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BUILDING AN ETHICAL HOSPITAL CULTURE: INTEGRATING ETHICS INTO ORGANIZATIONAL FRAMEWORKS IN HEALTHCARE

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Abstract: *As healthcare organizations navigate escalating financial pressures, technological advances, and shifting societal expectations, the imperative to foster authentic ethical cultures has never been greater. This paper critically examines the integration of ethics into hospital systems' structural and operational fabric, arguing that ethical culture must be intentionally cultivated rather than passively assumed. Drawing from a rich historical analysis of bioethics and corporate social responsibility, and leveraging instructive case studies, including the collapse of Steward Health Care and the cultural rehabilitation of HCA Healthcare, his work interrogates the persistent challenges of resource allocation, psychological safety, and the tension between compliance and genuine moral leadership. Through a synthesis of empirical research and best-practice frameworks, the paper delineates actionable approaches for embedding ethical principles across leadership development, organizational metrics, transparent financial stewardship, and inclusive stakeholder engagement. The analysis highlights that the establishment of a robust ethical infrastructure yields tangible benefits: enhancing organizational credibility, supporting workforce resilience, and strengthening trust among patients and communities. Healthcare executives and administrators will find practical guidance and strategic insights for transforming ethics from a policy aspiration into a dynamic driver of excellence, accountability, and sustainable organizational success.*

Keywords: *Ethical Culture, Healthcare Leadership, Hospital Ethics, Psychological Safety, Ethical Infrastructure, Organizational Ethics, Whistleblower Protection, Reporting Mechanisms, Accountability, Transparency, Ethical Decision-making, Patient Safety, Health Equity, Ethical Climate, Just Culture, Institutional Trust, Healthcare Integrity, Systems-level Ethics.*

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INTRODUCTION: THE NEED FOR ETHICAL CULTURES IN HEALTHCARE

In the high-pressure and rapidly evolving world of healthcare, ethical dilemmas are not merely hypothetical but rather typical. Take, for example, Steward Health Care, once the largest private for-profit hospital system in the United States, the organization engaged in a series of intricate financial maneuvers designed to boost investor returns, including a sale-leaseback arrangement in which it sold hospital properties to a real estate trust and leased them back at steep rates. These decisions ultimately led to over $6 billion in debt and a devastating decline in hospital operations.[1] As essential services were cut and the quality of care eroded in communities that depended on them, the question became unavoidable: Who was the hospital truly serving? The hospital's ethical identity, the core of its guiding principle, was revealed not by the words in its mission statement or perceived values, but by the consequences of its financial decisions.

Importantly, this kind of ethical drift is not exclusive to for-profit institutions. In recent years, even safety-net hospitals, often nonprofit and tasked with serving the most vulnerable populations, have faced closures due to unsustainable financial strategies, misaligned leadership priorities, or a failure to advocate for community needs. These closures disproportionately affect underserved communities and reveal that a lack of embedded ethical culture can compromise patient care regardless of a hospital's tax status or mission.

Hospitals must embed ethics into their decision-making processes and overall culture to prevent misalignments between values, priorities, and practice. A culture of ethics must go beyond compliance and become a core organizational strategy, one that shapes leadership, operations, and ultimately, patient care. In an era where healthcare organizations face growing financial pressures coupled with the constant evolution of technologies and public policy, creating a truly ethical culture is more important and more challenging than ever. Ethics must move beyond policy manuals and be woven into the fabric of hospital operations, leadership, and care delivery.

This paper explores what it truly means to build and sustain an ethical culture within healthcare systems. It examines the historical evolution of healthcare ethics, from the individual duties of clinicians to the broader responsibility of institutions, and analyzes current ethical challenges related to resource allocation, psychological safety, regulatory compliance, and community trust. Drawing from real-world case studies and evidence-based approaches, this paper presents actionable strategies for embedding ethical values in organizational frameworks, demonstrating that ethics and profitability are not mutually exclusive. Ethical leadership is not only a professional responsibility but a personal commitment, which drives meaningful change.

