



Ethical Leadership Development: Fairness, Integrity, and Stewardship in Healthcare Leadership

Nicole Poston 

Center for Leadership and Organizations Doctoral Program, Anderson University, Anderson, SC, USA
Email: nicoleposton3@gmail.com

How to cite this paper: Poston, N. (2025) Ethical Leadership Development: Fairness, Integrity, and Stewardship in Healthcare Leadership. *Open Access Library Journal*, 12: e14654.

<https://doi.org/10.4236/oalib.1114654>

Received: November 21, 2025

Accepted: December 21, 2025

Published: December 24, 2025

Copyright © 2025 by author(s) and Open Access Library Inc.

This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

This theoretical treatise addresses the growing demand for ethical leadership in healthcare organizations amid increasing complexity, moral distress, and institutional strain. The study aims to develop a practical, theoretically grounded framework for ethical leadership centered on the principles of fairness, integrity, and stewardship. Drawing on virtue ethics, deontological ethics, and justice-based reasoning, the paper develops a model tailored to healthcare leadership, where high-stakes decisions frequently carry life-altering consequences. The theoretical treatise is based on a reflective analysis of professional leadership experience within U.S.-based faith-affiliated healthcare systems, where theological commitments to human dignity, care for the vulnerable, and accountability before a moral community sharpen the emphasis on stewardship and moral reasoning. This experience is integrated with contemporary scholarship from organizational ethics and leadership studies. A qualitative, theory-driven approach is employed to examine how ethical leadership values manifest in real-world challenges, such as provider burnout, equity gaps, and psychological safety. In this paper, psychological safety is understood as a shared belief that the team is safe to speak up, ask questions, and acknowledge uncertainty or error without fear of punishment or humiliation. Special attention is given to crisis leadership during the COVID-19 pandemic, used as a test case to examine how ethical principles operate under pressure. The proposed Ethical Leadership Development Model positions psychological safety as a central outcome of value-driven leadership. Ethical leadership is not merely reactive; it requires the intentional cultivation of moral perception and reasoning in the leader's response to complex moral situations. The results are particularly relevant to healthcare administrators, leadership educators, and policy developers who seek to integrate ethics into training, evaluation, and governance. The framework can be adapted for use in healthcare institutions, leadership devel-

opment programs, and ethics committees to foster resilient, values-based organizational cultures.

Subject Areas

General Management, Sociology

Keywords

Burnout, Crisis, Ethics, Fairness, Healthcare, Integrity, Leadership, Moral Injury, Stewardship, Trust

1. Introduction

In modern healthcare environments, leaders are routinely faced with decisions that carry both clinical and moral weight. As the complexity of care delivery increases—driven by rapid technological advancements, tightening regulations, and strained workforce dynamics—so too does the need for leadership guided by a clear ethical foundation. Ethical leadership is not merely a matter of professional conduct; it is a crucial strategy for navigating organizational challenges, protecting staff well-being, and maintaining public trust in healthcare institutions.

The pressure on healthcare leaders has intensified in recent years, particularly amid the COVID-19 pandemic, escalating staff shortages, and widespread burnout. These conditions have revealed serious gaps in ethical preparedness and have pushed moral concerns from the margins to the center of healthcare management. Issues such as fairness in resource allocation, consistency in decision-making, and the psychological impact of moral injury have become urgent matters for leadership, not only from an operational standpoint but from an ethical one.

This paper addresses the need for a structured, values-driven approach to ethical leadership in healthcare. Specifically, it explores how the values of fairness, integrity, and stewardship can serve as foundational principles for moral decision-making. These values are synthesized into a conceptual framework—the Ethical Leadership Development Model—that offers a practical guide for leaders operating in ethically complex environments. The model is built on established ethical theories, including virtue ethics, deontological duty, and justice ethics, and is grounded in the realities of healthcare leadership.

The framework is also shaped by the context of faith-affiliated healthcare systems in the United States, where organizational missions often explicitly reference service, compassion, and responsibility to a broader moral community. In such settings, stewardship is not limited to financial or operational efficiency; it entails careful care for people, resources, and institutional trust as goods held in trust rather than owned. This context places particular weight on moral reasoning, discernment, and accountability [1], which in turn informs how fairness, integrity, and stewardship are prioritized and interpreted within the Ethical Leadership Development (ELD) Model.

