional level can also be found in the literature. Perry (2011) has described public service motivation as the public service commitment to act on behalf of people. Along with the increasing awareness of the role of accountability in sustaining formal rules, institutions have been required to act following the principles of transparency and disclosure. Transparency allows citizens to ultimately control government actions,

especially regarding expenditures financed with their contributions (Bowman and Stevens 2012). Another enduring issue around ethics at the institutional level is trust in public institutions and politicians. The concept of trust has been the subject of some empirical inquiries (e.g., Vigoda-Gadot 2006). However, most of the research on trust has been focused on individuals, as explained in the following section, and mainly on the relationship between citizens and institutions. It is widely assumed that public sector values are the ingredients for an ethical public administration. Yet, public officials at the institutional level do not always operate inspired by positive ethical values. Manifestations of unethical behavior, which cannot be restricted to the phenomenon of corruption, have been considered one of the main plagues of modern governance systems (Thaler and Helmig 2016). Moreover, the role of public sector values has been undermined by the dissemination of the internet (Rogers and Kingsley 2004).

Several examples of ethics failures that may impact public sector values have been considered at the institutional level, alongside public trust abuses (Zajac 1996). As an emblematic historical case, race-related police violence toward Afro-Americans can be appropriately seen as an ethical failure of the state in protecting citizens, especially considering its persistence in time (Rivera and Ward 2017). When institutional integrity is at risk, this may dismantle citizens' public trust in government, i.e., citizens' confidence in the integrity and competencies of public officials who are supposed to perform their roles for the public interest (Wang and Van Wart 2007).

Public dissatisfaction as a consequence of ethics failure has triggered the introduction of reforms that, across the more disparate geographical contexts, such as New Zealand with the introduction of the so-called 'New Zealand model,' have exercised an impact on public administration ethics. As a consequence of the erosion of ethics in the public service and with many quarters questioning the effectiveness of the orthodox ideas of the New Public Management, several scholars have provided attempts to repristinate an ethics of public service (Chapman and Duncan 2007). Some reforms aimed at consolidating democratic systems (Hahm and Kim 1999); others targeted

public sector organizations and ethical changes in the latter (Kerkhoff 2009). Still, other reforms aimed at a general ethics enforcement (Maletz and Herbel 2000), and others explored whether gender issues entail differences in reform processes (Stewart et al. 1999).

Whether the impact of such reforms has been effective or not (McCann 2013), the boundaries between the institutional and the individual levels have become progressively more nuanced. This process has been accompanied by a parallel evolution of the functions of the state (Hardiman and Scott 2010). Given that an increasing number of interests groups have started participating in policy-making (Jewell and Bero 2006), new governance systems have been adopted, such as public-private partnerships (Ghere 1996), contracting out to Non-Governmental Organizations (Schmid 2003), and non-state market-driven governance systems (Cashore 2022). Consequently, the image of individuals and institutions belonging to separate tiers has been questioned, and attempts at building ethical communities have been made (Cooper 2010). Accordingly, there has been a shift in the perception of the role of citizens as beneficiaries of public services, from passive recipients to co-creators of public values inside the public sector (Tuan Luu 2018), with different forms of citizens' participation and varying degrees of interaction. Many have suggested that the active involvement of citizens could help the correct functioning and, hence, the overall performance of the public sector from an ethical point of view (Vigoda 2002). Despite the positive consequences of citizen involvement and forms of participative democracy (Scott 2000), according to some scholars, this evolution has constituted a threat in terms of legitimacy and further undermined the fragile relationship between institutional responsiveness and citizens' demands (Vigoda 2000).

Ethics at the individual level

At the individual level, ethics can be examined regarding the ethical behaviors, the challenges, and the values experienced by individuals as both public servants and final recipients of public services.

Focusing on individuals as final recipients of public services, studies discussing citizen participation have been widely produced. Some scholars have addressed the position of citizens in policymaking and decision-making processes (Handley et al. 2010) and the various arrangements of participation of citizens from public hearings to participatory budgeting processes and forth (Rossmann and Shanhan 2012). Evolving from passive recipients of public services to co-creators of public value (Tuan 2018), citizen involvement has instilled perception of increased satisfaction in public administration (Wong et al. 2011). In relationship to satisfaction with service delivery, other studies have been dedicated to the exploration of citizens' perceptions of ethics in public administration (Vigoda-gadot 2006).

The idea that being a public servant requires a different *ethos,* a sort of commitment as a guardian of the public interest (Rutgers 2009), has been advanced since the times of Plato and supported by many public administration scholars (e.g., Crewson 1997; Wheeler and Brady 1998). Notwithstanding the general view that being a public servant requires a particular connotation of ethics and a general duty to be "accountable to the public" (Quinlan 1993, 542), a scholarly delineation of solid professional ethics characterizing public servants is still lacking. Although public service *ethos* has been considered a distinctive feature between the jobs in the public and the private sectors, its existence has also been questioned. Therefore, attempts to describe the unique *ethos* of public servants in comparison with private employees have generated many definitions and perspectives. On one hand of this scholarly spectrum, the 'separatist thesis' has been grounded on the assumption that public servants have different ethics than ordinary citizens (Overman and Foss 1991). On the other hand, the perspective of 'ordinary ethics' has denied any difference between the ethics of citizens and the ethics of public servants. To find a mediation between these two arguments, the so-called 'political approach' has proposed another view, according to which a multitude of ethical positions coexists, with no one prevaricating the other. From a philosophical perspective on the ethics of public servants, Green (1931) has suggested how individual self-realization may be triggered by interactions with other members of the

society aiming at the “common good,” which has been defined as “the mutual harmony of all in society” (O’ Toole 1990).

To encourage public servants to have high ethical standards and refrain from unethical behaviors, many scholars have discussed the issue of ethics education and training for the public service (e.g., Catron 1983). Yet, questions about the methodology and effectiveness of the possibility of teaching ethics have been intensely debated, especially when it takes the form of indoctrination and does not “stimulate ethical understanding, ethical reasoning, ethical decision making, and, ultimately, ethical action” (Garofalo and Geuras 1994, 284). Still, other scholars have tried to argue that ethics education is effective, for example, when based on insights from literature (Marini and Akron 1991) or fiction (Dobel 1992). A variety of approaches have been offered for ethics training. Worthley and Grumet (1983) surveyed 71 schools in the US with programs in Public Affairs and Administration to assess the state of the art of ethics teaching. The 31 replies strongly endorsed the argument that there is confusion and a lack of uniformity as to what should be taught about ethics in public administration.

To understand ethical issues in public administration at the individual level, it is essential to know how public servants translate public sector values into individual actions. Notwithstanding the emphasis on the importance of competence brought by the bureaucratization of the modern manner of governing (Macaulay and Lawton 2006), the value of virtue is one of those public sector values that has covered a prominent role in the delineation of ethical issues at the individual level. On the one hand, as depicted by Aristotle (1947), virtue has been conceived as a vehicle for individuals to become fully human and live a good rather than a right life. On the other hand, modern liberal ideologies have prioritized the right over the good, thus determining a decline of the notion of virtue to achieve a life worthy of being lived. The relationship between virtue and competence has characterized Machiavelli’s conception of virtue (1994), which has equated virtue to skills in the exercise of leadership. Bowman et al. (2004) have sought to reintegrate the two concepts of virtue

and competence as equally crucial elements for successful public service in public administration. Indeed, an appropriate balance of virtue and competence might enhance the implementation of public services. Macaulay and Lawton (2006) have explored the relationship between virtue and competence in their paper on the principles guiding the service provided by public servants in the UK.

Research regarding public servants at the individual level of this classification has also encompassed a number of studies focused on the value of integrity as a key ethical characteristic. Integrity has been conceived as the quality of acting following the *corpus* of relevant moral values, norms, and rules (Lasthuizen et al. 2011). Lasthuizen et al. (2011) have identified several behaviors that may damage the value of integrity, i.e., bribing for private gains, favoritism, misconduct, improper personal payments, use of illegal means, abuse of information, and organizational resources. Other scholars have focused on the issues of accountability, responsibility, and responsiveness at the individual level, for instance, investigating public servants' engagement in policy design (Lavee et al. 2018). Another significant value at the individual level is respect for others, which implies a duty not to harm other individuals, be careful of their choices, and avoid harm (Fleming and McNamee 2007).

Several public administration scholars have suggested what public servants should do to maintain proper behavior (e.g., Cooper 2010; Perry 2011; Rohr 1979), inspired by ethical decision-making and moral development. Research investigating public servants' ethical behavior encompasses an array of different studies. Some scholars have pointed to the relationship between professionalism and ethics in the modern world (Adams 1993), investigating whether public servants' professional ethics differs from ordinary citizens' ethics (Overman and Foss 1991). White (1999) has investigated the effect of gender on public servants' moral development. In a comparative analysis of 299 female and male public servants working at the US Coast Guard, he has concluded that women show higher levels of ethical reasoning. Other scholars have investigated public servants' ethical behavior using principle-agent models to gain insights into the reasons why public servants work to promote public goals and behave

in a public-spirited manner (DiIulio 1994). To ensure the fairness of public administration and to contrast the danger of political abuse, the opportunity of preventing public servants from participating in political activities has also been a matter of discussion (Bowman and West 2009).

It is generally believed that one of the main ethical challenges to ethics at the individual level is that the public sector is punctuated by a plurality of conflicting values and interests (Rutgers 2009). The moral choices of public servants have been described as characterized by ethical dilemmas (Gormley Jr. 2001). When decisions involve ethical choices, public servants might face ethical dilemmas and find it challenging to exercise professional judgment., as in the case of those professions defined as dirty jobs (i.e., garbage collectors). This is especially true when organizational rules are settled without consulting employees (Rich 1996). Ethical dilemmas are often encountered in the field of healthcare, which is an area characterized by both a high degree of professionalism and a vast array of ethical principles that sometimes collide. In this field, physicians are called to make decisions on matters that might even entail life and death consequences (e.g., euthanasia). Overman and Foss (1991) have investigated the existence of professional ethics in the medical field to test whether there are differences between healthcare professionals and ordinary citizens.

In the awareness conflicting values and interests are particularly pervasive in public administration and can negatively impact the accessibility of public services, several scholars have focused on the importance of the value of obedience to rules. According to this value, ethics can be preserved only when individual judgments are abandoned in favor of collective judgments. In some cases, an empowered authority's intervention has been advocated as necessary for this change to occur (Hobbes 1994). However, according to other scholars, an approach characterized by rules, regulations, and ethics codes has led to the opposite consolidations of unethical acts (Menzel 2015). Thus, forms of unethical behavior that violate or damage one or more core public sector ethical values, such as integrity or virtue, have frequently been described. As for the institutional level just delineated in the previous paragraph, the individual level

is not exempted from the manifestation of ethics failures. Neither sufficient nor satisfactory, “the desire to do good,” although an inspirational motive to choose a career in the public sector, has not impeded unethical behaviors of various sorts, which cannot be restricted to the phenomenon of corruption. Whereas episodes classified as corruption *strictu senso* have been rarely signaled in public administration literature (Jackson and Smith 1996), other illicit activities, still highly significant for the ethical structure of an administrative system, have less exceptionally been addressed (Lasthuizen et al. 2011). In their meta-analysis on the causes of unethical behavior, Bellè and Cantarelli (2018) have found that being exposed to others who misbehave or benefit from unethical actions is a contextual factor increasing unethical behavior while monitoring employees and moral reminders reduce unethical behavior behaviors. Given the chances of becoming involved in unethical behaviors, scholarly developments in public administration literature have focused on the ethical conduct of public servants, in particular discussing codes of ethics (Kernaghan 1980) according to a compliance-driven perspective. Other scholars have engaged in a discussion of different ethical drivers to motivate public sector employees. Some scholars have drawn attention to the importance of organizational rules to enhance public servants’ job satisfaction (DeHart-Davis et al. 2014), following an integrity-driven perspective (Menzel 2015). Still, codes of conduct have been conceived as moral reminders rather than laws, regulations, and rules. In this different configuration, they have been proposed as viable tools for reducing unethical behavior and preserving the value of integrity (Belle and Cantarelli 2017). Other scholars have explored the dynamics connecting unethical behavior with the value of public service motivation (Cooper 2004; Wright et al. 2016), according to which public servants are characterized by the willingness to serve the community (Kim 2009). For example, some scholars have explored the causal effect of public service motivation on the employees’ willingness to report ethical problems to the management (Meyer-Sahling et al. 2018). Studies collecting evidence on the mechanisms and effects of public service motivation on ethics have been settled in a variety of geographical contexts, from OECD countries

(Perry and Wise 1990) to developing countries (e.g., Meyer-Sahling et al. 2018; Moloney and Chu 2014), thus underling the potentially universal nature of the concept and the salience of the issue. To cite one of the many scholarly examples discussing public service motivation, in an empirical study on the mechanisms between public service motivation, work motivations, and economic stress, Ripoll and Breaugh (2019) have tried to unveil the dynamics between public service motivation and unethical judgment. They have suggested that high levels of public service motivation have been associated with a more negligible probability of unethical behavior. This lower probability might descend from the capacity of public service motivation that, inspiring public servants to pursue the social good while developing their public identity, enhances prosocial behaviors. However, since prosocial behaviors need to be internalized, public sector workplaces should encourage the development of public servants' identities while underlying the importance of public service for society.

When discussing public servants' (dis)obedience, a particular form of behavior that has been examined from an ethical perspective has been "guerrilla government" (O' Leary 2010), which refers to public servants when facing ethical dilemmas concerning institutional directives (Gormley Jr. 2001). In public administration literature, this term has been used to elucidate the behavior of those public servants who work in harsh contrast with their superiors and against their wishes and indications, usually to manifest a sentiment of dissatisfaction, either implicitly or explicitly. Given that guerrilla employees work behind the scenes, a form of ambiguity has been underlined in this behavior. In sum, these phenomena have been described both as positive signals of interest for the public good, but also as sterile and pretentious forms of insubordination to be contrasted.

At the individual level, public servants' ethical reasoning and behaviors have also been related to the phenomenon of whistleblowing. The phenomenon of whistleblowing has been considered one of the most controversial issues in public administration scholarship on ethics since it entails ethical dilemmas for individuals, public organizations, and society (Lavena 2014). Whistleblowing has been explained as the

process of finding faults, such as vested interests, in actions performed by others within an organization. In this sense, it has been conceived as a prosocial behavior entailing a decision process. By disclosing wrongdoing and exposing transgressors, whistleblowers might enhance administrative responsibility and external scrutiny. However, whistleblowers may need individual protection in some circumstances because they may find no future job opportunities and scarce support from peers. Some scholars have discussed public servants' perception of trustworthiness within the organizational environment (Taylor 2018). The phenomenon has also been studied to deeply understand the nature and the limits of whistleblowers' contribution (Jos 1991).

Adams and Balfour (2008) have reflected on the ethical challenge of administrative evil by analyzing the dynamics internal to groups and organizational culture. Investigating administrative evil is relevant since it might threaten public values. These scholars have attributed the spread of administrative evil to "technical rationality," namely technological progress and scientific way of thinking (Moreno-Riano 2001). Nonetheless, the problem of administrative evil has not been attributed solely to technology and scientific methods. Rather, this type of administrative misconduct has been traced to a profound crisis of values that has led individuals to circumvent and avoid discussion around existential questions. In light of this, some authors have analyzed the role played by individual responsibility in the moral deficit that pushes individuals to behave according to malevolent purposes (Russell and Gregory 2005; 2010). Some scholars (e.g., Adams, Balfour, and Reed 2006) have suggested the existence of a continuum between wrongdoing and evil, making examples of historical episodes - i.e., the Holocaust, among the others – in which wrongdoing has deteriorated into administrative evil.

After examining ethical values experienced by individuals who can be either public servants or final users of public services, it is crucial to understand how ethical issues might be applied explicitly to public managers in public sector organizations.

Ethics at the managerial level

While scholars have extensively investigated ethical issues at the institutional and individual levels, they have devoted less attention to the managerial level in the public sector. Given the paucity of studies examining the attitude of public managers concerning ethical practices, the management of conflicting interests, and the existence of ethical guidelines for public managers, ethical issues at the managerial level in the context of public sector organizations remain largely unexplored. Considering this gap and with the willingness to provide a comprehensive account of the *ethos* of public administration, I assert that ethics needs to be analyzed at the managerial level as well.

Before moving on this subject, it is worth clarifying here the differences between the individual and the managerial levels. In this section, I explicitly address managers instead of other public officials, such as street-level officials. Indeed, the latter are discussed in the previous section dealing with the individual level. Differently from what happens elsewhere in the public sector, i.e., at the institutional and individual levels, public managers are actors influenced by their own set of ethical values and other dimensions of ethics, such as their professional ethics and their ethics as public administrators. In other words, public managers are, at the same time, public officials with the duty of following indications from the institutional level, individuals with their own set of ethical values, and, importantly for this paragraph, managers facing ethical dilemmas (O'Toole 1990) within complex public sector organizations. Unlike public servants analyzed in the previous section, here I consider public managers as public officials in charge of more than general public duties, as it would be for individual public servants. To such duties, we need to add the burden and responsibility of exercising managerial functions in the direction of public services and employees. In other words, an individual can be a public servant with public duties. However, this individual level does not include those public officials with public duties and managerial responsibilities, i.e., public managers. Given the central place of ethical values in public administration theory and practice, it is essential to understand how public managers

translate such values into individual and organizational actions while performing their managerial roles. Therefore, to analyze ethics at the managerial level, an overview of the ethical issues influencing public managers in public sector organizations is crucial to provide a comprehensive picture.

As previously introduced, western scholars have traditionally conceived ethics in connection with individuals, for instance devoting importance to issues such as agency and autonomy regarding public servants' activity (Bowman and West 2009) and the reasons why public servants behave in a public-spirited manner (DiIulio 1994). However, this traditional focus on individuals fails to consider that individual agency is not an exclusive feature of public servants. Yet, it is also embedded in those public sector organizations in which public managers perform their roles. Given the coexistence of different *ethoses* in the public sector, organizations are equipped with agency and autonomy besides their employees (Crewson 1997). Public organizations, in other words, are not neutral entities (Cooper 2004), and ethics can also be conceived in relation to the moral health of a public sector organization when discussing public sector values at the managerial level (Fleming and McNamee 2005). With this background in mind, public managers have traditionally been described as neutral and value-free, only interested in promoting efficiency, and not particularly caring about democratic values. For the first half of the twentieth century, descriptions of public managers characterized by a bureaucratic connotation have proliferated. However, we would make an error ignoring that the same bureaucratic values are fulfilled with an ethical dimension, especially when considering public managers' social role of protecting societal core interests (Svara 2014). In light of these considerations, the classification provided by this study cannot disregard the role covered by some core public sector values and ethical issues at the managerial level.

As one of the few attempts to explore fundamental ethical questions experienced by public managers, Bowman (1977) has tried to elicit the ethical perceptions of public managers working in the public service, particularly concerning political issues and the daily operations of public agencies. The paucity of studies dealing with fundamental

ethical questions experienced by public managers points to the need for more research on managerial perceptions of ethics and strategies to cope with ethical issues.

At the managerial level, considerations about ethics need to be integrated with concerns about responsibility. The emergence of the administrative state has placed the issue of managerial responsibility at the center of the debate, and sources of responsibility for public managers have become broad and encompassing. In light of the competing ethical obligations in managerial decision-making and the multiple sources of managerial responsibility, a relevant concept discussed to analyze the existence of proper ethics of public managers has been the value of responsiveness. Responsiveness in public organizations is a complex phenomenon since it requires the consideration of the external environment in which the same organizations exist. An excessive orientation to business might lead to decreased responsiveness in terms of quality and accuracy (Bryer 2006). The pedantical application of market mechanisms to the public sphere has led to misperceiving public managers' roles. The introduction of market mechanisms, risk-management, cost-benefit techniques, and performance accountability, along with the increasing importance of administrative discretion, has impacted the ethical dimensions of managerial actions (Kane and Patapan 2006).

At the managerial level, loyalty has been conceived as a fundamental value. The importance of operating with loyalty to the indications coming from the institutional level has been advocated by many scholars (e.g., de Graaf 2010) and considered a part of the notion of professionalism (Quinlan 1993). Loyalty has been described as a personal commitment to the abstract 'public interest' (Rutgers 2009), which broadly influences management practices. The extent and depth of such commitment may influence decision-making processes (Quill 2019). This commitment has previously been described by Weber as 'social honor,' pointing to the capacity to follow instructions inside the hierarchical order. To this Weberian image of public administrators, it has corresponded a sentiment of neutrality, according to which managers' role consists in implementing policies issued by legislators at the

institutional level. In contrast, Quill (2015) has called for an “intelligent and reflective” form of loyalty as a critical process of discerning proper actions.

To provide insights into the challenges faced by public managers, another value that has been questioned is impartiality. Initially encouraged for public managers when approaching citizens, the application of impartiality has expanded way beyond managerial attitudes toward citizens in recent years. In addition to the relationship between managers and final users of public services, impartiality also influences how managers interact with the organization's employees. However, despite its relevance, cultivating impartiality is often complicated by the necessity for public managers to adapt their job to changing circumstances (Saban 2011).

Given the difficulty of assessing the boundaries between policy and administration, some scholars have discussed the issue of professional independence (Allmendinger et al. 2003). This has been characterized by the difficulty of preserving the delicate equilibrium between responsiveness to democratic expectations (Bryer 2006; Laratta 2011), on the one hand, and administrative discretion (Alexander and Richmond 2007), also concerning moral reasoning (Stewart et al. 2002), on the other hand. The issue of administrative discretion refers to the capacity of public managers to make decisions according to personal judgment while respecting the legal boundaries enacted at the institutional level. Hence, discretion has been weighed in public administration scholarship against the quality of individual judgments and ethical orientations (Stewart, Sprinthall, and Kem 2002) as well as against the respect of institutional directives. Nevertheless, along with the changes that have punctuated the public sector, continuous pressures toward performance and decision-making improvement have challenged public managers’ discretion and professional independence (Allmendinger et al. 2003). Accordingly, some scholars have gradually started problematizing the delicate balance between bureaucratic autonomy, on the one hand, and the protection of democratic accountability, on the other hand, often suggesting the adoption of an ethical framework for public managers to introduce critical ethical guidelines (Zanetti 2004). Given the existence of competing interests and obligations

in managerial decision-making and the need to balance them to avoid conflicts (Bryer 2006) and satisfy legitimate democratic expectations (Laratta 2011), the issue of administrative responsibility has been the subject of academic inquiry. When discussing public managers' accountability, responsibility, and responsiveness, scholars have also considered the issue of ensuring accountability to stakeholders (Van der Wal and Huberts 2008). The necessity of implementing accountability mechanisms inside public sector organizations (Jos 1991) has also been seen as an effective instrument to limit the phenomenon of whistleblowing. This latter has also been associated with negative consequences for decision-making processes since the practice "to blow the whistle" might also damage peers' careers (de Graaf 2010). Responsiveness has been regarded as another relevant and multifaceted value related to the value of accountability at the managerial level, conceived as the act of justifying and explaining actions to stakeholders (Van der Wal and Huberts 2008). As noted by Bryer (2006), responsiveness has to do with how public managers balance multiple and potentially competing ethical obligations in decision-making processes. The importance of responsiveness can be condensed in a synthesis of considerations about public policies, culture, and human determinants. In sum, the public value of responsiveness carries the idea that public managers must be accountable to the community to exercise their power (Boyce and Davis 2009; Locke 1980).

Given the increasing complexity of decision-making processes, some scholars have highlighted the importance of the value of prudence and its role in the delicate balance between different and conflicting freedoms and interests (Kane and Patapan 2006). Acknowledging the existence of ethical dilemmas in decision-making processes, the awareness of the importance of moral reasoning might enhance moving beyond personal interests and respecting democratic standards. Ethical dilemmas in decision-making processes are particularly pervasive in the health sector. Sheaff and West (1997) have provided an empirical assessment of a number of ethical dilemmas faced by healthcare managers regarding conflicting interests vis à vis personal gains, choices about treatment priorities, disciplinary procedures, need for authoritative

government direction vis à vis personal considerations on what is suitable for patients, public accountability, fairness to the staff, and conflicts between private and public work within the health system.

To enhance ethical practices and standards within public organizations, many scholars have focused their inquiry on the importance of ethical leadership (e.g., Downe et al. 2016; Hassan and Wirght 2014; Kakabadse et al. 2003; Lasthuizen et al. 2011). For instance, they have studied codes of conduct to delineate employees' attitudes and ethical behaviors (Thaler and Helmig 2016) in response to agency failures in the public sector (Wallis and Dollery 1997) and the effects of leadership on whistleblowing intentions (Hassan and Wright 2014), i.e., on the willingness to report organizational problems to the superiors. Ethical leadership has gained significance since ethics has become a critical determinant of 'good governance,' whose pursuit may be threatened by tensions that may unfold among conflicting values (de Graaf and Van der Wal 2010). Some scholars have examined the role of public managers in fostering the effectiveness of codes of conduct through ethical leadership (Downe et al. 2016; Hassan et al. 2014). The issue of ethical leadership (e.g., Downe et al. 2016) has been inspired by managerial judgments of utility (Brady and Woller 1996) and ethical sensitivity (Wittmer 1992) to enhance the ethical conduct of public managers. "Treating people fairly" (Hassan and Wright 2014) has been considered an essential feature of ethical leadership in a positive organizational environment, also to prevent integrity violations (Lasthuizen et al. 2011) and damages to organizational structure and values. Notwithstanding the need for an effort to assess the role of ethical leadership in preventing agency failures and other negative consequences for the correct functioning of the public service, the analysis of the impact of ethical leadership on ethical behavior is still understudied.

At the managerial level, ethics has been related to the issue of 'ethical climate' (Wittmer and Coursey 1996) in public sector organizations. To build a positive ethical climate, which has been considered as a configuration able to enhance trust among workers, an organizational construct that entails the shared perception of norms, values, and

behaviors characterizing an organization (Menzel 1995) is needed. According to some scholars, organizational norms composing the ethical climate of a public sector organization may be an impetus for organizational change (Borry 2017). This concept can be applied to a vast array of organizations operating in the public sector, for instance, when evaluating the accountability of non-profit organizations (Laratta 2011) and the differences between these latter and governmental agencies (Rasmussen et al. 2003). Also described as “the moral atmosphere of the organization” (Wittmer and Coursey 1996), the ethical work climate may influence the ethical conduct of the organization’s members. Borry (2017) has explored the interactions of the ethical climate with the system of rules and their application in public organizations through the phenomenon of ‘rule-bending,’ which verifies when laws are not respected, in part or totally, and translate into unethical behaviors when particularistic interests inspire actions. Some scholars have examined factors contributing to a positive ethical climate, such as ethics training, counseling, and communication (Menzel 1995), to alleviate challenges to which public managers might be exposed (Bowman and Knox 2008) and according to the managerial perception of ethical climate (Raile 2013). However, besides external influences, the conception of ethical climate can stand for something more profound, requiring an interiorization process. Raile (2013) has examined how a public organization’s ethical climate is directly influenced by employees’ perceptions and claimed that public managers should act to shape such perceptions. Other scholas (Garcia-Zamor 2003) have explored the influence of workplace spirituality on the overall performance of a public organization.

The value of integrity has been defined by Molina (2018) as a principle able to allow the correct functioning of an organization according to its founding principles and objectives. Notwithstanding the efforts to preserve integrity, this latter might be undermined by some organization members and be subjected to integrity violations (Lasthuizen et al. 2011). To assess the overall integrity of a public sector organization, the value of equity, entailing social justice and fairness in treating individuals in a compensatory way (Fleming and McNamee 2007), is of uncontroversial importance.

Although experiences of prosocial behaviors enhancing a positive ethical climate have been often analyzed at the managerial level, ethical issues have also been associated with threats and violations. Among the others, administrative evil and organizational errors have been depicted as damaging the ethical environment of organizations. Therefore, scholars have claimed the need to contrast such phenomena (Moreno-Riano 2001) to preserve the value solidity of an organization (Van der Wal and Huberts 2008). Notwithstanding their potential impact on public organizations and the serious consideration that ethics failures deserve due to their possible consequences, these phenomena can be solved and might even trigger positive processes of organizational learning. Some scholars have investigated the relationship between ethics failures and the performance of organizations. In summary, once ethics failures are detected and recognized, organizations may adopt mechanisms to fix the ethical climate through learning strategies. Such strategies depend – among the other factors – on the so-called "organizational moral autonomy" (Zajac and Comfort 1997), which has been defined as the ability to develop an organization's moral progress in consequence of an ethical dilemma that may ultimately lead to ethical failure.

With the background of the three-pronged classification offered in this work, it seems crucial to focus on ethical issues experienced at the managerial level. Throughout public administration scholarship, the traditional image of public managers has been grounded on blind obedience to political directives, and hierarchy has been one pillar of democracy since the times of Weber (1947). Accordingly, the pursuit of the 'public good' has required public managers' loyalty to politicians, and therefore, public managers' responsibility has only been conceived as a role of implementation. Nevertheless, implementing those policies on which the institutions have legitimately converged entails further ethical challenges, which call for the exercise of the moral agency of those in charge of the implementation phase, i.e., public managers. In *What is the Enlightenment?* Kant agreed that public officials must obey rules while exercising their public functions. In this vein, famous is the categorical imperative "Be public!"

(1784), which did not leave any space for personal values when exerting public functions. With time, this blind obedience to rules has been progressively problematized. Scholars have gradually underlined the discrepancy between formal authoritative directives and public managers' value systems. According to some scholars, such blind obedience (Gormley Jr. 2001) was not to be applied extensively anymore. Instead, public managers could freely express their dissent in their private sphere, notwithstanding their public role. In sharp contrast with the Kantian conception of "being public," Irving (1999) posed the imperative "Be of use!", thus legitimating an administrator's morality to prevail over a mandate when this latter was conflicting with personal ethical considerations.

Notwithstanding the existing variety of organizational forms other than hierarchy and the increasing consideration devoted to ethical issues influencing public managers, one still prevailing belief is that public managers have several obligations towards directives and indications arising from the institutional level. However, such commitments are not exclusive. Notably, public managers have responsibilities and duties towards individuals as both final users of public services and employees in public organizations where the same managers perform their roles. Consequently, these individuals advance moral claims on public managers, who may experience tensions due to these different sources of obligations and responsibilities. Given these multiple sources of responsibility, public managers may even act in opposition and disobedience to the institutional level (Newswander 2015; O'Leary 2009) whether they perceive the latter as a source of threat for the individuals they work for. While taking distance from institutional directives, public managers exercise their ethical responsibility by acting as "citizen agents" (Lavee et al. 2018), engaging in actions that they believe are meaningful to their clients, and trying to shape political processes. In this way, their responsibilities expand beyond the traditional role of implementing public policies hierarchically. Given the fulfillment of existing rules beyond mere implementation processes to protect individual citizens, some scholars have delineated public administrators as "*de facto* policymakers" (Alexander and Richmond

2006). This form of administrative discretion allows public managers to exercise their dissent in a legitimate way when they perceive laws might result in harm.

To sum up, several decades of public administration scholarship have supported the claim that ethical dilemmas are pervasive in the public realm, and public managers often have to make decisions vis à vis ethical dilemmas while performing their role (O' Kelly and Dubnik 2005; O'Toole 1990). Such dilemmas have been described as arising from conflicting interests and clashes that public managers intimately experience between their personal set of ethical values and the 'morality' of being public officials. In other words, conflicts and tensions result from the clash between internal and external values that simultaneously influence public managers. Moreover, external values are not unique since they usually correspond to the directives arising from the institutional level, the needs arising from the individual level of public service users, and the interests expressed by the individual level of employees of the same public organizations. Hence, when different sources of responsibility are in contrast, conflicts may evolve into ethical dilemmas. Scholars and practitioners have struggled to find solutions to the burgeoning variety of ethical dilemmas. Requiring the capacity that scholars defined as "moral problem-solving ability" (Rizzo and Swisher 2004), ethical dilemmas might lead public managers to question their morality and to struggle to find a balance between administrative discretion and professional independence (Allmendiger et al. 2003), on the one hand, and responsiveness towards different and often conflicting interests and expectations, on the other hand.

Figure 7. Three-layered classification of ethical issues in public administration[3]

	Institutional level	Individual level	Managerial level
Accountability, responsibility, and responsiveness	- The relationship between citizens' demands and PA's responsiveness	- Public servants behave in a public-spirited manner - Engagement in policy design	- The competing ethical obligation in managerial decision-making - Accountability to stakeholders
Codes of ethics, ethical guidelines	- Limited utility to preserve integrity and trust - Widespread use - Challenges - Impact on politicians - Standards boards - Medicine and biotechnology - IOs - Ethics commissions - Protection of societal interests - Drivers of ethical conduct	- Organizational rules and job satisfaction - Ethical conduct	- Ethical guidelines for public managers
Challenges	- Algorithm and big data - Public pay disclosure - Public expenditure - Privatization - Environment - Internet development - Privacy and drones - E-government	- The political activity of public servants - The danger of political abuses	- Ethical challenges for public managers - Dilemmas and challenges - Religion and spirituality in the workplace - Technological change
Conflicting interests and values	- Governing with integrity and governing with effectiveness - Political forgiveness - Conflicting values - Conflicting interests	- Commitment to the public interest to face conflicting values (	- The management of conflicting interests
Ethical reasoning and (un)ethical behavior	- Corruption - Measures of unethical behavior and integrity violations - Forms of government and corruption - Ethics complaints - Integrity risks - Violations of moral and social norms	- Accountability mechanisms - Whistleblowing - Unethical behavior - Gender - Differences between public and private employees	- Whistleblowing and peers' careers - Measures of moral reasoning
Professionalism and reputation	- Professionalism	- Different professional ethics from that of citizens - Professionalism and ethics	- Public scrutiny - Reputation - Professional ethics

[3] See Appendix A.3 for the extended version of the three-layered classification of ethical issues in public administration

Public sector values and principles	- Ethical values - Secularization - Ethics and values - Statesmanship - Public trust in government - Public values of state government agencies	- Virtue and competence - Integrity	- Loyalty - Moral health of an organization - Value preferences - Value solidity
Public service motivation	- Public service as the commitment to act on behalf of the community (	- Different ethos - Ethics to serve the public - Link with ethical climate - Antecedents of PSM - PSM - Willingness to report ethical problems to management - PSM and unethical behavior	- Whether PSM alters decision-making processes
Participation	- Participative democracy	- Citizen involvement and satisfaction - From passive recipients to co-creators - Citizens' engagement - Participatory budgeting	
Decisionmaking, leadership, and ethical conduct	- Effective government decision-making - Impartiality - Leadership as a response to agency failure		- Judgments of utility - Ethical sensitivity - Leadership and ethical conduct - Fairness - Influence on employees' ethical behaviors
Ethics failures	- Race-related police violence - Public trust abuses		- Integrity violations - Organizational learning
Public sector reforms	- NPM and efforts to reinstill ethics in public service - Consolidation of democracy - Reforms and ethical change - Ethics enforcement - Impact of reforms - Gender and reforms		- The problem of prudence in managerial reforms - Privatization
Reforms	- NPM and efforts to reinstill ethics of public service - Consolidation of democracy - Organizational reforms and ethical change - Ethics enforcement - Impact of reforms - Gender differences in reforms		- The problem of prudence in managerial reforms (Kane and Patapan 2006). Privatization (Sheaff and West 1997).
Administrative discretion, dissent, and guerrilla government		- Guerrilla employees - Dissent with institutional directives	- Legitimate administrative action against a law - Moral reasoning - Statesmanship acts rooted in guerrilla government - Disobedience to institutions

Ethical dilemmas		- Organizational rules without consulting employees - Moral conflicts faced by civil servants	- Decisions in the face of dilemmas - Ethics of senior officials
Perception of ethics		- Citizens' perceptions of ethics in public administration	- Perception of ethics in the public service - Perception of trust
Governance systems	- Non-State Market-Driven governance systems - Ethical community - PPS - Voluntary agreement - Evolution of state functions - Interest groups and policymaking - Contracting out to NGOs		
Morality policy	- Implementation of morality policy - Influence of religion on the governance of moral issues		
Service delivery	- The Third Way - The impact of NPM on service delivery - Innovation - Customer care		
Administrative evil		- Technical rationality - Moral inversion - Etiology of administrative evil - Individual responsibility	
Ethical education and training		- Education for the public servants - Insights of fiction - Ethics education and training - Curriculum development - Literature - Approaches to teaching	
Ethical climate			- Organizational norms impetus to org. change - Workplace spirituality and performance - Positive ethical climate - Managerial perceptions of ethical climate - Non-profit vs. government org. - Public vs. private managers

1.6 CONCLUSION

From the analysis of the journal articles included in this systematic review, I tried to answer the following research question. *How are ethics and ethical issues defined and organized in public administration scholarship?* Given the burgeoning number of definitions provided by the extant scholarship, there is no simple answer to the question that inspires this work. Notwithstanding scholarly endeavors to define ethics, the generalized lack of clarity leaves room for an improper and impoverishing use of the term ethics. Thus, research on ethics in public administration lacks a cohesive organization. As underlined by Menzel (2005), progress has been made toward "building a body of knowledge about ethics" (2005, 162), but more effort to expand systematic research in this area is needed. The theoretical classification provided here offers two main contributions.

First, the primary purpose of this work was to investigate the existence of a public sector's "specific ethics," providing a theoretical contribution to extant research in this area. After a careful analysis of all the journal articles included in this systematic review, what becomes clear is that a unique and comprehensive definition of ethics that may solve all possible ethical dilemmas does not exist. Whether a definition of this sort would be desirable, it would not be easily achievable. And yet, the relevant question is if we need such a unique and uncontroversial definition. In this respect, this systematic review reveals that providing a unique definition of ethics in public administration does not seem exactly a fruitful intellectual endeavor. On the contrary, it would result in an oversimplification of the richness underlying such a different domain. This study examines, instead, how ethics is articulated. Rather than focusing on a single aspect of ethics as previously done by some scholars[4], this work explores the full range of possible domains ethics can cover and influence in public

[4] See Lawton A. and Doig A. (2005) for systematic research on public sector ethics focusing on one specific aspect, i.e., corruption, and on one specific geographical context, i.e., Europe.

administration. To this end, I provide a three-pronged classification that can encompass different perspectives on ethics in public administration. According to this framework, ethics exist at three levels – institutional, individual, and managerial - which simultaneously become lenses that examine the same ethics in the public sector. While exploring how ethics interacts with the three levels in which public sector actors perform their role in such tripartition, ethical dilemmas arise from conflicts of interest and values generated inside and between levels, thus posing challenges to the maintenance of a healthy public administration. Hence, this three-pronged classification may help the systematic analysis of the ethical concerns, conflicts, dilemmas, and the broad spectrum of dynamics operating inside and between levels. By doing so, this systematic review tries to take stock of ethics in public administration scholarship and highlight issues that are still largely unexplored.

Second, while examining public sector values and ethical issues that generate between and inside levels through the lenses provided by extant ethical theories, this analysis illuminates the ethical issues experienced by public sector managers, which are still relatively unexplored in comparison with the ethical experiences of institutions and individuals. Indeed, when approaching public administration ethics, scholars have focused for the most part on ethical issues at the institutional or individual levels. In the words of Zacka (2017), while much has been said about policymaking, we know relatively little about policy implementation. However, those policies agreed upon at the institutional level still need to be implemented. Therefore, I posit that analyzing ethics at the managerial level is of paramount importance to tackle ethical dilemmas that might arise in decision-making processes, given the tension between the willingness to maximize the well-being of society and the respect for individual preferences and interests. Considering values as “core beliefs guiding actions” and “good governance as the capacity of managing and overcoming tensions among competing values” (de Graaf and Van der Wal 2010, 625), I shed light on the ethical issues experienced by public managers in decision-making processes. Public managers often face conflicts on inner as well as external grounds. One crucial

question entails how they combine their ethical values as professionals with their ethical values and interests as public managers. On the inner ground, they may experience conflicts between the existence of their own moral identity, on the one hand, and the 'morality' of serving the public sector, on the other hand. On the external ground, they may find themselves in situations where they have to manage the clash between conflicting interests advanced by actors at the institutional or individual levels. To this end, the aim of this study was to illuminate the *locus* of existing ethical dilemmas. Nonetheless, a perspective of 'ethics of responsibility' – entailing taking distance from personal values and interests to allow the coexistence of others' ethical expectations - may help public managers to handle problematic situations from an ethical standpoint. Given the ethical complexity that characterizes the managerial level of public administration, understanding which ethical values inspire public managers' decisions entailing ethical dilemmas is relevant. While referring to public organizations, it might also be interesting exploring the situations in which acting in opposition to a political mandate may be ethically acceptable. How do public administrators approach ethical dilemmas, and how do they choose between different courses of action? Since the institutional level might guide with laws and directives but cannot solve all the ethical dilemmas in society, these questions pave the way for more empirical investigation on decision-making processes entailing ethical dilemmas. Therefore, the classification provided in this study tends to conceive public managers as a bridge between the institutional level of politics and norms and the individual level of public service users' and public employees' needs, values, and perceptions.