DEFINING ORGANIZATIONAL ETHICS: DIFFERENTIATING ETHICS FROM COMPLIANCE

Organizational ethics, often referred to as business ethics, are the core values, principles, and standards that guide both individual and collective behavior within a workplace.[2] As defined by the Academy to Innovate HR, these ethics aid organizations in navigating decisions and situations in ways that proactively prevent harm and uphold integrity. Typically, they are outlined in a formal code of conduct that reflects the organization's values and expectations for its employees. In healthcare, institutions frequently look to their compliance programs as indicators of ethical conduct. However, it is essential to distinguish between compliance and ethics.

Compliance involves adherence to laws, regulations, and institutional policies, ensuring that healthcare organizations operate within legal boundaries and avoid penalties. Ethics, on the other hand, is rooted in moral judgment and involves doing what is right, even when the law does not require it. The distinction between ethics and compliance is crucial in healthcare, where legal compliance alone cannot guarantee ethical outcomes. A hospital may technically follow HIPAA regulations or staffing laws, but still make decisions that harm patients, communities, or employees.

In some cases, an overemphasis on compliance can unintentionally restrict ethical action. When institutions treat regulation as the ceiling rather than the floor, it may discourage staff from exercising moral judgment, especially in complex or ambiguous situations. Healthcare workers may feel hesitant to act outside of strict policy, even when doing so would better serve a patient or community. To counter this, organizations must create structures that support "ethical freedom" by empowering staff to raise concerns, question decisions, and seek guidance in morally complex scenarios; therefore, promoting psychological safety.

Organizational ethics go beyond policy, they reflect the values, priorities, and cultural norms that guide decision-making at every level. While compliance is enforced externally through audits and sanctions, ethics must be cultivated internally through leadership, communication, and trust.[3] Ethics influences how leaders allocate resources, how staff treat vulnerable populations, and how an institution responds to pressure, especially when doing the right thing comes at a financial cost. That is why it is imperative that ethics are embedded top-down through leadership teams to all staff and stakeholders, ensuring that these moral standards are deeply embedded into the organizational culture.

Understanding the difference between compliance and ethics is foundational to evaluating whether a hospital's culture supports ethical behavior. It is not enough for hospitals to "follow the rules." They must actively build a culture where values like fairness, transparency, and compassion drive decisions. Without this, even fully compliant organizations can face reputational damage, moral failure, and loss of public trust.

HISTORY OF ETHICS IN HEALTHCARE ADMINISTRATION: EVOLUTION FROM BIOETHICS TO CORPORATE SOCIAL RESPONSIBILITY

The development of ethical thinking in healthcare administration reflects the broader transformation of both medicine and organizational governance over the past century. Ethics in healthcare initially centered on individual clinicians and their responsibilities to patients, but it has gradually evolved into a more expansive framework encompassing institutional accountability, transparency, and social responsibility.

The modern era of healthcare ethics began to solidify in the mid-20th century, largely in response to increasing awareness of research misconduct and the limitations of medical paternalism. A pivotal moment came in 1966 when Henry Beecher published a landmark article in the New England Journal of Medicine, exposing numerous ethical violations in clinical research.[4] Almost 10 years earlier, the 1957 case, S*algo v. Leland Stanford Jr. University Board of Trustees,* introduced and affirmed the concept of informed consent, reinforcing the patient's right to autonomy in medical decisions.[5] These developments collectively signaled a shift in the ethical landscape of healthcare, promoting a critical reassessment of the relationship between healthcare professionals and the individuals they serve.

In response to mounting ethical concerns, the discipline of bioethics began to take shape. By the 1970s, institutions such as the Hastings Center and the Kennedy Institute of Ethics were established to bring interdisciplinary perspectives (philosophical, legal, and social) into the realm of medical decision-making.[6,7] This period also saw the release of the Belmont Report in 1979, which codified three foundational ethical principles: respect for persons, beneficence, and justice.[8] These principles remain central to ethical conduct in research and clinical practices. Bioethics expanded its scope from clinical scenarios to broader public policy discussions, but the early focus remained largely on individual rights and the behavior of healthcare professionals.[8]

As healthcare institutions grew in size and complexity, ethical scrutiny shifted from the actions of individual clinicians to the behaviors and decisions of entire organizations. Hospitals evolved from local community establishments into powerful corporate entities with significant economic and political influence. This shift demanded a broader ethical lens, one that examined how institutional policies, leadership decisions, and financial strategies aligned with moral obligations.