The purpose of this theoretical treatise is to propose a personal yet theoretically informed framework for ethical leadership and demonstrate its applicability to real-world leadership challenges. The framework is not presented as a universal solution. Still, it is a reflective tool that can support ethical awareness, consistency, and courage in leadership practice [1]. By connecting theoretical ethics to the everyday decisions healthcare leaders must make, this paper contributes to the broader conversation about leadership development, organizational ethics, and sustainable healthcare systems.

In doing so, it also seeks to influence how ethics is taught and embedded in leadership structures—not as an afterthought, but as a central component of leadership. The findings and model presented here have practical relevance for healthcare organizations seeking to build values-based cultures, improve team psychological safety, and strengthen ethical resilience in the face of uncertainty.

2. Literature Review

The concept of ethical leadership has gained significant scholarly attention across disciplines, particularly in organizational studies, psychology, public administration, and healthcare. Foundational theoretical works such as those by Aristotle (virtue ethics) [2], Immanuel Kant (deontological ethics) [3], and John Rawls (justice theory) [1] have established the moral underpinnings of leadership behavior, forming the philosophical basis of ethical leadership models [1] [4] [5]. These theories have been extended and adapted into leadership practice frameworks in recent decades, particularly in high-stakes sectors such as healthcare, where ethical decision-making is central to leadership outcomes [6] [7].

Ethical leadership is multifaceted and grounded in an intentional commitment to fairness, integrity, and stewardship. Ferrell *et al.* [8] emphasize that ethical leadership involves fostering a culture of empowerment and accountability, grounded in the individual leader's values, philosophical ethics, and the organization's culture [9]. Research also demonstrates that ethical leadership significantly reduces deviant workplace behaviors by strengthening moral accountability and shaping value-driven organizational norms [10]. Aristotle's [2] doctrine of the mean and the pursuit of eudaimonia (human flourishing) inform modern virtue-based ethics, while Fluker [11] and Franklin [12] expand this view by making moral imagination and civic responsibility central leadership tools. These ideas emphasize the role of spiritual and character-driven leadership as essential components of ethical practice [11]-[13].

Several scholars have linked ethical leadership directly to psychological safety—a construct crucial to modern healthcare environments. Edmondson and Lei [14], Edmondson and Bransby [15], and O'Donovan and McAuliffe [16] emphasize the importance of trust-based cultures in teams where moral injury and burnout are prevalent. Edmondson and Bransby [15] further emphasize that psychological safety has matured into a well-established leadership outcome directly linked to ethical behavior and trust in high-performing teams. This is especially relevant for

healthcare leaders managing complex interpersonal and systemic stressors.

Additionally, the literature connects servant leadership with stewardship and organizational commitment. Potts and Quandt [17] advocate for ethical leaders to prioritize the common good through virtues such as courage, prudence, and active listening. The servant leadership model shares significant overlap with deontological and virtue ethics, as it positions service and character as central to a leader's impact. Practical wisdom has emerged as a key bridge between ethical theory and leadership behavior, enabling leaders to navigate complexity with reflective judgment and authenticity [18]. Leadership is inherently a moral activity, as leaders influence not only outcomes but also the values and behaviors of others; thus, moral imagination and integrity must shape leadership decision-making [19].

Despite growing consensus around these concepts, critical gaps persist. Lemoine *et al.* [20] note that although ethical, authentic, and servant leadership share theoretical roots, empirical studies often fail to integrate these perspectives into a unified model. Many tools remain quantitative, omitting the subjective reflections and narratives of real-world healthcare leaders—especially those operating in faith-based institutions, where moral reasoning is integral to the organization's DNA.

Geographically, ethical leadership research remains dominated by Western perspectives [21], with insufficient exploration across diverse global cultural contexts. The bulk of research is concentrated in the U.S., U.K., and Western Europe, leaving regional healthcare systems in Africa, Asia, and South America underrepresented. Additionally, emerging research since the COVID-19 pandemic has reflected a shift in leadership challenges, but it lacks a cohesive ethical framework for managing crisis-level decisions [22] [23].