This study is not without limitations. Regarding the shortcomings of this work, journals of sibling disciplines, such as organizational studies, have not been considered. For future research, it might be helpful to include, for example, non-public administration journals that publish studies set in the empirical context of public sector organizations. Moreover, it might be interesting to empirically assess how ethics shapes interactions at the three levels discussed in this classification to grasp the ethical dynamics

regulating the relationships between institutions and public administrators, public administrators and citizens, citizens, and the normative apparatus.

The classification outlined in this work attempts to structure the ethical dilemmas existing at the institutional, the individual, and the managerial levels of the public service. While doing so, it devotes particular attention to the ethical issues and dilemmas challenging public managers' decisions, which are often overlooked and, therefore, in need of additional attention. While performing their tasks, public managers are accountable to the organization they manage, the overall community with its institutions, several individual interests, and their unique set of interests and values. These are constraints as well as opportunities that need to be addressed. Despite its limitations, this work speaks to the importance of providing institutional directives for public officials, particularly public managers, to alleviate the ethical dilemmas encountered while performing their roles and making their choices. To conclude, this systematic review reveals that no single perspective on ethics is more suitable than the others, and none of these perspectives should be denied. Rather, each of them adds something to the picture. While cultivating the "art of ambivalence" (Zanetti 2004), the core of the debate should be placed on the fact that multiple dimensions of ethics exist, that it is useless trying to condense these latter into a unique definition, and that is necessary to identify approaches enabling their harmonious coexistence. Beyond ethical codes, norms, and supervisory bodies, public sector ethics, which is deeply connected with dialogical dynamics, must be understood at the crossroads between different dimensions. Hopefully, this might restore meaning to ethics in public administration while considering the interplay between the institutional, the individual, and the managerial levels.

Chapter II.

Framing Ethical Implications of Public Health in Emergency:

An Experimental Study of Public Healthcare Managers' Experiences During the Covid-19 Pandemic[5]

[5] This chapter is the result of a joint work with N. Bellé

2.1 INTRODUCTION

The public health sector is constellated by conflicting interests, values, and preferences. Given this complexity, decision-making processes tend to be characterized by trade-offs between alternative courses of action. Conflicting interests and trade-offs are even more inclined to be exacerbated during public health emergencies, when hospitals find it difficult to provide treatments to many patients at the same time. In emergencies, decisions are the resulting compromise between multiple interests: on the one hand, the interests of individual patients to receive adequate treatment and care; on the other hand, the interests of the overall community of patients to public health. Given these conflicting interests and trade-offs, healthcare managers in public hospitals are confronted with tough decisions.

To understand the complexity of healthcare managers' responsibilities, we need to recall the hybrid roles of public managers in the health sector. On the one hand, as clinicians, they have the professional duty of providing the best available treatment to patients with reasonable care and competencies. On the other hand, as directors, they have additional organizational and managerial responsibilities. To date, scholarly efforts have focused mainly on this duality of roles at a macro level (Forbes, Hallier, and Kelly 2004). However, there has been low interest in analyzing individual experiences of healthcare managers at the micro level so far. Why speak of healthcare managers, then? As most public professionals do, clinicians have complicated roles, especially in emergency contexts. However, healthcare managers' role is even more complicated by managerial duties, which are additional to other professional duties already set by the medical profession. For this reason, eliciting healthcare managers' preferences in decision-making processes is highly relevant.

To fill this void, the present study examines ethical issues experienced by public healthcare managers and their implications on decision-making across different public hospitals during the Covid-19 pandemic in Italy through the following research questions. 1) How do health managers perceive and cope with the ethical dilemma

arising from the trade-off between individual patients' interests and the community's interest in public health? 2) What is the relative importance of different factors influencing the preferences of healthcare managers with regards to organizational settings and patient priority?

During the first months of 2020, the novel coronavirus SARS-CoV-2 (Covid-19) rapidly became the most dramatic pandemic of recent times, with the death of more than 5,120,712 of the almost 254,847,065 individuals infected by the virus.[6] The Covid-19 pandemic has been considered an exceptional circumstance for various reasons, such as its magnitude, contagiousness, the burden inflicted on public health systems, and the damages to the social tissue. Furthermore, due to globalization and intense international exchanges of people and goods, the spread of the SARS-CoV-2 has been characterized by transboundary characteristics (Boin and Lodge 2016). The novel coronavirus quickly crossed geographic borders, thus evolving from an epidemic to a dramatic pandemic. When they started to deal with the pandemic, governments gradually adopted containment measures in a desperate attempt to slow the pace of virus diffusion and relieve the stress caused to public health systems. Notwithstanding the multitude of containment measures and scientific efforts to collect new evidence and provide treatments for managing the contagion, soon the Covid-19 pandemic shed light on the limits inherent to new technologies and scientific development.

Some contextual conditions have further complicated the situation of emergency. First, continuous cuts in spending on health vis à vis the increasing demand for health services (Cepiku, Mussari, and Giordano 2016) have contributed to a general scarcity of resources. Second, the Covid-19 pandemic has confronted governments with scientific uncertainty and, therefore, rising tensions in hospital decision-making processes, especially those regarding patient prioritization.

[6]https://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?lingua=italiano&id=5338&area=nuovoCoronavirus&menu=vuoto, as of November 18, 2021

Overall, the Covid-19 pandemic has questioned the public health sector's effectiveness in providing health services to all entitled users during an emergency. In particular, the emergency has highlighted trade-offs and ethical issues experienced in public hospitals in conditions of resource scarcity and scientific uncertainty. The novel coronavirus has posed the challenge of obtaining the highest benefits for individuals, society, and the healthcare system while coping with limited resources because of the pressure on supply chains for medication and other materials. Whereas cost-benefit analysis has been advocated as an effective tool to compare alternative healthcare interventions and operating decisions (Weimer and Vining 2009), it has failed to consider ethical issues experienced by those who must choose against a background of resource scarcity during emergencies. For all these reasons, the crisis of the public health sector caused by the Covid-19 pandemic has offered an unprecedented setting for exploring the ethical issues experienced by public health managers when confronted with trade-offs between individual and public interests and needs.

Based on these considerations, in this study, we investigate healthcare managers' choices during an emergency through a sequential mixed methods design[7] in the empirical setting of the public health crisis caused by the spread of the novel coronavirus in Italy. Our research strategy consists of a round of semi-structured interviews on a purposeful sample of healthcare managers in the region of Lombardy, followed by a conjoint analysis on the whole population of Italian healthcare managers. Through qualitative interviews and conjoint analysis, we explore the ethical dimensions of managerial decision-making processes and elicit healthcare managers' preferences towards alternative configurations of hospital settings and patient profiles.

[7] For the use of mix methods as research methodology in Public Administration studies, see Mele V. and Belardinelli P. (2019). Here, mixed methods are defined as a methodology combining at least one qualitative and one quantitative part in a single research project. As for the term 'sequential', the authors define sequencing as "the logical and chronological combination of methods" (ibid., 336).

Our results illuminate public managers' preferences from an ethical perspective. The insights arising from the first phase help to explain participants' inner views and personal experiences concerning decision-making processes during the first wave of the pandemic, thus revealing the emotional burden and the sense of responsibility for difficult decisions during the emergency. Building upon the qualitative phase, we empirically highlight public health managers' preferences regarding trade-offs between different hospital configurations and patient prioritization in the second phase. We posit that these findings may entail implications for the institutional level, suggesting the importance of rethinking and reframing guidelines in the form of authoritative directives to reduce the emotional burden of managerial decisions constrained by resource scarcity.

The remainder of this work is organized in the following sections. First, we outline the theoretical framework adopted, including theories about public health in an emergency, to explain the impact of the Covid-19 pandemic on the Italian national healthcare service, public healthcare managers' hybrid role, and their experiences of conflicting interests, trade-offs, and ethical dilemmas. Next, we present the methodology used to gather, analyze and theorize our data. We then show the results of our empirical analysis, first about how public health managers perceive trade-offs arising from the context of emergency and their dual role, and then about their preferences on different configurations of hospital settings and patients. Then, we discuss our findings and account for the limitations of our study. The final section concludes the chapter and offers implications for both theory and practice.

2.2 THEORETICAL POSITIONING

The public health sector in emergency

The primary goal of healthcare policies is to ensure that society and its members are healthy, given economic, social, and environmental factors. Therefore, such policies focus on the benefits and risks for the community rather than individual patients (Lo 2020). While overseeing public health, addressing this goal is the responsibility of those institutions and agencies with a prominent role in supervision, prevention, and intervention. Carrying out public health tasks can be particularly challenging because of the continuing tensions between the interests of individual patients, on the one hand, and the interests of the community of taxpayers as final recipients of health services, on the other hand. Furthermore, public health objectives may be complicated by external events such as infectious diseases, epidemics, and pandemics, which ultimately might cause emergencies, as happened with the spread of the Covid-19. And, since emergencies stress and overwhelm public health systems' capacity in terms of physical and human resources, allocating resources for public healthcare becomes even more difficult in such contexts. In other words, it might become unfeasible to ensure treatments for all individual patients simultaneously in public health crises.

During the Covid-19 pandemic, shortages of mechanical ventilators, beds, personal protective equipment, and human resources have been an urgent concern. In Italy, by way of illustration, the first months of the pandemics registered many cases and deaths among health professionals who had assisted hospitalized patients with SARS-CoV-2. Data of 15th November, 2020 - issued by the Italian federation of doctors (*FNOMCeO*, *Federazione Nazionale degli Ordini dei Medici Chirurghi e degli Odontoiatri)* – reported 191 deaths due to the Covid-19 among doctors.[8] The contagion spread among health professionals and further decreased the number of available

[8] https://portale.fnomceo.it/elenco-dei-medici-caduti-nel-corso-dellepidemia-di-covid-19/

clinicians, complicating pre-existing shortages previously caused by the continuous cuts to health expenditure during the last decades. Given the shortages of human and physical resources, health professionals have faced trade-offs, especially regarding Covid patients' allocation.

In the field of public health in an emergency, previous studies have mainly explored the conditions and the implications of clinical research and trials (Calain 2014), the difficulty of finding a balance between public health and civil liberties (Gostin, Friedman and Wetter 2020), and the legal implications related to decision processes (Liddle et al. 2020). Far less attention has been devoted to the ethical complexity of making decisions at the managerial level during health emergencies. However, given the urgency of decisions, public managers may act as "*de facto* policymakers" (Alexander and Richmond 2006). That is, resource scarcity and scientific uncertainty often demand health managers' active role in deciding between alternative options, also entailing life and death consequences. From these considerations, we posit that more investigation is needed to understand how public health managers deal with trade-offs during health emergencies.

Hybrid managers between clinical ethics and public health ethics

In the public sector scholarship, healthcare managers are frequently described as "hybrid managers"[9] who enjoy a particular 'two-windows' position (Llewellyn 2001). This peculiar connotation carries a complexity that may ultimately lead to ethical dilemmas, given healthcare managers' dual role of clinicians with deontological duties and public managers with managerial responsibilities.

From an ethical standpoint, on the one hand, hybrid doctor-mangers' role as clinicians can be regarded from the perspective offered by clinical ethics, with the latter focusing

[9] See Giacomelli (2020) for a systematic literature review on the role of hybrid professionals in the public sector

on the individual patient's interest in receiving adequate treatment and care (Swain, Burns and Etkind 2008; Savulescu, Cameron and Wilkinson 2020). On the other hand, hybrid doctor-managers' role as managers can be associated with a perspective of public health ethics, which is inspired by the community's interests of those entitled of received public health assistance to preserve public health (Beauchamp and Childress 2013).

Given healthcare managers' hybrid role, which entails responsibilities as clinicians and managers, choices arise from trade-offs between conflicting interests (e.g., Boyce and Davis 2009) and competing values (e.g., Van der Wal, de Graaf and Lawton 2011). Therefore, when deciding which patient goes saved first during emergencies, healthcare managers might experience varying degrees of ethical dilemmas (Bagnoli 2006; Jones 1991; Øyvind 2015) while finding a balance between individual and community interests and between clinical ethics and public health ethics perspectives.

Conflicting interests, trade-offs, and ethical dilemmas

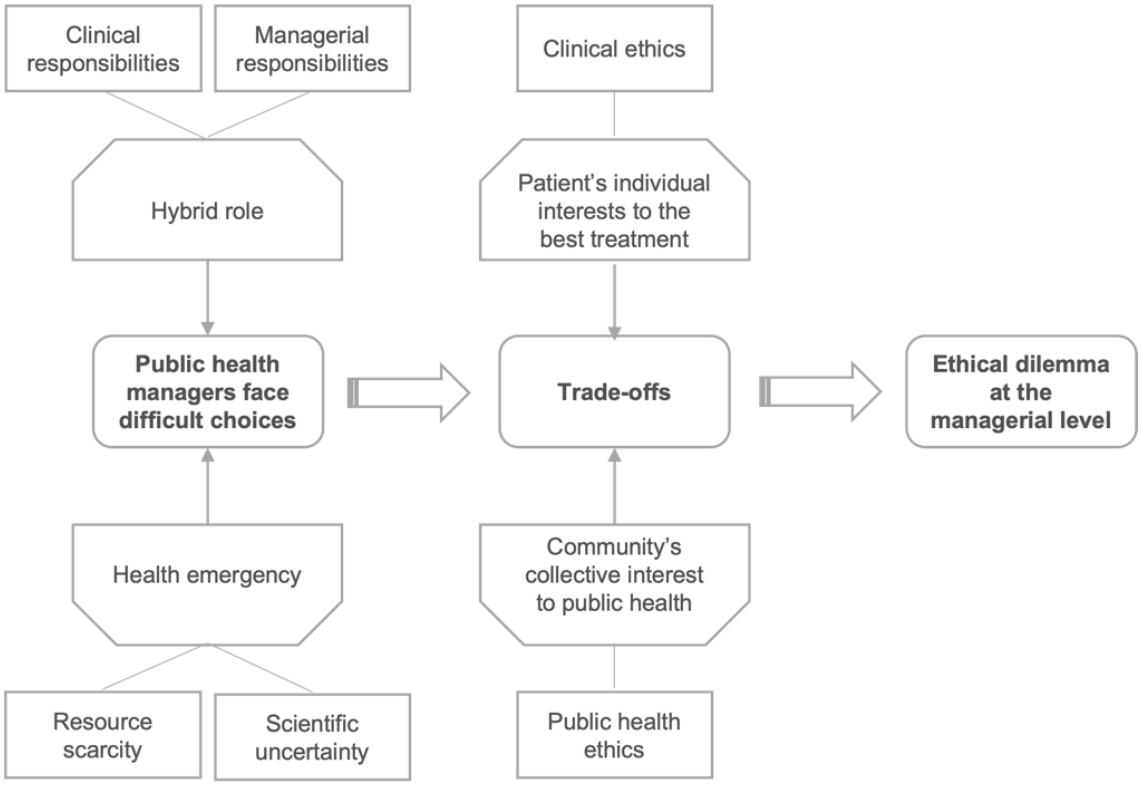
While healthcare policies are centered on engendering benefits and limiting risks for the community of service users rather than individual patients (Lo 2020), the professional duty of healthcare managers as clinicians is to ensure that every individual patient may receive the best available treatment. Yet, during emergencies, healthcare managers are confronted with trade-offs emerging from the clash between different sets of conflicting interests[10].

In this study, we refer to conflicting interests as situations in which a healthcare professional entrusted with the interest of a patient is influenced by a secondary interest (Lo 2020), which can be, for instance, the community's interest in public health. As previously underlined, on the one hand, healthcare managers have responsibilities toward the interests of the individual patient, including the possibility of receiving the

[10] Research on conflicts of interest in the public sector has increasingly caught scholars' attention (e.g., Boyce and David 2009; Brady 1981), especially in the health sector (Lo 2020).

best available treatment compared to the medical knowledge available at the time. On the other hand, the same managers have responsibilities towards the interest in public health of the overall community of patients. These conflicting interests translate into trade-offs that require an evaluation of different health outcomes. While some health outcomes are more focused on the wellbeing of the individual patient and others are more centered on the community's wellbeing, they might become mutually exclusive due to resource scarcity and, ultimately, entail life and death consequences (Fiske and Tetlock 1997). Given the general lack of resources and the lower possibility of relying on evidence during health emergencies (Goodman 2003), public health managers might incur difficult decisions. Accordingly, trade-offs that arise from both health managers' dual roles and the necessity of maintaining the balance between individual and collective interests might translate into ethical dilemmas (Bagnoli 2006; Jones 1991; Øvkind 2015). Figure 1 shows a visual representation of this section.

Figure 1 – Public healthcare managers' decision-making



Aim of the study and contribution

Whereas public administration scholarship and public health studies have devoted attention to conflicting interests with regards to the clash between private and official duties (Boyce and David 2009), and mainly in the relationship between doctor-patient, thus leaving aside the managerial role, less consideration has been devoted to understanding 1) the conflicts between different although legitimate interests (individual patients versus community), and 2) the role of healthcare managers in dealing with conflicting interests when deciding between alternative courses of action. Although exploring ethical dilemmas at the institutional and individual level is important, it is equally relevant exploring ethical dilemmas at the managerial level and the healthcare managers' capacity to reconcile their role as clinicians with their role as directors. Indeed, ethical dilemmas concerning the balance between the respect for the professional duty of providing the best treatment to patients, on the one hand, and the protection of public health, on the other hand, remains a "black box" waiting for viable solutions. Given these premises, more investigation is needed to understand how public health managers deal with competing interests and values, especially regarding trade-off decisions that might entail life and death consequences and ethical dilemmas. By exploring the ethical issues experienced by healthcare managers in decision-making processes, this work tries to answer the following research questions. 1) How do health managers perceive and cope with the ethical dilemma arising from the trade-off between individual patients' interests and the community's interest in public health? 2) What is the relative importance of different factors influencing the preferences of healthcare managers with regards to organizational settings and patient priority?

Our aim is to explore how health managers handle trade-offs entailing dilemmatic choices between individual health outcomes (i.e., "doing the best for every single patient") and public health outcomes (i.e., "assigning priority criteria due to resources scarcity, to privilege the overall health of the community). For these purposes, we employ a sequential mixed methods design.

Through qualitative methods and conjoint analysis, this work offers three main contributions. First, while benefiting from 40 interviews and conjoint analysis, it provides experimental evidence of the relative preferences of public healthcare managers for patients' interests, on the one hand, and the overall community's interest in public health, on the other hand, while coping with the public health crisis of the Covid-19. Second, it sheds light on the ethical dimension of public service at the level of managers, thus providing a theoretical contribution to extant public administration scholarship on ethical dilemmas. Third, through the combination of qualitative methods and discrete choice modeling, it answers the call for the increasing use of qualitative methods as a connecting point (Mele and Belardinelli 2019) to inform attributes' selection, thus providing methodological contribution.

METHODOLOGY

This study is based on a sequential mixed-methods design. First, we analyzed the contextual empirical setting in which the outbreak of the Covid-19 has exerted significant pressure on the Italian public health service. Next, through interviews with experts, we identified some ethical issues that have emerged during the management of this healthcare emergency and the experiences of public health managers in this context. Then, we performed a conjoint analysis to elicit public health managers' preferences regarding organizational setting and patient priority.

Empirical Setting: Covid-19 Outbreak in Italy and Lombardy

The novel coronavirus SARS-CoV-2, which causes the Covid-19 disease, probably had its origins in December 2019 in the Chinese city of Wuhan, located in the Hubei province, for reasons that are still unknown. After a massive spread in China, the

epidemic touched almost every corner of the globe[11]. On March 11, 2020, the fast spread of the novel coronavirus and the sudden increase in cases outside China[12] brought the World Health Organization to classify Covid-19 as a pandemic. Consequently, public health institutions have adopted severe restrictions on private liberties to face the emergency while protecting the community's health. Whereas such strict regulations have been considered necessary to protect the community's health, tough resolutions have also triggered opposition, with some individuals advocating the importance of freedom of choice, although this freedom could have negatively impacted public health.

As far as Italy has been concerned, during the first months of 2020, the contagion spread rapidly throughout the northern part of the country, with Lombardy being the most hit region. A consistent increase in intensive care unit (ICU) admissions was registered in the first weeks of the pandemic. Many patients manifested respiratory failure after a rapid escalation of the pathology, and therefore, more human resources, treatments, and materials were required. Public hospitals and the overall public health system proved to be unprepared to meet so many patients' needs - especially critical patients in need of intensive care treatments - due to the scarcity of health professionals and resources (mechanical ventilators, beds, and protective equipment for health professionals). Therefore, the rapid spread of the pandemic led the Prime Minister of that time to declare national emergency and impose a lockdown on March 9, 2020 - even before that Covid-19 would have been classified as a pandemic by the WHO - to slow down the transmission and alleviate pressure on hospitals before the availability of a vaccine.

[11] For the stages of the outbreak of Covid-19, see Callaway E. (2020). Time to use the p-word? Coronavirus enters dangerous new phase. Nature, 2020;104:12

[12] WHO Director-General's opening remarks at the media briefing on COVID-19: 11 March 2020. Published March 11, 2020. Accessed April 29, 2020. https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

When discussing the organization of the Italian public health service, several problems are worth noting. The first evident problem has been the scarcity of intensive care unit (ICU) beds vis à vis the increasing number of incoming patients. To give an idea, suffice it to say that Italy is the European country with the lowest number of ICU beds per inhabitant (Ministero Della Salute 2018). A second problem has been the exclusive reliance on foreign markets for the production and furniture of protective masks for the medical sector.[13] Third, cuts to healthcare expenditures have constrained hospitals' investment capacities, especially regarding health professionals' recruitment. A fourth problem has been represented by the problematic coordination between the central government and the Italian regions. Accordingly, given the heterogeneity between regions, the quality of public health services is not uniform across the national territory. Overall, since the public health system has been stressed beyond its capacity, strict measures involving many aspects of individuals' life have been adopted. These have included, for instance, social distancing, closure of schools and universities, smart working practices, bans on gathering, and auto isolation at home. Still, notwithstanding the toughness of the measures taken by the government, the SARS-CoV-2 pandemic has caused a dramatic shortage of personal protective equipment (PPE), ventilators, and ICU beds in several public hospitals, especially in the region of Lombardy. In numerous hospitals, several units have been converted into fully "Covid units," and many non-urgent interventions have been delayed or even canceled. Italian public hospitals have been working outside established practices, relying on the spirit of improvisation of health professionals. Therefore, during the pandemic's peak, decisions under stress and extreme rapidity have been taken at the public health service's macro- and individual hospitals' micro-levels.

[13] Since PPEs (protective personal equipment) are low value-added products, developed countries did not invest in their production, which was entirely delegated to third countries before the Covid-19.

The public healthcare setting in Italy and Lombardy

The Italian public health service (*SSN, Servizio Sanitario Nazionale*) is grounded on a division of powers: on the one hand, the central government determines the strategic goals; on the other hand, regions are the decentralized institutional entities responsible for healthcare implementation. Public hospitals are organized into clinical units with units' clinical directors accountable for managing clinical services, budgets, and other colleagues and professionals working in the same unit.

Although Italian regions share the same hierarchical level, the quality of health services still varies between different areas on several dimensions. As regards Lombardy, the regional health system is the product of twenty years of reforms that built the so-called "*Modello Lombardia,"* which represents a *unicum* in the national healthcare setting. With the regional Law n. 23/2015, two new entities were created: the agencies for health protection (*ATS*, *Agenzia Tutela della Salute*) and the territorial social health companies (*ASST, Azienda Socio Sanitaria Territoriale).* Indeed, the latter are groups of hospitals with connections to the territory. As conceived by regional institutions, this system was meant to facilitate the entrance of private organizations inside the regional health care system (*SSR, Sistema Sanitario Regionale*). One of the lasting effects of this model has been the introduction of mechanisms of "quasi-market," with the region of Lombardy regulating and controlling the *SSR,* on the one hand*,* and public and private organizations competing for the delegation of services' production, on the other hand. To sustain and survive such mechanisms of competition, public health organizations have increasingly become, in practice, companies managed according to the rules and with the spirit of private businesses. The harsh competition between public and private entities has culminated in a "hospital-centric" model. Furthermore, the compression of public sector principles by the market economy's typical values and "business-like methods" (Van der Wal 2008; de Graaf and Van der Wal 2010) has challenged the very motivation of public officials (Haque 1996). By impoverishing the connection between hospitals and the territory, this model has brought negative consequences, such as the impoverishment of prevention mechanisms and the

migration of the most technologically advanced services from the public to the private sector, which is more potent in terms of financial resources and prestige.

Regardless of the image of Lombardy as a benchmark of excellence, a breakdown of the regional healthcare system has been self-evident. The pandemic has caused, in fact, the failure of the entire healthcare system regarding preparedness, response, and the management of the crisis (Boin and Lodge 2016) in the region and the whole national public health service. Such failure has raised concerns and questions regarding healthcare managers' roles when facing difficult and tragic choices.

Sequential mixed-methods design

Public hospitals differ across several dimensions, such as the availability of beds and human resources, the existence or the absence of standardized protocols, the priority rules applied for patients' triage, and the management of decision-making processes. The same is true for patients, with the latter differing on several attributes, such as age, gender, comorbidity, and other clinical characteristics.

In contexts of resource scarcity, choices between organizational characteristics closer to a perspective of clinical ethics or a perspective of public health ethics and choices between patients are central to health managers' decision-making processes, which entail evaluating trade-offs and eventually ethical dilemmas[14]. The Covid-19 emergency has offered an interesting setting for studying trade-offs and ethical dilemmas experienced by hybrid doctor-managers.

We adopted a sequential mixed-methods design to explore trade-offs and dilemmas (Belardinelli and Mele 2020). Our design was composed of qualitative semi-structured

[14] For references on ethical and moral dilemmas, see Bagnoli C. (2006). Dilemmi morali. Genova: De Ferrari & Devega. Biale E., Ottonelli V. and Testino C. (2010). Dilemmi Politici. Genova: De Ferrari & Devega. Blackburn S. (2001). Ethics: a very short introduction. Oxford University Press. Jones T.M. (1991). Ethical Decision Making by Individuals in Organizations: An Issue-Contingent Model. The Academy of Management Review, 16(2):366-395. Øyvind K. (2015). Moral Reasoning at Work: Rethinking Ethics in Organizations. Basingstoke: Palgrave Macmillan

interviews and conjoint analysis. Both the empirical approaches used in this chapter aimed at capturing the inner views and the experiences of health managers through the analysis of their stated preferences. Interviews aimed at collecting managers' considerations about their role during the Covid-19 emergency and the dynamics characterizing the connections between public health in crisis, resource scarcity, and hospital decision-making processes. Then, the rationale for including a conjoint analysis in our work as a further step after interviews was grounded on the confidence that this research technique could illuminate the results of qualitative analysis from a different perspective. To connect the two parts, we employed interviews' results as sources for selecting the attributes of the subsequent conjoint analysis. In doing this, we welcomed the call of some scholars for a "dedicated effort to improve the qualitative component of mixed methods studies" (Hendren et al. 2018, 912), thus recognizing the importance of the qualitative phase for the design of the quantitative part. Hence, the conjoint analysis, which consisted precisely of a discrete choice experiment, allowed eliciting the importance of attributes that affect respondents' preferences when making decisions (i.e., who to assign to treatment before others) simultaneously and independently.

Phase 1: qualitative semi-structured interviews

The first Italian patient was diagnosed with Covid-19 on February 20, 2020 and was admitted to ICU due to respiratory failure. Since then, increasing cases have led to high hospitalization rates and ICU admissions once patients developed coronavirus disease (Covid-19). With cases rising day on day, a network of ICUs (Covid-19 Lombardy ICU Network) was created in Lombardy. This network, managed by Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico, with the role of coordinating center for intensive care units in Lombardy (Grasselli, Presenti and Cecconi 2020), successfully created 483 additional ICU beds (Lombardy's previous ICU capacity was 720 beds).

Given that the pandemic harshly hit Lombardy during the first months of 2020, we restricted the first qualitative phase of this project to this specific setting. We aimed to explore the tension that healthcare managers experienced when deciding between aspects closer to a perspective of clinical ethics and aspects closer to a perspective of public health ethics. In other words, we aimed at qualitatively exploring the difficulty of maintaining the balance between individual patients' interests and the community's interests.

We conducted semi-structured interviews on a sample of hospitals' health directors and units' clinical directors from public hospitals representing all *ASSTs* in Lombardy. The overall purpose of using this methodology was to gather critical insights from health expert respondents who had direct experiences of the issue under examination. As for participants' sampling, interviewees were selected through 'purposeful sampling' (Teddlie and Yu 2007). Unlike random sampling, following a purposeful sampling procedure, interviewees were chosen according to their potential contribution to the research question (Patton 2014). Regarding units' clinical directors, we selected the specializations involved in treating Covid patients (i.e., infectious diseases, anesthesia and intensive care, pneumology, internal medicine, emergency, microbiology, and virology). Furthermore, our sample included participants with varying degrees of responsibility and impact on the management of the crisis in the hospital. Although many health professionals have been involved in treating patients during the emergency, we consider the validity of our sample to stem from the managerial experiences of ethical issues during the crisis that we expected to hold across levels of managerial responsibility.

Requests asking for interviews were sent by emails to 260 healthcare managers (hospitals' directors and units' directors). If the first contact email received a positive response expressing the willingness to participate, this was followed by a second email containing the integrated and informed consent. This procedure ensured that

participants could make an informed decision about their contribution to the research project. Accordingly, interviews were conducted only after receiving participants' written and fully informed consent.

The interviews were conducted in Italian and structured on a protocol[15] adjusted according to respondents' answers and suggestions. The interview protocol was conceived to gather healthcare managers' experiences and considerations regarding the dynamics between resource scarcity and decision-making processes during the emergency. During the interviews, we made explicit reference to the first wave of the Covid-19 pandemic in Lombardy. The interview protocol started with broad questions concerning the role performed by the respondents during the initial phase of the Covid-19 health emergency, hospital organization, and the overall preparedness of the public health service. Then, it focused more on patient prioritization, scarcity of resources, and the dilemmas emerging from a situation of profound emergency.

The interviews were conducted during the Covid-19 pandemic, and, consequently, they took place via telephone. They were audio-recorded and transcribed in an anonymized way. Since we granted complete anonymity to participants before starting the questionnaire, all the details that could identify the respondents were removed during the recordings' transcription (i.e., the organization's name, the unit, or the department). Each participant was assigned an identification number (ID) for data storage. Data collected through interviews allowed the identification of some predominant features essential to operationalizing the attributes of our conjoint analysis, thus serving as a connecting point between the qualitative and the quantitative phases (Mele and Belardinelli 2018).

[15] See Appendix B.2 for the interview protocol

Phase 2: conjoint analysis

Conjoint analysis methods - particularly discrete choice experiments[16] - have grown dramatically in health economics and policy (Clark et al. 2014). Given the number of viable approaches to construct these experiments, some authors have provided a guide for adopting a specific approach depending on the subject under analysis (Johnson et al. 2013). For instance, conjoint analyses have been used for situations where decision-makers face multiple simultaneous determinants of a decision (Green et al. 2001). Moreover, they have been used in the health sector to "identify and evaluate the relative importance of aspects of decision making related to health outcomes and health care services" (Johnson et al. 2013, 4). Recent scholarship has investigated how such methods can advance understanding of ethics in public administration by addressing unanswered questions (Bellè and Cantarelli 2017). Building on Kohlberg's work (1980), other scholars have developed models of ethical decision-making to understand how individuals increase their morality over time to investigate the moral reasoning of civil servants (Bellè and Cantarelli 2021).

We built on this literature to investigate the ethical reasoning of public healthcare managers. While doing this, we devoted particular attention to the duality of their role, as they are at the same time clinicians (professionals) and directors with managerial responsibilities (public managers). Therefore, we used a discrete choice experiment "to identify and evaluate the relative importance of aspects of decision making related to health outcomes and healthcare services" (Johnson et al. 2013). This experimental approach enables the simultaneous identification of multiple components of decisions (Hainmueller et al. 2014) by asking respondents to choose their preferred profile of the object under investigation. Indeed, it relies on attributes and levels that respondents evaluate in questions regarding decision-making processes (Johnson et al. 2013).

[16] In this type of experiments (De Bekker-Grob, Ryan and Gerard 2012; Johnson et al 2013; Bellè and Cantarelli 2018) participants are asked to choose their preferred option between two or more alternatives with respect to a number of attributes and related levels.

Acknowledging that healthcare managers must simultaneously evaluate organizational settings and patients with many different characteristics, we opted for a conjoint analysis to assess the effects of multiple attributes that interviews revealed as important determinants of managerial decision-making. Indeed, conjoint analysis is well suited for disentangling the effects of specific characteristics independently while randomly varying levels.

In discrete choice experiments, participants are confronted with a choice situation with two alternatives (De Bekker-Grob, Ryan and Gerard 2012; Johnson et al. 2013; Bellè and Cantarelli 2018). In a nutshell, they are asked to choose their preferred option from two "hypothetical descriptions of objects" (Hainmueller et al. 2015, 2395) with respect to attributes – the set of variables to be tested within the conjoint analysis - and related levels – the units found within each attribute, which are interchanged in the different scenarios offered to respondents.

We developed an online conjoint analysis on a sample of public health managers – both hospitals' directors and units' directors – from all Italian regions to elicit participants' preferences and their evaluation of trade-offs (Hainmueller et al. 2015). We specifically designed a type of conjoint analysis, i.e., a discrete choice experiment (DCE)[17], to elicit preferences concerning resource and patient prioritization decisions that health managers have faced during the Covid-19 pandemic. The driver for operationalizing this conjoint analysis was to understand the relative importance that healthcare managers attributed to different features when ultimately making decisions entailing trade-offs and ethical dilemmas.

Our experiment was conducted on 'Qualtrics,' relying on randomization, thus allowing attributes to vary following any possible combination without restrictions and be mutually independent. We administered the online survey between May and September 2021 after email inviting healthcare managers to participate. Our design

[17] For reference, see De Bekker-Grob, Ryan and Gerard (2012) and Lancsar and Louviere (2008)

was a paired profiles conjoint (Hainmueller et al. 2015), intended to help respondents compare two objects on each dimension (attribute). Participants were asked to choose between pairs of hypothetical options, which varied with respect to attributes either closer to a perspective of clinical ethics or a perspective of public health ethics alternatively. The presentation of such pairs of options aimed at eliciting participants' preferences regarding treatment allocation and hospital organization.

The experiment was composed of two consecutive conjoint analyses by asking respondents to evaluate two profiles of hypothetical situations and then two profiles of hypothetical patients. The first part was composed of eight possible situation profiles, whereas the second part was composed of sixteen possible patient profiles. The selection of attributes and their levels was informed by the qualitative data emerging from semi-structured interviews conducted in the first phase with hospitals' health directors and units' clinical directors involved in the emergency in Lombardy. Informal conversations with three doctors further confirmed this selection to assess the plausibility of attributes and levels, especially for attributes of patient profiles. For our purposes, the number of attributes deemed appropriate to estimate the trade-offs was established in line with the recommendations provided by previous works, which suggest that the number of attributes should fall in the range between two and twenty-four, with a mode of six attributes (De Bekker-Grob et al. 2012).

The discrete choice theory has traditionally been grounded on the idea that any attribute could be exchanged for another attribute, thus impeding the possibility of rejection of trade-offs that might be considered morally problematic. In traditional studies, all trade-offs have been considered on the same level, with no regard for the subject's sensitivity. However, certain trade-offs might be perceived as morally problematic or taboo in actual decision-making processes. In this vein, Chorus (2018) has offered the first empirical study considering the possibility of taboo trade-offs

aversion in a discrete choice context.[18] Therefore, given the sensitivity of the second part of our conjoint analysis, which required assigning priority and choosing between two patients, the task related to the second question of the experiment included an opt-out option. This option was included to account for the difficulty of choosing between the proposed two patients' profiles, avoiding respondents' emotional burden.

Given the determinants of healthcare managers' choices suggested by the interviews, attributes were as follows. For situation profiles: 1) the existence of external protocols for triage; 2) scarcity of human resources and beds; 3) professional responsibilities. For patient profiles: 1) age; 2) risk of death after treatment; 3) expected stay in hospital; 4) oxygen saturation level. The levels for patient profiles were derived from interviews and informal conversations with three doctors. As for patients' age, as interviewees reported, many hospitals established a cutoff at the age of 70 for admission to ICU in conditions of resource scarcity. Hence, 70 years old was used as an average between the two levels of this attribute. As for the risk of death after treatment, this was very high in ICU (around 45-50%) and lower in ordinary units (about 15-20%). Thus, a risk of death of 30% or 40% seemed plausible. The length of stay in the hospital was based on the permanence in ICU for Covid patients (12 days on average). Interviewees referred that, after 12 days, patients either died or were transferred to other units. For instance, a Covid patient aged 50, without comorbidities, stayed in the hospital for 30 days. As for the oxygen saturation level, doctors involved in the emergency revealed that. During the most critical phases, even patients with 84% of saturation were left home, whereas patients are usually hospitalized with any level of saturation inferior to 90% at ordinary times.

[18] According to the literature in moral psychology, taboo trade-offs aversion is triggered when decisions entail a choice between 'sacred' and 'secular' issues (Fiske and Tetlock 1997). In this strand of literature, taboos stem from the interference of two spheres that, for most people, should be kept separate as being 'incomparable'.

Given these attributes, respondents were confronted with trade-offs between different organizational configurations and between different patient profiles to reveal the existence of an ethical dilemma for healthcare managers. Each attribute could take two levels, with these latter randomly varying across tasks.

First, we varied three attributes in our conjoint experiment, with the italicized text being randomized:

- Decisions concerning patient triage in conditions of resource scarcity: *External standardized protocols with priority indications for patient allocation* or *Clinical evaluation for each patient*
- Scarcity of human resources and beds: *Rare* or *Frequent*
- Primary responsibilities connected to the performed role: *Managerial* or *Clinical*

Then, in the second part of our conjoint experiment, we varied four attributes:

- Age: *65* or *75*
- Risk of death after treatment: *30%* or *40%*
- Expected stay in hospital: *20 days* or *40 days*
- Oxygen saturation level: *84%* or *88%*

In other words, in each choice task, participants were asked to choose between two circumstances, one relative to features of hospital configurations and one relative to characteristics of patients. Choice tasks were presented in random order to avoid biases due to structural ordering.

Finally, each respondent was asked to consider ten choice tasks. Respondents were forced to choose between two situation profiles concerning hospital configurations in the first five tasks. Then, in the following five tasks, they could rely on the opt-out option if they did not feel comfortable with the choice regarding patients.

Figure 2 illustrates two consecutive tasks that were presented to one random respondent. Here, they have been translated into English to ease comprehension.

Figure 2 – example of tasks

(1/5) In the current context of emergency due to the Covid-19 pandemic, which of the following situations would you prefer to experience?

	Situation A	**Situation B**
Under conditions of scarcity of beds, patients profiling (triage) depends on	External standardized protocols containing priority indications for the choice between patients	Clinical judgment of the treating physician on an individual patient
Scarcity of human resources and beds happen	Frequently	Rarely
The main responsibilities of your role are	Clinical	Clinical
	○	○

(1/5) In the current context of emergency due to the Covid-19 pandemic, which of the following two patients would you prioritize?