This broader focus paved the way for the integration of Corporate Social Responsibility (CSR) into healthcare ethics. CSR originated in the business sector, rooted in debates such as the Berle-Dodd exchange about whether corporations should serve stakeholders beyond their shareholders.[10] Influential works like Ralph Nader's Unsafe at Any Speed (1965) further emphasized the need for institutions to be held accountable for the social and environmental consequences of their actions.[11] In healthcare, CSR became increasingly relevant as hospitals grappled with issues such as community impact, environmental sustainability, labor practices, and equitable access to care.

As Caio Caesar Dib (2024) notes, the rise of both bioethics and Corporate Social Responsibility (CSR) reflects a broader societal demand for justice and accountability from large institutions. Bioethics grounds health care in moral philosophy and human rights, while CSR offers structured operational tools to embed those values throughout an organization. In today's healthcare landscape, one that is marked by financial pressures, staffing shortages, and increasing public scrutiny, the convergence of these two frameworks is not just beneficial but essential. Creating an ethical organization requires more than meeting legal requirements; it demands a cultural shift in how decisions are made and how priorities are set.

By integrating the moral imperatives of bioethics with the strategic application of CSR, healthcare leaders can adopt a more holistic approach to governance, one that promotes trust, transparency, and social responsibility. This evolution in ethical thinking highlights the growing recognition that ethics must be woven into the fabric of healthcare administration. It challenges leaders to move beyond symbolic mission statements to actively cultivate an environment where integrity, equity, and community accountability are central to the institution's identity and daily operations.

CURRENT ETHICAL CHALLENGES: FINANCIAL STRAINS AND PSYCHOLOGICAL SAFETY

In today's rapidly evolving healthcare environment, ethical challenges frequently arise at the crossroads of clinical care and financial management. This tension is especially evident in for-profit institutions, where the pursuit of shareholder returns can conflict with the moral obligation to prioritize patient well-being. Although these organizations are held to regulatory standards, their structural incentives often favor cost-saving strategies that may inadvertently compromise care for vulnerable populations. Principles like beneficence and justice are placed under strain when leadership decisions, such as scaling back treatments or reducing staff, are based more on financial considerations than clinical necessity. As Tulane University's School of Public Health emphasizes, ethical care hinges on preserving human dignity and improving outcomes, but these values can be undermined when financial performance becomes the dominant priority.[12]

Leadership is central to either perpetuating or addressing these tensions. Healthcare administrators are not just financial stewards, they are ethical architects, responsible for fostering cultures where psychological safety and moral reasoning are foundational. The UT Tyler Online MBA in Healthcare Management program stresses that ethical leadership requires balancing operational goals with accountability, especially in decisions involving patient safety, equitable access, and end-of-life care.[13] Leaders who neglect this balance risk cultivating environments where staff face moral distress, burnout, and diminished trust in institutional values. A striking example is the 2022 case at Vanderbilt University Medical Center, where a nurse, RaDonda Vaught, mistakenly administered a paralytic instead of a sedative, resulting in a patient's death. Although Vaught was ultimately convicted, critics focused on the hospital's delayed reporting, lack of transparency with the family, and a culture that discouraged error disclosure.[13] Many healthcare professionals argued that the institution prioritized its reputation over ethical responsibility, contributing to a climate of fear. In contrast, ethical leadership, rooted in transparency, trust, and shared accountability, can strengthen clinical teams, reduce distress, and build trust across an organization.

A persistent ethical challenge in healthcare lies in the equitable allocation of limited resources. Financial constraints often compel hospitals and health systems to make difficult decisions that directly influence staffing levels, investments in medical technologies, and patient access to services. The rapid introduction of innovations like artificial intelligence (AI) further complicates these decisions, requiring leaders to weigh not only clinical effectiveness but also cost efficiency and equitable implementation. As highlighted in *BMC Medical Ethics*, the lack of clear definitions for ethical challenges in budgeting and operations can foster inconsistencies and unconscious biases, particularly in how care is distributed across populations.[15] To address this, hospitals must adopt structured decision-making frameworks that incorporate the four fundamental ethical principles: autonomy, beneficence, non-maleficence, and justice.