Although the ELD Model is developed within a Western, U.S.-based healthcare context, its core values of fairness, integrity, and stewardship can be interpreted in ways that resonate with non-Western cultural and healthcare traditions. For example, fairness may take shape through communitarian or collectivist understandings of equity, integrity may be grounded in role-based obligations within hierarchical or family-centered structures, and stewardship may align with relational or community-oriented concepts of responsibility. Exploring how these values are translated, prioritized, and balanced in diverse cultural settings is a critical next step for adapting and testing the model beyond Western healthcare systems.

This literature review encompasses over 60 peer-reviewed sources from journals indexed in Scopus, Web of Science, and PubMed, with publication dates ranging from foundational texts to those as recent as 2023 and 2024. It draws connections among ethics theory, leadership studies, and practical application in healthcare settings to demonstrate the absence of an integrative, values-based ethical leadership model. While over 60 sources were reviewed in the preliminary phase, only 36 references were included in the final manuscript. Inclusion was

based on direct relevance to servant leadership, ethical decision-making, and psychological safety within healthcare contexts. Sources were excluded if they were duplicative, lacked theoretical alignment with the proposed model, or offered limited applicability to healthcare or mission-driven leadership environments.

In response, this paper introduces the Ethical Leadership Development framework, which is structured around the principles of fairness, integrity, and stewardship. It synthesizes justice ethics, virtue-based ethics, and servant leadership into a functional model, with psychological safety as its core outcome. This model aims to bridge theoretical insights with daily leadership practice, providing a scalable tool for healthcare leaders committed to ethical resilience.

3. Methodology, Theoretical and Conceptual Framework

3.1. Theoretical Foundations and Research Problem

The ethical leadership problem addressed in this paper is a subset of the broader challenge of aligning moral philosophy with practical leadership in high-stakes sectors—specifically, healthcare [24]. Existing theories on ethical, authentic, transformational, and servant leadership provide valuable insight, but they rarely offer integrative models that resolve real-time ethical conflicts. Furthermore, few models synthesize these values into decision-making frameworks that are adaptable in complex, emotionally charged settings such as hospitals or clinics [20] [21]. This paper aims to fill the theoretical and practical void by proposing a hybrid model grounded in fairness, integrity, and stewardship. The methodology also aligns with practitioner-based frameworks in healthcare leadership that emphasize ethical reasoning and context-specific adaptation of virtue ethics [25].

This proposed model is guided by foundational ethical theories, including virtue ethics [2], deontology [3], and justice ethics [1], which offer structured moral reasoning [9]. These frameworks are extended into leadership through the works of Northouse [5], Ciulla [4], and Fluker [11]. The author's contribution is to synthesize these into a coherent model that emphasizes not only moral intent but also leadership behavior and outcomes. The literature review further positions psychological safety, a construct validated by Edmondson and colleagues as a measurable consequence of ethical leadership [14] [15] [26]. Also drawing from Aristotelian virtue ethics, not only to underscore character-driven leadership but also to argue for a resurgence of practical wisdom (phronesis) to unify action and ethical reflection in leadership practice [2] [27].

3.2. Methodological Approach

This is a theoretical paper using reflective, narrative, and philosophical methods, aligning with the view that leadership identity is shaped through lived moral narratives [28]. It does not rely on empirical data collection but is grounded in an applied analysis of professional leadership experience in healthcare management. The methodology includes:

- 1) Thematic synthesis of ethical constructs across foundational and modern leadership theories.
- 2) Comparative analysis of leadership models to identify strengths, overlaps, and limitations [29] [30].
- 3) Narrative reflection from a healthcare leadership perspective [28] and [31].
- 4) Model construction, leading to the development of the Ethical Leadership Development (ELD) framework.

This approach allows the author to draw on both scholarly literature and lived leadership experience, creating a bridge between abstract ethical principles and actionable leadership behaviors. The reflection methodology parallels autoethnographic techniques, although no formal autoethnography is conducted.