	Patient A	**Patient B**	**Rather not answer**
Age	75	75	Rather not answer
Risk of death after treatment	30%	30%	
Expected stay in hospital	40 days	20 days	
Oxygen saturation level	88%	84%	
	○	○	○

In the first part, participants were confronted with configurations of hospital organizational settings. The preference for 1) patients profiling (triage) based on

external protocols or individual judgments under conditions of resources scarcity, 2) conditions of human resource and bed scarcity, and ultimately 3) the role performed all aimed at understanding 1) whether participants recognized the existence of a trade-off (i.e., if conditions of scarcity were perceived as rare or frequent), 2) whether such trade-offs translated into an ethical dilemma (which could be deducted for the preference for more managerial or clinical responsibilities) and 3) the possible strategies to overcome the trade-offs and the related ethical dilemmas (with the existence of externalized protocols or the preference for individual choices). In the second part, the preference for 1) younger or older patients; 2) patients with a lower or higher risk of death after treatment; 3) patients whose expected stay in hospital was shorter or higher; 4) patients less or more urgent according to their oxygen saturation level, all aimed at understanding the relative importance of some characteristics for healthcare managers when assigning priority to patients.

FINDINGS

Our main results should be regarded from two different perspectives. Data collected through interviews offered the opportunity to explore the crisis of the public health service as experienced by public hospital managers. At the same time, the conjoint analysis allowed a deeper investigation of several aspects that the interviews highlighted. Whereas qualitative semi-structured interviews allowed us to 1) disentangle managerial perceptions of tragic trade-offs during decision-making processes in times of emergency, and 2) investigate whether trade-offs between alternative courses of action translate into ethical dilemmas, also in consideration of their hybrid roles; conjoint analysis allowed to 3) elicit the relative importance of factors of clinical ethics versus factors of public health ethics for healthcare managers when making choices about organizational settings and patient priority.

Qualitative phase

Out of 260 requests sent to hospitals' directors and units' directors representing all *ASSTs* in Lombardy, we received 70 positive responses (16 hospitals' and 53 units' directors) for participating in interviews. However, some managers withdrew their availability later in time due to time constraints and workload. Ultimately, 44 directors were interviewed (9 hospitals' directors and 35 units' directors).

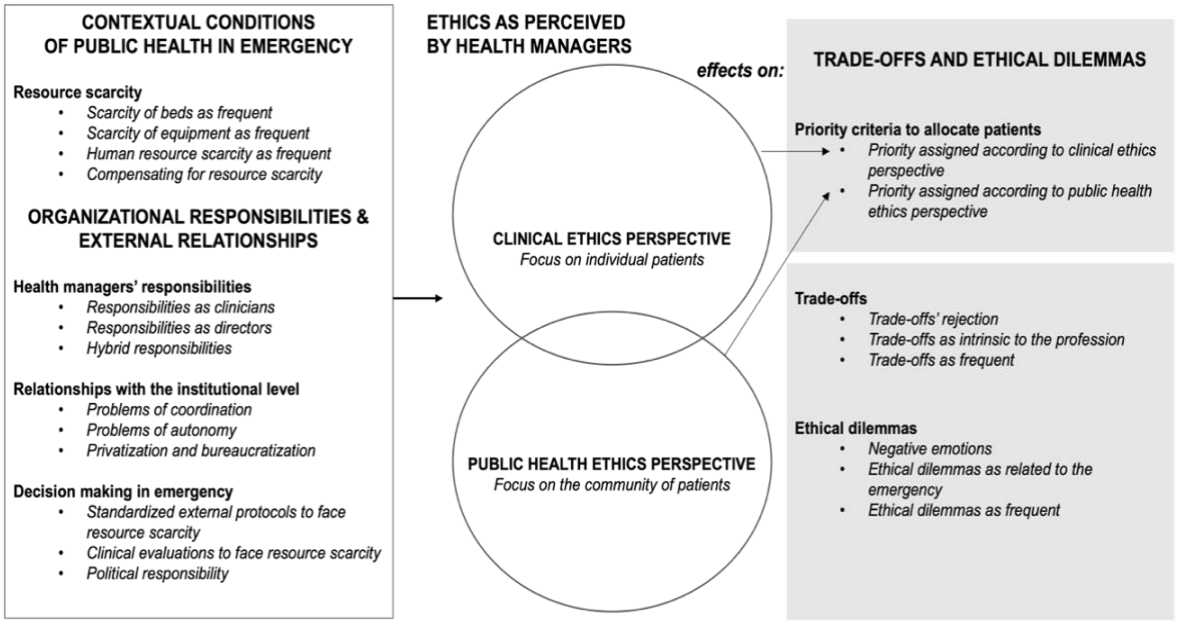
Specifically, 20% of the interviews were conducted with hospitals' health directors and 80% with units' clinical directors. Of this 80%, directors of anesthesia and intensive care counted for 29%, emergency for 23%, infectious diseases for 20%, internal medicine for 17%, microbiology and virology for 9%, and pneumology for 3%. Further, interview respondents were 25% female and 75% male.[19]

Once transcripts were uploaded on the software ATLAS.ti, interviews were analyzed through the assignment of codes[20]. Paraphrasing Saldana (2015), a code is "a word or short phrase that symbolically assigns a summative meaning to a portion of language-based data." Although interviews did not reveal blanket views on preferences concerning characteristics of the public health service and organizational settings, they highlighted different experiences of trade-offs and ethical dilemmas. Figure 3 organizes in four sections our qualitative findings.

[19] See Appendix B.3 for demographics of respondents in the semi-structured interviews.

[20] For the full list of codes, see Appendix B.4

Figure 3 – The effects of public health in an emergency on trade-offs and ethical dilemmas experienced by public health managers



The contextual conditions of public health in an emergency, the organizational responsibilities perceived by managers, and their external relationships with the institutional level are followed by the meaning that managers assign to ethics in the health sector, which ultimately influences the experience of trade-offs and ethical dilemmas. Each element of this visual representation is explained in detail in Appendix B.4-B.5, which contains code tables with data excerpts and networks of codes. Respondents shared accounts of the contextual conditions that, according to their experiences, made the health emergency caused by the Covid-19 more difficult. These conditions included resource scarcity. We found that resource scarcity was frequently recognized as a problem that prevented the public health system from being prepared for the pandemic: *"There was, and there is a great shortage of medical staff (both clinicians and nurses), that has been reduced. Also, there is a shortage of beds […]. You cannot hire two hundred new nurses when there is an emergency"* (Interviewee n. 35). The same applies to scarcity of equipment: *"Equipment was sufficient for the first phase, but not for emergency continuity"* (Interviewee n. 36).

Respondents also pointed to their responsibilities and duties during the emergency, which compensated for resource scarcity. They highlighted responsibilities as directors and, thus, as *"managers of the emergency at the hospital level"* (Interviewee n. 21). Furthermore, responsibilities as clinicians were considered a necessity. Health managers worked *"shifts as normal clinicians"* (Interviewee n. 38). Indeed, time constraints did not allow some participants to give due consideration to the problem of resource allocation. One interviewee asserted that *"The director was not one person trying to allocate resources, but rather looking for the best strategy to allocate patients"* (Interviewee n. 24). In a similar vein, it emerged that some participants perceived themselves as clinicians before than managers. For the latter, the primary duty of their work could be condensed into the principle of saving the most lives.

Other conditions that our respondents perceived as problematic pertained to the sphere of the relationships with the institutional level. Since the emergency directly affected decision-making processes within hospitals, interviewees reflected upon the problems of coordination, hospital autonomy, bureaucratization, and privatization. Many respondents focused on the issue of standardized external protocols to face resource scarcity. Indeed, respondents underlined that the only available guidelines – issued by the Italian Association of Anesthesia (SIAARTI)[21] – defined clinical protocols without dealing either with the issue of resource scarcity or with decisions between patients in a context of resource scarcity. As captured by one participant: *"Not having institutional directives was a source of stress.* [They] *worked without specific references […] this made me feel insecure"* (Interviewee n.22). Another participant added: *"There was no formal indication, and I find it shameful that* […] *we had to take painful decisions* […] *literally choosing patients*". Overall, the content of available guidelines was perceived as a problematic issue. Available guidelines never mentioned the existence of trade-offs regarding who was entitled to receive treatment and who was not or who should have received treatment before others. One

[21] http://www.siaarti.it/News/COVID19%20-%20documenti%20SIAARTI.aspx

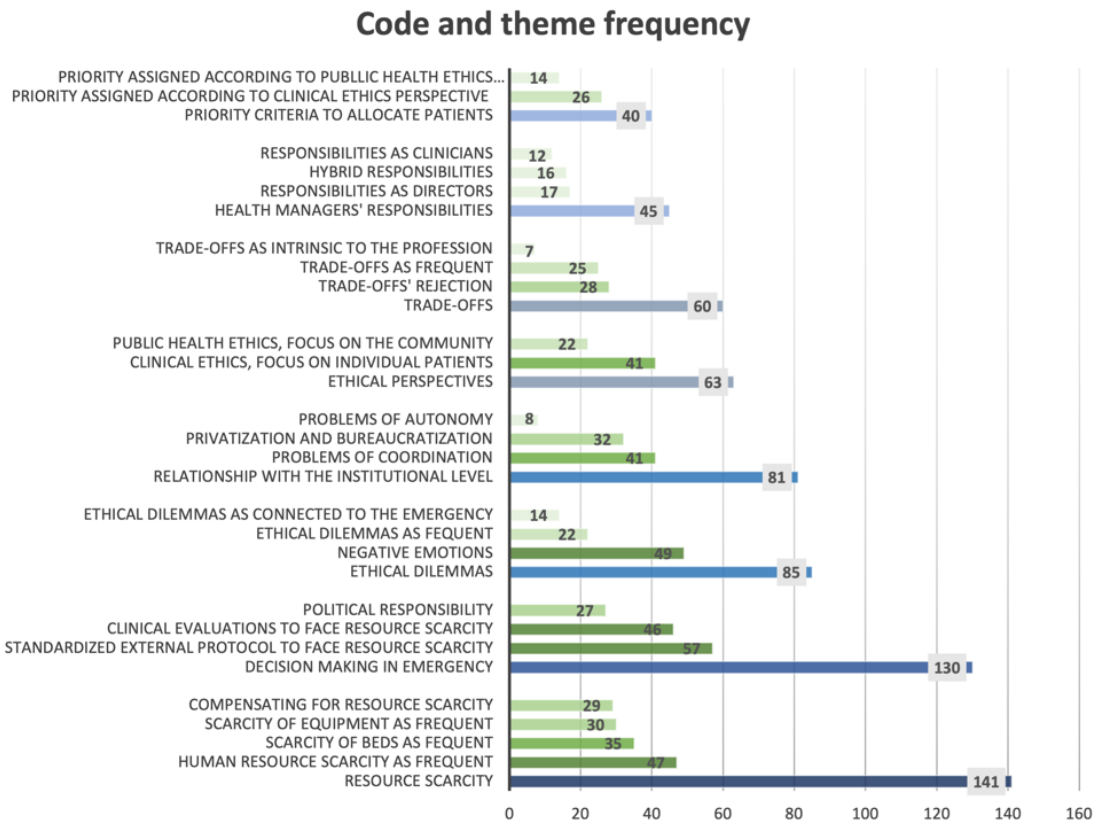
anesthesia unit's director asserted that *"politicians do not have any clue about the administrative and organizational differences between public and private healthcare; thus, the directives issued were either unenforceable either completely alien to actual problems"* (Interviewee n.27). Another director lamented that *"guidelines establish what you have to do without considering the effective availability of resources* […] *two-track health policy. The implementation is left to health directors"* (Interviewee n.26).

Given the prevailing condition of resource scarcity and the inadequacy of formal indications, healthcare managers, in some cases, experienced trade-offs and ethical dilemmas. First, trade-offs of varying intensity were experienced by health managers when they had to apply priority criteria for allocating patients. Indeed, shortages of beds, equipment, and medical staff required health managers to choose who to assign to treatment first.

Respondents articulated at some length their perceptions of trade-offs. Some participants revealed sentiments of resentment when faced with the possibility of discriminating between two patients, and, in some cases, they rejected the experience of trade-offs. Often conceived as a threat to what in the protocol was described as the "*clinicians' general duty of treating patients with reasonable care and competencies*," the possibility of mutually exclusive choices between two patients encountered opposition. One health director said that, in his facility, they did *"not consider any triage procedure for deciding who should live and who should die"* (Interviewee n.46). On the other hand, in the view of some interviewees, trade-offs were considered intrinsic to the profession, given that *"everyone who has responsibilities must face such choices"* (Interviewee n. 17). In the words of one of our informants: *"Also outside emergency, it happens to make choices regarding ventilating one patient rather than another"* (Interviewee n.14). For several of our participants, the experience of trade-offs was frequent, especially in the first weeks of the pandemic. The interviews revealed that health managers had to take *"yes or no"* decisions about patients, where *"no"* meant: *"At the moment, I don't have the possibility of helping you as you would deserve"* (Interviewee n. 15). Notwithstanding the difficulty of making choices concerning

patients' allocation, age was often applied to assess priority. One health manager said: *"We tried to provide [treatment] to youngest patients. During the peak of the crisis, some patients would have needed treatment, but we didn't do it"* (Interviewee n. 25). Furthermore, interviews suggested that the experience of trade-offs was related to negative emotions. 52% of respondents revealed to have experienced some forms of burnout, 16% expressed an overall sense of fatigue, and 2% of managers openly said to have experienced depression. For some participants, trade-offs were so problematic that they ultimately resulted in ethical dilemmas. Informants lamented that *"generally speaking, making choices is a burden from an ethical point of view"* (Interviewee n. 35). In the words of one of our participants, *"Medical directors do not have the oversight that a politician should have* […] *We have this feeling all the time"* (Interviewee n. 39). Figure 4 provides a graphical representation of codes and themes frequency.

Figure 4 – The effects of public health in an emergency on trade-offs and ethical dilemmas experienced by public health managers



From our qualitative analysis, it emerged the necessity to further explore several issues that the interviews highlighted. We can sum up the results of the qualitative part in the following way. Given the hybridity of their role, health managers could not ignore either their responsibility as clinicians to treat patients with reasonable care and competence or their managerial position. However, resource scarcity and scientific uncertainty confronted hybrid doctor-managers with trade-offs concerning patient prioritization while balancing principles of clinical ethics and public health ethics. Furthermore, given the absence of institutional directives providing indications for patient prioritization, such trade-offs eventually turned into ethical dilemmas. To gain a richer understanding of healthcare managers' preferences when facing trade-offs, we now move to the results of our conjoint analysis.

Quantitative phase

Building on qualitative results, we then explored healthcare managers' preferences regarding organizational settings and patient priority. Therefore, we relied on the conjoint analysis results to assess participants' preferences unambiguously. By forcing participants' responses, this second phase allowed eliciting health managers' preferences and making indirect estimations of the relative weights they assigned to multiple factors influencing choices entailing trade-offs and ethical dilemmas.

Two hundred twenty-five individuals took at least part of our survey. Respondents were 76% male. As far as age is concerned, they tended to be mid- to senior-career (about 3% aged between 35 and 44, 18% between 45 and 54, 60% between 55 and 64, and 18% between 65 and 75). In terms of jobs, 84% were units' clinical directors, and 16 were hospitals' health directors. As for units' clinical directors, 28% were from the unit of anesthesia, 27% from emergency medicine and ER, 20% from general medicine, and so on. Respondents belonged to all Italian regions, with the most significant number to Lombardy (37%, perhaps because some of these respondents already

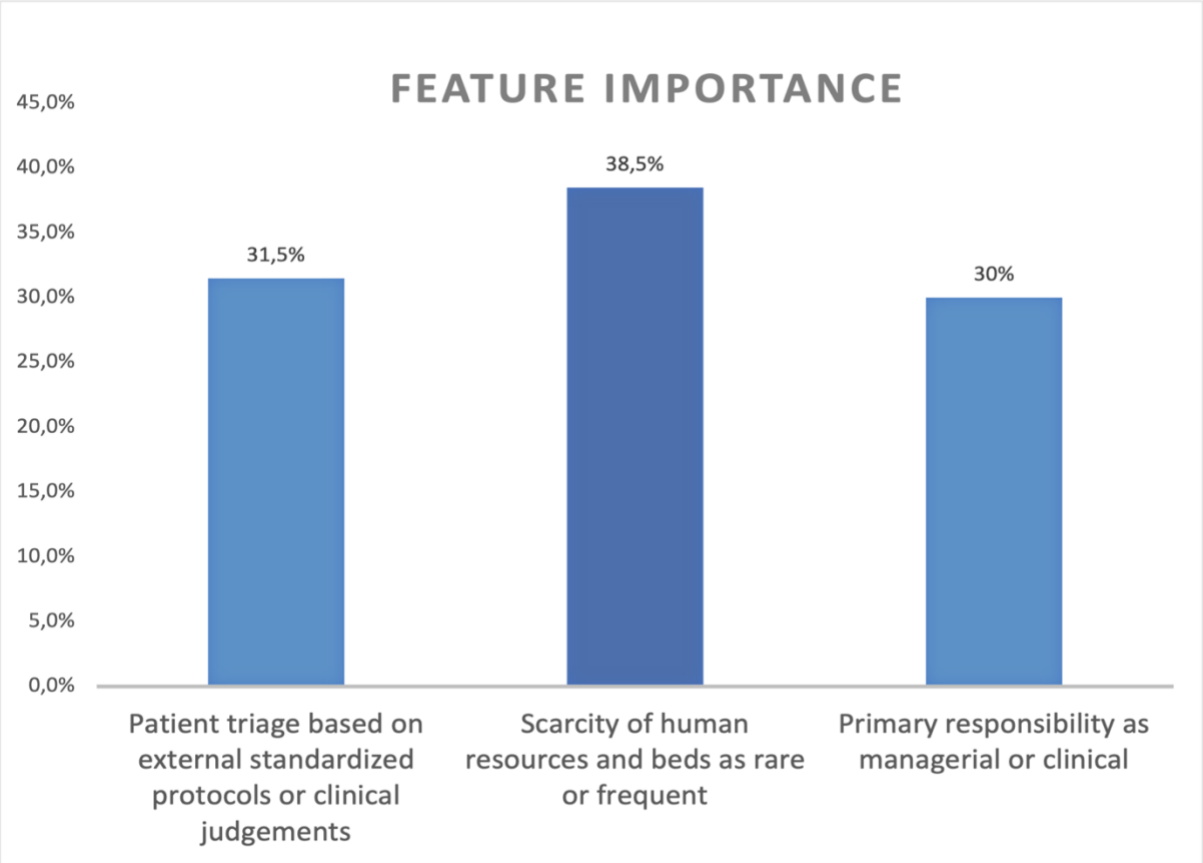
participated in the qualitative phase), followed by the regions of Veneto and Emilia Romagna (10%), Toscana (9%), Lazio (7%) and so on.[22]

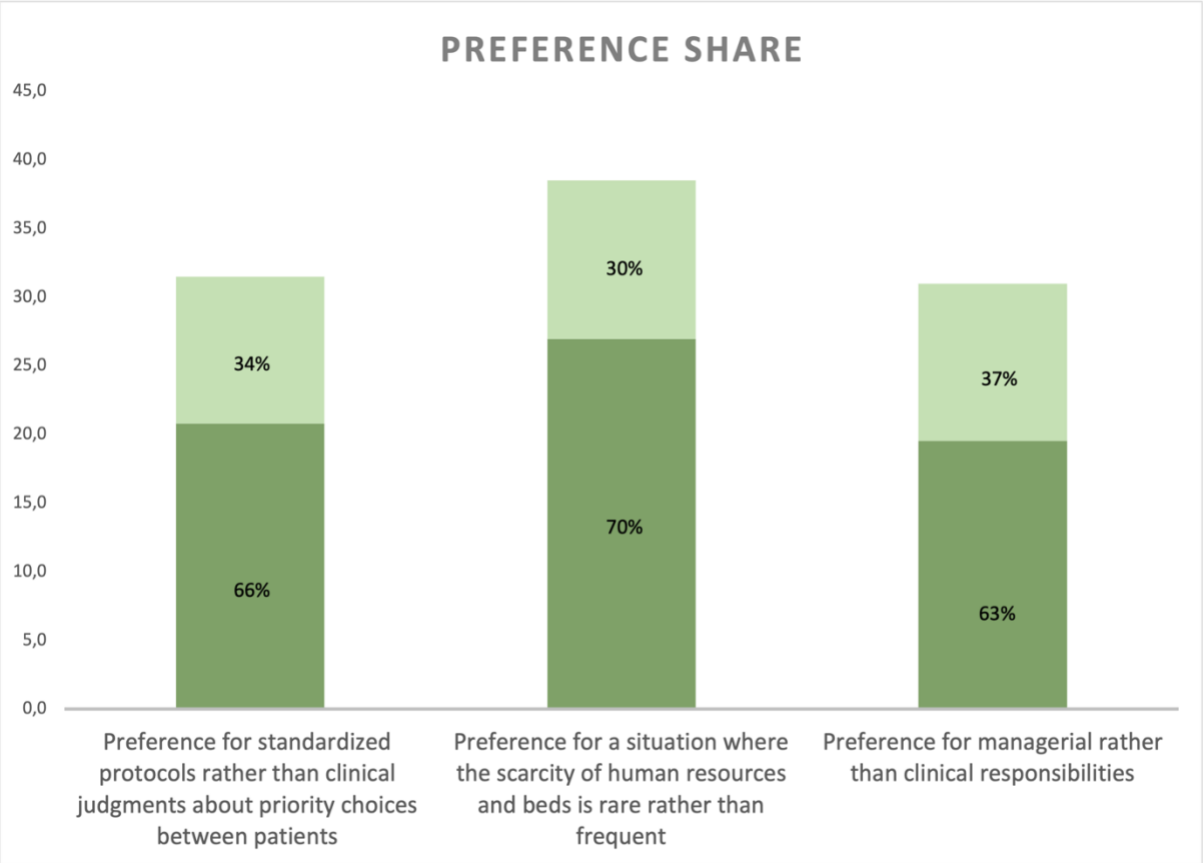
Overall, there were 2,595 choices completed by respondents. Given that each choice was composed of two alternative and unique profiles, 5,190 between situation and patient profiles were overall rated. More in detail, 225 respondents completed ten tasks, and 294 respondents completed five tasks. Thus, we lost 69 respondents between the first and second parts of our conjoint analysis, possibly due to cognitive fatigue. The first part of our conjoint analysis elicited respondents' preference for a situation where standardized protocols give indications about priority choices between patients (66% of influence in the decision-making process), the scarcity of human resources and beds is rare (70% of influence in the decision-making process), and the primary responsibilities connected to participants' role are managerial (63% of influence in the decision-making process). Within such an optimal package, the attribute receiving more importance was resource scarcity, while the responsibilities related to one's role had the least importance to respondents. Whereas interviews provided a first indication of resource scarcity as the most frequently discussed issue, the results of the first part of the experiment confirmed that health managers perceived the issue of resource scarcity as problematic.

Figure 5 provides a graphical representation of the results of the first part regarding features' importance and preference shares.

[22] See Appendix B.8 for the demographics of respondents to the online experiment

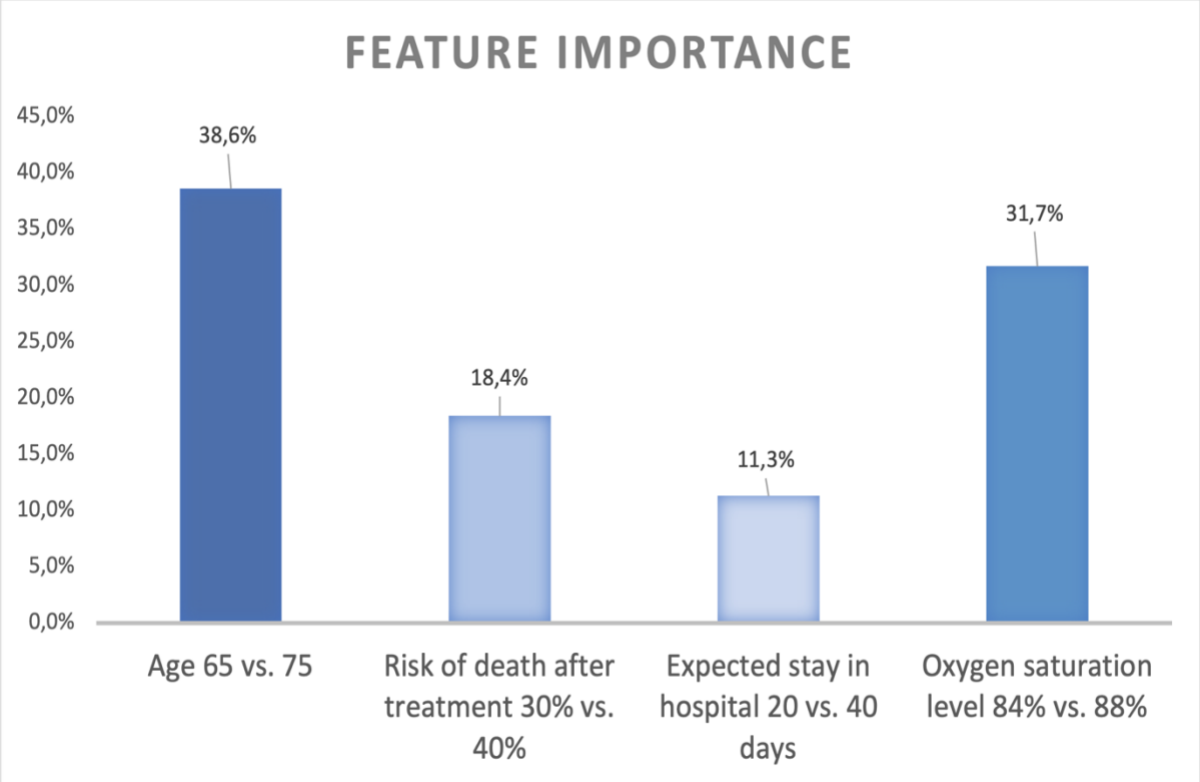
Figure 5. Feature importance and preference share for the first part of the conjoint analysis

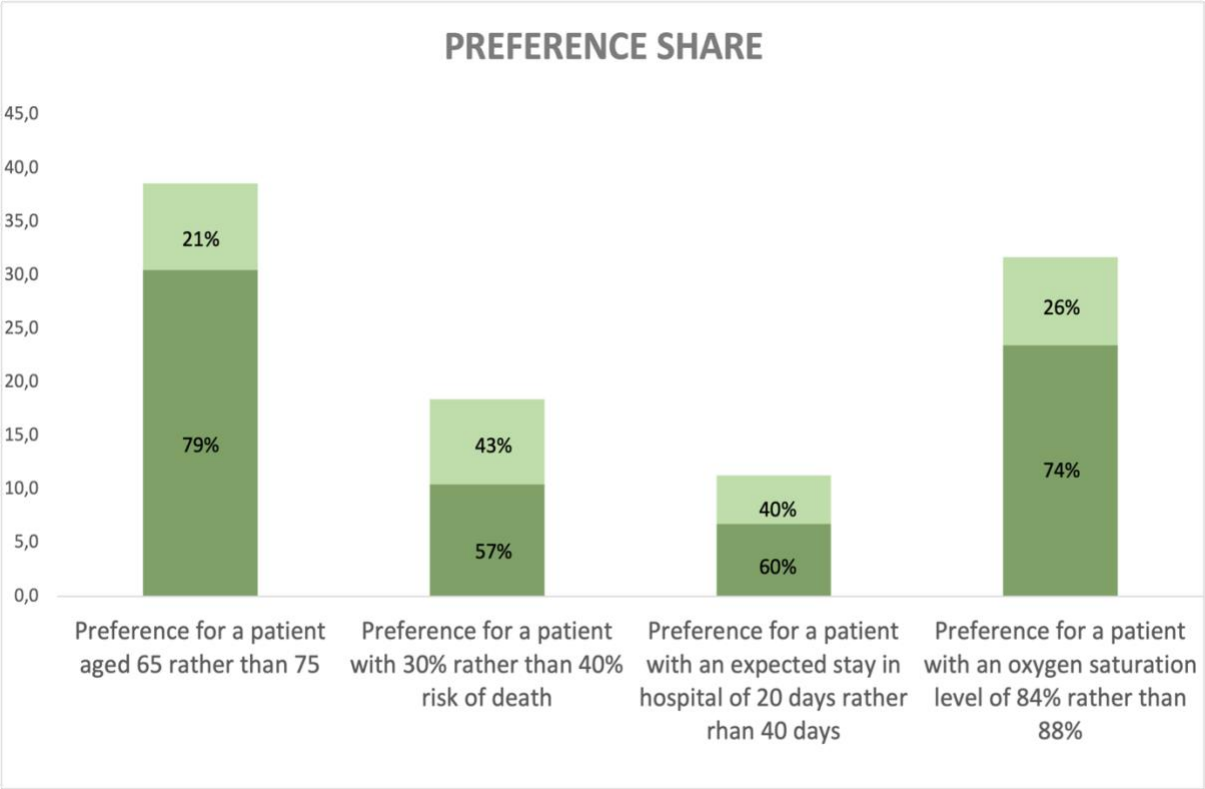




The second part of our conjoint analysis elicited respondents' preference for a younger patient (age of 65 vs. 75, 79% of influence in the decision-making process), with a lower risk of death after treatment (30% vs. 40%, 57% of influence in the decision-making process), shorter permanence in the hospital (20 days vs. 40 days, 60% of influence in the decision-making process), and an oxygen saturation level suggested an urgent intervention (84% vs. 88%, 74% of influence in the decision-making process). As for the first part, these preference shares should be related to attributes' importance. Here, the attribute receiving more importance was the age of the patients. Instead, the length of stay in the hospital had the lowest importance to respondents. Figure 6 provides a graphical representation of the results of the second part regarding features' importance and preference shares.

Figure 6. Feature importance and preference share for the second part of the conjoint analysis





The conjoint analysis output can be explained by looking at utility coefficients representing respondents' preferences for each level within each attribute. In other words, they can tell what respondents prefer throughout the tasks presented. Utility scores are obtained through a process of hierarchical Bayesian estimation. In particular, we can consider the relative utility value, which measures the preference for each level if an attribute is selected and indicates how it enhances a package, together with the average level utility, which is the average calculation across respondents' utility scores. Several relative utility values deserve some attention. In the first part of our conjoint, the relative utility value of having a hospital configuration in which resource scarcity verifies rarely was highly favorable, with 19.3 points. Accordingly, the average level utility of a setting in which resource scarcity is rare was 0.7 higher than the average level utility of a setting in which resource scarcity is frequent. As for the second part, the relative utility value of being aged 65 was 19.3. Moving from a patient aged 65 to a patient aged 75 in a decision process decreased participants' average utility by 0.9. Also, the relative utility value of having an oxygen saturation level of 84%

was 15.8. Moving from an oxygen saturation level of 84% to a patient with 88% decreased the average utility of choosing that patient by 0.7.

As regards the second part of our conjoint, participants could rely on the opt-out option when they preferred not to answer to the prioritization choice between two patient profiles. The preference for the “rather not to answer” option may provide information regarding healthcare managers’ ability to choose vis à vis their preference for escaping the ethical dilemma. From our results, the estimated probability of not making a choice is dependent on the options that participants had to compare. To illustrate this estimated probability, we provide three prominent examples of trade-offs between patient profiles. For the sake of clarity, the probabilities of not choosing described here are statistical inferences based on the algorithms used by ‘Qualtrics’ to simulate respondents’ optimal choices. With this premise in mind, we can highlight that when confronted with the easiest choice, i.e., the patient profile that maximizes respondents’ utility (age 65, risk of death after the treatment 30%, expected stay in hospital 20 days, oxygen saturation level 88%) versus the patient profile opposite to the one that maximizes respondents' utility (age 75, risk of death after the treatment 40%, expected stay in hospital 40 days, oxygen saturation level 84%), 53% of respondents would have chosen the patient profile that maximizes respondents’ utility, 27% of respondents the patient profile opposite to the one that maximizes respondents' utility, and only the 20% of respondents would have escaped the choice. When the choice was more complex, the estimated probability of not making a choice would have been 21% when respondents were confronted with two identical patient profiles that maximized respondents’ utility and 22% when respondents were faced with two identical patient profiles opposite to the one that maximizes respondents' utility. Looking at the average percentages weighted for the number of respondents, 21,25% of respondents escaped the dilemmatic choice between two patients.

If we look at the region of Lombardy, the results are even sharper. Regarding the first part of our conjoint, for the region of Lombardy, the relative utility value of having a hospital configuration in which resource scarcity verifies rarely was even more

favorable, with 20.7 points. Accordingly, the average level utility of a setting in which resource scarcity is rare was 0.8 higher than the average level utility of a setting in which resource scarcity is frequent. As for the second part, the relative utility value of being aged 65 was almost 20. Accordingly, moving from a patient aged 65 to 75 in a decision process decreased participants' average utility by 1.

DISCUSSION AND CONLCUSION

While the Covid-19 pandemic has been confronting public health systems with a dramatic scarcity of equipment, beds, and health professionals, at the same time, public healthcare managers have experienced trade-offs and ethical dilemmas. Hence, challenges have emerged from healthcare managers' attempts to balance individual patients' interests in receiving the best available treatment, on the one hand, and the community's interests in preserving public health, on the other hand. Although it is undeniable that these challenges matter, ethical issues experienced by public health managers in managing conflicting interests and values have been scarcely investigated by previous research.

Given these premises, our primary purpose was to explore trade-offs and ethical dilemmas experienced by healthcare managers in contexts of resource scarcity. By exploiting the health emergency caused by the Covid-19 pandemic, we conducted our study on a sample of hospitals' directors and units' directors: first, in the region of Lombardy; second, on a large sample of hospitals' and units' directors across all Italian regions. We performed semi-structured interviews and conjoint analysis to elicit the relative preferences that hybrid doctor-managers - i.e., health professionals with managerial responsibilities – exercised when choosing between different hospital settings and patient profiles. In summary, this mixed-methods approach enhanced a multilevel understanding (Mele and Belardinelli 2019, 336) of the phenomenon under analysis.

As far as qualitative work is concerned, interviews show that, during the Covid-19 emergency, healthcare managers perceived resource scarcity as the central problem when deciding about patients' allocation to treatment. Notwithstanding the contingent impossibility of treating every patient due to resource scarcity, interviewees expressed strong sentiments of rejection of trade-offs. They denied, in some cases, to have experienced the necessity of choosing who to assign to treatment first between two patients in their hospital. Their experiences of the health emergency were accompanied by negative emotions and perceptions of ethical dilemmas. These ethical dilemmas arose from the clash between healthcare managers' responsibilities as clinicians and their responsibilities as managers. Moreover, qualitative data highlight that healthcare managers' relationships with the institutional level were characterized by problems of coordination and hospital autonomy that, together with the absence of standardized external protocols, were perceived as a further burden and a failure of political responsibility.

As far as experimental work is concerned, among all the attributes in our conjoint analysis, scarcity of beds and health professionals and the age of patients have the most substantial impact on respondents' preferences for hospital settings and patient priority, respectively. Illustrative of this, participants in our experiment prefer a situation in which scarcity of beds and human resources is rare, their primary responsibilities are managerial, and, in case of resource scarcity, there are external standardized protocols with priority criteria for patient triage. Importantly, our conjoint reveals that health managers express strong preferences when assigning patient priority to treatment in conditions of resource scarcity. While interviewees show discomfort with trade-offs between two patients, participants in our conjoint have solid preferences for younger patients, with a lower risk of death after treatment, who are more urgent and whose expected stay in hospital is shorter. Given the complexity of prioritizing patients in conditions of resource scarcity, in our virtual exercise, about one-fifth of respondents

opt out and refuse to face the trade-off between two patient profiles, thus providing information regarding healthcare managers' ability to decide when confronted with ethical dilemmas.

Whereas combining two research tools allow a deeper investigation of our research questions, this study presents some limitations. First, some critics can be outlined regarding the validity of our research methods, given that both strategies rely on stated preferences as units of analysis. Notwithstanding that many scholars have questioned the reliability of stated preferences, the combination of interviews and conjoint analysis circumvents this concern, allowing a better understanding of health managers' preferences, experiences, and behaviors. Indeed, our conjoint analysis reveals essential aspects that are somehow veiled or even covered in the results of our interviews. When confronted with forced and inescapable choices, at least for the first part of the conjoint, managers can ultimately handle trade-offs and decide accordingly (Hainmueller et al. 2015). Hence, they do not reject the existence of trade-offs, slightly contrasting some interviews' insights. This is not to say that managers' choices are less dilemmatic than what we expected during the design of our project. Instead, the experience of trade-offs and the problem of ethical dilemmas cannot be overlooked. Therefore, we are confident that the combination of qualitative interviews with conjoint analysis effectively disentangles the validity of stated preferences, which the interviews alone fail to capture, especially for sensitive issues such as ethical dilemmas. Other critics might be raised for social desirability biases, which can be encountered when participants try to avoid socially constructed judgments or prejudices. Such biases can undermine the validity of survey experiments (Horiuchi et al. 2021). However, our conjoint analysis reduces such tendency, which, to some extent, occurs during the interviews, especially when confronting interviewees with patient prioritization. Since participants' preferences clearly emerge from our conjoint, such bias might explain why responses regarding some factors differ between the two research methods. This

difference corroborates the need to combine more than one research technique to address highly nuanced and sensitive issues.

Second, another possible limitation is the external validity of our findings. However, although interviews are restricted to Lombardy, our conjoint analysis involves all Italian regions. Further, confronting such results by analyzing segments of the total population, we can appreciate that the results of the conjoint for Lombardy mirror the results obtained for the entire Italian population.

Third, one shortcoming of our research strategy is that it is very demanding for both researchers and respondents. On the researchers' side, it is a time-consuming process, requiring formal approval from the ethical board of our university, interviews' records and transcription, and the manual sending of online questionnaires across all Italian regions. Furthermore, all these steps are highly dependent on participants' time constraints, thus making the overall process quite long. On the respondents' side, the process might involve cognitive and emotional fatigue. However, the researchers' role enters here to reduce respondents' fatigue and find a balance between the richness of questions and the burden for respondents.

In summary, this study might be particularly relevant for policymakers in Italy. By highlighting the consequences of trade-offs and ethical dilemmas experienced by healthcare managers during health emergencies, some solutions at the institutional level can be suggested. In this respect, both semi-structured interviews and conjoint analysis indicate that remedies to trade-offs and ethical dilemmas should be "structural in nature" (Zacka 2017, 232). Given that participants experience dilemmatic situations entailing the forced betrayal of some aspects of their professional role as clinicians vis à vis the necessity of managing an emergency, healthcare managers reveal a preference for the possibility of relying on standardized protocols issued by the institutional level to deal with resource scarcity. While discretion and the exercise of professional judgment are essential and desirable features in the context of healthcare provision, the availability of principles and protocols adequately enacted by the

institutional level can provide guidance for healthcare managers and enhance the accountability and consistency of their decisions, especially when taken in contexts of emergency (Zacka 2017). In the current situation, available guidelines only provide indications for treatment, with no consideration given to the practical availability of resources. In other words, existing guidelines are silent on who to assign to treatment between patients with the same clinical characteristics. At the same time, given the hybridity of their role, public health managers cannot overlook their duties as clinicians, which are perceived as closer to a perspective of clinical ethics. However, as lamented by some interviewees, decisions in an emergency cannot be taken considering only the clinical appropriateness of treatments. Instead, decisions in emergencies entail considerations about resource scarcity, which are closer to a public health ethics perspective. While dealing with conflicting values and trade-offs with mechanisms that emerge over time might be effective in other public sector fields, such as infrastructure (Steenhuisen and van Eeten 2018), the lack of political oversight in the form of standardized external protocols may hamper further public health during an emergency. Therefore, we submit the need for concrete solutions in this direction. These might include enhancing the capacity of public hospitals in terms of beds and human resources and the availability of standardized external protocols to deal with resource scarcity. While resource scarcity and scientific uncertainty make trade-offs and ethical dilemmas unavoidable, these interventions may curb healthcare managers' decision-making processes, given the responsibilities connected to their hybrid roles and their preferences concerning organizational settings and patient priority.

Chapter III.