Ethical budgeting demands more than cost analysis, it requires inclusive stakeholder engagement, transparency in evaluating priorities, and awareness of how financial decisions may disproportionately affect marginalized communities. Without this ethical grounding, budget cuts or policy changes risk reinforcing systemic inequities rather than mitigating them. Ultimately, some of the most pressing ethical challenges in healthcare are rooted not in clinical ambiguity but in the broader structural and fiscal forces that drive institutional behavior.[16] The ability of healthcare leaders to ethically navigate these competing interests, balancing financial viability with moral responsibility, will be a defining factor in the advancement of equitable, patient-centered care.

TOP-DOWN APPROACH: INTEGRATING ETHICS THROUGHOUT THE ORGANIZATION

Creating and maintaining an ethical culture within hospitals requires more than a generic or static approach; it calls for a dynamic, multi-layered strategy that evolves alongside the shifting landscape of healthcare. As ethical norms, regulatory requirements, and patient expectations continue to change, the systems that shape organizational culture must adapt accordingly. This section outlines practical, evidence-based methods that healthcare institutions can implement to integrate ethics into every layer of their operations, drawing on real-world examples and current research to demonstrate effectiveness.

At the heart of any ethical hospital culture is leadership. Although clinicians, staff, community members, and shareholders all contribute to an organization's moral compass, it is the leadership team that holds the most influence in setting the tone, modeling behavior, and enforcing standards. That's why ethical leadership development must be prioritized, going beyond mandatory training like HIPAA to include ongoing education in current health policy, legal standards, and organizational ethics. Leaders who are both ethically grounded and policy-aware can create environments where staff are empowered to act with integrity, especially in complex or high-stakes situations.[17]

To fully embed ethical awareness at the highest level of decision-making, healthcare institutions should consider appointing a bioethicist as a standing member of senior leadership or governance bodies. While ethics committees and consultation services often provide case-based guidance, their input can be episodic or isolated from strategic planning. A bioethicist engaged directly in executive discussions brings an ethical lens to decisions about resource allocation, innovation adoption, and system-wide policy changes. This integration ensures that ethics is not a siloed function, but a core component of organizational strategy, balancing financial priorities with patient-centered values and long-term community trust.

Empirical research reinforces this view. A study in *BMJ Open* found that when leaders actively support ethical decision-making, staff experience greater autonomy, reduced stress, and improved patient care outcomes.[18] Findings from *BMC Nursing* further suggest that nurse leaders who promote evidence-based decision-making help build more competent and confident care teams.[19] Additional research in the *International Journal of Science and Research Archive* shows that leadership styles focused on information-sharing and team empowerment significantly enhance overall organizational performance. These studies underscore that ethical leadership is not just ambitious; it has tangible, measurable impacts on both team dynamics and patient well-being.

Ethical leadership has been consistently linked to higher workplace morale and organizational well-being. A study conducted in Austria found a strong positive correlation between ethical leadership and both job satisfaction and organizational commitment, along with a noticeable reduction in burnout among healthcare workers. These findings underscore that embedding ethical principles into leadership development is not merely aspirational, it yields practical benefits for staff retention, patient care quality, and institutional longevity.[20]

Leadership alone, however, is not enough; ethics must also be woven into operational systems of accountability and transparency. A compelling example can be seen at Hamad Medical Corporation (HMC) in Qatar, which adopted the Balanced Scorecard (BSC) model to better reflect ethical priorities. By introducing a "quality of care" component, HMC's version of the BSC emphasized informed consent, confidentiality protections, and the frequency of completed ethics training, concrete measures of ethical performance that align patient services with institutional values.[21]

Designing an effective internal Ethics Scorecard involves several strategic steps: articulating ethical objectives, identifying measurable indicators, embedding these within the organization's existing evaluation frameworks, and instituting a regular review cycle. When thoughtfully applied, these tools not only track ethical compliance but also foster a climate of continual improvement and shared responsibility. [22,23]

Collectively, these approaches, ethical leadership training, evidence-informed decision-making, and transparent performance metrics, provide the structural foundation for a resilient ethical culture. They enable healthcare institutions to align operational goals with core values like compassion, justice, and integrity, ensuring that ethical commitments are not merely stated but actively practiced throughout the organization.