The author's leadership experience in faith-affiliated healthcare settings also shapes the model's emphasis on stewardship and moral reasoning, which aligns with theories emphasizing the ethical responsibility to remember and honor collective experience [32]. In these institutions, ethical questions are often framed in light of mission statements, spiritual traditions, and commitments to care for marginalized or underserved populations. This context encourages leaders to view their authority as a trust held on behalf of patients, staff, and the wider community, which reinforces deontological duties related to justice, promise-keeping, and truthfulness. Although the ELD Model is intended for use in secular organizations, this faith-informed perspective helps explain why stewardship and moral reflection are treated as central and non-negotiable elements of ethical leadership.

3.3. Development of the Ethical Leadership Development (ELD) Model

The ELD Model is the primary theoretical contribution of this paper. It integrates the values of fairness, integrity, and stewardship—each mapped onto a specific ethical tradition:

- Fairness → Justice Ethics [1].
- Integrity → Deontology [3].
- Stewardship → Virtue Ethics and Servant Leadership [2] [11] [18].

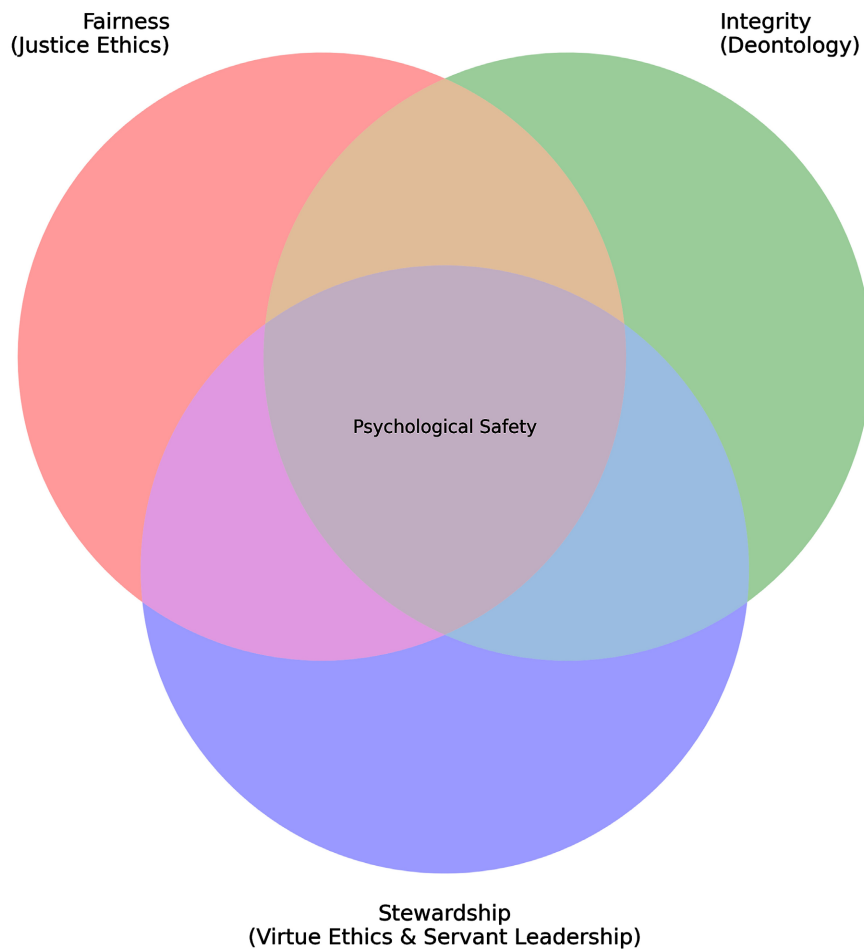
The model is illustrated through a Venn diagram (**Figure 1**), with psychological safety at its center. The figure illustrates how ethical leadership requires the convergence of these three values, suggesting that deficiencies in any one of them compromise ethical resilience [26].

3.4. Proposed Model

The model focuses on leadership in the following ways:

- Ethical leadership grounded in fairness, integrity, and stewardship enhances psychological safety in healthcare teams [16].
- Ethical leadership mitigates the impact of moral distress and burnout [10] [33] [34].

- The convergence of virtue, duty, and justice theories offers a more complete ethical framework than any single tradition [4].