Orchestrating Service Delivery with an Ethically Divided Workforce:

Conscientious Objection and Managerial Strategies[23]

[23] This chapter is the result of a joint work with V. Mele

3.1 INTRODUCTION

Since Lipsky's seminal work (1980), policy implementation by street-level bureaucrats has been the subject of sustained scholarly attention. Previous studies have shown the hurdles of ensuring that a policy is being enacted, focusing primarily on the challenges and dynamics of its last mile, when 'public professionals,' from doctors to police forces, deliver services to citizens (Hupe & Hill 2007). Those challenges often involve a clash of important social ends, i.e., value conflicts characterized by the incompatibility and incommensurability of values (Spicer 2001). Value conflicts are far from being exceptional in government work, to the point that they are considered inherent in public administration (O'Kelley and Dubnick 2005). However, some professional tasks generate more value conflict than others (Wagenaar 1999).

The responses to conflicting values and ethical challenges vary, and a rich stream of literature has explored how street-level bureaucrats grapple with these tensions. Civil servants employ a variety of coping mechanisms that do not solve the tensions but at least prevent paralysis (de Graaf et al. 2016). They may enact discretionary decision-making or pragmatic improvisation (Maynard-Moody & Musheno 2000, 2012). Civil servants may also work against the expectations and norms set by their superiors, engaging in administratively subversive practices that have been labeled 'guerrilla government' (O'Leary 2020). Last, they may opt out, exerting their right to refuse to perform certain (lawful) services, as in the case of conscientious objection (Rohr 1971; Uhr 2014), which is a type of response to value conflicts. Coined in modern times to designate the refusal of military service for motives of moral autonomy (Dahl 1998; Litwack 2006), the concept of conscientious objection has extended to other domains, most notably to healthcare. Many western countries acknowledge the right to personal or religious moral objections to civil servants, who may refuse to provide services they disagree with.

Conscientious objection puts public managers in a rather complex situation. They ought to guarantee the availability of a specific public service, whose delivery is

enshrined in legal provisions. At the same time, they need to ensure that one particular human right, i.e., the right to conscientious objection, is accessible to the staff without barriers or discriminations. The situation is complicated by multiple factors. Public agencies often operate with a tight allocation of financial and human resources. Without any slack, agencies must ensure services with a percentage of the workforce de facto unavailable. Furthermore, healthcare managers need to keep motivated non-objectors, i.e., the professionals who deliver those services. Last, more often than not, managers themselves are professionals who face the same value conflicts.

So, how do public managers that work in an ethically divided workforce orchestrate service delivery? This is the question addressed in this paper through a qualitative study on the delivery of abortion care in Italy. Abortion care is fraught with value conflicts along the policy cycle stages, from design to implementation. Contention characterizes the debate about defining this "right to reproductive health" (Forman-Rabinovici and Sommer 2018). Moreover, it accompanies abortion policy in the phase of public service delivery, which has also been studied as an example of 'dirty work' (Hughes 1951; Ashforth & Kreiner 1999; Kreiner et al. 2006), defined as tasks that are necessary and yet viewed as physically, socially, or indeed ethically tainted (Hughes 1951; Ashforth & Kreiner 1999; Kreiner et al. 2006).

The present study is focused on this last mile and is set in the empirical context of Italy. In the country, voluntary termination of pregnancy was regulated in the late '70s. It is currently included in the so-called essential levels of care, i.e., the government's services to all citizens. At the same time, roughly 70% of gynecologists are conscientious objectors. Therefore, it is a very suitable case to investigate the role and strategies of public managers in orchestrating the delivery of a service that is ethically divisive, i.e., it splits the workforce between those who opt in and those who opt out for ethical reasons. In addition to extensive documentary analysis, our exploration of healthcare managers' daily challenges and coping strategies is based on in-depth semi-structured interviews conducted with gynecology and obstetrics units' clinical directors in Italian public hospitals.

We proceed by laying the theoretical underpinnings of the study. We discuss value conflicts and ethical dilemmas in the public administration literature and identify the specific burdens of some contextual or professional settings, drawing from sociology and organization studies. We then review the responses that individual civil servants enact to deal with ethically demanding situations, including conscientious objection, and, importantly for this study, the strategies that public managers deploy in these instances. Next, we share details on the empirical context, account for the methodological choices, and illustrate the results.

Our findings illuminate strategies through which managers ensure service delivery with a divided workforce by attending to the ethical dilemmas in their discursive, structural, and organizational strategies. Specifically, managers emphasize their focus on final users, thus *minimizing the moral agency of health providers*. They engage in *moral off-setting* by putting extraordinary efforts into a proactive inclusion of women in broader managed care and prevention systems, i.e., planned parenthood. Depending on their *assessment of the existing ethical conflict*, managers isolate or, alternatively, embed voluntary abortion in the regular operations of their department, hence balancing the risk of radicalization with that of ghettoization. Through different mechanisms of alternation and intermittence, managers keep non-objectors motivated, ensuring that *the practice of conscience objection responds to strictly ethical calls* and is not the result of burnout, lower professional status, or segregation. Last, we discuss how these results relate and contribute to existing literature, and we draw implications for current policy debates.

3.2 THEORETICAL ORIENTATION

Ethical dilemmas and conflicting values in public administration

Over the last decades, scholars have increasingly problematized the conception of administrative ethics as the linear applications of moral principles to the conduct of

public officials. Actions and decisions in the public administration context involve contending with multiple, diverse, and often conflicting although legitimate instances on a daily basis. Instead, they have affirmed the centrality of ethical dilemmas (O'Kelly and Dubnick 2005) that may arise from conflicting obligations (Rohr 1989; Hupe and Hill 2007), conflicting expectations (de Graaf 2010), and conflicting values (Thacher and Rein 2004).

Values have been defined as enduring beliefs that influence choices among available means or ends (Rokeach 1973). Ethical values are a specific category of enduring beliefs concerned with right and wrong behaviors. Public administration scholarship has offered different classifications of ethical values.[24] Some are ontological, some are phenomenological, and others look at the *locus* of their manifestation. These

[24] There are different ways to classify values. A widely adopted ontological perspective developed first by Williams (1985, pp.140-142, 150-152) and adapted with great acumen to the dilemmas faced by civil servants by O'Kelly and Dubnick (2005) and by de Graaf (2010) is rooted in the distinction between thin and thick moral concepts. Thin moral concepts—typically very general terms such as right or wrong - are appropriate in contexts where the substance of the issue and situation is not relevant to the moral judgment at hand. Thin concepts are appropriately applied universally in purely normative circumstances and do not relate to the contingent facts. Thick moral concepts are contextually meaningful and inherent in situational factors; that is to say, they are action-guiding (Väyrynen 2021). Other classifications are more phenomenological. One could start with Waldo's map of ethical obligations, which include, among the others, the commitment to the constitution, to law, to democracy, to the organization, to the profession, to family and friends, to self and public interest (1988). As another example, Khernagan (2003) analyses values in public administrations. Building on the work of Canada (2000), he indicates different sets of values: ethical values, such as integrity and fairness; democratic values, such as the rule of law and loyalty; professional values, such as efficiency and innovation; people values, such as caring and compassion; professional values, either traditional (efficiency) or new ones (innovation). Van Wart argues that "the challenge of ethical decision making for practitioners is acute when legitimate role functions compete" (1996, 526) and offers a classification of those role functions, hence values, around five types of interests, including public, legal, organizational, personal, and professional ones. Spicer (2001) classifies conflicts depending on the locus of their manifestation, i.e., individual, interpersonal, intergroup, and intercultural levels.

taxonomies indicate an intrinsic value heterogeneity that derives from a philosophical perspective on modern organizations conceived as ‘composite assemblages’ (Boltanski and Thévenot 2006, 152) that include an array of arrangements and worldviews coalescing around different principles of justice. Despite these variations, scholars agree that value conflicts represent a fundamental problem for those engaged in carrying out the tasks of the modern administrative state (O’Kelly and Dubnick 2005). Value conflicts are considered prevalent (Van der Wal et al. 2011), unavoidable (Wagenaar 1999), and pervasive in public administration (Spicer 2001). “Both in appearance and reality” (Bowman and Williams 1997, 522), they are an essential part of being civil servants in modern times. In turn, modernity has challenged the traditional, somewhat linear conception of civil servant ethos (Thompson 1985) by introducing two significant changes, i.e., value pluralism and professionalism.

First, value conflicts are rooted in value pluralism, which is immanent in contemporary political and administrative life in liberal societies. Those larger, unresolved tensions in society are mirrored in public bureaucracies. Yet, the general public administration discourse has ignored this fragmentation and has adopted a monist, unified conception arguing that all values can be reconciled and “brought in harmony with each other” (Spicer 2001, 508). Instead, some values are doomed to conflict because they are characterized by two attributes, i.e., incompatibility and incommensurability (Berlin 1982; Lukes 1989). Here, value incompatibility simply means that pursuing specific values must inevitably compromise or limit our ability to follow specific other values. The more we seek to attain some of these values, the less able we achieve the others. Incommensurability among values, such as freedom and equality, means that they cannot be reduced to a common measure, placing severe constraints on our ability to employ rational analysis to make moral choices among them. The resulting dilemmas are at the heart of what administrative ethics should be about (Wagenaar 1999) and should be understood in the context of social relationships in which public administration operates (O’Kelly and Dubnick 2005).

Second, professionalism alters the administrative perception of the role by proposing a cohesive set of related values (de Graaf 2010). The cohesion of those values does not imply that discourses within professions are homogeneous. Instead, it often entails adding another layer to the values at work in public administration. At the same time, professionalism helps to make dilemmas and conflicts tractable: "[public] managers whose job can be characterized as a profession are more likely to have professional moral rules to make their morality tractable" (de Graaf 2005, 12). Professional rules, more than a generic 'public sector ethos,' help civil servants grappling with dilemmas, and as vividly put by Pratchett and Wingfield (1994, 14), "public sector ethos is a confused and ambiguous concept which is only given meaning by its organizational and functional situation." Several streams of literature, often unfolding along parallel routes, have explored how civil servants – conceived as professionals - respond to conflicting values in their own organizational and functional roles. This is the focus of the next section.

Responses to conflicting values and conscientious objection

Public administration scholarship has not only recognized the tensions inherent in the role of civil servants *qua* professionals but has also explored individual responses to those tensions. We can map those responses along a continuum, which has the personal creation of a coherent system of beliefs at one extreme and the decision to exit from the dilemma on the other extreme.

The first strand of scholarship echoed the seminal work of Downs (1967) on administrative roles[25] and advanced his findings through empirical analysis. Frequently employing Q-methodology, a research approach well suited to capture the attitudes and viewpoints of civil servants, this strand identified different ideal types of

[25] In "Inside Bureaucracy", Downs offered five ideal types of administrators, namely climbers, conservers, zealots, advocates, and statesmen.

administrative roles.[26] Furthermore, this strand illustrated how the interpretation of administrative roles allows civil servants to combine potentially conflicting values in a cohesive set of job-related values and attitudes. In other words, administrative roles provide relatively stable expectations about professional responsibilities that enable civil servants to "reconcile competing values" (Selden et al. 1999) or "cope with value conflicts" (de Graaf et al. 2016).

Moving to more performative types of response to conflicting values, two strands of literature sprang from the tradition of policy implementation studies (Pressman and Wildavsky 1984). Based on the assumption that rules are ambiguous and contradictory (Hupe and Hill 2007), these works looked closely at the dilemmas of individuals called to execute them (Lipsky 1980). The specific, though not exclusive, types of dilemmas that this scholarship explored lie in the tension between rules and norms vis-à-vis the situations that arise on the front lines. This tension creates conditions in which "the right way must be negotiated on the ground" (Maynard-Moody and Musheno 2012, S18). A first strand focused on administrative discretion (Maynard-Moody and Musheno 2000; Brodkin 2007, 2011) and pragmatic improvisation (Maynard-Moody and Musheno 2012) as strategies through which street-level bureaucrats address the conflicting obligations triggered by the interactions with individuals and circumstances by adapting administrative practices. Next along the continuum, another strand focused on guerrilla government. The latter is a more radical response to civil servants' conflicting obligations, who decide to pursue a course of action "against the wishes – either implicitly or explicitly communicated – of their superiors" (O'Leary 2020, xi). Cases of guerrilla government are not random examples of disobedience to superiors. While the tactics employed vary significantly, they instantiate forms of dissent carried out by bureaucrats who respond to conflicting expectations by adopting a

[26] Selden et al. (1999) label these roles: stewards of the public interest, adapted realists, businesslike utilitarians, resigned custodians, and practical idealists. de Graaf (2010) labels the profiles he found (a) by-the-book professionals, (b) society's neutral servants, (c) the personally grounded, and (d) open and principled independents.

confrontational posture towards public organizations, including attack and sabotage (Riccucci 1995, 2005; Newswander 2015; O'Leary 2020).

The last type of response to value conflict is the lawful conscientious objection, which is the response to a "conflict of conscience between compliance with the law and observance of inmost ethical convictions" (Decker and Fresa 2001, 379). The typical behavior of the objector is characterized by a disagreement with a law, which is the expression of ethical, religious, spiritual, or socio-political values. Unlike the guerrilla government, this type of objection is enshrined in legal provisions that, across many countries - and indeed in most western democracies – explicitly grant to civil servants conceived as individuals the right to refuse to provide specific services with which they dissent[27]. With a few exceptions (Rohr 1971; Uhr 2014), public administration studies have mostly overlooked conscientious objection. This scarce scholarly attention is perhaps to be found in the origins of this provision, limited for centuries to the regulation of military conscription. However, over time, the provision has spread remarkably beyond the sphere of individual citizens and national defense. Since the late '70s, it has been recognized as a human right by international institutions (Marcus 1998). In stylized terms, through professional policies or codes of ethics, civil servants can exercise refusal clauses or conscience clauses that exclude them from the direct involvement in specific legal services falling within the scope of their qualifications and practice (Fiala and Arthur 2014). Classical instances of these services are found in healthcare and, more to the point, in sexual and reproductive healthcare services, such as abortion, contraception, sterilization, and assisted reproduction (Litwack 2005). Examples in other policy domains include civil servants acting as marriage officers who

[27] This paper analyzes lawful conscientious objection, as opposed to unlawful conscientious objection or civil disobedience. In the words of Raz: "civil disobedience is a political act, an attempt by the agent to change public policies [whereas] conscientious objection is a private act, designed to protect the agent from interference by public authority" (1979, 256).

decline to participate in the legal institutionalization of same-sex unions (MacDougall et al. 2012).

Not only the types of services but also the degree of freedom in opting out vary across countries and is rather fluid over time (Chandler 2011). Certain jurisdictions do not allow conscientious objection and impose a categorical duty to provide those services. Nonetheless, most countries authorize objection unless no other provider is available or as long as the civil servant makes a transfer or referral. Others unconditionally authorize refusal.

Over the centuries, conscientious objection has performed the task of correcting the structural disadvantage of civil servants holding non-mainstream views. It has worked as an "extra democratic remedy to enhance the quality of collective decision" (Ceva 2015, 49). Following Rohr, it could be argued that absorbing objection into legal practices followed "the policy logic of a democracy prepared to use its legitimate political powers to adjust the operational balances between rights and duties" (1971, 115). Moreover, this helped reverse the trend of dichotomizing politics and morality[28]. However, while such an opt out option ostensibly represents a channel through which civil servants can address ethical conflicts, it can have divisive consequences on workplace collectives and jeopardize governmental ability to deliver services (e.g., Savulescu 2006; Savulescu et al. 2017). Against this background, understanding the role of public managers in orchestrating service delivery amidst an ethically divided workforce is critical.

The role of managers in addressing value conflicts

The role of managers in addressing conflicting values in public administrations is not a completely uncharted academic territory. A few scholars have analyzed how policymakers cope with value conflict by drawing from a repertoire of alternative strategies (Thacher and Rein 2004; Stewart 2006; de Graaf et al. 2016). Policymakers

[28] For a synthesis and critique see Uhr 2014, 146-149.

intervene directly in the institutional design, for instance, by creating firewalls that assign primary responsibility for pursuing each value to a separate institution, unit, or team. Alternatively, they alter the dynamics of the policy process, imposing cycling between competing values over time or parceling out particular policy matters to a case-by-case resolution, thus avoiding grand decisions about the relative merits of competing values. They also alter the political salience of values by inducing the obsolesce of those no longer recognized as necessary, attributing incremental emphasis to one particular value, or hybridizing conflicting values due to new additions to earlier policies.

Although these strategies focus on policy design and change, some essential elements lend themselves to the implementation phase. In effect, they have been employed in studies on the management of competing values (van der Wal et al. 2011) or in studies that empirically explored how public managers, as well as street-level staff, experience and manage those conflicts (Steenhuisen and van Eeten 2008, de Graaf et al. 2016).

A last set of strategies include constructive compromises and justification work that help managers navigate the tensions of conflicting values and address them simultaneously. They do so through discourse and rhetoric, but we also know that compromises can be "solidified by inscribing them in material objects and behavior" (Oldenhof et al. 2014, 52), i.e., in the *modus operandi* and in the routines of a public agency whose employees face severe value conflicts. Sociology and organization scholars complement our understanding of managerial strategies in ethically demanding domains. They acknowledge the burden of 'emotion-laden tasks,' i.e., service delivery entailing life-changing events such as birth or death (Boyle and Healy 2003) or 'dirty works.' Although necessary, still these tasks are viewed as physically, socially, or ethically tainted (Hughes 1951; Ashforth & Kreiner 1999; Kreiner et al. 2006). Dirty work and emotional-laden tasks are pervasive in public services (Mastracci 2021). This stream of research investigated "almost exclusively the nature of dirty work as perceived and experienced by the workers" (Ashforth et al. 2017, 1260). A few studies offered great insights into the managerial tactics that help

normalize this taint, i.e., occupational ideologies, social buffers, confronting clients, and defensive tactics (Ashforth et al. 2007). Whereas none of these strategies requires commensurability among values nor claims to solve the tension, they help prevent paralysis by putting in place necessary institutional preconditions that offer a response to conflicting values (Thacher and Rein 2004).

Summing up this literature review, the ubiquitous nature of value conflicts, linked to value pluralism and professionalism, calls for a situated approach to the study of ethical dilemmas in governments, which ought to consider civil servants' hierarchical and relational ties (O'Kelly and Dubnick 2005). Yet, the empirical evidence on real-world dilemmas administrators face is rare (de Graaf 2010; de Graaf et al. 2016). Even more scarce is the one on the role of public managers in settings where civil servants are explicitly divided in how they handle the dilemmas, as in the case of conscientious objection. This is the purpose of the present study, and the next section introduces the empirical context where the research has been conducted.

3.3 RESEARCH DESIGN

Empirical context: elective abortion in Italy

The empirical context of the study is elective abortion or voluntary termination of pregnancy in Italy. In the country, elective abortion was regulated in the late 70s.[29] Access to this service is included in the essential levels of health (i.e., government services to all citizens) and is therefore available in public hospitals. According to the law, the interruption of pregnancy can be either medical or surgical. Women can voluntarily request an abortion by the end of the first trimester of pregnancy. After the first trimester, the service is available exclusively for therapeutical reasons, including severe threats to women's physical or mental health induced by the prosecution of

[29] Law n.194/78.

pregnancy or in the case of diagnosis of fetal abnormalities. A certificate issued by a physician, a general practitioner, a private gynecologist, or a health professional working in a counseling center must confirm the pregnancy and provide the reason for the woman's desire to interrupt the pregnancy. If the request is evaluated as urgent, the doctor gives a document to the woman allowing her to end the pregnancy immediately. Otherwise, the physician signs a document attesting that the woman is pregnant and asking to interrupt her pregnancy, inviting her "to reflect for seven days."[30] Only then, with this document, the woman can obtain an abortion (Caruso 2020).

The law provides the possibility of conscientious objection, which is the right to refuse to provide specific services due to moral, religious, or philosophical beliefs (Heino et al. 2013). To qualify as a conscientious objector, a health professional must submit a written statement when hired by the healthcare facility. This declaration can be withdrawn at any moment, or it automatically decays if a conscientious objector directly takes part in an abortion procedure. Formally, conscientious objectors are exempted from any act directly involved in abortion. Still, they cannot refuse to help a woman in emergency conditions or perform activities required before and after abortion. However, these criteria have been prone to different interpretations by hospitals, healthcare managers, and doctors (Minerva 2015).

The law protects both women's legitimate interests and conscientious objection as "qualified freedom" that should be preserved. The ratio between the number of gynecologists who are not conscientious objectors and the number of voluntary interruptions is stable at the Italian national level. For 100,000 women of childbearing potential (aged between 15 and 49), there are, on average, three birth centers and 2.9 centers that perform abortion per region. Still, the rate of gynecologists who invoke conscientious objection to this clinical procedure is remarkably high, around 71%. This rate dramatically alters the percentage of health professionals who provide abortion,

[30] Art.5, Law n. 194/78.

thus limiting access to the service. While the number of facilities offering abortion services is adequate to the number of procedures performed, there is high variability across Italian regions. Access to abortion is tricky in specific areas due to long waiting lists, delays, and inefficiencies (Minerva, 2014). Moreover, lack of clarity about abortion policies, high workload, low pay, and stigma towards abortion providers can discourage abortion provision. (Minerva 2014; Bo et al. 2015: Autorino et al. 2020) Arguably, the conscientious objection can become a safety valve for clinicians under pressure, even without strong moral or religious beliefs. Overall, the dynamics arising from the conflicting interests of women and conscientious objectors lead to short circuits in the availability of the service. Therefore, access to abortion is theoretically but not practically granted, thus turning this public service into a "paper right" in some areas or at particular times.

Sample selection and recruitment

Participants were identified through 'purposive sampling.' Unlike random sampling, in purposeful sampling (Teddlie and Yu 2007), interviewees are selected according to their potential contribution to the research question (Patton 2014). The study was based on a sample of units' clinical directors working in Italian public hospitals with gynecology and obstetrics units. The complete list of units' clinical directors was publicly available on the websites of the regional health system (*SSR, Sistema Sanitario Regionale).* Heads of gynecology units were selected due to their close exposure to staff management, resources, and procedures, such as the organization of work shifts.

An archival examination of the available data on abortion in Italy[31] led to the selection of the Lombardy region as an empirical setting where the role of healthcare managers in guaranteeing the service in a context characterized by high levels of conscientious objection could be studied. Therefore, the selection was based on two parameters that

[31] https://www.salute.gov.it/imgs/C_17_pubblicazioni_2924_allegato.pdf

we adopted for comparison: 1) the number of healthcare facilities in which voluntary abortion is offered, and 2) the percentage of gynecologists who are conscientious objectors. In Lombardy, 93.8% of healthcare facilities offer voluntary abortion services versus 64.9% of the national average. The percentage of conscientious objectors in the region is close to the national average, with 66.7% versus 69% of conscientious objectors.

Data collection

A request asking for interviews was sent by emails to 77 gynecology and obstetrics units' clinical directors. If the first contact email received a positive response, this was followed by a second email with the practical details of the interview. Interviews were conducted only after obtaining participants' written and fully informed consent, which allowed potential participants to make an informed decision about their contribution to the research project[32].

Between July and November 2021, we conducted twenty-seven interviews. Interviews were conducted in Italian, and quotations were subsequently translated into English in the findings section to enhance comprehension for readers. Interviewees were reassured that the study was an independent academic project, and they were granted complete anonymity. Participation was voluntary, free of charge, and did not involve compensation for participants. Participants were free to withdraw at any time and for no specific reason.

Interviews were semi-structured and followed a research protocol[33]. They lasted between 30 minutes and two hours and were organized around approximately twelve questions. The interview started with factual questions such as the role of respondents, the number of health professionals in their unit, the percentage of conscientious

[32]Before starting the interview process, this study was approved by Bocconi University Ethics Committee.

[33] See Appendix C.2 for the interview protocol.

objectors, and the organization of voluntary abortion procedures. The second part of the interview included questions on the implementation of voluntary abortion in their hospital and the managers' perceived responsibility to women as patients and gynecologists working under their direction.

The interviews were conducted during the Covid-19 pandemic, which prevented physical access to the hospital for purposes other than healthcare. Consequently, they took place mostly via videoconference, but in some cases via telephone only. Interviews were audio-recorded and transcribed to ensure reliability (Eisendhardt 1989), and for all interviews, extensive notes were taken. Recordings were then transcribed in an anonymized way. In the transcription phase, details that could identify respondents were removed. Each participant was assigned an identification number that substituted the participant's name for data storage.

The analysis of transcripts with inductive coding, which relied on the software ATLAS.ti, allowed the spontaneous emergence of themes from transcripts. The coding process was further informed by documentary analysis, mainly based on the official reports on abortion periodically issued by the Italian Ministry of Health and a few hospitals' internal documents.[34] Interviews were interrupted once saturation was achieved. Saturation occurs when further data collection produces no new insights about the phenomenon under analysis (Glaser and Strauss 1967). Out of 77 requests sent to units' directors representing all public hospitals with units of gynecology and obstetrics, 27 potential participants responded and ultimately contributed to the research. Respondents were predominantly male (17 out of 27). Among units' clinical directors, conscientious objectors counted for 28%. The analysis of transcripts required sequential steps. The first step involved assigning codes (Saldana 2015) to written data made available by transcribing interviews. The assignment of codes was performed with the support of the software ATLAS.ti.[35] After coding was completed, data were analyzed. The results

[34] https://www.salute.gov.it/imgs/C_17_pubblicazioni_2924_allegato.pdf

[35] For the full list of codes, see Appendix C.3

of the qualitative analysis include the challenges experienced by health managers, the strategies they implement to deal with them in delivering elective abortion care, and the design of operations and attribution of tasks in orchestrating this service.

3.4 FINDINGS

Personal and professional challenges for healthcare managers

Healthcare managers experience dilemmas and conflicting feelings both personally and professionally. At the individual, intimate level, healthcare managers face unease situations and emotions, irrespective of their decision to be or not objectors – as in any case, they need to ensure a service that comes with grief and "extra loads of suffering." Units' clinical directors who are objectors referred to the responsibility they took on when becoming healthcare managers so that, despite their creed: "often, and this does not change much depending on the 6th or 13th week of the abortion, my conviction does really not espouse the ideology of death. But when I made this choice [of becoming a healthcare manager], I decided to make myself available to a person with a need, with a necessity." Also, non-objector managers referred to the distress caused by the procedure, as well as to their ethical challenges and their emotional stress, because "being a non-objector doesn't mean being pro-abortion," and "if you are a manager who is a non-objector, you know what it means, and you are even more careful, you are never happy or indifferent." At the managerial level, units' clinical directors stated that their task is to reconcile the different sides and expectations. They needed to "facilitate" and "smoothen" the procedure not to be too arduous for gynecologists and patients. Interviewees pointed to the complexities of managing "an interlocking system of rights and wills," where they needed to guarantee the abortion service but also to respect a conscientious objection that is broadly spread. In the vivid words of one of the informants: "I consider myself a tamer, and I feel this heavy

responsibility in everything I do, from the shifts of the doctors to the design of the patient care."

Framing and designing the delivery of elective abortion care

Healthcare managers portrayed elective abortion care in different and sometimes interrelated ways. It allows hospitals and doctors to be close to women. It is a means to enact the law. It is a method to prevent worse consequences and alternatives, and, last, it is to be conceived as a component of a broader public health context and a stage of managed care. Interestingly, on the one hand, these frames of abortion care help address the ethical dilemma faced by managers and personnel. On the other hand, they are reflected in the structural and organizational features of the service.

Ensuring abortion is a way *to help women.* Several managers mentioned how difficult this decision might be for women, and therefore, the responsibility as managers working in a public healthcare facility to be close to them and support them: “It’s a trauma for women to go through such stuff. You don’t go there light-hearted. So, we need to respond and to listen.” However, most healthcare managers do not assume that this choice for women is necessarily excruciating. Interviewees pointed to the vast array of reasons behind the decision to interrupt a pregnancy since women show feelings “which range from the total indifference to the most dramatic choice.”

Nevertheless, the managerial responsibility is to help and ensure support. In the interviewees' words: “I feel we need to offer help at this moment, tough for some, less for others” and “while there are especially women in situations of difficulty, there are also some who resort to this procedure for futile reasons. We have to respect them all. We can’t leave them alone.” This focus on women is also a way to address ethical dilemmas. For some managers, empathy towards the patient shields them and diverts their attention away from doubts and contradictory feelings to the point where “I concentrate on the fact that I am at the service of these women, whichever their choice.” Along similar lines, others considered “sacred” and “essential” women’s resolution. This focus on patients somehow alleviates the inherent dilemmas of ensuring abortion, as their managerial responsibility becomes more to enable the

execution of somebody's else will, an action that is "technical" and towards which the hospital represents "just an instrument." One interview commented: "If I think that I am respecting the will of the women, I don't feel particularly engaged with my conscience," and another suggested that "I feel so much sorrow. I protect myself in my mind, and I think that I am only making technology available, and I am coordinating a bunch of construction workers…and it is not me deciding it." Feeling close to women results, irrespective of the gender of respondents, in adjusting the service so that it incorporates a human touch. Managers recurrently referred to a "delicate moment" for patients that requires a sensitive posture from the health personnel. Privacy, for example, is explicitly built into the procedure. Still, it comes with attention to the nuances of the circumstance, such as how patients are called out in the waiting rooms, the possibility to discuss in advance details, and sharing information with the hospital over the phone rather than at the reception. Consideration for the delicate moment is also shown in how doctors informally pair gynecological patients in the post-surgery hospitalization so that "you don't have the mum with her newborn, next to a woman who just interrupted her pregnancy."

Ensuring the delivery of abortion care is also a way *to respect and enact the law* – a role of any civil servant. Acknowledging their mandate to guarantee the law, managers signaled this is beyond their decisional powers, offering alternative examples to authorize specific medical procedures or deliver services requiring *ad hoc* technologies. Abortion, within limits set by the law, does not fall in the category of managerial discretion. Managers who are objectors confirmed this approach and considered it an obligation that comes with their public managerial role, although they are deeply against this procedure at the personal level: "Interrupting a pregnancy is something I am completely against from an ethical point of view. I believe it brings nothing but misery to humanity. But at the same time, I respect the law, and I am a representative of this system."

Respecting the law offers a way to address dilemmas. Managers reported the feeling of "doing the right thing" because they were applying a law. Moreover, they mentioned

the existence of abortion laws in most western societies, which reassures them further that, all considered, this is the best available option. The legal provision also lifts the responsibility for managers to enter a personal engagement with the situation. They are not supposed to "analyze each time whether or not it is the right choice." Several interviewees pointed to the fact that if a law is there, it is "ethical to follow it" and that when they felt emotionally drained, they thought: "this is a law of the state, and I am a mere executor." A recurring comment was that the law itself is drafted in a way that "avoids" or "suspends" judgment because it does not address ethical, religious, or personal matters.

Ensuring smooth delivery of the abortion service is also framed *to prevent worse alternatives*, which could be harmful to women. The most pernicious choice is clandestine abortion, which "leads to tragedies from all points of view," from higher rates of mortality and morbidity to the idea that a woman is left alone and completely unprotected when dealing with this choice. Healthcare managers made comparisons across time and space, pointing to the consequences of the diffusion of clandestine abortion in countries where or in periods when the option was not legal or not *de facto* available. A few interviewees also referred to recent events associated with the Covid-19 when abortion and other medical procedures were occasionally put on hold or delayed. They mentioned that "some women couldn't wait and, when they came back, we perfectly understood - we had medical proof - they had been to alternative providers." Less severe but deleterious consequences include the need to travel to another city, region, or even country when the waiting lists in the nearby hospital do not allow the interruption of the pregnancy within the time limits defined by the law. Such traveling is considered "unfair" and "inadmissible." In addition to the dangers women may take directly, should a public service not be available, worse scenarios also include a weakened capacity of the health system to meet health needs and expected quality standards. According to the interviewees, this is the case when external professionals deliver the medical procedure. External professionals might attenuate the workload of non-objector clinicians. However, at the same time, this

might lead to situations where abortion “is performed by someone who does it only for money” and who “shows up in the operating theatre without knowing the patient, the habits, and our practices,” thus increasing patients’ risks. Some healthcare managers, both objectors, and non-objectors, considered contracting out abortion to an external physician “an immoral commercialization” and “a despicable practice.” Overall, these dire circumstances motivate managers to ensure the service despite the personal toll this takes on them and their staff. “I wish everyone had kids and lived happily ever after. The reality is that women experience crazy contradictions. There has always been abortion – legal or not – available or not. Sometimes, women were so desperate they would do anything to interrupt their pregnancy. This is what I think, and this is what keeps me doing what I do.”

Last, healthcare managers referred to abortion as a component of a *broader patient management procedure*, which ought to be coordinated with planned parenthood: “As managers, we must deliver this service, although we are the last stage of a process that should start with planned parenthood. Instead, we are the last stage of a process already in place and frequently troubled”. Respondents referred to a more operational role of the hospital, while all the phases of pre-care and post-care should be community service. A common remark in the interviews was that public managers and institutions should help the women in a contingent situation but also help them navigate a long phase of their life “where unwanted pregnancy may still be a problem.” They highlighted the importance of not considering abortion as a stand-alone episode and promoting contraception to prevent this from happening again. So are the enabling conditions, such as making birth control affordable for those groups of patients for which costs or complexity of usage represent a barrier. Managers agreed on the importance of including women in managed care and explicitly referred to the need to establish contact for counseling, education, and prevention. This mandate is pursued with assertiveness, as witnessed by expressions such as “insisting with them,” “stressing them,” and “bombarding with information.” One non-objector manager, for example, argued that “starting from the follow-up after the termination, you can’t

abandon them. You ought to see them again, advise them and accompany them, or else we did this but didn't obtain anything." An objector manager shared a standard view, i.e., that "for any interruption that my hospital does, I need to make as much effort to prevent unwanted pregnancies." Healthcare managers, especially objectors, reinforced the importance of turning a negative experience into something that has some positives, "that is not useless," and not "an end in itself."

Organizing and leading a workplace collective with an ethical divide

Orchestrating the voluntary abortion service entails catering to the rights and expectations of both objectors and non-objectors. It also requires a careful design of the operations and attribution of tasks. More than the ethical positioning of managers, these decisions are based on assessing the level of conflict in the team and the quality of service resulting from different organizational configurations. In stylized terms, one configuration fosters integration between objectors and non-objectors, while the other demarcates the boundaries between them. Managers often evoked the rule of law as the basis of their choices in the organizational arrangements (i.e., to what extent and how they include objectors in the service delivery). The law, however, offers some room for maneuvering. Objectors are unequivocally exempted from the so-called clinical act, surgical or medical. Instead, the procedure's post-clinical care and administrative elements, such as prescriptions, admissions, and discharges, are more open to interpretation. In the words of one informant: "Some colleagues are radical objectors, and they don't want to do certificates. Others don't want to perform the clinical act but are happy to help out. It is not clear." Summing up debates over duties and responsibilities, one manager explains that "the clinical act is a matter of certainty. Admissions and discharges are grey matter."

Fostering integration between objectors and non-objectors

The first configuration promotes and sometimes even obliges the collaboration among clinicians. The interviews reveal that objector managers' interpretation of the Law n.

194/78 tends to be more restrictive since they consider the prescription of abortion as something in principle incompatible with conscientious objection. Nevertheless, we find managers willing to bend what they think a legal provision in case of need: “As far as I know if objectors issue a certificate, the patient can pursue an interruption they are against to, which would be a contradiction. However, we end up making a virtue of necessity if there is no other doctor available.” In this configuration, the integration between objectors and non-objectors unfolds throughout the patient pathway. Objectors fill the medical record in the medical examination and echography. After the procedure, they do the check and issue a dismissal certificate. In some cases, objectors must do so irrespectively of the manager's orientation. In other instances, objectors can decide on an individual basis whether and at which stage of the procedure to contribute.

Demarcating the boundaries between objectors and non-objectors

Instead, the other configuration separates the abortion procedure neatly from the rest of the unit’s activities. Segregation affects the operations, i.e., rounds of medical staff and slots of the operating theatre, or it entails a complete organizational and physical separation of the unit. A reason behind this configuration is the respect of the sensibilities of objectors who would be “in distress” and demotivated by the request to participate somehow in the abortion procedure. “I have a colleague and friend who is a total objector, to the point where she does not justify abortion after a rape. She thinks that she could be the culprit of homicide, even in this case. I have decided she is exempted from meeting any woman who wants to or is interrupting her pregnancy. You cannot tilt at windmills.” Managers who choose this option try not to involve objectors even in neutral activities. In the words of one interviewee, “Sometimes, I end up doing myself an admission or a post-surgery medical check, to avoid that the objectors who expressed their perplexities would meet those women.” Keeping objectors detached from this procedure is thought to contribute to a positive atmosphere in the unit. It “encourages a constructive, relaxed relationship” among health professionals, with no

combination between abortion and non-abortion staff and tasks. Managers explained that this arrangement is also a strategy to prevent frictions among staff members and even the possibility of exacerbating the resistance of objectors: “They [the objectors] have their rights, recognized by the law, and I can’t force them. In a certain measure, I could, but I always try to prevent the radicalization of positions because it would harm the department's activities.” Managers may decide to insulate completely the staff in charge of voluntary abortion, which poses the risk of segregating professionally and physically this practice and the professionals who work there from the rest of the organization. However, it offers the advantage of focusing “exclusively on this procedure, without interferences,” especially in those cases where the logistics would not otherwise allow to ensure the quality of the service from a professional but also psychological points of view, as “women see around smiling faces and empathy.”

Motivation strategies towards non-objectors

Objectors and non-objector managers highlighted the importance of “suspending the judgment” towards women and colleagues. They told us that one of their primary responsibilities is not to judge and not take a stance towards colleagues who take a position by opting in or opting out. They acknowledged that “those are ethical matters on which you inevitably take a position, but as managers, we ought to be impartial.” This neutral view somehow clashes with the widely shared view on the different reasons behind the choice to object, some of which are hardly classifiable as conscience. For instance, according to the interviewees, clinicians might fear professional ghettoization, scarce opportunities to advance their technical and surgical expertise, experiencing burnout, and fewer chances to advance their careers over time. The personal view of managers towards objection varies significantly, with a few non-objectors getting as far as to say that objection should not be compatible with the specialization of gynecology because “the profession of a gynecologist comes with different tasks, and you ought to pursue them all.” However, they also recognized that “the law guarantees freedom to women to interrupt pregnancy without questioning their

motives. The same law guarantees doctors to express their freedom of conscience without questioning their motives." In sum, healthcare managers display a neutral attitude despite their personal beliefs when orchestrating the service delivery. Moreover, they must pay particular attention to non-objectors, who operate in a system where they don't receive acknowledgment or incentives for pursuing a procedure riddled with ethical, emotional, and professional challenges, where they represent the minority, and opting out through objection is easy and fast. Against this backdrop, managers deploy a variety of motivation strategies towards non-objectors. They lead by example, promoting the development of distinctive technical expertise and alleviating the heavyweight of abortion delivery through alternation and intermittence.

First, whether or not they are objectors, managers *lead by example*. They signaled their commitment by resuming their medical role if there is an emergency or at times such as holidays and weekends when fewer health professionals are around, and non-objectors would end up with an overload. Healthcare managers who are objectors also engage in the side activities, clinical or administrative, of abortion, "not to leave non-objectors alone." Some managers established a preferential communication channel with non-objectors: "I reassured them with 'call me when you want' and they know I mean it, even if I am on holiday or if it is late at night. This spurs a positive climate". Some healthcare managers with very few non-objectors in their unit include themselves in the shifts because "I didn't find it right that exactly for this type of task, that is so difficult, there is a sort of hazing. I decided to get back in the hospital ward next to non-objectors. I do it two hours per week". Some confirmed their engagement is symbolic more than practical.

Another motivation leverage is connected to the professional component of this practice. Some managers highlighted the importance of practicing abortion surgery as a distinctive set of medical skills that are not taught in most university training in the country. They stressed the importance of learning techniques that could be employed for voluntary abortion and spontaneous ones. Furthermore, they emphasized the

importance of mastering specific procedures that could then be used for various other indications.

Acknowledging that the toll of practicing abortion also has professional consequences, healthcare managers widely employ alternation to prevent “ghettoization.” Possibly, the alternation entails making sure that those clinicians have a regular variety of activities: “This activity should not be as overloading to preclude the rest of the activities of a normal gynecologist. I always try to balance the activity of a non-objector with the rest of their professional profile.” Sometimes it requires the reorganization of the operations, for example, “to separate the voluntary and spontaneous interruptions in different slots and possibly days. In this way, if you are a non-objector, you don’t end up doing only abortions.” However, sometimes non-objectors are a scarce human resource. Managers still try to diversify the activities by alternating their hospital and community services. An interviewee shared that: “we only have two [non-objectors], so I need to employ them on voluntary interruption, but at least now they do two days each in the hospital and four days at the planned parenthood, so they don’t always do the same, or else they would get crazy I guess.”