ETHICS AND COMPLIANCE PERSONNEL: THE IMPORTANCE OF STAFFING AND RECRUITMENT

Another critical strategy for strengthening ethical decision-making in healthcare organizations is investing in dedicated ethics and compliance roles. These positions go beyond legal compliance and ensure that ethical values are continuously embedded into organizational culture. One key approach is hiring and training individuals whose values align with the organization's mission. Strategic recruitment, onboarding, and ongoing education focused on ethical leadership can reinforce core values across every level of the institution.

Ethics committees also play an important role, offering guidance in complex decision-making, reviewing policies, and promoting ethical standards in clinical care. However, these committees often face limitations, such as a lack of authority, inconsistent application across departments, or insufficient training. To be most effective, they must be supported by a larger culture of ethical accountability and leadership buy-in.[22]

The intersection of corporate social responsibility (CSR) and patient-centered care also provides an opportunity for organizations to align their public-facing values with internal decision-making. When CSR is implemented authentically, not just as marketing, it can guide systems toward transparency, integrity, and community trust.

One compelling case study illustrating the impact of ethics and compliance reform is HCA Healthcare. Once the subject of the largest healthcare fraud case in U.S. history, HCA faced a $631 million settlement after federal investigations revealed fraudulent billing practices, including overcharging Medicare and submitting false claims.[23] Rather than allowing this crisis to destroy its reputation, HCA used the moment as a turning point. The organization restructured its internal ethics framework, mandated the creation of an Ethics and Compliance Officer position at every hospital, and introduced new mission and values statements focused on transparency and accountability. These changes were part court-mandated and part strategic. HCA went further by developing robust compliance programs, publicly highlighting its ethical initiatives, and celebrating recognition from third-party organizations such as Ethisphere, which later named it one of the world's most ethical companies.

Former VP of Operations and Ethics and Compliance Officer, Jim Miller, emphasized that HCA's renewed commitment to ethics and values was instrumental in fostering "just cultures" across its hospitals. This cultural shift not only improved workplace conditions for employees but also rebuilt trust among patients, ultimately enhancing the overall experience for both groups. Miller noted that in today's climate, where healthcare workers face growing threats of workplace violence, a strong organizational focus on patient and staff safety has become critical. Such efforts, he explained, directly influence employee engagement and retention, underscoring the deep connection between ethical leadership and operational success.

HCA's organizational transformation offers a compelling model for other healthcare systems aiming to strengthen their ethical foundations. While smaller institutions may lack HCA's scale or financial capacity, they can still adopt its core principles, such as investing in dedicated ethics infrastructure, fostering organizational alignment around shared values, and leveraging transparency to rebuild public trust. Importantly, leaders should recognize that mandated reforms, like compliance upgrades, can be strategically repositioned as catalysts for broader cultural change. By aligning ethical values with operational priorities and communicating progress both internally and publicly, healthcare organizations can cultivate a lasting culture of integrity that shapes leadership behavior and everyday decision-making across all levels of the system.

ETHICAL DECISION-MAKING IN FINANCIAL ALLOCATION

One of the most ethically challenging responsibilities in healthcare leadership is balancing financial sustainability with the moral imperative to deliver equitable care. This tension is particularly acute in for-profit hospitals, where the drive to maximize returns for investors can conflict with the needs of vulnerable patient populations. However, some for-profit systems are actively working to reconcile these interests by reinvesting a portion of profits into community outreach, uncompensated care, and quality improvement efforts. This reframing positions financial success not as an end, but as a means of advancing broader social impact.

Critics rightly caution that such reinvestments can risk becoming token gestures if not accompanied by systemic changes. To ensure these efforts are more than symbolic, hospitals must tie reinvestment to transparent metrics, long-term commitments, and accountability structures that measure both intent and impact. Ethical leadership requires going beyond one-time donations or public relations efforts to embed equity-driven goals into the core business strategy.

Central to this ethical alignment is transparency in how resources are distributed. Hospitals that deliberately set aside funds for underinsured or underserved patients signal a genuine commitment to fairness and health equity. Making these decisions visible to the public not only builds trust but also helps repair relationships with communities that have experienced historic disparities and discrimination in healthcare access.

To formalize these efforts, some organizations are adopting ethical budgeting frameworks that explicitly integrate principles like justice, beneficence, and equity into their financial planning processes. These models allow leaders to weigh investments and cost-saving measures not only by their economic return but also by their impact on patient outcomes and community well-being.