Sources: Developed by the author based on Rawls [1], Aristotle [2], Kant [3], Northouse [5], Edmondson [26].

Figure 1. Ethical leadership development model.

3.5. Stages of Theoretical Development (See Table 1)

Table 1. Development process of the ethical leadership framework.

Ethical Theory	Leadership Value	Practical Application in Healthcare
Justice Ethics [1]	Fairness	Transparent triage policies; equitable staffing
Deontology [3]	Integrity	Consistent decision-making; upholding policies
Virtue Ethics [2]	Stewardship	Long-term thinking; team development

Sources: Developed by the author based on theoretical frameworks and professional practice [1]-[3].

3.6. Limitations

This paper is theoretical and does not include empirical testing. The author’s per-

spective is drawn from U.S.-based healthcare systems, particularly faith-affiliated institutions, which may limit the generalizability of the findings. Additionally, while the framework draws on a broad body of literature, its implementation has not yet been validated across diverse healthcare settings. The pace and structure of clinical work may also constrain practical implementation. The model presumes time and psychological space for reflective practice, ethical dialogue, and transparent communication, which can be challenging to sustain in high-acuity units, understaffed departments, and crisis conditions. Leaders may face conflicting incentives, productivity metrics, and regulatory demands that crowd out the deliberate moral reasoning the model calls for. Furthermore, the model's Western ethical foundations may need to be adapted to align with local cultural norms, professional hierarchies, and community expectations in non-Western healthcare systems, where conceptions of fairness, authority, and responsibility may differ.

3.7. Contribution to Knowledge

The ELD Model contributes to the formation of an applied ethics framework in leadership studies, offering:

- A hybridized ethical decision-making tool.
- A new basis for leadership training curricula.
- A scalable model that could be empirically tested.

This model can guide future empirical research and influence leadership development programs, particularly in mission-driven and healthcare environments.

4. Discussion

The Ethical Leadership Development (ELD) Model proposed in this theoretical treatise enters a dynamic theoretical space that has long been dominated by servant, authentic, and transformational leadership frameworks. While these models emphasize leader behavior, self-awareness, and values, the ELD Model contributes a distinct lens by integrating three philosophical traditions—virtue ethics, deontology, and justice ethics—into a single practical framework. This triadic structure explicitly links leadership values (fairness, integrity, stewardship) to their moral foundations, whereas competing models often omit or imply these foundations.

For example, servant leadership prioritizes empathy, listening, and service, but lacks consistent grounding in philosophical ethics beyond vague notions of altruism. Authentic leadership emphasizes transparency and self-regulation; however, critics argue that it can overemphasize self-congruence at the expense of team needs. Transformational leadership promotes vision and influence but can neglect ethical boundaries if not rooted in a clear moral compass. In contrast, the ELD Model begins with a structured ethical foundation and works outward toward leadership behavior and outcomes, such as psychological safety. Virtue ethics, particularly within servant leadership models, offers a pathway for cultivating character, prudence, and humility in leaders—traits essential in healthcare's high-stakes environments [7].

Within the ELD Model, stewardship builds on, but also extends, the way it is commonly treated in servant leadership theory. Servant leadership tends to emphasize a posture of service and care toward followers, often centering on the leader's humility and support of others. By contrast, stewardship in the ELD Model is explicitly tied to justice and deontological duty: leaders are not only called to serve but are obligated to allocate resources fairly, uphold just processes, and protect those who are most vulnerable, even when doing so is costly or unpopular. Stewardship, therefore, functions as a fiduciary and moral responsibility to patients, staff, and the public, grounded in duties of fairness, truth-telling, and nonmaleficence, rather than only in the leader's desire to serve or be benevolent [17] [35].

One of the model's strengths lies in its applicability to healthcare, where leaders must routinely balance competing values and reframe complex organizational challenges through ethical lenses [24]. The model provides a framework not only for ethical reflection but also for prioritizing action when conflicting principles are encountered. It offers a usable tool in situations where resource allocation, policy enforcement, or moral distress arise, helping leaders avoid defaulting to personal bias or organizational inertia.

Compared to other models in the literature, the ELD Model also foregrounds psychological safety as an outcome rather than a condition. In doing so, it links leader ethics directly to team well-being, patient care outcomes, and retention, aligning with recent empirical studies in healthcare leadership [14] [33] [36].