Healthcare managers also accept that clinicians rotate, formally or informally, between non-objection and objection. The legal possibility of becoming an objector is not something managers could prohibit. Yet, they work to make it culturally acceptable and facilitate or even foster the smooth intermittence when they see doctors at risk of burnout. In their words: “Exceptionally, I had to remove some non-objectors that I saw under a lot of stress from pursuing that task until they told me they felt ok to go back. I sidelined them upon their request or benched them based on instinct.”

Figure 1 provides a summary of the main findings from the interview.

Figure 1. Findings from the interviews

THEMES	SUBTHEMES	FINDINGS
Challenges for healthcare managers	*Personal level*	Healthcare managers face unease situations and emotions, irrespective of their decision to be or not objectors, due to the distress and grief brought by the procedure
	Professional level	Healthcare managers' task is to reconcile different sides and expectations. They need to guarantee the abortion service but also to respect conscientious objection
Frames of elective abortion care	*To help women*	Despite the vast array of reasons behind the decision to interrupt a pregnancy, healthcare managers feel the responsibility to help women and ensure support. This focus on women alleviates the ethical dilemmas of ensuring abortion, as the managerial responsibility becomes more to enable the execution of somebody else's will
	To respect and enact the law	Acknowledging their mandate to guarantee the law, managers signal the abortion service is beyond their decisional power. Respecting the law offers a way to address ethical dilemmas. The legal provision also lifts the responsibility to enter a personal engagement with the situation
	To prevent worse alternatives	Healthcare managers point to the consequences of clandestine abortion and recent events associated with the Covid-19 when abortion was occasionally put on hold or delayed. Less severe effects include the need to travel to another place. Worse scenarios also include a weakened capacity of the health system to meet quality standards, as it happens when external professionals deliver the abortion procedure.

	Broader patient management procedure	In the awareness that abortion should be coordinated with planned parenthood, healthcare managers refer to an operational role of the hospital, while all the phases of pre-care and post-care should be community service. They highlight the importance of promoting contraception and the need for counseling, education, and prevention
Configurations of a workplace collective with an ethical divide	*Fostering integration between objectors and non-objectors*	The integration between objectors and non-objectors unfolds throughout the patient pathway. In some cases, objectors must participate irrespectively of the manager's orientation. In other cases, they can decide on an individual basis whether and at which stage of the procedure to contribute
	Demarcating the boundaries between objectors and non-objectors	Segregation affects the operations, i.e., rounds of medical staff, or it entails a complete separation of the unit. A reason behind this is the respect for the sensibilities of objectors. This configuration is thought to contribute to a positive atmosphere in the unit and prevent frictions among staff members. However, it poses the risk of segregating this practice.
Motivation strategies towards non-objectors	*Leading by example*	Healthcare managers resume their medical role if there is an emergency or at times such as holidays and weekends. Healthcare managers who are objectors also engage in side activities. Some establish a preferential communication channel with non-objectors. Some with very few non-objectors in their unit include themselves in the shifts.
	Promoting the development of distinctive technical expertise	Some managers highlight the importance of practicing abortion surgery as a distinctive set of medical skills not taught in university training. They stress the importance of learning surgery techniques that could be employed for voluntary and spontaneous abortion. They emphasize the importance of mastering specific procedures
	Alleviating the heavyweight of abortion delivery through alternation and intermittence	Healthcare managers employ alternation to prevent ghettoization, ensuring that clinicians have a regular variety of activities. They also accept that clinicians rotate between non-objection and objection, especially when they see doctors at risk of burnout.

3.5 DISCUSSION AND CONCLUSION

This study sheds light on the role of public managers and on the strategies they employ to ensure the delivery of services that trigger an ethical divide in the workforce. Importantly, this divide is not just looming in the interactions between staff members but is enshrined in a legal provision that grants civil servants the possibility to opt out from the provision of specific services with which they dissent.

Working in such contentious professional settings is replete with dilemmas. Previous studies have identified strategies that public officials enact to address tensions (Thacher and Rein 2004; Stewart 2006; de Graaf et al. 2016) and that managers of staff performing 'dirty works' (Ashforth et al. 2007, Ashforth et al. 2017) can leverage upon to prevent paralysis and burn-out.

Managers reframe the delivery of voluntary abortion, hence their role in this process, as an enabler of positive societal goals. In their view, it allows hospitals and doctors to be close to women, and it is a means to enact the law. These findings resonate with the managerial tactics to keep dirty workers motivated that were identified by previous studies. Asforth et al. (2007), for example, discuss the role of occupational ideology in conferring more salutary meaning to a specific, tainted practice. Managers reframe dirty work when they infuse it with positive valence or neutralize its negative connotation. The present study has shown that those frames perform an additional role. Both the focus on the final users, i.e., the women, and on the source of authority represented by the law helps address the dilemmas by shifting the ethical agency away from the public managers, who become executors.

Managers also portray abortion care as a method to prevent worse consequences and alternatives. This 'lesser evil' conception aligns with the cognitive mechanisms that Ashforth et al. (2017) label social comparison, which entails contrasting oneself or one's action to others perceived as worse off, thereby drawing self-enhancing inferences. This conception is also in line with the *justification work* seen as a strategy of public managers to deal with value conflicts (Oldenhof et al. 2014). The current

study shows that this is not only a cognitive mechanism. Imbued with ethical commitment, it drives managers to design services, bending rules and routines to keep women engaged and prevent the alternative scenario, most likely a clandestine abortion. This evidence provides further ammunition to the assumption that *justification work* gets solidified not only in rhetorical but also in behaviors and practices (Oldenhof et al. 2014).

Abortion care is also conceived as a component of a broader patient management procedure coordinated with Planned Parenthood. This coordination can be seen as the intention to counterbalance the act of interrupting a pregnancy with the proactive and resolute inclusion of patients in a system to prevent this from happening again. More or less explicitly, managers engage in *ethical off-setting*, i.e., compensating for what a subject perceives as a wrongful or blameworthy action. Managers put extraordinary efforts into fostering the connection with Planned Parenthood, stretching their mandate, and allocating resources. Ethical off-setting requires going beyond the call of duty, which moral philosophers term 'supererogation' (Foerster 2019).

How healthcare managers structure their units and operations is another strategy to juggle diverse and sometimes conflicting values and expectations. Encouraging or even forcing the contribution of all health professionals to elective abortion follows the rationale of normalizing the specific practice and sharing the burden of it, both the material burden and, perhaps more importantly, the psychological one. Instead, allocating only non-objectors to the abortion practice or even creating a unit ad hoc has elements in common with the *firewalls,* i.e., arrangements whereby different organizations, units, or persons are made responsible for the realization of distinct values (Thacher and Rein 2004; Stewart 2006; de Graaf et al. 2016), thus ensuring a *social buffer* (Ashforth et al. 2007). We concur with Stewart (2006) that the demarcation has disadvantages and that the separation of values blocks the chances for integrated learning. Moreover, we show that it may exacerbate the ghettoization of one specific group (i.e., the non-objectors). At the same time, it may be a way to prevent the

radicalization of the different moral positions and the escalation of conflict in the workplace.

Last, managers engage in several strategies to prevent the burnout and demoralization of the professionals who remain on the frontlines, lacking automatic and material incentives. In addition to leading by example (Schraeder et al. 2005), managers also devise systems of rotation and intermittence for those employees. Previous research pointed to 'cycling' as a coping strategy, whereby values considered important are limited for a specific period until resistance leads to them being overturned (Thatcher and Rein 2004). We show that through such mechanisms of alternation, managers try to make the commitment of non-objectors more bearable in terms of intensity and make sure it does not define their entire professional identity.

This study presents several limitations. First, the number of our interviewees is relatively low. This is due mainly to the difficulties we encountered in securing interviews on a topic that is quite contentious and where heads of gynecology units feel they are currently under public scrutiny. On the one hand, we sensed we had reached analytical saturation in the last interviews we conducted, i.e., respondents were not pointing to new content. On the other hand, we believe that more interviews could enrich the empirical basis of the study. In particular, the study would benefit from interviewing the clinicians – both objectors and non-objectors – who operate under the authority and guidance of the healthcare managers we interviewed. Even more fruitful would be the participant or non-participant observation of the organizational dynamics in one or more gynecology units that offer voluntary abortion care. However, physical access is not a feasible option at this time due to the constraints imposed by the Covid-19 prevention protocols in public hospitals.

Despite these limitations, the present study contributes to the theorization of ethics in public administration in three ways. First, it organizes previous knowledge and connects strands of literature that proceeded along separate tracks by identifying the response to ethical dilemmas as their fil rouge. In so doing, it paves the way for a fruitful exchange among studies on strategies to cope with conflicting values (Selden et al.

1999; de Graaf 2010; de Graaf et al. 2016), bureaucratic discretion and pragmatic improvisation (Maynard-Moody and Musheno 2000, 2012; Brodkin 2007, 2011), and 'guerrilla government' (Riccucci 1995, 2005; Newswander 2015; O'Leary 2020). It also enriches this corpus of literature by adding an instantiation, i.e., the lawful conscientious objection that, with a few exceptions (Rohr 1971; Uhr 2014), has remained overlooked. We argue that the focus on conscientious objection is a significant add-on. From a theoretical point of view, it illuminates the peculiarities of opting in and opting out through formalized legal channels. At the same time, from a practical perspective, it allows exploring a phenomenon spreading rapidly and across different policy domains.

Second, the findings offer new and more fine-grained ammunitions to our understanding of policy (Thacher and Rein 2004; Stewart 2006; de Graaf et al. 2016) and managerial strategies (Ashforth et al. 2007; Oldenhof et al. 2014; Ashforth et al. 2017) to lead and motivate (public) professionals in contexts characterized by strong value conflicts, such as minimizing the moral agency of health providers and engaging in ethical off-setting by putting extraordinary efforts in a proactive inclusion of women in broader managed care and prevention systems.

Third and interrelated, previous studies on dirty work and emotional-laden tasks (Boyle and Healy 2003; Ashforth & Kreiner 1999; Kreiner et al. 2006; Ashforth et al. 2007; Ashforth et al. 2017; Mastracci 2021) stated or implied a homogeneous workforce perception of the professional hurdles posed by these challenging professional contexts, and consequently an undifferentiated set of managerial strategies. In contrast, our study sheds light on contexts where the ethical dilemmas and the individual responses are different and divisive. Here, managers need to devise ad hoc discursive, structural, and organizational interventions to prevent conflict escalation and the radicalization of ethical positions.

These conclusions carry significant policy implications. Heated debates accompany worldwide the approval or amendment of legislation on abortion. The present study reminds us to turn our attention to the last mile and specifically to service accessibility

at a time when, in many countries, abortion laws have become more liberal, but access to this service is *de facto* being restricted.

Understanding better the effects of conscientious objection on the workplace collective and the available strategies for managers can offer inputs to current controversies on other services beyond abortion, such as contraception and sterilization, assisted suicide, euthanasia, and more recently, even vaccination. Furthermore, it raises awareness on a channel that will likely regulate the conduct of public professionals in the delivery of several new public services that are going to trigger ethical controversies. Those cases include, for instance, transgender surgery, radical cosmetic surgery, artificial reproduction, cloning, gene editing and other forms of genetic engineering, cognitive enhancement, performance-enhancing drugs in sport, and many more that advances in biotechnology will bring to the fore.

The main takeaway for public managers is to make sure that the practice of conscientious objection responds to strictly ethical calls and is not the result of burnout, lower professional status, or segregation. In turn, this has an equalizing function within the workplace collective. Possibly, it may also prevent that a lawful channel established to guarantee the moral integrity of civil servants in extreme circumstances of value conflicts becomes a blanket justification to opt out from uncomfortable assignments.

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APPENDICES

A APPENDIX CHAPTER 1

A.1 PRISMA Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	p. 9
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	n.a.
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	pp. 10-12
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	pp. 12-13
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information, including registration number.	n.a.
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	pp. 18-19
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	pp. 17-18
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	pp. 19-20
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in the systematic review, and, if applicable, included in the meta-analysis).	pp. 19-20
Data collection process	10	Describe the method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	n.a.
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	n.a.
Risk of bias in	12	Describe methods used for assessing the risk of bias	n.a.

individual studies		of individual studies (including specification of whether this was done at the study or outcome level) and how this information is to be used in any data synthesis.	
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	n.a.
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	n.a.
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	p. 19
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	n.a.
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	pp. 19-20
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	n.a.
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	n.a.
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	n.a.
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	pp. 21-23
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	n.a.
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	n.a.
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	pp. 23-40
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	p. 43
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	pp. 40-44
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	n.a.

A.2 Database of the selected papers (records displayed by author's alphabetical order)

Authors	Title	Year	Journal	Methods	Level of classification	Context (policy field)	Topics (issues under examination)	Country
Adams	Ethics and the Chimera of Professionalism: The Historical Context of an Oxymoronic Relationship	1993	ARPA	Theoretical	Individual	Public administration literature (historical context)	Professionalism (the relationship between professionalism and ethics in the modern world)	US
Adams and Balfour	Expiating evil: reflections on the difficulties of cultural, orgaizational and individual reparation	2008	PA	Theoretical	Individual	Public sector organizations	Administrative evil (Expiating administrative evil in times of technical rationality)	US
Adams, Balfour and Reed	Abu Ghraib, administrative evil, and moral inversion: The value of "Putting Cruelty First"	2006	PA	Case study	Individual	Public administration practice (Global war on terrorism)	Administrative evil	US
Alexander and Richmond	Administrative Discretion: Can We Move Beyond Cider House Rules?	2007	ARPA	Theoretical (novel)	Managerial	Public administration practice (public managers)	Administrative discretion (legitimate administrative dissent when a law would result in harm)	US
Allmendinger et al.	Public scrutiny, standards and the planning system: assessing professional values within a modernized local government	2003	PA	Qualitative	Managerial	Government (planning system at the local level)	Professionalism and reputation (professional ethics)	Germany
Andresani and Ferlie	Studying governance within the British public sector and without	2006	PMR	Theoretical model	Institutional	Public management	Governance structures and processes: network governance	UK
Andrews	Public administration, public leadership and the construction of public value in the age of the algorithm and 'big data'	2018	PA	Theoretical (symposium article)	Institutional	Public administration literature	Challenges (technological change)	UK
Arsenault	Values and virtue: the politics of abstinence-only sex education	2001	ARPA	Case study and theoretical framework	Institutional	Morality politics and policy (sex education)	Morality policy (conflicting values in the implementation of morality policy)	US
Barberis	The New Public Management and a new accountability	1998	PA	Case study	Institutional	Government (central)	Accountability (the impact of NPM)	UK
Belle and Cantarelli	What Causes Unethical Behavior? A Meta-Analysis to Set an Agenda for Public Administration Research	2017	PAR	Meta-Analysis	Individual	Public administration literature	Unethical behavior (the causes of unethical behavior)	NA
Bevir and O'Brien	New Labour and the Public Sector in Britain	2001	PAR	Archival analysis	Institutional	Public sector	Service delivery (The Third Way)	UK
Blijswijk et al.	Beyond Ethical Codes: The Management of Integrity in the Netherlands Tax and Customs Administration	2004	PAR	Case study	Institutional	Government (taxation system)	Codes of ethics (integrity)	Netherlands
Borry	How Organizational Norms Contribute to Unintended Rule Consequences	2017	PA	Survey (Quantitative)	Managerial	Government (local)	Ethical climate (rule bending)	US
Bowman	Ethics in the Federal Service: A Post-Watergate View	1977	ARPA	Survey experiment (quantitative)	Managerial	Government	Perception of ethics (the attitudes of federal executives with respect to contemporary ethical practices in government)	US

Bowman and Knox	Ethics in Government: No Matter How Long and Dark the Night	2008	PAR	Survey (Quantitative)	Managerial	State government agencies (ASPA)	Challenges (ethical challenges for public managers)	US
Bowman and Stevens	Public Pay Disclosure in State Government: An Ethical Analysis	2012	ARPA	Qualitative (analysis of state legislation)	Institutional	Government	Challenges (public pay disclosure)	US
Bowman and West	To "Re-Hatch" Public Employees or Not? An Ethical Analysis of the Relaxation of Restrictions on	2009	PAR	Qualitative (analysis of state legislation)	Individual	Political activities of civil servants	Perceptions (political activity versus neutrality)	US
Bowman, Berman and West	The Profession of Public Administration: An Ethics Edge in Introductory Textbooks?	2001	PAR	Qualitative (content analysis)	Individual	Public administration education (introductory textbooks)	Public sector values (virtue and competence)	US
Boyce and Davids	Conflict of Interest in Policing and the Public Sector	2009	PMR	Qualitative (analysis of public complaints)	Institutional	Public sector	Conflicting interests	Australia
Brady	Ethical Theory for the Public Administrator: The Management of Competing Interests	1981	ARPA	Theoretical	Managerial	Traditional ethical theories	Conflicting interests	NA
Brady	"Publics" Administration and the Ethics of Particularity	2003	PAR	Theoretical	NA	Traditional ethical theories	Particularity in ethics and universalistica bias	NA
Brady and Woller	Administration Ethics and Judgments of Utility: Reconciling the Competing Theories	1996	ARPA	Theoretical	Managerial	Public administration ethics	Decisionmaking (managerial judgments of utility)	US
Brereton and Temple	The New Public Service Ethos: An Ethical Environment for Governance	1999	PA	Theoretical	Institutional	Government (regional)	Service delivery (the impact of NPM on service delivery)	UK
Bryer	Toward a Relevant Agenda for a Responsive Public Administration	2006	JPART	Theoretical	Managerial	Public administration; administrative discretion	Accountability, responsibility and responsiveness	US
Budde et al.	A matter of timing: The religious factor and morality policies	2017	GOV	Time-series cross-sectional analysis (Quantitative)	Institutional	Morality politics and policy	Morality policy (whether or not religion accounts for variance in the governance of moral issues)	NA
Cashore	Legitimacy and the Privatization of Environmental Governance: How Non-State Market-Driven (NSMD) Governance Systems Gain Rule-Making Authority	2002	GOV	Case study and theoretical framework	Institutional	Governance systems (the case of sustainnable forestry certification; organizational sociology)	Governance (Non-State Market-Driven governance systems)	US
Catron	Ethical Postures and Ethical Posturing	1983	ARPA	Theoretical	Individual	Public administration education	Ethics education	US
Chapman and Duncan	Is there now a new 'New Zealand model'?	2007	PMR	Theoretical	Institutional	Comparative public management literature	Public sector reforms (NPM and efforts to reinstill an ethics of public service)	New Zealand
Christensen and Lægreid	Ethics and Administrative Reforms	2011	PMR	Survey (Qualitative)	Institutional	Central civil service in Norway (ethical theory; organization theory)	Codes of ethics (ethical guidelines)	Norway

Connolly	Controlling local government expenditure: the case of Northern Ireland	1986	PA	Case study	Institutional	Government (local)	Challenges (transparency in public expenditure)	Ireland
Cooper	Building Ethical Community	2010	ARPA	Theoretical	Institutional	Governance systems	Governance (steps to build an ethical community)	US
Cooper	Big Questions in Administrative Ethics: A Need for Focused, Collaborative Effort	2004	PAR	Theoretical	Individual	Public administration ethics	Public service motivation	US
Cowell, Downe and Morgan	The Ethical Framework for Local Government in England	2011	PMR	Quantitative	Institutional	Government (local)	Codes of ethics	UK
Cowell, Downe and Morgan	Managing Politics? Ethics Regulation and Conflicting Conceptions of "Good Conduct"	2014	PAR	Interviews (Qualitative)	Institutional	Government (local)	Codes of ethics	UK
Crewson	Public-Service Motivation: Building Empirical Evidence of Incidence and Effect	1997	JPART	Quantitative	Individual	Public sector organizations	Public service motivation	NA
Cutting and Kouzmin	From chaos to patterns of understanding: reflections on the dynamics of effective government decision making	1999	PA	Theoretical	Institutional	Government	Decision making	Australia
De Graaf	The Loyalties of Top Public Administrators	2010	JPART	Q-methodology (Qualitative)	Managerial	Public management	Decisionmaking (loyalty)	Netherlands
De Graaf and van der Wal	Managing Conflicting Public Values: Governing With Integrity and Effectiveness	2010	ARPA	Theoretical	Institutional	Public administration	Conflicting values (the potential conflict between governing with integrity and governing with effectiveness)	Netherlands
DeHart-Davis, Davis and Mohr	Green Tape and Job Satisfaction: Can Organizational Rules Make Employees Happy?	2014	JPART	Quantitative	Individual	Public servants	Codes of ethics (jobs satisfaction)	US
Dilulio, Jr.	Principled Agents: The Cultural Bases of Behavior in a Federal Government Bureaucracy	1994	JPART	Symposium articles	Individual	Bureaucratic behavior (The Federal Bureau of Prisons)	Accountability, responsibility and responsiveness	US
Dobel	The Moral Realities of Public Life: Some Insights of Fiction	1992	ARPA	Theoretical	Individual	Public administration literature	Education (Teaching public administration ethics through fiction)	US
Dobel	The Odyssey of Senior Public Service: What Memoirs Can Teach Us	2003	PAR	Archival analysis	Managerial	Clinton Administration	Challenges for senior public officials (managers)	US
Downe, Cowell and Morgan	What Determines Ethical Behavior in Public Organizations: Is It Rules or Leadership?	2016	PAR	Case study (Qualitative)	Managerial	Government (local)	Decisionmaking, leadership and ethical conduct	UK

Fleming and McNamee	The ethics of corporate governance in public sector organizations	2005	PMR	Theoretical framework	Managerial	Public sector organizations	Public sector values (moral health of an organization)	UK
Garcia-Zamor	Workplace Spirituality and Organizational Performance	2003	PAR	Literature review	Managerial	Public sector organizations	Ethical climate (workplace spirituality and organizational performance)	US
Garofalo and Geuras	Ethics Education and Training in the Public Service	1994	ARPA	Theoretical	Individual	Public service	Ethics education (to improve ethical behavior)	NA
Ghere	Alligning the Ethics of Public-Private Partnership: The Issue of Local Economic Development	1996	JPART	Case study	Institutional	Public policy (local level)	Governance (PPs)	US
Goodin	The principle of voluntary agreement	1986	PA	Theoretical	Institutional	Governance systems	Governance (Policy making by voluntary agreement)	UK
Gormley Jr.	Moralists, Pragmatists, and Rogues: Bureaucrats in Modern Mysteries	2001	PAR	Qualitative	Individual	Traditional ethical theories	Ethical dilemmas faced by civil servants	NA
Goss	A Distinct Public Adminstration Ethics?	1996	JPART	Literature review	Institutional	Professional ethics; public administration ethics	Public sector values (whether career civil servants values are different from those of citizens or elected officials)	US
Greenaway	Having the bun and the halfpenny: can old public service ethics survive in the new whitehall?	1995	PA	Theoretical	Institutional	Public administration ethics	Public sector reforms	UK
Hahm and Kim	Institutional reforms and democratization in Korea: the case of the Kim Young Sam Administration, 1993-1998	1999	GOV	Case study	Institutional	Public administration	Public sector reforms (consolidation of democracy)	Korea
Handley and Howell-Moroney	Ordering Stakeholder Relationships and Citizen Participation: Evidence from the Community Development Block Grant Program	2010	PAR	Ordered probit regression (Quantitative)	Individual	Government (local; Community Development Block Grant program)	Citizen participation (communities in which administrators feel greater accountability to citizens will have higher levels of citizen participation)	US
Haque	Public Service Under Challenge in the Age of Privatization	1996	GOV	Theoretical	Institutional	Public service	Challenges (privatization)	NA
Hardiman and Scott	Governance as polity: an institutional approach to the evolution of state functions in Ireland	2010	PA	Time-series database (Qualitative)	Institutional	State government agencies (comparative politics)	Governance	Ireland
Hassan and Wright	Does Ethical Leadership Matter in Government? Effects on Organizational Commitment, Absenteeism, and Willingness to Report Ethical Problems	2014	PAR	Survey (Quantitative)	Managerial	State government agencies	Ethical leadership (less absenteism, more committment and willingness to report ethical problems)	US
Hoffman	Paradigm Lost: Public Administration at Johns Hopkins University, 1884–96	2002	PAR	Theoretical	Individual	Public administration education	Education (Teaching public administration ethics)	US

Ireni Saban	Looking Into the Eyes of Those We Serve: Toward Complex Equality in Public Administration Ethics	2010	ARPA	Theoretical	Institutional	Public administration ethics	Decisionmaking (impartiality)	US
Jackson and Smith	Inside Moves and Outside Views: An Australian Case Study of Elite and Public Perceptions of Political Corruption	1996	GOV	Interviews (Qualitative)	Institutional	Government	Ethical reasoning and behavior (elite and public perceptions of political corruption)	Australia
Jewell and Bero	Public Participation and Claimsmaking: Evidence Utilization and Divergent Policy Frames in California's Ergonomics Rulemaking	2006	JPART	Content analysis (Qualitative)	Institutional	Governance systems	Governance (how interest groups participate to rule making)	US
Jordan	The Innovation Imperative: An analysis of the ethics of the imperative to innovate in public sector service delivery	2014	PMR	Theoretical	Institutional	Public service delivery	Service delivery (innovation)	NA
Jos	The Nature and Limits of the Whistleblower's Contribution to Administrative Responsibility	1991	ARPA	Theoretical	Individual	Decision making	Ethical reasoning and behavior (the importance of designing accountability mechanisms to limit whistleblowing)	US
Jos	Social Contract Theory	2006	ARPA	Theoretical	NA	Public administration literature (social contract theory)	Social contract theory	NA
Kakabadse et al.	Ethics, values and behaviours: comparison of three case studies in examining the paucity of leadership in government	2003	PA	Case study	NA	Government	Leadership (as the pillar of an ethics of public service)	UK, Canada, and Australia
Kane and Patapan	In Search of Prudence: The Hidden Problem of Managerial Reform	2006	PAR	Essay	Managerial	Public administration	Reforms (the problem of prudence in managerial reforms)	US
Kerkhoff	Organizational Reform and Changing Ethics in Public Administration: A Case Study on 18th Century Dutch Tax Collecting	2009	JPART	Case study	Institutional	Government (taxation system; institutionalist approach)	Reforms (organizational reforms and ethical change)	Netherlands
Kernaghan	Codes of Ethics and Public Administration: Progress, Problems and Prospects	1980	PA	Theoretical	Individual	Public servants (Canadian government)	Codes of ethics (Ethical conduct)	Canada
Kim	Service Motivation in Korea: A Research Note	2009	JPART	Scale (Quantitative)	Individual	Public servants	PSM (whether PSM structure applied in the US can be generalized to Korea)	Korea
King	Talking beyond the Rational	2000	ARPA	Taxonomy (Theoretical)	NA	Public administration literature	Traditional theories	NA
King	Religion, Spirituality, and the Workplace: Challenges for Public Administration	2007	PAR	Essay	Managerial	Public administration and religion	Challenges (the role and impact on religion and spirituality in the workplace)	US

Laratta	Ethical Climate and Accountability in Nonprofit Organizations	2011	PMR	Comparative empirical research (Quantitative)	Managerial	Nonprofit organizations	Accountability, responsibility and responsiveness	UK and Japan
Lasthuizen, Huberts and Heres	How to Measure Integrity Violations	2011	PMR	Survey (Quantitative)	Institutional	Public service	Ethical reasoning and behavior (how to measure unethical behavior and integrity violations)	Netherlands
Lavee, Coehn and Nouman	Reinforcing public responsibility? Influences and practices in street-level bureaucrats' engagement in policy design	2018	PA	Case study	Individual	Policy design	Accountability, responsibility and responsiveness	Israel
Lavena	Whistle-Blowing: Individual and Organizational Determinants of the Decision to Report Wrongdoing in	2014	ARPA	Logistic regression analysis (Quantitative)	Individual	Government (central)	Ethical reasoning and behavior (individual and organizational determinants of the decision of reporting	US
Lawton and Macaulay	From Birth to Death: The Life of the Standards Board for England	2017	PAR	Mixed methods	Institutional	Government (local; Standards Board for England)	Ethics committees	UK
Lee and Van Ryzin	Measuring bureaucratic reputation: Scale development and validation	2018	GOV	Scale (Quantitative)	Managerial	Public sector organizations	Professionalism and reputation	US
Littoz-Monnet	Ethics Experts as an Instrument of Technocratic Governance: Evidence from EU Medical Biotechnology Policy	2015	GOV	Mixed methods	Institutional	Medical biotechnology policy	Ethics committees (as instruments of technocratic governance)	EU
Long	Public Administration, Ethics and Epistemology	1988	ARPA	Essay	NA	Public administration literature	Epistemology grounded on ethics	NA
Lynch, Omdal and Cruise	Secularization of Public Administration	1997	JPART	Theoretical	NA	Public administration literature	Public sector values (secularizaion)	NA
Lynn Jr.	The Myth of the Bureaucratic Paradigm: What Traditional Public Administration Really Stood For	2001	PAR	Literature review	Institutional	Public administration literature	Traditional theories (the myth of the bureaucratic paradigm)	US
Macaulay and Lawton	From Virtue to Competence: Changing the Principles of Public Service	2006	PAR	Essay	Individual	Public service	Public sector values (virtue and competence)	UK
Maesschalck	The Impact of New Public Management reforms on public servants' ethics: towards a theory	2004	PA	Theoretical framework	NA	NPM literature	NPM (the impact on public servants' ethics)	US
Maletz and Herbel	Beyond Idealism	2000	ARPA	Literature review	Institutional	Government	Public sector reforms (ethics enforcement in public administration)	US
Marini and Akron	Literature and Public Administration Ethics	1992	ARPA	Theoretical	Individual	Research and practice	Teaching public administration ethics (through literature)	NA

McCann	Reforming public services after the crash: the roles of framing and hoping	2013	PA	Theoretical	Institutional	Public service	Public sector reforms (the impact of the Great Financial Crisis)	US
Meier	Governance, Structure, and Democracy: Luther Gulick and the Future of Public Administration	2010	PAR	Essay	Institutional	Research and practice	Public sector values (governance)	NA
Menzel	The Ethical Environment of Local Government Managers	1995	ARPA	Survey (Quantitative)	Managerial	Government (local)	Ethical climate ("trust and lead" strategy)	US
Menzel and Benton	Ethics Complaints and Local Government: The Case of Florida	1991	JPART	Multiple regression analysis (Quantitative)	Institutional	Government (local); Florida Commission on Ethics	Unethical behavior (contextual influences on ethics complaints)	US
Meyer-Sahling, Mikkelsen and Schuster	The Causal Effect of Public Service Motivation on Ethical Behavior in the Public Sector: Evidence from a Large-Scale Survey Experiment	2018	JPART	Survey experiment (Quantitative)	Individual	Government (central); behavioral studies; public sector ethics	PSM (PSM enhance willingness to report ethical problems to management)	Chile
Molina	A Systems Approach to Managing Organizational Integrity Risks: Lessons From the 2014 Veterans Affairs Waitlist Scandal	2018	ARPA	Case study (the so-called 2014 waitlist scandal)	Institutional	The U.S. Department of Veterans Affairs (behavioral ethics perspective)	Challenges (system approach to organizational integrity risks and vulnerability to integrity violations)	US
Moloney and Chu	Linking Jamaica's Public Service Motivations and Ethical Climate	2014	ARPA	Confirmatory Factor Analysis (Quantitative)	Individual	Public servants	PSM (connection with an unfavourable ethical climate)	Jamaica
Moreno-Riano	The Etiology of Administrative Evil	2001	ARPA	Theoretical	Individual	Public administration literature	Administrative evil	NA
Nastase	Managing Ethics in the European Commission Services	2013	PMR	Archival analysis and interviews (Qualitative)	Institutional	International organizations	Codes of ethics	EU
Needham	Customer care and the public service ethos	2006	PA	Interviews and content analysis (Qualitative)	Individual	Public service	Service delivery (quality and customer care)	UK
Nelson and Afonso	Ethics by Design: The Impact of Form of Government on Municipal Corruption	2019	PAR	Rare events logit model (Quantitative)	Institutional	Governance systems (municipal level)	Corruption (the impact of form of government on municipal corruption)	US
Neuse	Bureaucratic malaise in the modern spy novel: Deighton, Greene, and Lecarre	1982	PA	Theoretical	Individual	Bureaucratic behavior	The effects of bureaucratic pressures and ideologies on individuals (through literature)	US
Newbold	Statesmanship and Ethics: The Case of Thomas Jefferson's Dirty Hands	2005	PAR	Case study	Institutional	Public administration literature	Public sector values (Statesmanship)	US
Newswander	Guerrilla Statesmanship: Constitutionalizing an Ethic of Dissent	2015	PAR	Theoretical	Managerial	Administrative discretion	Dissent and guerrilla government (administrators' ability to perform necessary statesmanship acts rooted in guerrilla government)	US

Nieuwenburg	Conflicts of Values and Political Forgiveness	2014	PAR	Case study	Institutional	Moral theory	Conflicting interests and values (formulating political forgiveness)	Germany
Noordegraaf, Brandsen and Huitema	Fragmented but forceful: Dutch administrative sciences and their institutional evolution	2006	PA	Case study	NA	Public administration practice (pragmatic morality)	Administrative sciences (evolution)	Netherlands
O' Kelly and Dubnick	Taking Tough Choices Seriously: Public Administration and Individual Moral Agency	2005	JPART	Theoretical	Managerial	Public administration ethics; administrative discretion	Ethical dilemmas (moral agency and dilemmas)	UK
O'Leary	When a Career Public Servant Sues the Agency He Loves: Claude Ferguson, the Forest Service, and Off-Road Vehicles in the Hoosier National Forest	2009	PAR	Case study	Managerial	US Forest Service	Dissent and guerrilla government	US
O'Leary	Guerrilla Employees: Should Managers Nurture, Tolerate, or Terminate Them?	2010	PAR	Case study	Individual	Public management	Dissent and guerrilla government	US
O'Toole	T.H. Green and the ethics of senior officials in Britis Central Government	1990	PA	Theoretical	Managerial	Government (central)	Ethical dilemmas	UK
Overman and Foss	Professional Ethics: An Empirical Test of the "Separatist Thesis"	1991	JPART	Survey (Quantitative)	Individual	Medical ethics theories based on the 'separatist thesis'	Professionalism and ethical decisionmaking (whether professionals have different ethics than do citizens)	US
Perry	Federalist No. 72: What Happened to the Public Service Ideal?	2011	PAR	Essay	Institutional	Public service	Public service motivation	US
Perry et al.	What Drives Morally Committed Citizens? A Study of the Antecedents of Public Service Motivation	2008	PAR	Mixed methods	Individual	Public sector organizations	Public service motivation (a study of the determinants of moral commitment)	US
Plant	Good Work, Honestly Done: ASPA at 70	2009	PAR	Essay	Institutional	Progressive Era Reforms (ASPA)	Professionalism	US
Quill	Ethical Conduct and Public Service	2008	ARPA	Theoretical	Individual	Public service	Education (Teaching public administration ethics through literature)	US
Quinlan	Controversy: Ethics in the Public Service	1993	GOV	Theoretical	Managerial	Public service	Professionalism (professional ethics)	UK

Raile	Building Ethical Capital: Perceptions of Ethical Climate in the Public Sector	2013	PAR	Survey (Quantitative)	Managerial	Public sector (US federal executive branch)	Ethical climate (how individuals in leadership positions perceive ethical climate)	US
Rasmussen, Malloy and Argarwal	The ethical climate of government and non-profit organizations Implications for public-private partnerships	2003	PMR	Survey (Qualitative)	Managerial	Policy design; policy implementation	Ethical climate (differences between government and non-profit organizations)	US
Rauh	Predicting Political Influence on State Ethics Commissions: Of Course We Are Ethical—Nudge Nudge, Wink Wink	2015	PAR	Quantitative	Institutional	Bureaucratic autonomy	Ethics commissions (political influence on State ethics commissions)	US
Reed	Reconciling Environmental Ethics and Political Values	2002	PAR	Review	Institutional	Public administration literature	Challenges (environmental synergy: the possibility of reconciling environmental ethics with political values	US
Rich	The Moral Choices of Garbage Collectors: Administrative Ethics From Below	1996	ARPA	Ethnography (Qualitative)	Individual	Garbage collectors (Detroit public works department)	Ethical dilemmas (organizational rules without consulting workers)	US
Ripoll and Breaugh	At their wits' end? Economic stress, motivation and unethical judgement of public servants	2019	PMR	Path model with ESS data (Quantitative)	Individual	Ethical standards of public officials	Unethical behavior (three mechanisms: PSM, work motivations, and economic stress)	Europe
Rivera and Ward	Toward an Analytical Framework for the Study of Race and Police Violence	2017	PAR	Theoretical framework	Institutional	Contentious issues	Ethics failure (race-related police violence)	US
Rizzo and Swisher	Comparing the Stewart–Sprinthall Management Survey and the Defining Issues Test-2 as Measures of Moral Reasoning in Public Administration	2004	JPART	Comparative study (Quantitative)	Managerial	Managers (government)	Ethical reasoning (moral reasoning of government managers)	US
Rogers and Kingsley	Denying Public Value: The Role of the Public Sector in Accounts of the Development of the Internet	2004	JPART	Case study (Qualitative)	Institutional	Internet (creation stories)	Challenges (the impact on Internet)	US
Roman	Framing the Questions of E-Government Ethics: An Organizational Perspective	2013	ARPA	Essay	Managerial	Organizational perspective	Ethical challenges (technological change; e-government ethics)	US
Rossman and Shanahan	Defining and Achieving Normative Democratic Values in Participatory Budgeting Processes	2012	PAR	Case study (qualitative)	Individual	Public budgeting (public university budgeting committee)	Citizen participation (citizen involvement as participatory budgeting)	US
Russell and Gregory	Making the undoable doable: Milgram, the Holocaust, and Modern Government	2005	ARPA	Theoretical	Individual	Bureaucratic authority; responsibility	Administrative evil (the ways by which governmental systems enable people to do things they would other- wise find undoable)	US
Russell and Gregory	Spinning an Organizational "Web of Obligation"? Moral Choice in Stanley Milgram's "Obedience" Experiments	2011	ARPA	Theoretical	Individual	Public sector organizations	Administrative evil	US
Rutgers	The Oath of Office as Public Value Guardian	2009	ARPA	Theoretical	Individual	Public sector values	Conflicting interests	NA

Schmid	Rethinking the policy of contracting out Social Services to non-governmental organizations	2003	PMR	Theoretical	Institutional	Foster care, adoption, and home care services for the elderly	Governance (privatization)	Israel
Scott	Participative democracy and the transformation of the citizen: some intersections of Feminists, Postmodernist, and Critical Thought	2000	ARPA	Theoretical	Individual	Traditional ethical theories	Citizen participation (citizen involvement as participative democracy)	NA
Sheaff and West	Marketization, managers and moral strain: chairmen, directors and public service ethos in the national health service	1997	PA	Survey data (Quantitative)	Managerial	Healthcare sector (NHS)	Reforms (Privatization)	UK
Simon and Nice	Stoicism: Relevant Applications for Contemporary Public Administration	1997	ARPA	Theoretical	NA	Traditional ethical theories (stoicism)	Ethics and Stoic philosophy	NA
Smith	Enforcement or Ethical Capacity: Considering the Role of State Ethics Commissions at the Millennium	2003	PAR	Interviews (Qualitative)	Institutional	Government (central)	Ethics commissions	US
Stazyk and Davis	Taking the 'high road': does public service motivation alter ethical decision making processes?	2015	PA	Factor analysis (Quantitative)	Managerial	Government (local)	Public service motivation (whether PSM alters decisionmaking processes)	US
Stensöta	The Conditions of Care: Reframing the Debate about Public Sector Ethics	2010	PAR	N-analysis (Quantitative)	NA	Public administration ethics	Service delivery (through public ethics of care)	Sweden
Stewart et al.	Moral Reasoning in the Context of Reform: A Study of Russian Officials	2002	PAR	Exploratory study with survey interviews and focus group (Qualitative)	Managerial	Public officials	Public sector reforms	Russia
Stewart, Siemienska and Sprinthall	Women and men in the project of reform: a study of gender differences among local officials in two provinces in Poland	1999	ARPA	Structured interviews (Qualitative)	Institutional	Government (local); Two provinces in Poland	Public sector reforms (gender differences between female and male local government officials)	Poland
Stewart, Sprinthall and Kem	Moral Reasoning in the Context of Reform: A Study of Russian Officials	2002	PAR	Exploratory study (Quantitative)	Managerial	Public officials (managers)	Administrative discretion (moral reasoning)	Russia
Svara	Who Are the Keepers of the Code? Articulating and Upholding Ethical Standards in the Field of Public Administration	2014	PAR	Theoretical	Institutional	Public administration	Codes of ethics	US