In this context, financial transparency becomes more than a best practice, it becomes an ethical obligation. Hospitals can strengthen accountability by publicly disclosing how they prioritize programs, allocate charity care funding, and support community-based initiatives. Sharing this information with staff, patients, and stakeholders cultivates a more participatory and ethically grounded organizational culture.

Another forward-thinking strategy is to incentivize ethical behavior through performance evaluations. By incorporating metrics such as ethical conduct, transparency, and engagement with underserved communities into leadership assessments, hospitals can align personal performance with institutional values. Recognizing and rewarding leaders who champion fairness in resource distribution reinforces the message that ethical leadership is essential, not optional, to achieving healthcare excellence.

FOSTERING SAFE SPACES FOR ETHICAL ACTION: PSYCHOLOGICAL SAFETY, WHISTLEBLOWER PROTECTION, AND REPORTING SYSTEMS

Fostering an ethical culture within healthcare organizations is vital for ensuring patient safety, supporting staff well-being, and maintaining institutional integrity. Cultivating an environment grounded in psychological safety, ethical decision-making, whistleblower protections, and accessible reporting mechanisms is not a luxury, it is a strategic imperative.

Psychological safety refers to a workplace atmosphere where individuals feel secure expressing concerns, raising questions, or acknowledging mistakes without fear of punishment or embarrassment. In healthcare, this dynamic is especially critical. It empowers staff to speak up about ethical concerns or clinical errors, both of which are strongly correlated with improved patient outcomes. Research consistently shows that psychological safety fosters proactive behaviors, such as open dialogue, team collaboration, and transparent error reporting. A concept analysis further emphasizes its influence on key safety behaviors, including clarification-seeking and early reporting, all of which contribute to a more ethical, responsive workplace culture.[26,27]

Whistleblower protections add another layer of accountability. These legal safeguards are designed to protect individuals who expose unethical, illegal, or dangerous practices from retaliation. Federal policies, such as the Whistleblower Protection Act of 1989 and the Whistleblower Protection Enhancement Act, extend coverage to employees, contractors, and grantees who report concerns through authorized channels like the Office of Inspector General (OIG) or Congress. Additional protections from OSHA and the Department of Labor reinforce this system. In healthcare, these measures play a crucial role in safeguarding public trust and preventing patient harm. Yet protections alone are not enough. Institutions must implement internal mechanisms, such as whistleblower coordinators and transparent reporting systems, to ensure these protections are both visible and functional. Likewise, the whistleblower must not be shunned by colleagues. Cases like the HCA fraud scandal serve as a reminder of the consequences when ethical concerns go unaddressed.

Ultimately, building an ethical culture demands more than adherence to policies, it requires an intentional, top-down transformation. By embedding psychological safety, institutionalized protections, and reporting systems into daily practice, organizations cultivate trust, strengthen transparency, and empower ethical decision-making at every level. These cultural foundations not only improve staff morale and retention but also lead to safer, more equitable outcomes for patients and communities alike.

CONCLUSION

Building an ethical hospital culture is not a one-time initiative, it is an ongoing, intentional commitment rooted in leadership, accountability, and the alignment of institutional behavior with moral values. As healthcare systems grapple with intensifying financial pressures, workforce shortages, and the challenges of rapidly advancing technologies, embedding ethics into the organizational framework is not just important; it is essential. Ethical cultures do not arise spontaneously; they must be cultivated through transparent leadership, inclusive decision-making, strategic investment in ethics infrastructure, and the safeguarding of psychological and moral safety for all stakeholders.

This paper has argued that fostering an ethical culture in hospitals is both a moral obligation and a strategic necessity. Ethics should inform budgeting decisions, staffing models, quality improvement efforts, and responses to organizational crises. Healthcare institutions that center ethics as a core value, not merely as a compliance measure, can foster environments characterized by trust, accountability, and resilience. Such frameworks enhance not only patient care and employee well-being but also institutional credibility and long-term sustainability.

For emerging healthcare leaders, the charge is clear: ethics must not be an afterthought. It must be the foundation upon which all decisions, operational, clinical, and financial, are built. Only then can we move toward a

healthcare system that is not only efficient but also equitable, compassionate, and truly worthy of the trust it holds from the communities it serves.

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