Nonetheless, the model has its limitations. It has yet to be empirically validated in diverse healthcare settings, and its reliance on moral reasoning may present challenges in fast-paced or bureaucratic environments. Furthermore, it is primarily normative in design, offering guidance on what leaders ought to do, which may not always align with organizational pressures or hierarchical constraints.

Future research should test the ELD Model across contexts and integrate it into leadership development programs to assess both behavioral change and outcomes, comparing it with similar studies that explore ethical leadership through single dimensions (e.g., honesty, humility, service). This model offers a more holistic yet structured perspective.

In conclusion, the ELD Model presents a new avenue for ethical leadership research and practice by unifying multiple moral traditions, aligning them with contemporary healthcare needs, and establishing a clear, value-driven pathway for leadership development.

5. Conclusions

The primary objective of this theoretical treatise was to construct a robust ethical leadership framework that integrates foundational moral theories—virtue ethics, deontology, and justice ethics—into a usable model for healthcare leadership. This objective has been achieved through the development of the Ethical Leadership Development (ELD) Model, which aligns the leadership values of stewardship, in-

tegrity, and fairness with ethical decision-making in complex, real-world scenarios. The model focuses on psychological safety as both an indicator and an outcome of ethical leadership, emphasizing the interpersonal and organizational implications of ethical decision-making.

The literature reviewed in this paper revealed new patterns in the alignment of ethical theory with leadership behavior, underscoring that ethical leadership is most effective when grounded in multiple ethical perspectives rather than a single moral approach. The synthesis of values demonstrated that fairness, integrity, and stewardship must operate in concert to provide a resilient ethical foundation. Each value contributes uniquely—fairness ensures equity, integrity supports consistency, and stewardship fosters long-term responsibility. The convergence of these values yields a leadership approach that can effectively address moral complexity, ambiguity, and emotional strain in healthcare settings.

A key contribution of this study is its practical applicability. The ELD Model is not purely theoretical; it is designed for direct integration into leadership training, ethics committees, and crisis response strategies. It offers leaders a pathway to anchor decisions in clearly defined values while remaining responsive to situational nuance. Research shows that such anchoring of ethical behavior also reduces deviance and improves accountability in complex work environments.

Limitations of the research evaluated in this paper include its primarily theoretical orientation and reliance on reflective leadership practice rather than empirical testing. The model has not yet been validated across diverse organizational structures or international healthcare systems. Future research should therefore prioritize empirical testing, examination of implementation outcomes, assessment of cross-sector adaptability, and exploration of how the values of fairness, integrity, and stewardship can be interpreted and operationalized in non-Western healthcare systems.

Looking forward, the ELD Model holds promise for broader application beyond healthcare, especially in education, public policy, and mission-driven sectors where ethical clarity is critical. Further exploration should evaluate the model's effectiveness in team-based interventions, policy development, and leadership coaching frameworks. In this way, the model can evolve from a personal leadership philosophy into a widely used tool for cultivating ethical resilience and institutional trust.

This theoretical treatise concludes that ethical leadership is not a theoretical luxury but an operational necessity. By combining timeless moral theories with the demands of contemporary leadership, the proposed ELD Model serves as a bridge between philosophical ethics and practical decision-making—offering a sustainable blueprint for values-based leadership in ethically complex environments.

Acknowledgements

Not applicable.

Data Availability Statement

Not applicable.

Informed Consent Statement

Not applicable.

Conflicts of Interest

The author declares no conflict of interest.