Taylor	Internal Whistle-Blowing in the Public Service: A Matter of Trust	2018	PAR	Corss-sectional data to construct longitudinal data (Quantitative)	Individual	Public sector organizations	Ethical reasoning and behavior (the links between employee perceptions of trustworthiness of different organizational members and internal wistleblowing)	Australia
Thaler and Helmig	Do Codes of Conduct and Ethical Leadership Influence Public Employees' Attitudes and Behaviours? An experimental analysis	2016	PMR	Between-subject experiment (Quantitative)	Managerial	Public management	Leadership (whether codes of conduct and ethical leadership influence employees' ethical behavior)	Germany
Tomic	Legal independence vs. leaders' reputation: Exploring drivers of ethics commissions' conduct in new democracies	2018	PA	Mixed methods	Institutional	Delegation scholarship	Ethics commissions (drivers of ethical conduct)	Serbia and Macedonia
Tuan Luu	Behind the influence of job crafting on citizen value co-creation with the public organization: joint effects of paternalistic leadership and public service motivation	2018	PMR	Quantitative	Individual	Public sector organizations (public legal service agencies in Ho Chi Minh City)	Citizen participation (from passive recipients to co-creators)	Vietnam
Van der Wal	The content and context of organizational ethics	2011	PA	In-depth interviews (Qualitative)	Managerial	Public sector organizations	Public sector values	Netherlands
Van der Wal and Huberts	Value Solidity in Government and Business	2008	ARPA	Survey study (Quantitative)	Managerial	Public sector organizations	Public sector values	Netherlands
Van der Wal, de Graaf and Lawton	Competing Values in Public Management	2011	PMR	Literature review	Institutional	Public administration	Conflicting values	Netherlands
Vigoda	Are you being served? The responsiveness of public administration to citizens' demands: an empirical examination in Israel	2000	PA	Mixed methods	Institutional	Public administration	Responsiveness (the relationship between citizens' demands and PA responsiveness)	Israel
Vigoda-Gadot	Citizens' Perceptions of Politics and Ethics in Public Administration: A Five-Year National Study of Their Relationship to Satisfaction with Services, Trust in Governance, and Voice Orientations	2006	JPART	Survey (Quantitative)	Individual	Managerial studies; organizational politics	Perception (Perception of trust)	Israel
Wæraas	Beauty From Within: What Bureaucracies Stand for	2013	ARPA	Core value statement (Qualitative)	Institutional	State government agencies	Public sector values	US
Wallis and Dollery	An evaluation of leadership as a response to agency failure in the public sector	1997	PA	Theoretical	Institutional	Public sector	Leadership (as a response to ethics failure)	UK and New Zealand

Wang and Van Wart	When Public Participation in Administration Leads to Trust: An Empirical Assessment of Managers' Perceptions	2007	PAR	Path analysis (Quantitative)	Managerial	Democratic theory	Perception of trust	US
West and Bowman	The Domestic Use of Drones: An Ethical Analysis of Surveillance Issues	2016	PAR	Theoretical	Individual	Traditional ethical theories; behavioral studies	Ethical challenges (whether domestic monitoring is ethical)	US
Wheeler and Brady	Do Public-Sector and Private-Sector Personnel Have Different Ethical Dispositions? A Study of	1998	JPART	Vignette (Quantitative)	Individual	Behavioral studies	Ethical reasoning (whether public and private employees have different ethical	US
White Jr.	Are Women More Ethical? Recent Findings on the Effects of Gender Upon Moral Development	1999	JPART	Quantitative	Individual	Public servants (US Coast Guard)	Ethical reasoning (whether women are more ethical; the effects of gender on moral development)	US
Wirtz and Müller	An integrated artificial intelligence framework for public management	2018	PMR	Theoretical framework	Managerial	Public management	Ethical challenges (technological change; artificial intelligence)	NA
Wittmer	Ethical Sensitivity and Managerial Decisionmaking: An Experiment	1992	JPART	Experiment (Quantitative)	Managerial	Behavioral studies	Decisionmaking (ethical sensitivity)	US
Wittmer and Coursey	Ethical Work Climates: Comparing Top Managers in Public and Private Organizations	1996	JPART	Survey (Quantitative)	Managerial	Public management	Ethical climate (comparison of managers between the private and the public sector)	US
Wong, Liu and Cheng	Elucidating the Relationship Between Satisfaction and Citizen Involvement in Public Administration	2011	PMR	Interviews and Path analysis (Mixed methods)	Individual	Public administration; political science	Citizen participation (citizen involvement and satisfaction)	Taiwan
Worthley and Grumet	Ethics and Public Administration: Teaching What "Can't Be Taught"	1983	ARPA	Theoretical	Individual	Public administration education (universities)	Education (Difficulties of teaching public administration ethics)	US
Wright, Hassan and Park	Does a public service ethic encourage ethical behaviour? Public service motivation, ethical leadership and the willingness to report ethical problems	2016	PA	Survey (Quantitative)	Individual	State government agencies	PSM (whether PSM predicts the ethical behavior of government employees)	US
Zajac	Beyond Hammurabi: A Public Service Definition of Ethics Failure	1996	JPART	Taxonomy	Institutional	Public service	Ethics failure (organizational responses to these problems)	US
Zajac and Comfort	"The Spirit of Watchfulness": Public Ethics as Organizational Learning	1997	JPART	Theoretical model	Managerial	Public service; county health departments	Ethics failure (organizational learning from ethics failure)	US
Zamir and Sulitzeanu-Kenan	Explaining Self-Interested Behavior of Public-Spirited Policy Makers	2018	PAR	Theoretical	Institutional	Behavioral studies (Public Choice Theory)	Unethical behavior (violations of moral and social norms)	NA
Zanetti	Repositioning the Ethical Imperative	2004	ARPA	Theoretical	NA	Traditional ethical theories (critical theory)	Codes of ethics (critical ethical guidelines for public administrators)	NA

A.3 Three-layered classification of ethical issues in public administration

	Institutional level	Individual level	Managerial level
Accountability, responsibility, and responsiveness	Relationship between responsiveness and citizens' demands (Vigoda 2000).	Public servants behave in a public-spirited manner (DiIulio 1994). Engagement in policy design (Lavee et al. 2018).	Responsiveness towards conflicting ethical obligations (Bryer 2006) and democratic expectations (Laratta 2011).Accountability to stakeholders (Van der Wal and Huberts 2008).
Administrative discretion, dissent, and guerrilla government		Guerrilla employees (O' Leary 2010). Dissent with institutional directives (Gormley 2001).	Administrative discretion (Alexander and Richmond 2007) and moral reasoning (Stewart et al. 2002). Statesmanship acts rooted in guerrilla government (Newswander 2015). Disobedience to institutions (O'Leary 2009).
Administrative evil		Technical rationality (Adams and Balfour 2008). Moral inversion (Adams et al. 2006). Etiology of administrative evil (Moreno-Riano 2001). Individual responsibility (Russel and Gregory 2005; 2010).	
Challenges	Technological change (Andrews 2018) and internet (Rogers and Kingsley 2004). Privacy and drones (West and Bowman 2016). Public pay disclosure (Bowman and Stevens 2012). Public expenditure (Connolly 1986). Privatization (Haque 1996). Environmental synergy (Reed 2020). E-government ethics (Roman 2013)	The political activity of public servants (Bowman and West 2009). The danger of political abuses (Bowman and West 2009).	Ethical challenges for public managers (Bowman and Knox 2008; Dobel 2003). Religion and spirituality in the workplace (King 2007). Technological change (Wirtz and Muller 2018).
Codes of ethics, ethical guidelines	Limited utility to preserve integrity and trust (Blijswijk et al. 2004). Widespread use (Christensen and Lægreid 2011). Challenges (Cowell et al. 2011). Impact assessment on politicians (Cowell et al. 2014). Standards boards (Lawton and Macaulay 2017). Medical biotechnology policies (Littoz-Monnet 2015). IOs (Nastase 2013). Ethics commissions (Rauh 2015; Smith 2003). To protect societal core interests (Svara 2014).	Organizational rules and job satisfaction (DeHart-Davis et al. 2014). Ethical conduct (Kernaghan 1980).	Ethical guidelines for public managers (Zanetti 2004).

	Drivers of ethical conduct (Tomic 2018).		
Conflicting interests and values	Governing with integrity and governing with effectiveness (de Graaf and Van der Wal 2010). Political forgiveness (Nieuwenburg 2014). Conflicting values (Van der Wal et al. 2011) and interests (Boyce and Davis 2009).	Commitment to the public interest to face conflicting values (Rutger 2009).	The management of conflicting interests (Brady 1981).
Decisionmaking, leadership, and ethical conduct	Effective government decision-making (Cutting and Kouzmin 1999). Impartiality (Ireni Saban 2010). Leadership as a response to agency failure (Wallis and Dollery 1997).		Judgments of utility (Brady and Woller 1996). Ethical sensitivity (Wittmer 1992). Leadership and ethical conduct (Downe et al. 2016; Kakabadse et al. 2003). Fairness (Hassan and Wright 2014). Influence on employees' ethical behaviors (Thaler and Helmig 2016).
Ethical climate			Organizational norms (Borry 2017) impetus to org. change. Workplace spirituality and performance (Garcia-Zamor 2003). Positive ethical climate (Menzel 1995). Managerial perceptions of ethical climate (Raile 2013). Non-profit and government organizations (Rasmusen et al. 2003). Public vs. private managers (Wittmer and Coursey 1996).
Ethical dilemmas		Organizational rules without consulting employees (Rich 1996). Moral conflicts faced by civil servants (Gormley Jr 2001).	Decisions in the face of dilemmas (O'Kelly and Dubnik 2005). Ethics of senior officials (O'Toole 1990).
Ethical education and training		Education for the public service (Castron 1983). Insights of fiction (Dobel 1992). Ethics education and training (Garofalo and Geuras 1994; Hoffman 2002). Literature (Marini and Akron 1991; Quill 2008). Approaches (Worthley and Grumet 1983).	

Ethical reasoning and (un)ethical behavior	Corruption (Jackson and Smith 1996). Measures of unethical behavior and integrity violations (Lasthuizen et al. 2011). Forms of government and corruption (Nelson and Afonso 2019). Ethics complaints (Menzel and Benton 1991). Integrity risks (Molina 2018). Violations of moral and social norms (Zamir et al. 2018)	Accountability mechanisms (Jos 1991). Whistleblowing (Lavena 2014; Taylor 2018). Unethical behavior (Bellè and Cantarelli 2017). Gender (White 1999). Differences with private employees (Wheeler and Brady 1998).	Whistleblowing and peers' careers (de Graaf 2010). Measures of moral reasoning (Rizzo and Swisher 2004).
Ethics failures	Race-related police violence (Rivera and Ward 2017). Public trust abuses (Zajac 1996).		Integrity violations (Lasthuizen et al. 2011). Organizational learning (Zajac and Comfort 1997).
Governance systems	Non-State Market-Driven governance systems (Cashore 2002). Ethical community (Cooper 2010). PPs (Ghere 1996). Principle of voluntary agreement (Goodin 1986). Evolution of state functions (Hardiman and Scott 2010). Interest groups and policymaking (Jewell and Bero 2006). Contracting out to NGOs (Schmid 2003).		
Morality policy	Implementation of morality policy (Arsenault 2001). Influence of religion on the governance of moral issues (Budde et al. 2017).		
Participation	Participative democracy (Scott 2000).	Citizen involvement and satisfaction (Wong et al. 2011). From passive recipients to co-creators (Tuan Luu 2018). Citizens engagement (Handley et a. 2010). Participatory budgeting processes (Rossmann and Shanhan 2012).	
Perception of ethics		Citizens' perceptions of ethics in public administration (Vigoda-Gadot 2006).	Perception of ethics in the public service (Bowman 1977). Perception of trust (Wang and Van Wart 2017).
Professionalism and reputation	Professionalism (Plant 2009).	Different professional ethics from ordinary citizens (Overman and Foss 1991). Professionalism and ethics (Adams 1993; Quinlan 1993).	Public scrutiny (Allmendinger et al. 2003). Reputation (Lee and Van Ryzin 2018). Professional ethics (Quinlan 1993).

Public sector reforms	NPM and efforts to reinstill ethics in public service (Chapman and Duncan 2007). Consolidation of democracy (Hahm and Kim 1999). Reforms and ethical change (Kerkhoff 2009). Ethics enforcement (Maletz and Herbel 2000). Impact of reforms (McCann 2013). Gender and reforms (Stewart et al. 1999).		The problem of prudence in managerial reforms (Kane and Patapan 2006). Privatization (Sheaff and West 1997).
Public sector values and principles	Ethical values (Goss 1996). Secularization (Lynch et al. 1997). Ethics and values (Meier 2010). Statesmanship (Newbold 2005). Public trust in government (Wang and Van Wart 2007). Public values of state government agencies (Waeraas 2013).	Virtue and competence (Bowman et al. 2001; Macaulay and Lawton 2006). Integrity (Boyce and Davis 2009; Lasthuizen et al. 2011).	Loyalty (de Graaf 2010). Moral health of an organization (Fleming and McNamee 2005). Value preferences (Van der Wal 2011). Value solidity (Van der Wal and Huberts 2008).
Public service motivation	Public service as the commitment to act on behalf of the community (Perry 2011).	Different ethos (Crewson 1997). Ethics to serve the public (Kim 2009). Link with ethical climate (Moloney and Chu 2014). Antecedents of PSM (Perry et al. 2008). PSM (Cooper 2004). Willingness to report ethical problems to management (Meyer-Sahling et al. 2018). PSM and unethical behavior Ripoll and Breaugh 2018; Wright et al. 2016).	Whether PSM alters decision-making processes (Stazyk and Davis 2015).
Reforms	NPM and efforts to reinstill ethics of public service (Chapman and Duncan 2007). Consolidation of democracy (Hahm and Kim 1999). Organizational reforms and ethical change (Kerkhoff 2009). Ethics enforcement (Maletz and Herbel 2000). Impact of reforms (McCann 2013). Gender differences in reforms (Stewart et al. 1999).		The problem of prudence in managerial reforms (Kane and Patapan 2006). Privatization (Sheaff and West 1997).
Service delivery	The Third Way (Bevir and O'Brien 2001). The impact of NPM on service delivery (Brereton and Temple 1999). Innovation (Jordan 2014). Customer care (Needham 2006).		

B APPENDIX CHAPTER 2

B.1 Email message of invitation to the semi-structured interview

Original language (Italian)	Translation in English
Alla cortese attenzione di XY, Con la presente si richiede la Sua preziosa disponibilità per la partecipazione a un'intervista nell'ambito di un progetto di ricerca sull'emergenza Covid-19. Obiettivo del progetto è quello di analizzare le dinamiche che hanno caratterizzato i contesti ospedalieri durante l'emergenza in Lombardia, al fine di operare alcune considerazioni sui processi decisionali in un contesto di emergenza sanitaria nazionale. L'intervista si propone di indagare le esperienze di esperti coinvolti nell'affrontare l'emergenza, con l'obiettivo di condurre un'analisi qualitativa dei dati raccolti. Le ricordiamo che la ricerca è svolta del tutto autonomamente da ricercatori universitari, non è commissionata né finanziata da esterni, che i dati verranno consultati ed utilizzati solo da noi e solo per scopi scientifici. Naturalmente che l'intervista è in forma del tutto anonima. Se lei fosse disponibile, ci piacerebbe fissare un'intervista telefonica. Consideri che la durata dell'intervista è di 30 minuti circa. In base alle sue disponibilità, saremo lieti di contattarla e condividere con lei maggiori dettagli sulla ricerca. In attesa di un Suo gentile riscontro, distinti saluti. XYXYXY	*To the kind attention of XY,* *We ask your availability for an interview within a research project on the emergency caused by Covid-19.* *The aim of this project is to analyze the dynamics that characterized public hospitals during such emergency in Lombardy to advance some considerations on decision-making processes during health emergencies. The interview aims to investigate the experiences of experts involved in the emergency to operate a qualitative analysis of collected data.* *We would like to remind you that we conduct this research project independently, without external funding. Furthermore, the data and information we collect will be available and employed exclusively by the team of the research project and only for scientific purposes. Of course, the interview is anonymous.* *Should you be available, we would like to schedule an interview via telephone with you. Please, bear in mind that the duration of the interview is approximately 30 minutes. According to your availability, we will be glad to contact you and share more details on the research during our call.* *Sincerely,* *XYXYXY*

B.2 Protocol for the semi-structured interviews

Question	Original language (Italian)	*Translation in English*
Intro	Bentrovata/o. L'intervista che andremo a costruire si propone di raccogliere le sue considerazioni circa il ruolo ricoperto dagli esperti del settore sanitario impegnati, direttamente e non, nella lotta al nuovo coronavirus in Lombardia. Le domande sono rivolte a far emergere le dinamiche tra sanità pubblica in contesti emergenziali, scarsità delle risorse e conseguenze sui processi decisionali a livello ospedaliero. Il fine è quello di analizzare le considerazioni formulate e di comprendere le eventuali conseguenze sul piano manageriale dei processi decisionali in contesti di emergenza pubblica. Le ricordo che l'intervista sarà trascritta in forma anonima e che le informazioni sensibili verranno oscurate nel pieno rispetto della privacy. Conferma di aver firmato il modulo di consenso informato e di aver letto e approvato la sezione contenente "informazioni aggiuntive: privacy e gestione dei dati". Se è d'accordo, possiamo cominciare.	*Good morning/ evening. First of all, we would like to thank you for finding the time for this interview. This interview aims to collect your considerations about health professionals' role in contrasting the novel coronavirus in Lombardy. Questions revolve around the dynamics between public health emergency, resource scarcity, and consequences on decision-making processes inside hospitals. The aim is to analyze your considerations and understand the effects of decision-making in crisis on managers. We would like to remind you that we conduct this research project in total autonomy, without external funding. Furthermore, the data and information we collect will be available and employed exclusively by the team of the research project and only for scientific purposes. Of course, the interview is anonymous.* *If you agree, let's get started!*
Q1	Quale ruolo ha svolto durante l'emergenza coronavirus in Lombardia?	*Which role did you have during the coronavirus emergency in Lombardy?*
Q2	Considerando sia i tagli alla spesa sanitaria degli ultimi anni, sia il fatto che diversi operatori sanitari si siano ammalati, quali sono le sfide principali in termini di capacità ospedaliera e di disponibilità dei dispositivi di protezione personale poste dal nuovo coronavirus? Ritiene che il sistema sanitario italiano fosse preparato?	*Given the last years' public health expenditure cuts and the fact that many health professionals were infected, which are the main challenges of the novel coronavirus in terms of hospital capacity and equipment? Do you believe that the Italian health system was ready?*
Q3	Nel periodo più critico della pandemia, gli operatori sanitari hanno espresso frequenti lamentele circa la carenza di ventilatori polmonari e di altri strumenti necessari a fornire cura adeguata ai pazienti Covid. C'erano	*During the pandemic's peak, health professionals expressed complaints about shortages of ventilators and other equipment to provide care to Covid patients. Did you have directives to face such shortages?*

	delle direttive su come fronteggiare suddetta carenza?	
Q4	In assenza di direttive istituzionali autoritative, sono state applicate delle regole base, dei principi di allocazione, per l'assegnazione dei pazienti Covid ai trattamenti? Ad esempio, è stata data priorità ai pazienti con maggiori probabilità di sopravvivenza o a quelli più urgenti? Qual era il criterio seguito per decidere se un paziente possa avere accesso o meno alla terapia intensiva?	*Did you apply basic rules or allocation principles for assigning Covid patients to treatment in the absence of institutional directives? As an example, did you prioritize patients with higher chances of survival or more urgent ones? Which criterion did you follow to decide if a patient was entitled to intensive care?*
Q5	Chi prendeva queste decisioni?	*Who did make these decisions?*
Q6	Trattandosi di una patologia nota e dunque non nota in letteratura, qual era l'obiettivo quando si assegnava un paziente alla terapia intensiva o a un altro trattamento? Quali erano le aspettative?	*Notwithstanding that it was a new pathology, which was the aim when assigning patients to treatment? What did you expect?*
Q7	Cosa direbbe dell'allocazione dei letti di terapia intensiva e dei ventilatori polmonari nell'ospedale in cui lavora?	*What would you say about the allocation of intensive care beds and ventilators in your hospital?*
Q8	Come sono state portate avanti le comunicazioni con i parenti? Vi sono stati trasparenza e consenso adeguati a livello della comunità?	*How did you communicate with patients' relatives? Did you notice enough transparency?*
Q9	Ha assistito a casi di burnout tra i suoi colleghi o all'interno del personale dell'ospedale in cui lavora? Com'era percepito il lavoro nel periodo più critico?	*Did you witness any case of burnout among your colleagues or hospital workers? How was your work perceived during the most critical period?*
Q10	I medici hanno un dovere generale di fornire trattamenti ai pazienti con cura e competenze ragionevoli. Lei è allo stesso tempo un operatore del settore sanitario e un direttore. In virtù di ciò, considerando l'ipotesi in cui un ventilatore fosse clinicamente indicato ma fosse in un contesto di scarsità delle risorse, lei avverte il dilemma di non poter fornire quel trattamento per ragioni di scarsità?	*Clinicians have a general duty of providing treatment to patients with reasonable competence and care. You are both a clinician and a manager. Considering the hypothetical situation in which a ventilator is indicated but resources are scarce, do you perceive the dilemma of not providing treatment for resource scarcity?*
Q11	Come ha vissuto questo dilemma nella circostanza specifica dell'emergenza Covid?	*How did you perceive such a dilemma in the specific case of Covid emergency?*

Q12	Cosa significa per lei la parola “etica” nel settore medico? E per il suo lavoro di direttore?	What does the term “ethics” mean to you, as clinicians and as managers?
Q13	Quali sono le problematiche relative ai processi decisionali e di cosa hanno bisogno i professionisti del settore sanitario in Italia a tal proposito?	What are the issues related to decision-making, and what do health professionals need in Italy regarding decision-making?
Q14	Secondo lei, durante l’emergenza, l’ospedale si è fatto carico della gestione della sanità pubblica oltre che degli aspetti clinici riguardanti i pazienti dell’ospedale?	Do you think that during the emergency, the hospital took responsibility for managing public health on the territory beyond clinical aspects strictly related to patients inside the hospital?
Q15	Cosa si aspetterebbe da un’organizzazione del sistema sanitario che le permettesse di agire secondo il significato che lei attribuisce alla parola “etica”?	What would you expect from an organization of the health service that allows acting following “ethics”?
Q16	Secondo lei questa crisi ha fatto emergere aspetti nuovi nel settore sanitario relativamente al ruolo dei professionisti e ai processi decisionali?	Do you think this crisis allowed the emergence of new aspects of the public health sector regarding the role of health professionals and decision-making processes?

B.3 Demographics of respondents in the semi-structured interviews

	Respondents
n	44
Role	
Hospitals’ health directors	20%
Units’ clinical directors	80%
Units	
Anesthesia and IC	29%
Emergency and ER	23%
Infectious diseases	20%
Internal medicine	17%
Microbiology and virology	9%
Pneumology	3%
Male	75%

B.4 Coding tables with data excerpts

Contextual conditions of public hospitals in emergency

2nd order themes	1st order codes	Exemplary sentences (English translation and Italian original version)
<u>Resource scarcity</u>	*Scarcity of beds as frequent*	"People with 80% of oxygen saturation level have been left home, since there was no place in the hospital." *"Le persone con 80 di saturazione sono state lasciate a casa, perché non c'era posto in ospedale."* (ID 47_health director) "Every year when there is the seasonal flu epidemic, ER explode for the demand of hospitalizations, which is higher that hospital capacity." *"Ogni anno quando c'è l'epidemia di influenza stagionale, i pronto soccorso scoppiano perché c'è una richiesta di ricoveri di posti letto che è nettamente superiore alle possibilità dell'ospedale.".* (ID 35_infectious diseases) "Shortages of ventilators are always related to the number of beds in critical units." *"La carenza di ventilatori è sempre legata al numero di posti letto di area critica."* (ID 31_anaesthesia) "I didn't have direct experience with the situation of beds, but I had colleagues who were shocked." *"Non ho vissuto direttamente la situazione posti letto, ma ho avuto colleghi che sono scioccati".* (ID 29_microbiology)
	Scarcity of equipment as frequent	"Especially at the beginning, we had criticalities in the provision of PPEs." *"Soprattutto all'inizio, abbiamo avuto criticità nella fornitura dei DPI.*" (ID 34_pneumology)
	Human resource scarcity as frequent	"We are working with residents. And residents, with all their good intentions, are fish out of waters." *"Stiamo lavorando con gli specializzandi. E gli specializzandi, con tutta la buona volontà che possono avere, sono veramente dei pesci fuor d'acqua."* (ID 29_microbiology) "Certainly, cuts to budget have reduced to the minimum the available staff, both nurses and clinicians." *"Ovviamente i tagli hanno fatto sì di aver ridotto al minimo necessario il personale presente, sia infermieristico che medico."* (ID 39_health director)
	Compensating for resource scarcity	"There was a directive from the region that allowed to hire personnel to face the Covid emergency." *"C'è stata una disposizione regionale che ha permesso alle aziende di assumere anche al di fuori del budget*

		personale per far fronte all'emergenza Covid." (ID 47_health director) "We also activated parallel channels." "*Abbiamo anche attivato dei canali paralleli."* (ID 46_health director) "Citizens bought ventilators and masks through private donations. Without these donations, we would have been in serious difficulty." *"La popolazione si è fatta carico di acquistare con donazioni ventilatori e maschere monouso. Senza questa fornitura saremmo stati proprio in difficoltà."* (ID 42_health director) "We converted many clinical units." "*Abbiamo trasformato diversi reparti."* (ID 40_health director).

Organizational responsibilities and external relationships

Health managers' responsibilities	*Responsibilities as clinicians*	"The clinician should be engaged in patient care and be supported by someone in the organization." "*Il medico dovrebbe fare il medico nella cura del paziente e qualcuno dovrebbe affiancarlo nell'organizzazione."* (ID 41_health director) "I'm doing shifts as a normal clinician. I found it difficult to find the time to perform my managerial role." *"Sono nei turni come se fossi un medico normale. Difficilmente sono riuscito a ritagliarmi uno spazio per esercitare la mia funzione di responsabile."* (ID 38_emergency) "I provided assistance for the most severe cases." "*Ho svolto la funzione di assistenza dei casi più avanzati."* (ID 31_anaesthesia) "Nobody had the time to think about resources." *"Alle risorse non ci pensava nessuno."* (ID 24_internal medicine)
	Responsibilities as directors	"As a chief – and this is what I learned as a military – I must take care of my team." "*Da capo, ma questo mi è stato insegnato in ambito militare, comunque devo provvedere alla mia squadra."* (ID 26_118)

		"I had a prominent role in trying to manage the situation in hour hospital." "*Ho avuto un ruolo preminente nel cercare di gestire quella che era la situazione a livello del nostro ospedale."* (ID 21_infectious diseases) "I had a coordinating role." *"Il mio ruolo è stato quello di coordinamento."* (ID 11_emergency)
	Hybrid responsibility	"I am a manager, but I am a clinician as well. You should do the best for the patient that is trusting you, also trying to meet the sustainability requirements of those who appointed you." *"Sono un direttore, ma sono un medico. Devi cercare di fare il bene per il paziente che si è affidato a te, cercando di dare un riscontro di sostenibilità a chi ti ha dato il mandato."* (ID 45_health director)
<u>Relationship with the institutional level</u>	*Problems of coordination*	"The public healthcare of a country should work in the same way in every area of that country." "*La sanità in un Paese dovrebbe funzionare ovunque allo stesso modo."* (ID 6_anaesthesia)
	Problems of autonomy	"Health directors are never free to do what they want, what should be ethically appropriate or desirable, because the roots or their mandate are at the political level, which sets the priority […] there is responsibility, but not enough freedom to make decisions." "*I direttori sanitari non sono mai liberi di fare quello che vogliono, quello che anche dovrebbe essere eticamente consigliabile o, quantomeno, auspicabile, perché comunque sono emanazione loro stessi di un ordine politico che alla fine definisce le priorità […] c'è responsabilità, ma non abbastanza libertà decisionale."* (ID 46_health director) "We have many duties but little freedom to exercise our rights." "*Noi abbiamo molti doveri ma poca libertà nell'esercitare i diritti*." (ID 26_118)
	Privatization and bureaucratization	"The fact that private facilities could choose not to hospitalize Covid patients was a dramatic mistake at the regional level." "*Il fatto che il privato abbia potuto all'inizio scegliere di non accogliere pazienti è stato un grave errore a livello regionale."* (ID 47_health director) "Healthcare cannot be conceived as a business […] you cannot evaluate only in terms of effectiveness and efficiency."

		"La sanità non può essere un'industria […] non puoi fare una valutazione solo di efficacia ed efficienza." (ID 43_health director)
Decision making in emergency	*Standardized external protocols to face resource scarcity*	"There is need of standardized protocols." "*Ci vorrebbero protocolli più standardizzati."* (ID 42_health director) "Having updatede protocols would be important." "*Se ci fossero dei protocolli un po' più aggiornati, questo potrebbe essere importante."* (ID 32_infectious diseases)
	Clinical evaluation to face resource scarcity	"In the initial phase we self-managed the emergency." "*Nella prima fase ci siamo autogestiti."* (ID 36_anaesthesia) "We did not receive specific instructions or directives. The treatment was left to our decision." "*Non abbiamo avuto indicazioni particolari. Il trattamento è stato lasciato a noi."* (ID 34_pneumology)
	Political responsibility	"You cannot make proper adjustments to the public health service until politics is involved." *"Non si riesce a fare un vero e proprio riordino dell'offerta sanitaria che abbia un senso finché la politica non ne sta fuori."* (ID 46_health director)

Ethics as perceived by health managers

2nd order themes	1st order codes	Exemplary sentences
Ethical perspectives	*Clinical ethics, focus on individual patients*	"Giving to people, according to their need, what is necessary to care their pathology, to prevent it or to assist them when treatment is no longer effective." "*Dare alle persone, in funzione del loro bisogno, quello che è necessario per curare la malattia, per prevenirla o per assisterli nel momento in cui la cura non è più fattibile."* (ID 47_health director) "Patients are at the centre of our activities. Patients should be guaranteed by all we have, to the best of our knowledge and belief." *"Per noi il paziente è al centro delle nostre attività. Al paziente deve essere garantito tutto quello che in scienza e coscienza abbiamo a disposizione."* (ID 42_health director)
	Public health ethics, focus	"Ethics is to clarify the interests at stake and being transparent […] I cannot provide care for everything at any cost. Ethics is not giving infinite resources to anybody, since this means that I'm taking away resources from

	on the community	someone, but it means giving to anyone according to one's needs." "*Etica è cercare di chiarire il più possibile quali sono gli interessi in gioco e non nasconderne nessuno […] non posso permettermi di curare qualsiasi cosa a qualsiasi costo. L'etica non è dare a tutti risorse infinite, perché significa che le sto portando via a qualcun altro, ma è dare a ciascuno quello che corrisponde ai suoi bisogni."* (ID 39_health director) "There are two levels: on the one hand, the proper use of resources for community's health; on the one hand, the right balance of resources to treat the individual patient." *"Ci sono due livelli: da una parte, il corretto utilizzo delle risorse ai fini di un maggior benessere collettivo; dall'altra parte, un giusto bilancio anche dell'utilizzo delle risorse nel singolo caso."* (ID 30_infectious diseases) "Doing the best for your patient with less use of resources." "*Fare il meglio per il paziente con il minor uso di risorse."* (ID 41_health directors)

Trade-offs and ethical dilemmas experienced by health managers

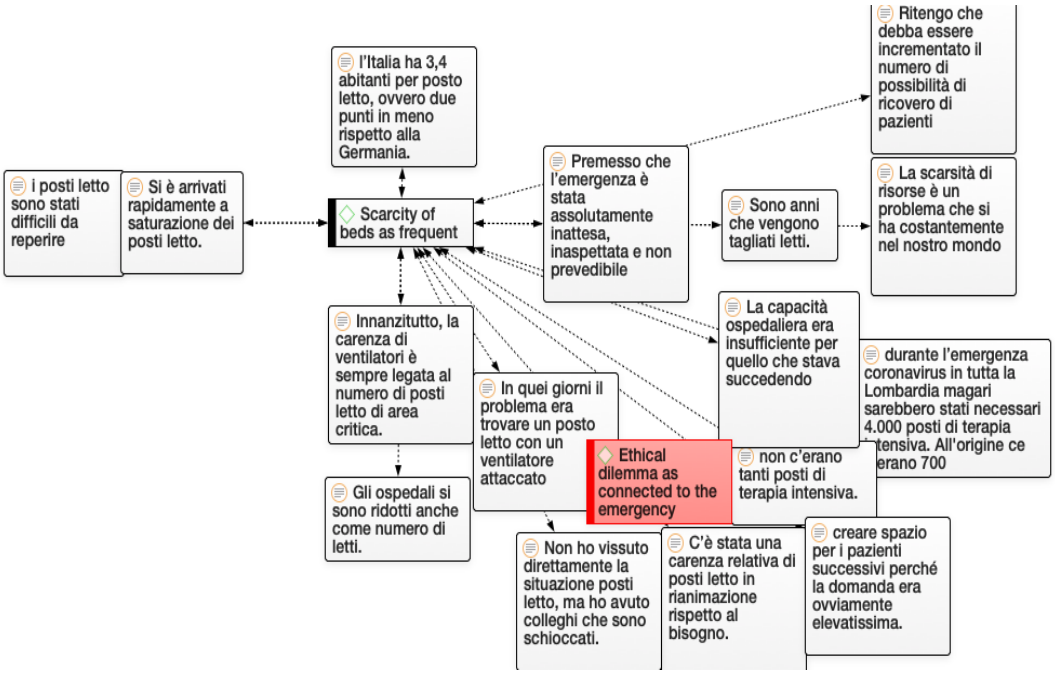
2nd order themes	**1st order codes**	**Exemplary sentences**
Priority criteria to allocate patients	*Priority assigned according to clinical ethics perspective (age, risk of death, urgency)*	"Before moving a patient to intensive care, I have to think whether it is worthy for the patient […] We chose according to the appropriateness of treatment for the patient." *"Prima di portare un paziente in paziente in terapia intensiva, mi devo chiedere se ne valga la pena per il paziente […] Abbiamo fatto delle scelte in base all'appropriatezza delle cure per il paziente."* (ID 12_anaesthesia) "The assessment was performed so to assign to intensive care patients with higher chances of survival after the treatment with a decent quality of life." "*Lo score era costruito in modo da portare alla terapia intensiva prima chi aveva maggiori chances di uscire vivo dall'ospedale con una qualità della vita decente."* (ID 33_infectious diseases)
	Priority assigned according to public health ethics perspective (budget constraints, public health)	"Literally choosing patients." "*Scegliendo letteralmente I pazienti."* (ID 13_general medicine) "This happens during wars and this was similar. Generally, patients with higher chances of survival after intensive care are preferred."

		"*Questo avviene anche nelle condizioni di guerra e questa era assimilabile. In genere si tende a dare la preferenza a persone che hanno maggiore probabilità di sopravvivere ad una terapia intensiva."* (ID 35_infectious diseases)
Trade-offs	*Trade-offs' rejection*	"We didn't establish ant treshold. Older patients with more pathologies died." "*Non è stata demarcata una linea. I pazienti deceduti sono stati quelli anziani e con più patologie."* (ID 42_health director) "We never thought doing triage on who should live and who should die in our ER." *"Non abbiamo mai pensato di fare un triage di scelte di vita o meno sui pazienti del pronto soccorso."* (ID 46_health director) "All patients had a bed and were followed." "*Tutti i pazienti hanno avuto un letto e sono stati seguiti."* (ID 45_health director)
	Trade-offs as intrinsic to the profession	"I think that everyone with certain responsibilities has to face these choices." "*Penso che chiunque abbia una responsabilità si trovi poi comunque ad affrontare queste scelte."* (ID 17_microbiology) "As intensivits, we always make evaluations with regards to the appropriateness of treatment in intensive care." *"Noi rianimatori facciamo sempre una valutazione di appropriatezza delle cure di terapia intensiva."* (ID 12_anaesthesia)
	Trade-offs as frequent	"We had to choose with regards to patients with severe respiratory failures and with severe preexistent pathologies. We make these choices every day." "Ci siamo trovati a dover scegliere su persone con grave insufficienza respiratoria e con gravi patologie di base già note, scelta che facciamo tutti i giorni." (ID 5_emergency)
Ethical dilemmas	*Negative emotions*	"Thinking about facing this emergency one more time just sets me off." "*Il pensiero di dover affrontare un'altra emergenza simile mi manda in crisi profonda."* (ID 28_internal medicine) "I saw some colleagues at the limit of burnout, both for what we experienced and for the sense of powerlessness. One colleague of mine died. We lost friends, colleagues, relatives…some pretty heavy stuff." "*Ho visto alcuni colleghi proprio sull'orlo della crisi di esaurimento, sia per quello che hanno visto sia per la non possibilità di azione. Un mio collega è morto. Noi qui*

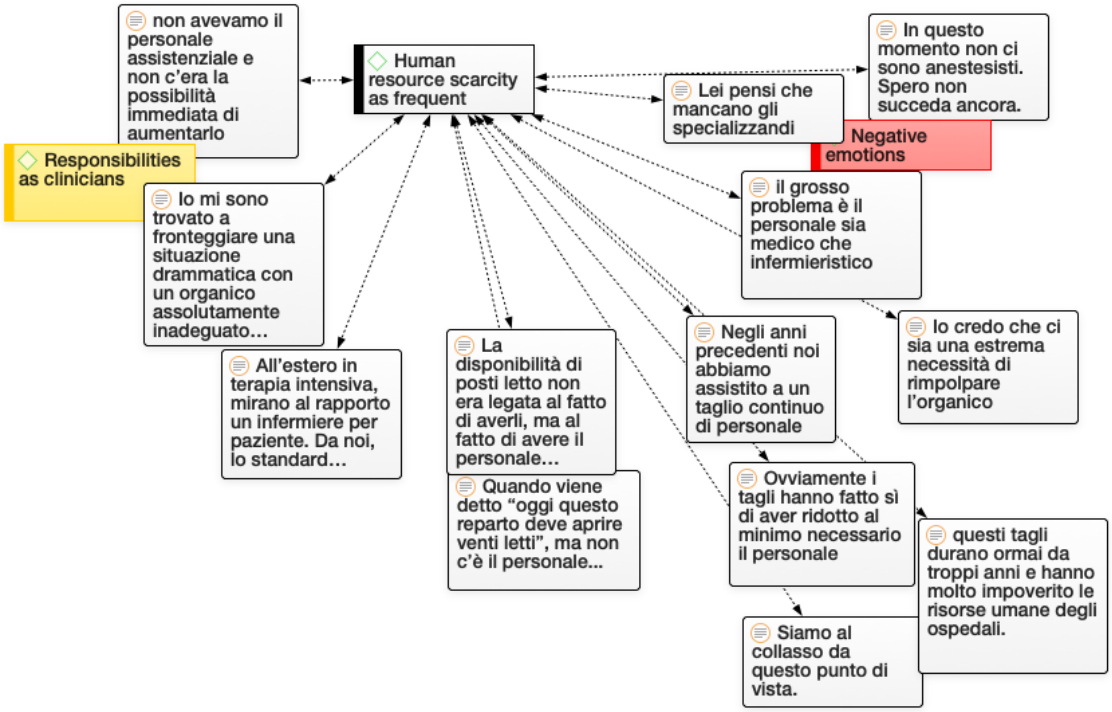
		abbiamo perso amici, colleghi, parenti… cosa pesantissima." (ID 29_microbiology) "You could see in the eyes of people that they were tired." *"Si vedeva molto negli occhi delle persone la stanchezza e la fatica*." (ID 47_health director) "I saw many health professionals crying in the moments of crisis." "*Ho visto tanti operatori piangere nei momenti di crisi maggiori."* (ID 33_infectious diseases)
	Ethical dilemmas as related to the emergency	"The intensivist saying "yes or no" to intubate patients. There I saw colleagues pretty shaken up." "*Il rianimatore che passava e diceva "tubo sì o tubo no", lì ho visto personale molto scosso."* (ID 34_pneumology)
	Ethical dilemma as frequent	"You always wonder if you did your best or you could have done more." "*Esiste sempre la domanda: "ho fatto del mio meglio? Potevo far di più?""* (ID 5_emergency) "Some dilemmas are inevitably sources of difficulty." "*Ci sono dei dilemmi che sono inevitabilmente fonte di difficolt.à*" (ID 47_health director) "The dilemma is part of the role. If my role is making decisions, obviously I have to decide, in the awareness that If I favor something I disfavor something else […] I'm not saying that it's easy, only that we can do it." "*Se vogliamo il dilemma c'è, ma fa parte del ruolo. Se è il mio ruolo quello di decidere, ovviamente devo decidere e devo essere ben conscio che se favorisco qualcosa sfavorisco qualcos'altro […] non sto dicendo che sia facile, sto solo dicendo che è possibile farlo."* (ID 39_health director)

B.5 Network of codes

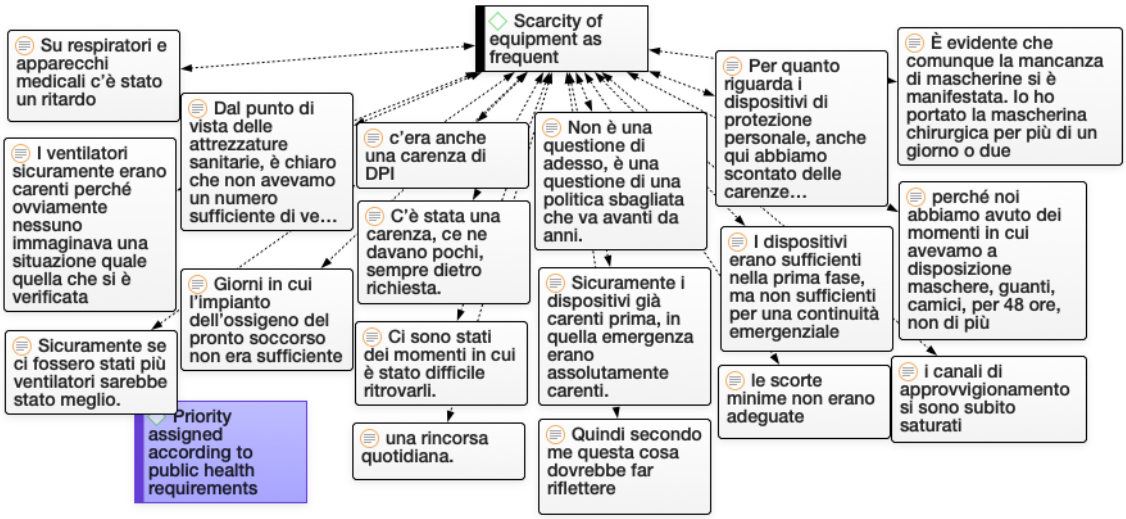
Scarcity of beds



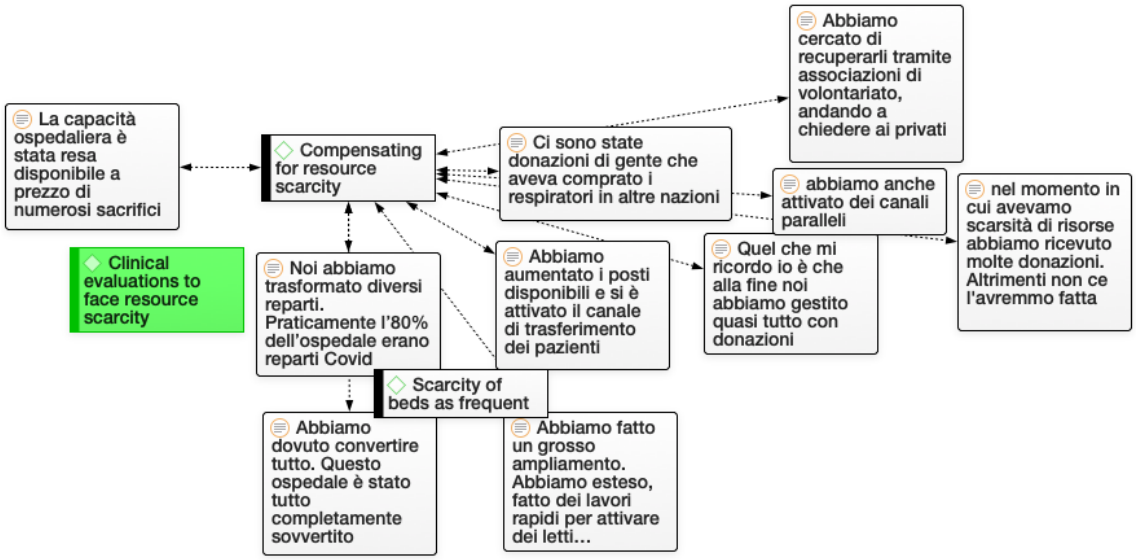
Human resource scarcity



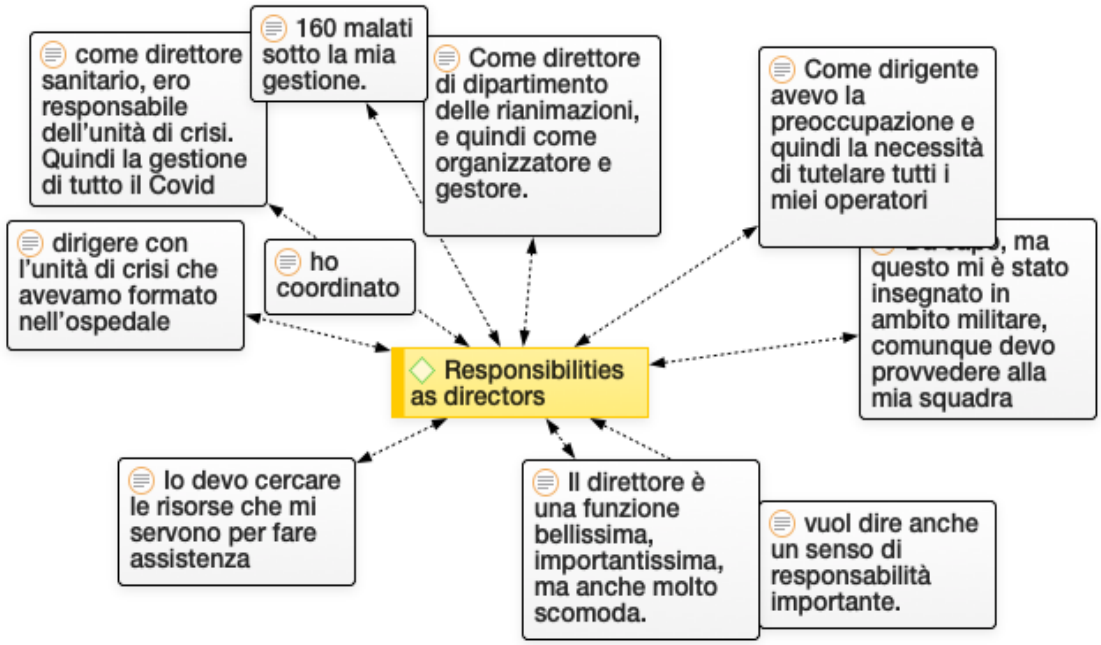
Scarcity of equipment



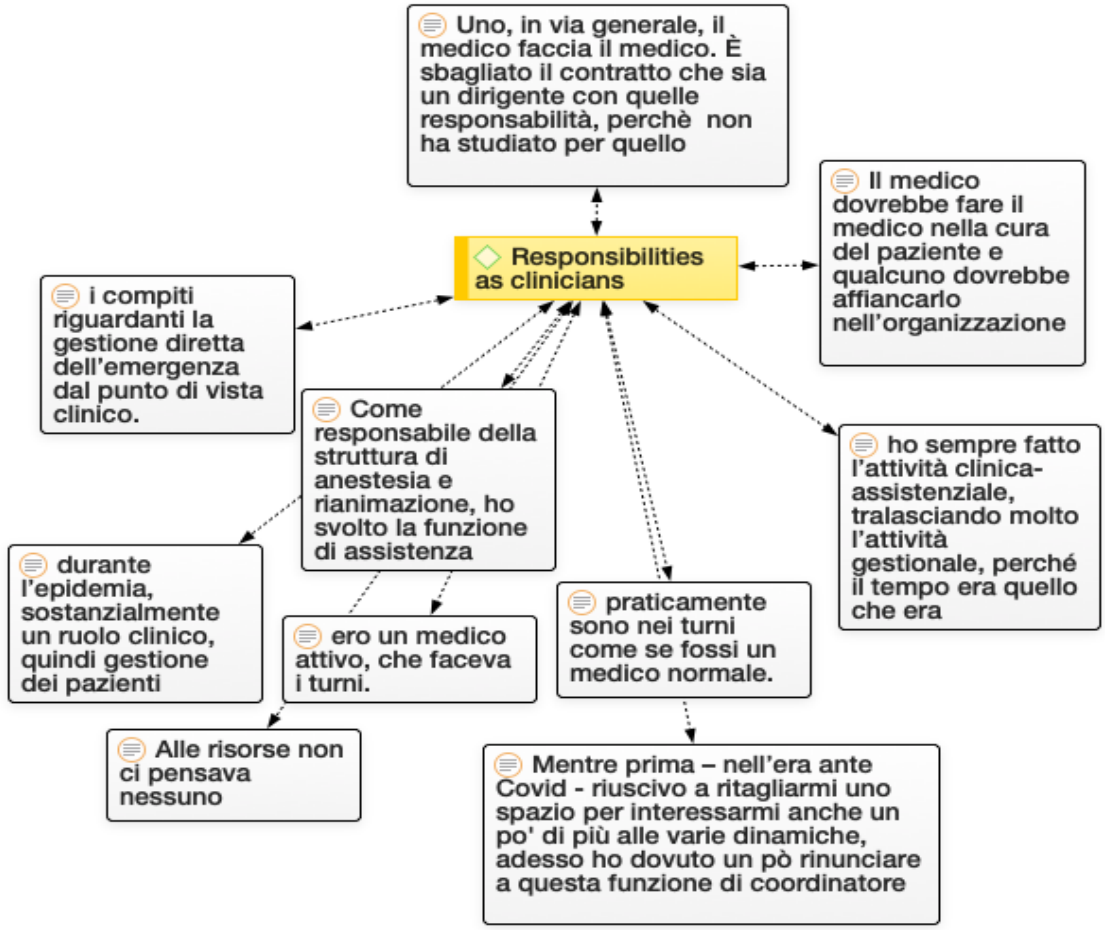
Compensating for resource scarcity



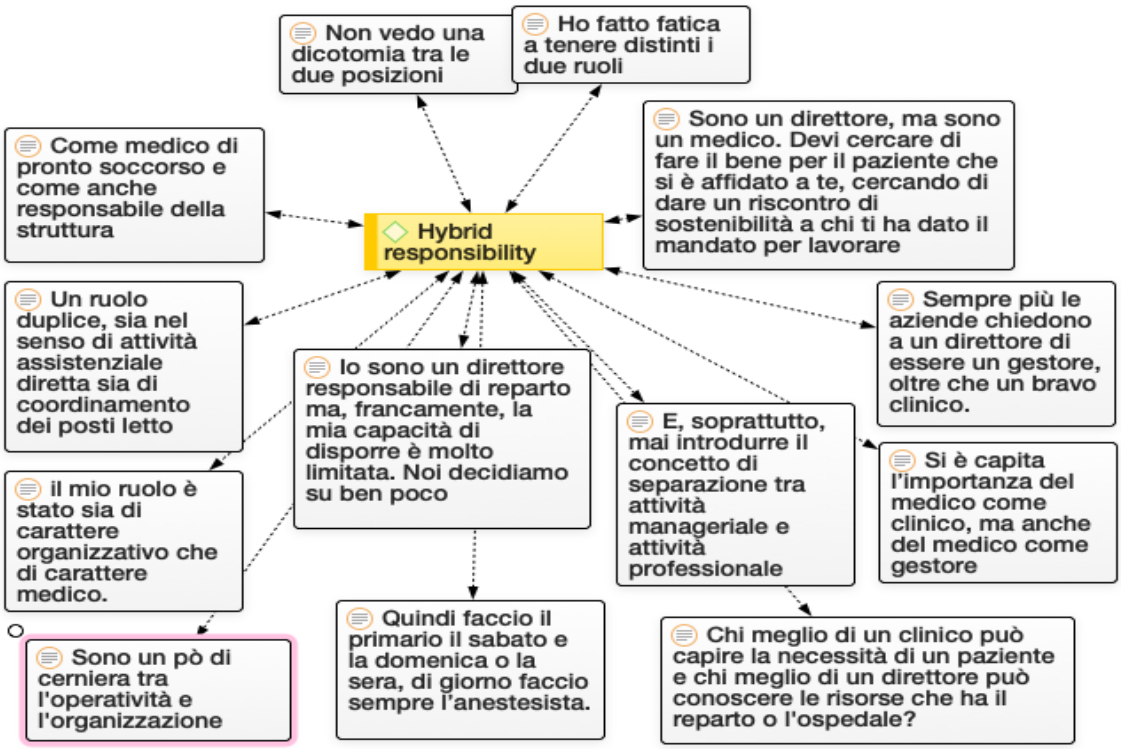
Responsibilities as directors



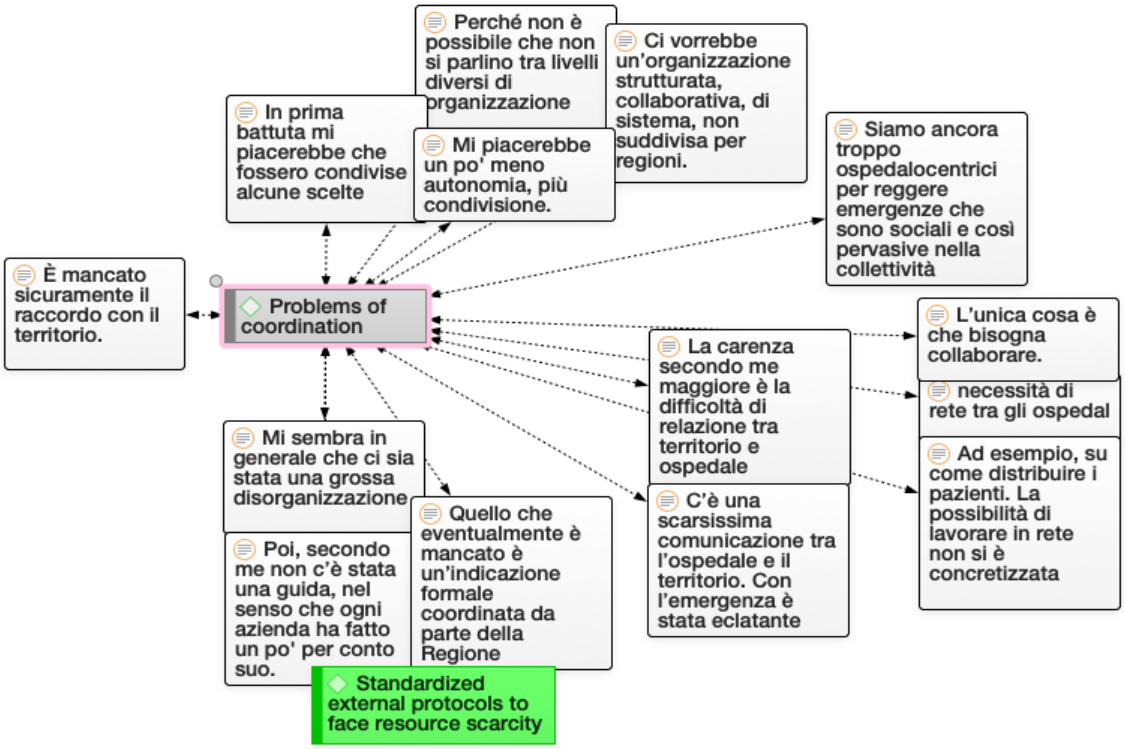
Responsibilities as clinicians



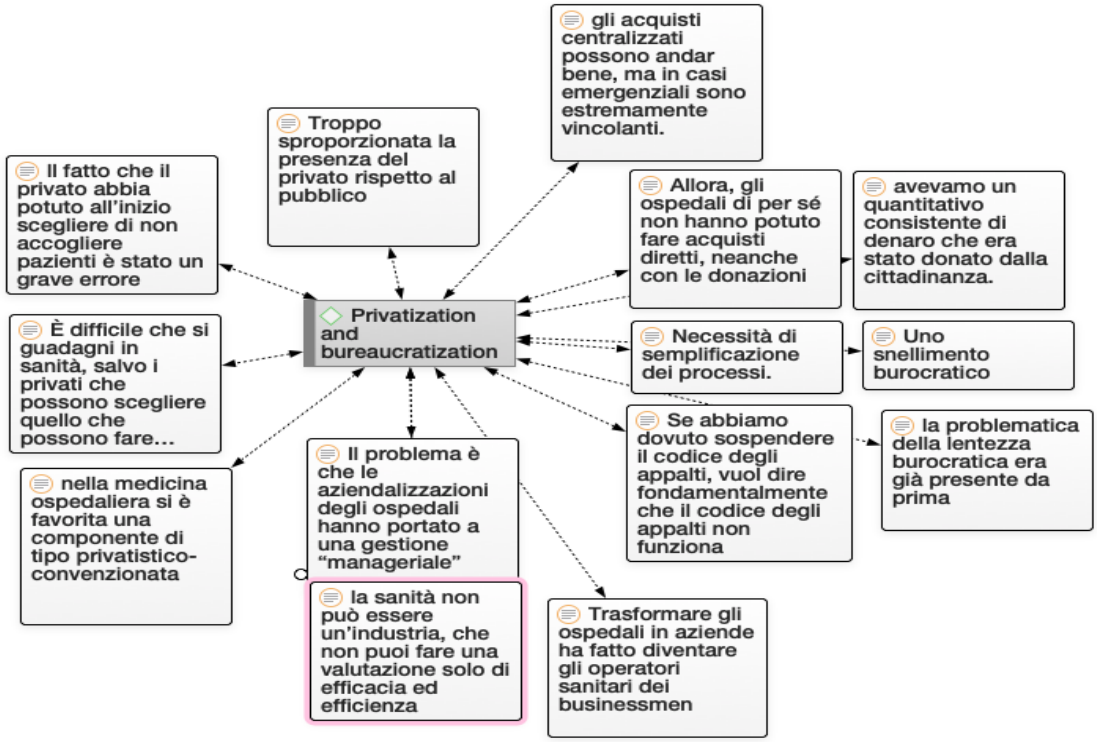
Hybrid responsibility



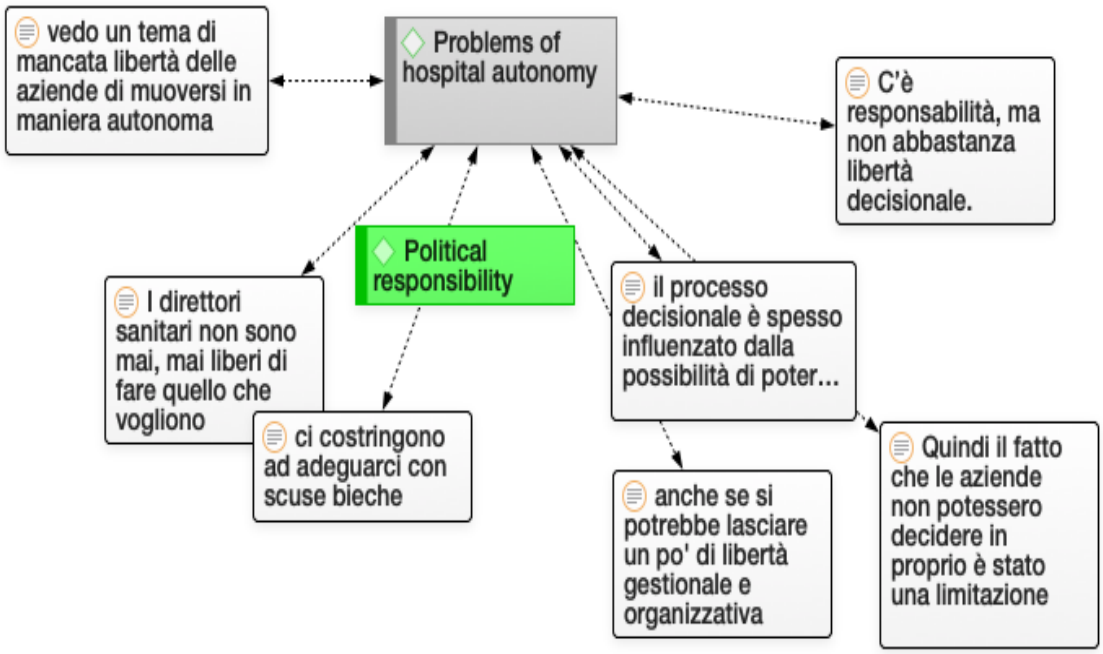
Problems of coordination



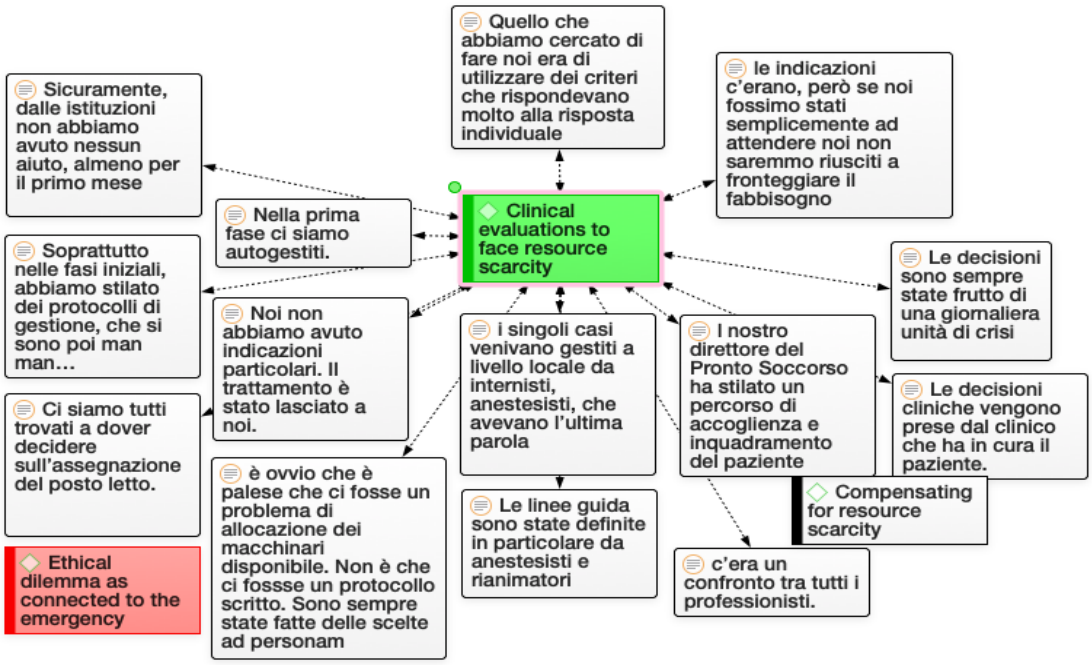
Privatization and bureaucratization



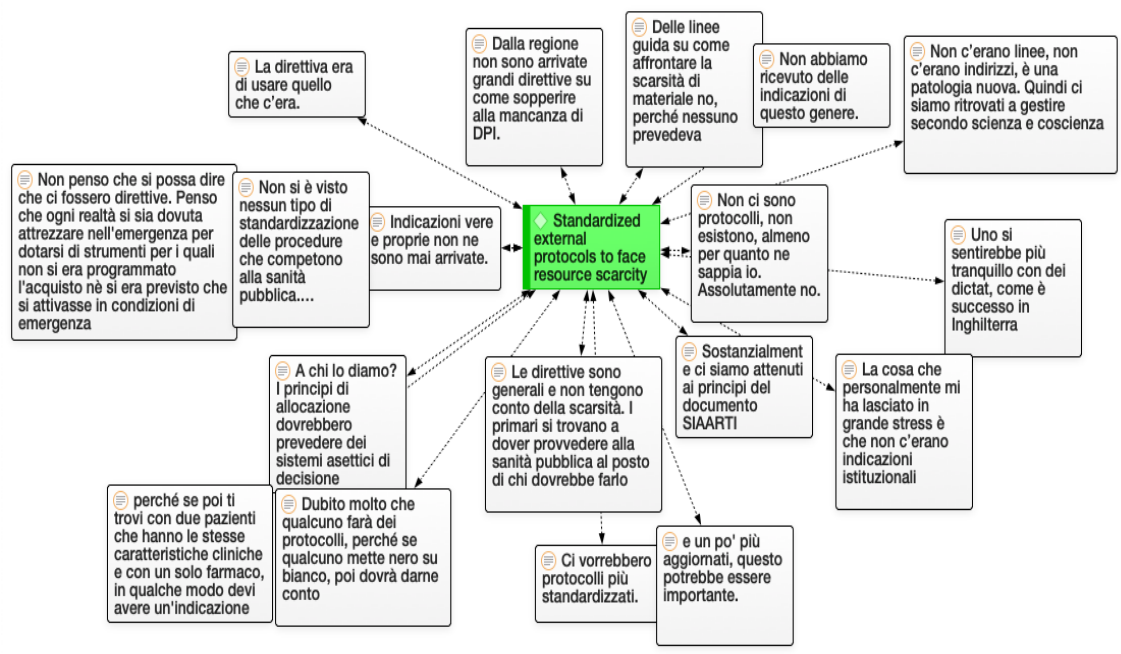
Problems of autonomy



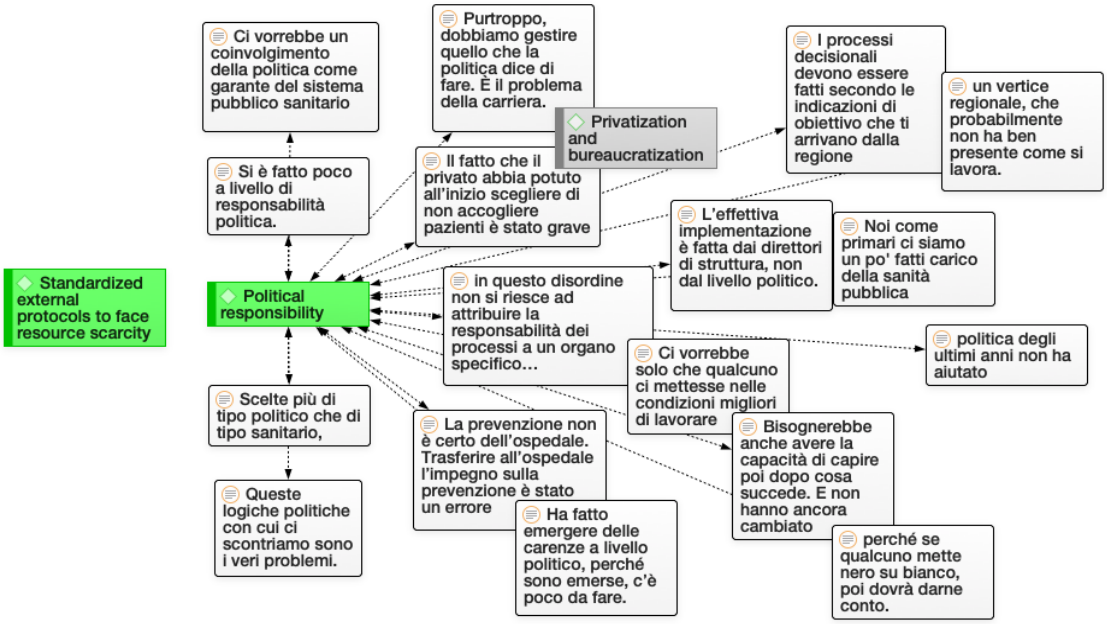
Clinical evaluations to face resource scarcity



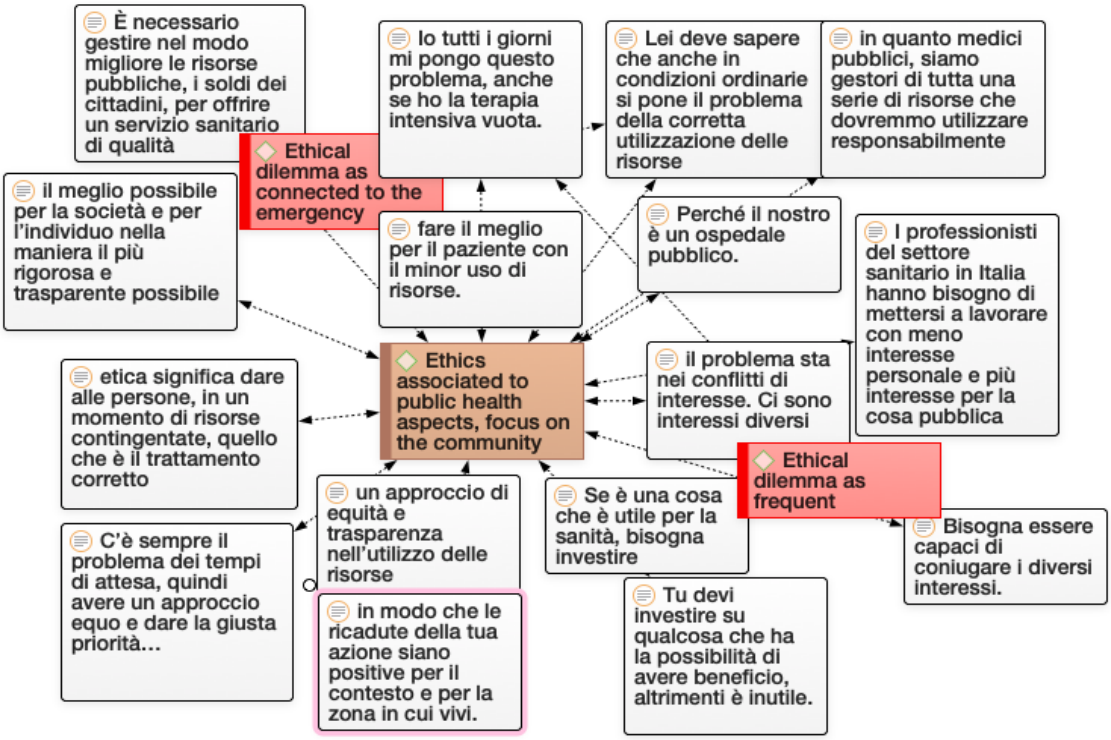
Standardized external protocols to face resource scarcity



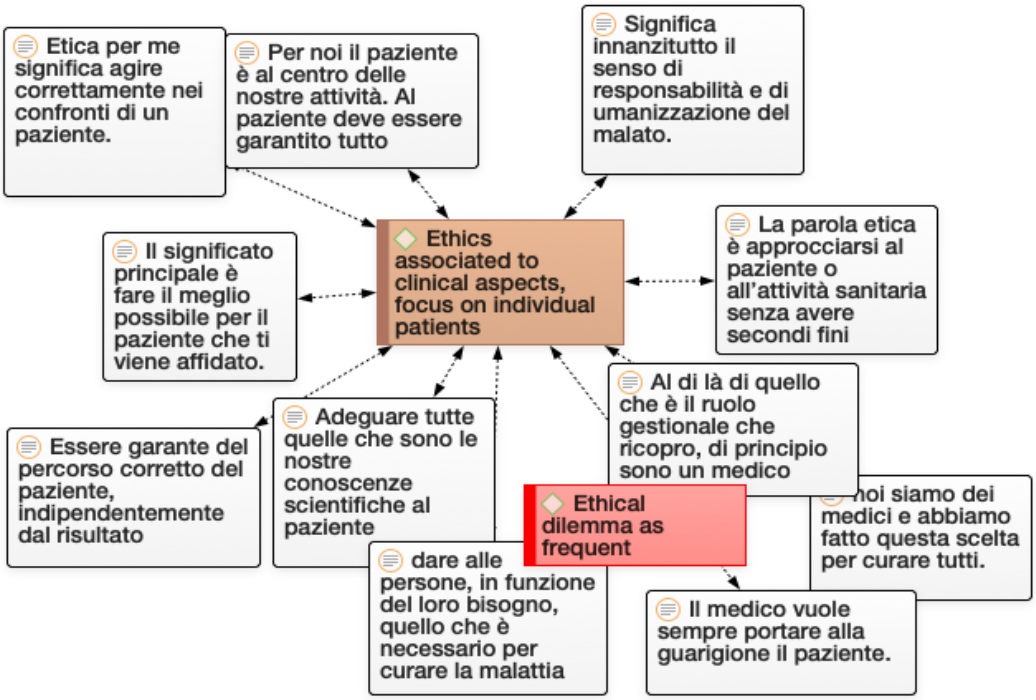
Political responsibility



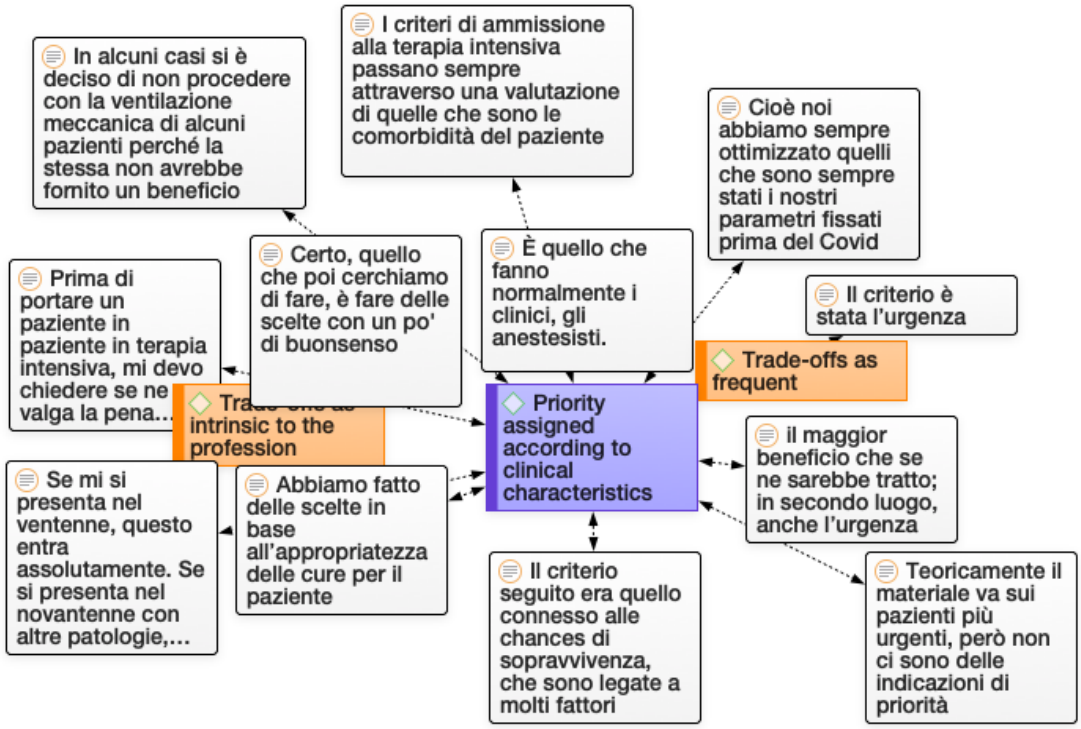
Public health ethics



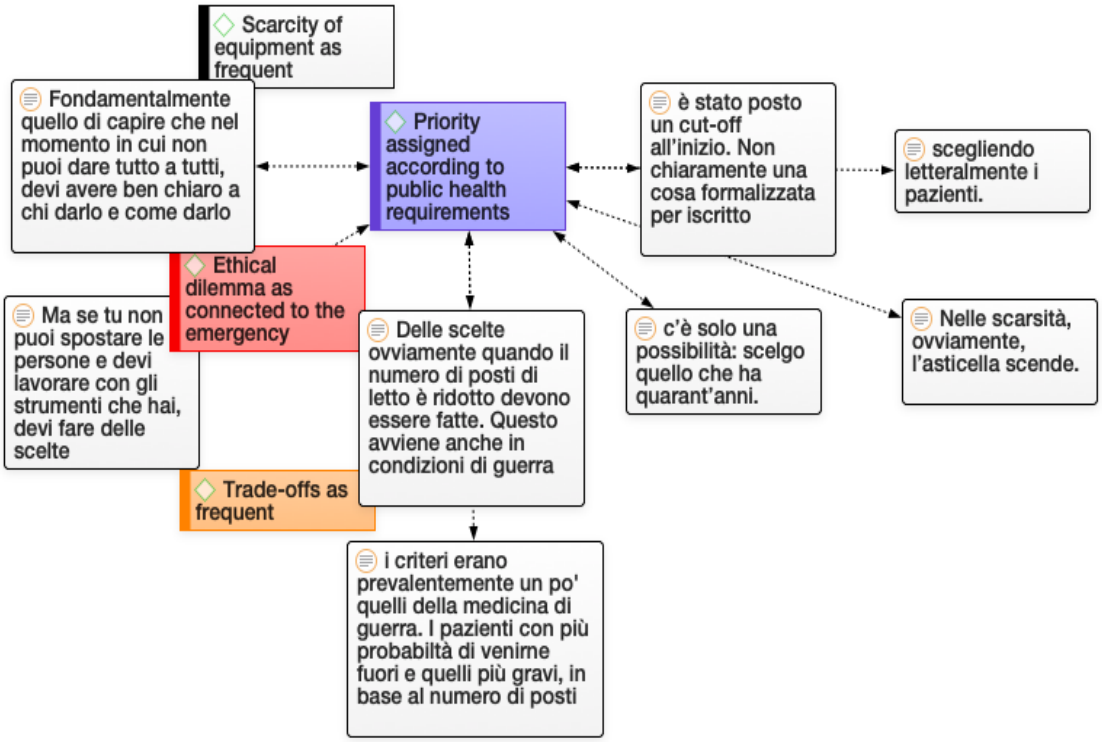
Clinical ethics



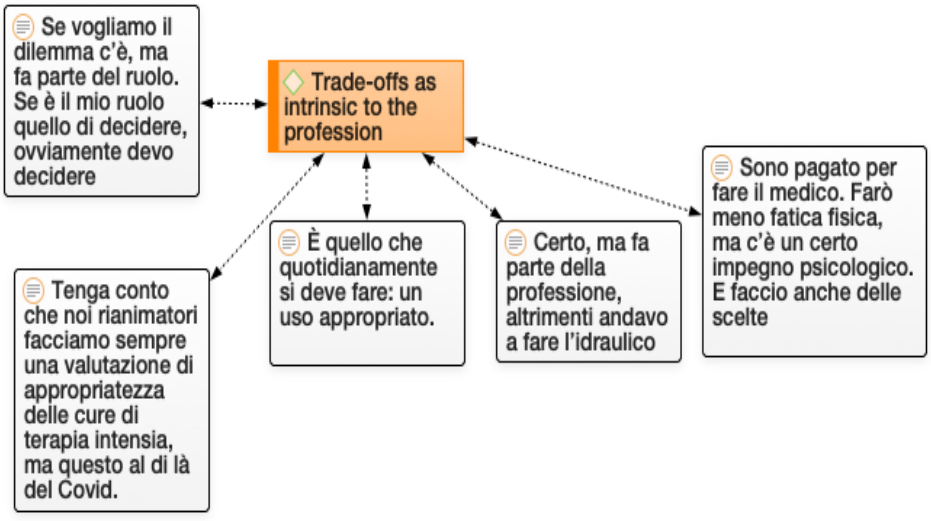
Priority following clinical characteristics



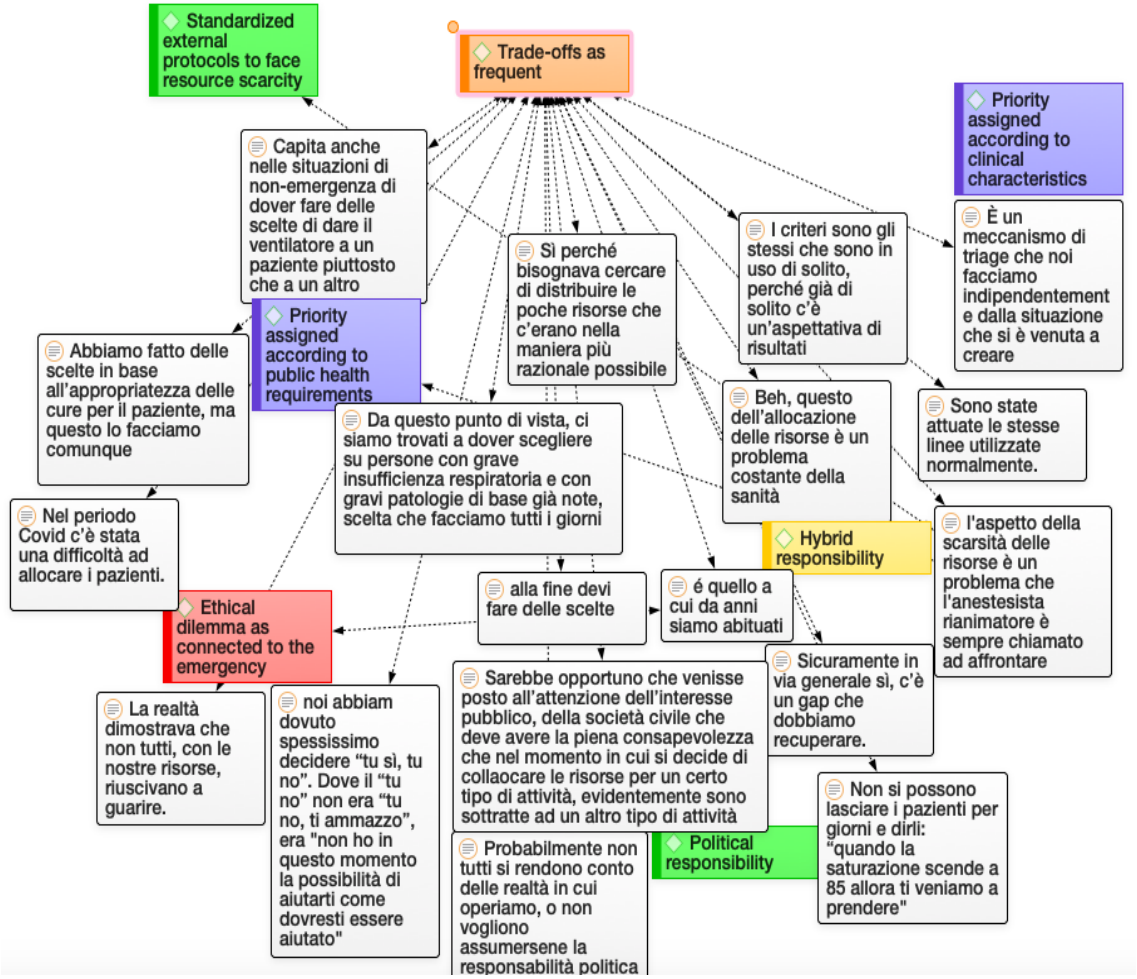
Priority following public health characteristics



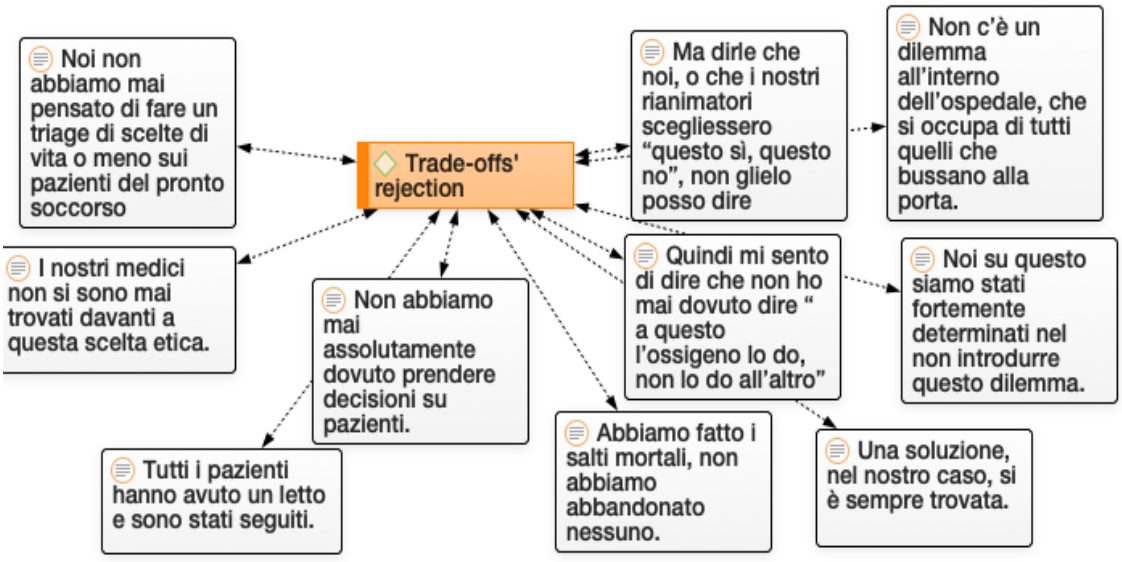
Trade-off as intrinsic to the profession



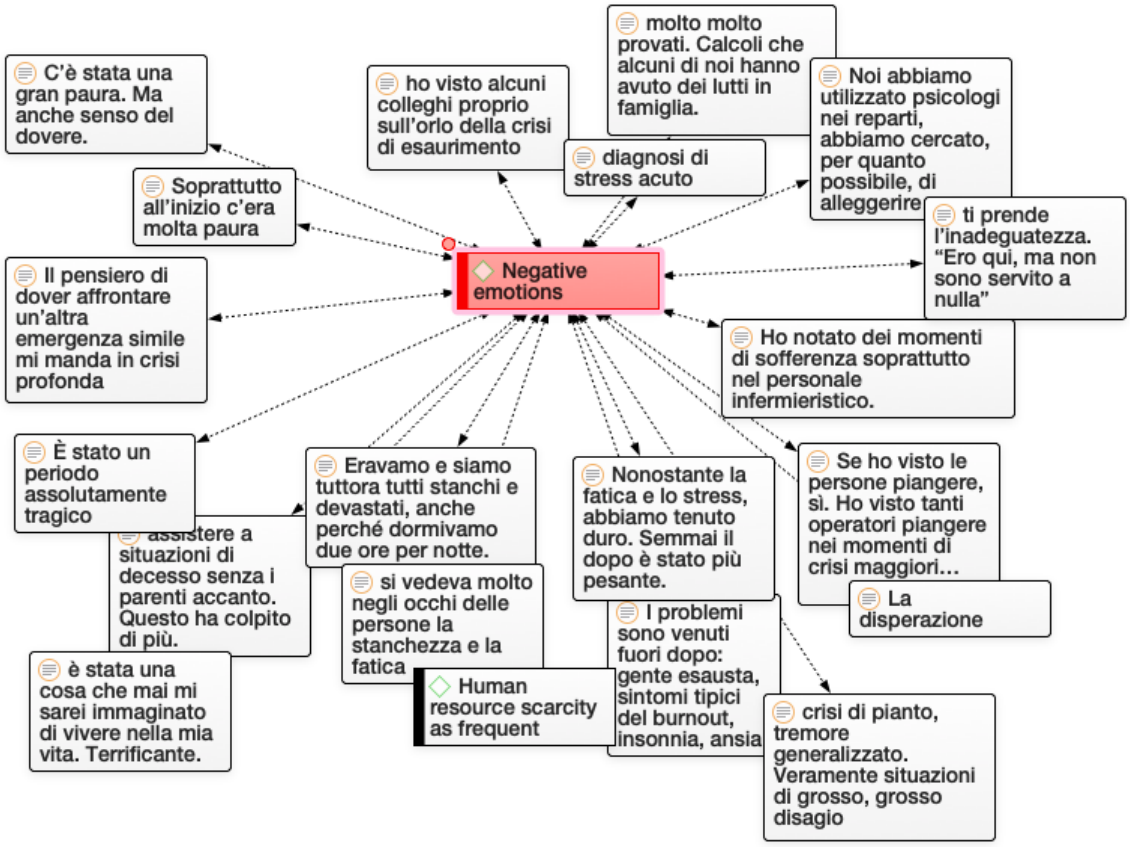
Trade-off as frequent



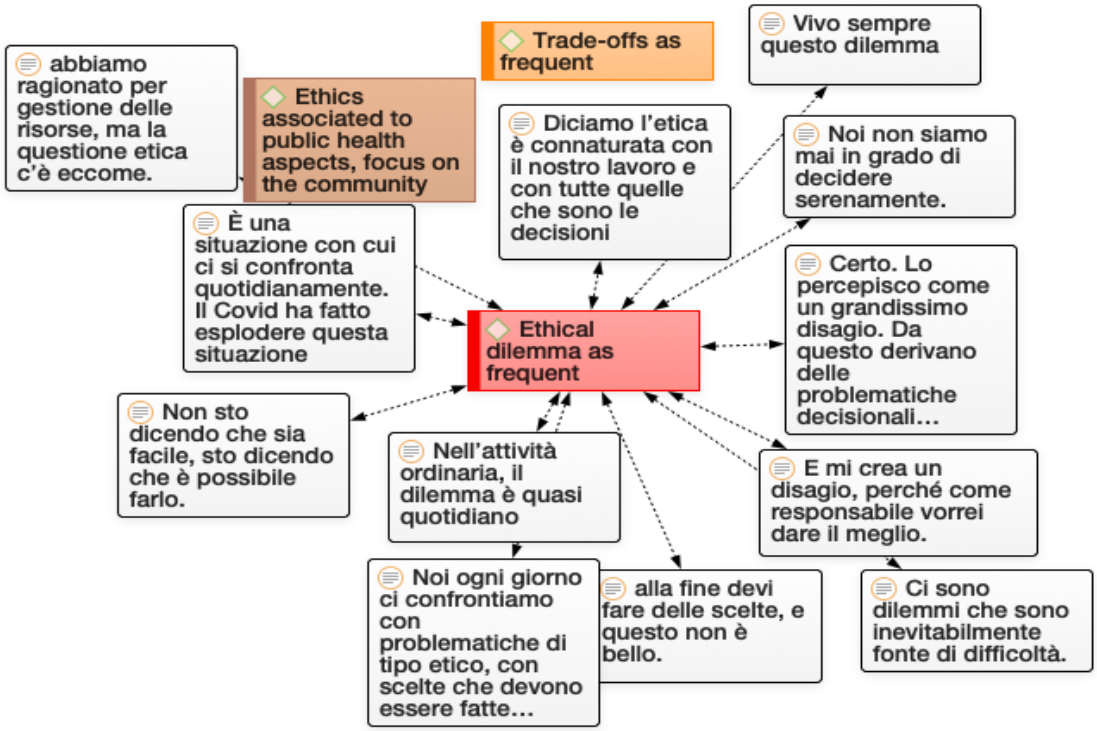
Trade-off rejection



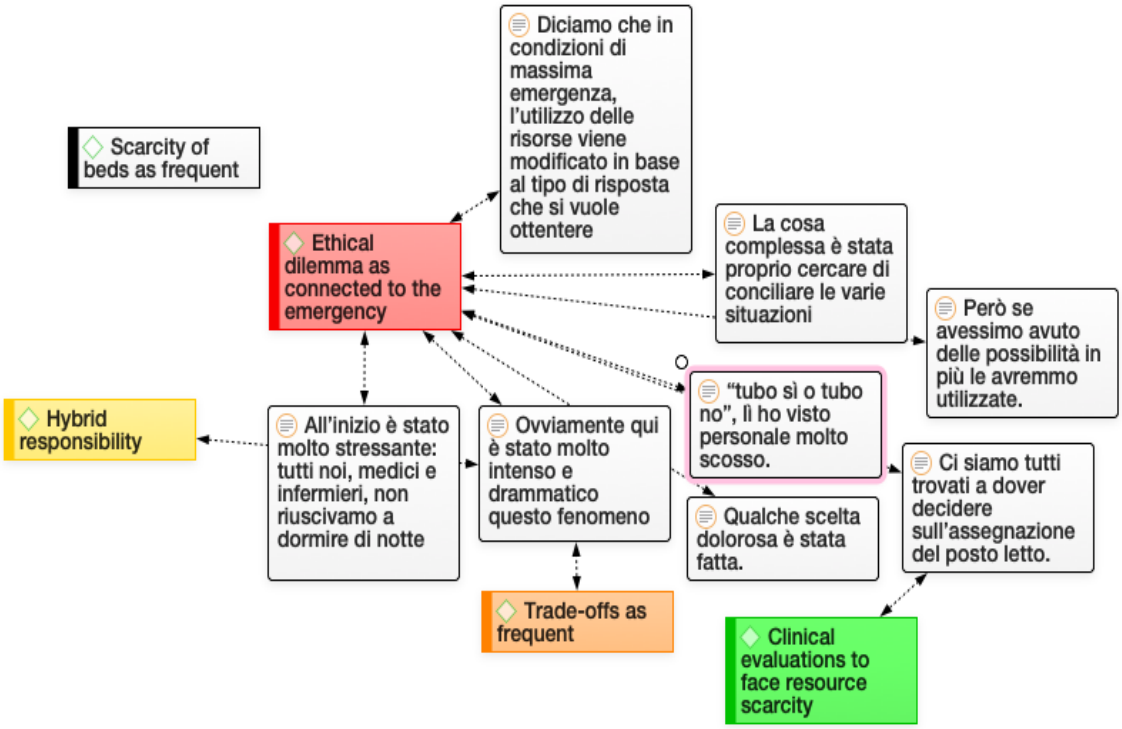
Negative emotions



Ethical dilemma as frequent



Ethical dilemma as connected to the emergency



B.6 Email message of invitation to the online conjoint experiment

Original language (Italian)	Translation in English
Alla cortese attenzione di XY, La contattiamo a seguito del suo prezioso contributo dato dall'aver partecipato a un'intervista svoltasi nell'ambito di un progetto di ricerca sull'emergenza Covid-19. Innanzitutto, grazie davvero per la sua preziosa collaborazione. Se lei fosse ancora disponibile, ci piacerebbe proporle la fase successiva del medesimo progetto di ricerca. Questa seconda fase del progetto prevede la partecipazione ad un questionario online, della durata di cinque minuti. La partecipazione è volontaria, anonima e gratuita, e potrà essere ritirata da lei in qualsiasi momento. Qui di seguito troverà il link per la partecipazione al questionario online: XXXX In alternativa, può copiare e incollare il seguente link: XXXX Siamo a Sua completa disposizione per qualsiasi domanda o dubbio possa sorgere sulla ricerca in oggetto. RingraziandoLa anticipatamente e sperando vivamente nel suo contributo al presente progetto, Le porgiamo i nostri più cordiali saluti. XYXYXY	*To the kind attention of XY,* *We are contacting you after you participated in an interview within a research project on the emergency caused by Covid-19. First of all, thank you very much for your precious collaboration.* *Should you still be available, we would like to proceed with the second step of our research project. This second phase entails participation in an online survey, whose duration is approximately five minutes.* *Your participation is voluntary, anonymous, and without external funding, and you can withdraw at any moment.* *Here you can find the link for participating in the online survey: XXXX* *Alternatively, you can copy and paste the following link: XXXX* *We remain at your disposal for any information or doubt you might have on this research project.* *We thank you again for your availability, and we hope to hear back from you. Sincerely,* *XYXYXY*
Alla cortese attenzione di XY, Con la presente si richiede la Sua preziosa disponibilità per la partecipazione a un questionario online nell'ambito di un progetto di ricerca sull'emergenza Covid-19. Obiettivo del progetto è quello di analizzare le dinamiche che hanno caratterizzato i contesti ospedalieri durante l'emergenza in Italia, al fine di operare alcune considerazioni sui processi decisionali in un contesto di emergenza sanitaria nazionale. Il questionario online ha una durata di cinque minuti circa. La partecipazione è volontaria, anonima e gratuita, e potrà essere ritirata da lei in qualsiasi momento. Qui di seguito troverà il link per la partecipazione al questionario online: XXXX In alternativa, può copiare e incollare il seguente link: XXXX Siamo a Sua completa disposizione per qualsiasi domanda o dubbio possa sorgere sulla ricerca in oggetto. RingraziandoLa anticipatamente e sperando vivamente nel suo contributo al presente progetto, Le porgiamo i nostri più cordiali saluti. XYXYXY	*To the kind attention of XY,* *We ask your availability for an online survey within a research project on the emergency caused by Covid-19. This project aims to analyze the dynamics that characterized public hospitals during such emergency in Italy to advance some considerations on the decision-making process during health emergencies.* *The duration of the online survey is approximately five minutes. Your participation is voluntary, anonymous, and without external funding, and you can withdraw at any moment.* *Here you can find the link for participating in the online survey: XXXX* *Alternatively, you can copy and paste the following link: XXXX* *We remain at your disposal for any information or doubt you might have on this research project.* *We thank you again for your availability, and we hope to hear back from you. Sincerely,* *XYXYXY*

B.7 Online conjoint analysis

Part 1

In the current context of emergency due to the pandemic, which of the following situations would you prefer to experience?

	Situation A	Situation B
Under conditions of scarcity of beds, patients profiling (triage) depends on	External standardized protocols containing priority indications for the choice between patients	Clinical judgment of the treating physician on an individual patient
Scarcity of human resources and beds happen	Rarely	Frequently
Primary responsibilities of your role are	Managerial	Clinical

Part 2

In the current context of emergency due to the pandemic, which of the following two patients would you prioritize?

	Patient A	Patient B
Age	65	75
Risk of death after treatment	30%	40%
Expected stay in hospital	20 days	40 days
Oxygen saturation level	84%	88%

B.8 Demographics of respondents in the conjoint analysis

	Respondents
n	220
Role	
Hospitals' health directors	16%
Units' clinical directors	84%
Units	
Anesthesia and IC	28%
Emergency and ER	27%
General medicine	20%
Male	76%
Age in years	
35-44	3%
45-54	18%
55-64	60%
65-75	18%
Regions	
Lombardy	37%
Veneto	10%
Emilia Romagna	10%
Toscana	9%
Lazio	7%

C APPENDIX CHAPTER 3

C.1 Email message of invitation to the semi-structured interviews

Original language (Italian)	Translation in English
Alla cortese attenzione di XY, Con la presente si richiede la Sua preziosa disponibilità per la partecipazione a un'intervista nell'ambito di un progetto di ricerca sul ruolo dei manager della sanità pubblica nell'implementazione della Legge n. 194/78 sull'interruzione volontaria di gravidanza. Obiettivo del progetto è quello di analizzare le dinamiche che caratterizzano i contesti ospedalieri nell'implementazione della suddetta legge in Italia e, in particolare, di analizzare le sfide dei direttori nel garantire interessi e diritti molteplici, espressi sia da parte delle pazienti che da parte degli operatori sanitari. L'intervista si propone di indagare la sua esperienza personale, con l'obiettivo di condurre un'analisi qualitativa dei dati raccolti. Le ricordiamo che la ricerca è svolta del tutto autonomamente da ricercatori universitari, non è commissionata né finanziata da esterni, che i dati verranno consultati ed utilizzati solo da noi e solo per scopi scientifici. Naturalmente che l'intervista è in forma del tutto anonima. Se lei fosse disponibile, ci piacerebbe fissare un'intervista telefonica. Consideri che la durata dell'intervista è di 30 minuti circa. In base alle sue disponibilità, saremo lieti di contattarla e condividere con lei maggiori dettagli sulla ricerca. In attesa di un Suo gentile riscontro, distinti saluti. XYXYXY	*To the kind attention of XY,* *We ask your availability for an interview within a research project on the role of public health managers in implementing the Law n.194/78 on the voluntary termination of pregnancy.* *This project aims to analyze the dynamics that characterize public hospitals in the implementation of this Law. In particular, the aim is to explore the challenges that health managers face when addressing the multiple interests and rights that both patients and health professionals manifest.* *The interview aims at investigating your personal experience to perform a qualitative analysis of the data collected.* *We would like to remind you that we conduct this research project in total autonomy, without external funding. Furthermore, the data and information we collect will be available and employed exclusively by the team of the research project and only for scientific purposes. Of course, the interview is anonymous.* *Should you be available, we would like to schedule an interview via telephone with you. Please, bear in mind that the duration of the interview is approximately 30 minutes. According to your availability, we will be glad to contact you and share more details on the research during our call.* *Sincerely,* *XYXYXY*

C.2 Protocol for the semi-structured interviews

Question	Original language (Italian)	*Translation in English*
Intro	Bentrovata/o. Innanzitutto grazie per la sua disponibilità. L'intervista che andremo a costruire si inserisce nell'ambito di un Progetto di ricerca sul ruolo dei manager della sanità pubblica nell'implementazione della Legge n. 194/78 sull'interruzione volontaria di gravidanza. Lo scopo del progetto è quello di analizzare le dinamiche che caratterizzano i contesti ospedalieri nell'implementazione della suddetta legge in Italia e, in particolare, di analizzare le sfide dei direttori nel garantire interessi e diritti molteplici, espressi sia da parte delle pazienti che da parte degli operatori sanitari. L'intervista si propone di indagare la Sua esperienza personale, con l'obiettivo di condurre un'analisi qualitativa dei dati raccolti e successiva analisi. Le ricordo che l'intervista sarà trascritta in forma anonima e che le informazioni sensibili verranno oscurate nel pieno rispetto della privacy. Se è d'accordo, possiamo cominciare.	*Good morning/ evening. First of all, we would like to thank you for finding the time for this interview. This interview aims to collect your considerations about the role of health managers in implementing the Law n.194/78 on the voluntary termination of pregnancy. Questions revolve around the dynamics that characterize Italian public hospitals in the implementation of this Law. In particular, the aim is to analyze challenges that health managers face when balancing both women's and health professionals' conflicting interests.* *The aim is to analyze your personal experience, to perform a qualitative analysis of the data collected. We would like to remind you that we conduct this research project in total autonomy, without external funding. Furthermore, the data and information we collect will be available and employed exclusively by the team of the research project and only for scientific purposes. Of course, the interview is anonymous.* *If you agree, let's get started!*
Q1	Quale incarico ricopre all'interno dell'ospedale in cui lavora? Da quanto tempo lavora presso questa struttura e con questo ruolo?	*Which role do you have in your hospital? How long have you been working in this hospital with this role?*
Q2	Quanti ginecologi ci sono nella sua unità?	*How many gynecologists are there in your unit?*
Q3	Di questi, quanti sono obiettori?	*Of these, how many are objectors?*
Q4	Come sono organizzate le procedure di IVG nella vostra struttura?	*How VTP procedures are organized in your unit?*
Q5	Cosa rappresenta per lei la Legge 194/78?	*What does Law n. 194/78 represent for you?*
Q6	Nel suo ruolo di direttore, quali sono le sue principali responsabilità?	*What are the primary responsibilities of your role as director?*
Q7	Cosa vuol dire per lei responsabilità verso le pazienti che richiedono l'interruzione volontaria di gravidanza?	*What does the responsibility to patients requiring the voluntary termination of pregnancy mean to you?*
Q8	Considerando i ginecologi che lavorano nella sua unità, sia obiettori	*Considering the gynecologists working in your unit, both objectors and non-*

	che non obiettori, cosa vuol dire per lei responsabilità nei loro confronti?	*objectors, how do you perceive your responsibility to them?*
Q9	Si è mai trovato in situazioni dove conciliare queste due responsabilità è stato problematico? Se sì, mi può fornire un esempio? Come si è comportata/o?	*Have you ever found yourself in situations in which conciliating these responsibilities was challenging? If yes, can you provide an example? How did you behave?*
Q10	Secondo lei, ci sono dilemmi etici per i manager connessi all'IVG?	*Do you think there are ethical dilemmas for health managers related to the VTP?*
Q11	Secondo lei, c'è bisogno di strumenti manageriali per aiutare i non obiettori a non avere conseguenze emotive eccessive?	*Do you think there is a need for managerial instruments to help non-objector with the emotional consequences of VTPs?*
Q12	In che modo secondo lei è possibile garantire l'applicabilità della Legge n. 194/78?	In your opinion, how can the implementation of the Law n. 194/78 be guaranteed?
Q13	Secondo lei l'attuale contesto conferisce ai direttori come lei gli strumenti necessari per gestire istanze diverse, a volte in conflitto? Può espandere con esempi?	Considering the current situation, do you think that you have the instruments to manage different and conflicting instances? Can you provide some examples?
Q14	Quali azioni potrebbero essere attuate per far sì che tali istanze siano gestite al meglio?	What steps might be taken to manage these instances optimally?

C.3 Coding tables with data excerpts

CATEGORIES	**2ND ORDER CODES**	**1ST ORDER CODES**	**ADDITIONAL EXEMPLARY QUOTES** **(English translation and Italian original version)**
Challenges for healthcare managers	<u>*Personal level*</u>	*Intimate dilemmas for healthcare managers who are objectors*	"Nobody likes to perform voluntary abortion as a technical procedure. I had to go through a spiritual journey to ultimately accept a procedure that puts me in a tight spot at the personal level." *"A nessuno piace l'interruzione volontaria di gravidanza come atto tecnico. Io per prima ho dovuto fare un percorso anche spirituale per arrivare in qualche modo ad accettare una procedura che mi mette in una certa difficoltà volendolo guardare da un punto di vista strettamente personale."* "There is an emotional burden; obviously, you cannot remain insensitive to this type of procedure."

			"C'è comunque un carico emotivo; ovvio che non si può rimanere insensibili a questo tipo di percorso."
		Intimate dilemmas for healthcare managers who are non-objectors	"You need to acknowledge the extra work done, which means not only extra work in numerical terms, but also in terms of extra pain. This is life, in joy, pain, childbirth, abortion… Contradictions are part of the women universe. You cannot be judgmental. A doctor must be compassionate in sharing that moment of pain and be close to the patient. That's all. If I am a doctor, I must take care of frailty." *"Bisogna riconoscere il lavoro in più, che significa caricarsi non solo di un lavoro in più numerico, ma anche di un dolore in più. È così la vita, nella gioia, nel dolore, nel parto, nell'aborto. Fa parte dell'universo femminile tutto questo, cioè la contraddizione. In queste cose non si può stare a giudicare. Il medico deve avere compassione, nel senso di condividere quel momento di dolore e stare vicino, basta. Se faccio il medico, io mi devo occupare delle fragilità."* "Anyway, non-objecting is a difficult choice for me. From an ethical standpoint, it means interrupting a pregnancy." *"Comunque, per me la scelta di non obiettare è una scelta difficile ecco. Perché per me, dal punto di vista etico, significa comunque interrompere la gravidanza."* "For example, although I'm non-objector, I'm the first to discuss more, to elicit doubts and to reflect with a patient who wants to interrupt her pregnancy, if she's not sure and she doesn't know what to do..." *"Io, per esempio, che non sono obiettore, sono la prima che se ha una paziente davanti che mi viene a dire che vuole interrompere la gravidanza ma che non è sicura, che non sa cosa fare…"*
	<u>Professional level</u>	*Reconciling role to smoothen the VTP procedure*	"Patients without the certificate of pregnancy who come to our facility do not have to go through a waiting list. Let's say we include them through a system of overbooking, because waiting lists might be too long and go over the legal terms.

			We try to be always available for patients who directly come to the hospital." *"Le pazienti che non hanno la certificazione, se si rivolgono alla nostra struttura non fanno lista d'attesa. Diciamo vengono inserite in overbooking negli ambulatori, perché l'attesa potrebbe essere lunga e andare insomma anche oltre i termini. Noi cerchiamo di essere molto disponibili con le pazienti che si rivolgono direttamente all'ospedale."* "I think there is the maximum availability. We never reject any request and women, I believe, are very well welcomed. I believe that the midwife is of fundamental importance. That is having a reference that women can reach at any moment, who is available during the hospital stay, who know them, support them, know when they need a psychological support." *"Quindi credo che ci sia la massima disponibilità, non rifiutiamo mai nessuna richiesta e le donne credo che siano accolte e accompagnate molto bene, perché credo che la figura dell'ostetrica sia veramente di fondamentale importanza. Cioè avere una figura di riferimento che le donne possono contattare in qualsiasi momento, che è a loro disposizione durante il ricovero, le conosce, le supporta, sa quando hanno bisogno di un supporto psicologico."* "I'm convinced that the decision of interrupting a pregnancy is not an easy one. Hence, I find it absurd that these people could find themselves in difficult situations." *"Io sono convinta che la decisione di interrompere una gravidanza sia una decisione non facile da prendere, e quindi trovo assurdo che queste persone possano trovarsi in difficoltà."*
		Reconciling role to balance different interests and needs	"It's quite complex. On the one hand, I must provide a service that should be offered to users. On the other hand, I must respect conscientious objection, which is broadly spread, not only among physicians (gynecologists) but also among other health professionals and anesthesiologists." *"Piuttosto complesso, perché da una parte devo garantire un servizio che deve assolutamente essere fornito alla popolazione, ma devo garantire anche il*

			rispetto di un'obiettività di coscienza, largamente diffusa, non solo in ambito medico, ma anche in ambito parasanitario e anestesiologico."
Framing and designing the delivery of VTP	<u>*Focus on final users*</u>	*Helping women*	"[My duty is] to perceive, satisfy and sustain the needs of the woman in that moment." *"Percepire qual è il bisogno della donna in quel momento, soddisfarlo e sostenerlo sostanzialmente."* "I thought it would be more appropriate a dedicated space with compassionate staff, which could take the woman's statement, help her if undecided and offer psychological support." *"Quindi mi sembrava opportuno e dovuto alle donne un percorso dedicato con personale empatico che potesse innanzitutto raccogliere la testimonianza della donna, aiutarla anche in caso di indecisione e assumere quindi un ruolo anche un po' da psicologo."* "They need to find a reassuring figure, which is ready to listen to their problems. This is the most important part." *"Devono trovare una figura, come dire, rassicurante, che è pronta ad ascoltare i loro problemi. Questa è la parte principale."*
	<u>*Focus on norms*</u>	*Respecting and enacting the law*	"I cannot decide that voluntary abortion is not performed in my unit. This is a law of the state. Every [gynecology] unit has to provide it." *"Qui non è che posso dire io nel mio reparto non faccio interruzioni volontarie di gravidanza. Questa è una legge dello Stato. Ogni reparto lo deve fare."* "We must respect the Law n.194, hence we have the duty to provide this type of procedures." *"Noi siamo tenuti a garantire la 194, quindi abbiamo l'obbligo di garantire questo tipo di interventi."* "I'm conscientious objector as a clinician, but if voluntary abortion is granted by law, the head of the unit cannot impede a law of the state. Otherwise, s/he does what s/he wants at home or in private facilities.

			If one is here, basically he's here as public servant." *"Io sono un obiettore come medico ma se si hanno per legge le interruzioni di gravidanza, non esiste che un direttore di struttura possa essere ostativo nei confronti di una legge dello Stato, sennò va a casa sua a fare quello che vuole a casa sua; o nella casa di cura privata e fa soltanto le cose che vuole. Se uno è qui, sostanzialmente è qui come – non vorrei riempirmi la bocca – servitore dello Stato."*
		Addressing ethical dilemmas by applying the law	"The law is there, is a law of the state and basically we should respect the law. I think this is my responsibility. *"La legge esiste, è una legge proposta dal nostro Stato e in linea generale si dovrebbero rispettare le leggi. Questa è la mia responsabilità, secondo me."* "Is right what I'm doing? This question is not admissible. We are talking of a law of the state." "*E'giusto quello che faccio? Questa non è una domanda ammissibile. Noi stiamo parlando di una legge dello Stato."*
	<u>Lesser evil</u>	*Preventing worse alternatives*	"I helped women in great difficulty. And I promise, in great difficulty. I did not think to monetize, nor to take care of the woman's experience. I chose to fight clandestine abortion and reduce abortions." *"Io ho aiutato delle donne che erano in grande difficoltà. E le assicuro, in grande difficoltà. Perché né ho pensato a monetizzare la cosa, né in qualche maniera a non occuparmi di quello che era il vissuto della donna. Io ho scelto di combattere l'aborto clandestino e di ridurre gli aborti."* "I can only say that our culture realized that clandestine abortions are not admissible." "*Io dico soltanto che la civiltà si è resa conto che non è ammissibile un aborto clandestino."* "I am a very rational and pragmatic person. Hence, I believe that if nobody applies the Law n. 194, this right would not be granted. And we all know that the

			result would be an increase in clandestine abortions, and therefore an increase of maternal mortality rates." *"Però sono una persona molto razionale e pragmatica, quindi credo che se tutti non applicassimo la Legge 194, non sarebbe possibile garantire questo diritto e sappiamo che la contropartita è un incremento delle interruzioni clandestine, e quindi un aumento poi della mortalità materna."*
		Preventing women travel for the VTP service	"I think that abortion must be absolutely granted by the public service. You cannot force women to go to interrupt their pregnancy somewhere else." *"Dev'essere garantito assolutamente dal servizio pubblico a mio parere. Non è possibile costringere le donne andare a fare l'interruzione di gravidanza da altre parti."*
		Preventing external professional deliver the VTP procedure	*"*They offered me this opportunity and I never accepted, not even at the beginning of my career." *"Mi è stato offerto negli anni e non ho mai accettato, anche a inizio carriera."* "You cannot be payed because you perform abortion. This is wrong." *"Che non puoi essere remunerato perché fai un aborto, anche questo è sbagliato."*
	<u>Focus on process</u>	*Coordination with planned parenthood*	"We try to have interactions with community services for planned parenthood. Unfortunately, we still couldn't manage a fluid and linear track, but we're trying hard." *"Noi cerchiamo di interagire con i consultori. Purtroppo, non siamo ancora riusciti ad organizzare un percorso fluido, lineare, ci stiamo provando."* "My commitment is always on contraception, that is what we can do as clinicians caring for the territory." *"Il mio impegno è sempre sulla contraccezione, che è quello che possiamo fare come ospedalieri con il territorio a carico."*
		Including women in managed care	"That is the peculiar aspect: the woman is not alone; the hospital as public organization is there to support her to provide solutions for her contingent situation but also to consciously address

			a phase of her life when this can be a problem again." "*L'aspetto peculiare è proprio quello: la donna non è sola; l'ospedale-istituzione pubblica c'è, ma a supportarla sia per risolvere "la situazione contingente", ma per affrontare consapevolmente tutta una fase della vita in cui questo può ancora essere un problema."*
		Turning a negative experience into positive	"In turn, this brings me to have a more respectful, caring and positive attitude towards anything that can improve the system." *"Questo però, viceversa, mi porta anche a un atteggiamento il più rispettoso, attento e positivo possibile nei confronti di tutto ciò che può far funzionare meglio questo sistema."*
Organizing and leading a workplace collective with an ethical divide	*Relational aspects and organizational configurations*	*Fostering integration between objectors and non-objectors*	"We share. Also the objector does the clinical part not directly involved in the procedure." *"Noi condividiamo. Cioè anche l'obiettore fa la parte clinica non coinvolta nella procedura."* "Since the medical procedure requires some hours, if the procedure begins with a non-objector, it proceeds even if this doctor is then substituted in his work shift. In fact, if the procedure begins it then proceeds no matter what. Therefore, whoever is there, the prosecution of the procedure must be granted." *"Visto che la procedura medica comporta alcune ore, se comincia con un medico non obiettore, va avanti anche comunque se questo medico viene sostituito in turnistica. Di fatto, se la procedura è iniziata va avanti. Una volta iniziata la procedura, questa deve proseguire, per cui qualunque medico ci sia la prosecuzione va garantita."*
		Demarcating the boundaries between objectors and non-objectors	"Some objectors prefer not to issue even the certificate. In other words, they prefer not to take part to the procedure at all." *"Alcuni medici invece obiettori preferiscono non fare neanche la certificazione, quindi di non partecipare in nessun modo alla procedura."* "There is no interference. Therefore, this cannot cause frictions. At the managerial

			level, the Law n.194 follows its track and there is no way to hinder that." *"Non c'è interferenza. Per cui, questo non può provocare degli attriti. La 194, da un punto di vista organizzativo, ha un suo percorso e non c'è modo di ostacolarlo."*
	Suspending judgment	*Suspending judgment towards women*	"The respect for the patient who doesn't have to feel judged when she's here." *"Il rispetto della paziente, che quando è qua non deve sentirsi giudicata."* "To me, you cannot be a doctor while being judgmental." *"Secondo me non si può fare il medico ed essere giudicanti."* "This is a law that protects a woman who, for many reasons, deems necessary to interrupt her pregnancy. I don't think I am in the position not even to judge, but to express my opinion whether this is right or wrong." *"È una legge che tutela la donna che, per i più svariati motivi, ritiene di non portare avanti la gravidanza. E non mi sento nelle condizioni, non dico di giudicare, ma di esprimere un parere sul fatto che sia giusto o non giusto."*
		Suspending judgment towards colleagues	"Unfortunately, there are ethical issues on which you have a position, but we must be impartial." *"Purtroppo ci sono questioni etiche su cui inevitabilmente si prende una posizione, però noi in realtà dobbiamo essere imparziali."*
Motivation strategies towards gynecologists in the unit	*Leading by example*	*Personal commitment*	"When I can, I do it even if I'm objector. I understand that it's difficult, but they cannot refuse. If a patient expresses her willingness, you must issue the certificate. The law must be respected in an absolute manner. The law is the law." *"Quando posso lo faccio personalmente io, pur essendo obiettore. Capisco che è difficile, però non possono esimersi. Se una paziente esprime una volontà, tu fai una certificazione. Si rispetta la legge in maniera assoluta. La legge è legge."* "Work shifts are equally distributed, whether this regards recently hired doctors or me. The number of shifts per year is the same for everybody."

			"Per cui i turni vengono spalmati in maniera equa, che sia il neoassunto, che sia io che sono più vecchio, il numero di turni annuali sono tutti uguali." "I am an objector but, during this year, at least once I had to finish the procedure, when one of my colleagues was not able to do so." *"Io, guardi, sono un obiettore ma, nel corso di quest'anno, sicuramente almeno una volta ho dovuto procedere io a completare, a portare a termine la procedura, laddove il mio collaboratore non riusciva."*
		Professional managerial responsibility	"I also do shifts. Indeed, one of my goals, when I become the director of this unit, was that I didn't find it fair this sort of hazing, especially for the burden embedded in this job." *"Faccio anche io i miei turni, perché uno dei miei obiettivi quando ho preso in mano la struttura era quello che, proprio per il carico difficile di questo tipo di lavoro, non trovavo giusto che ci fosse quella sorta di nonnismo."*
	<u>Professional components</u>	*Learning techniques*	"For many, [voluntary abortion] it's a training for surgery. Young doctors have to learn the techniques from the old ones. Therefore, the motivation could also come from learning some techniques that can come in handy also for other types of surgery." *"Per molti è anche una palestra, per l'atto chirurgico stesso. I giovani devono imparare dai più esperti le tecniche. Quindi la motivazione potrebbe provenire da quello, cioè apprendere delle procedure che poi vengono buone anche per fare altre procedure."*
		Alternation to prevent ghettoization	"I noticed that some doctors opt in, then they opt out, and then one colleague opts in. Hence, they alternate. This is something useful." "*Io ho visto che per esempio alcuni medici aderiscono, poi sospendono, poi aderisce un collega. Quindi fanno anche dei percorsi, come dire, alternati. Questo è qualcosa di utile."* "Through rotation, they find the balance that allows to keep doing this kind of activity." *"Invece alternandosi tra loro trovano quegli equilibri che permettono di andare avanti con un'attività di questo tipo."*