References

- [1] Audi, R. (2012) *Moral Perception*. Princeton University Press. <https://doi.org/10.23943/princeton/9780691156484.001.0001>
- [2] Aristotle, Thomson, J.A.K., Tredennick, H. and Barnes, J. (2004) *Aristotle: The Nicomachean Ethics*. Penguin Books.
- [3] Bowen, S.A. (2005) A Practical Model for Ethical Decision Making in Issues Management and Public Relations. *Journal of Public Relations Research*, **17**, 191-216. https://doi.org/10.1207/s1532754xjpr1703_1
- [4] Ciulla, J.B. (2004) *Ethics, the Heart of Leadership*. Greenwood Publishing Group.
- [5] Northouse, P.G. (2022) *Leadership: Theory and Practice*. 9th Edition, Sage Publications.
- [6] Gallagher, A. and Tschudin, V. (2010) Educating for Ethical Leadership. *Nurse Education Today*, **30**, 224-227. <https://doi.org/10.1016/j.nedt.2009.11.003>
- [7] Gentry, L. and Fleshman, J.W. (2020) Leadership and Ethics: Virtue Ethics as a Model for Leadership Development. *Clinics in Colon and Rectal Surgery*, **33**, 217-220. <https://doi.org/10.1055/s-0040-1709437>
- [8] Ferrell, O.C., Fraedrich, J. and Ferrell, L. (2019) Ethical Leadership. In: *Business Ethics: Ethical Decision Making and Cases*, Cengage, 278-308.
- [9] Ferrell, O.C., Fraedrich, J. and Ferrell, L. (2019) Individual Factors: Morals, Philosophies, and Values. In: *Business Ethics: Ethical Decision Making and Cases*, Cengage 136-162.
- [10] Sadaf, M.A. and Yasmin, K. (2021) Ethical Leadership and Deviant Workplace Behavior: A Systematic Review. *Journal of Contemporary Trends and Issues in Education*, **1**, 26-47. <https://doi.org/10.55628/jctie.v1i1.5>
- [11] Fluker, W.E. (2009) *Ethical Leadership: The Quest for Character, Civility, and Community*. Fortress Press. <https://doi.org/10.2307/j.ctv13vdfcd>
- [12] Franklin, R. (2020) *Moral Leadership: Integrity, Courage, Imagination*. Orbis Books.
- [13] Haldane, J. (2024) Virtuous Leadership: Ambiguities, Challenges, and Precedents. *Metaphilosophy*, **55**, 566-581. <https://doi.org/10.1111/meta.12704>
- [14] Edmondson, A.C. and Lei, Z. (2014) Psychological Safety: The History, Renaissance, and Future of an Interpersonal Construct. *Annual Review of Organizational Psychology and Organizational Behavior*, **1**, 23-43. <https://doi.org/10.1146/annurev-orgpsych-031413-091305>
- [15] Edmondson, A.C. and Bransby, D.P. (2023) Psychological Safety Comes of Age: Observed Themes in an Established Literature. *Annual Review of Organizational Psychology and Organizational Behavior*, **10**, 55-78. <https://doi.org/10.1146/annurev-orgpsych-120920-055217>

- [16] O'donovan, R. and McAuliffe, E. (2020) A Systematic Review of Factors That Enable Psychological Safety in Healthcare Teams. *International Journal for Quality in Health Care*, **32**, 240-250. <https://doi.org/10.1093/intqhc/mzaa025>
- [17] Potts, G.W. and Quandt, R.P. (2023) Leaders as Virtuous Stewards. In: Newstead, T.P. and Riggio, R.E., Eds., *Leadership and Virtues: Understanding and Practicing Good Leadership*, Routledge, 93-104. <https://doi.org/10.4324/9781003212874-10>
- [18] Ferrero, I., Pellegrini, M.M., Reichert, E. and Rocchi, M. (2023) How Practical Wisdom Enables Transformational and Authentic Leadership. In: Newstead, T.P. and Riggio, R.E., Eds., *Leadership and Virtues*, Routledge, 67-83. <https://doi.org/10.4324/9781003212874-8>
- [19] Gini, A. (2010) Moral Leadership and Business Ethics. In: *Leading Organizations: Perspectives for a New Era*, Sage, 345-355.
- [20] Lemoine, G.J., Hartnell, C.A. and Leroy, H. (2019) Taking Stock of Moral Approaches to Leadership: An Integrative Review of Ethical, Authentic, and Servant Leadership. *Academy of Management Annals*, **13**, 148-187. <https://doi.org/10.5465/annals.2016.0121>
- [21] Resick, C.J., Hanges, P.J., Dickson, M.W. and Mitchelson, J.K. (2006) A Cross-Cultural Examination of the Endorsement of Ethical Leadership. *Journal of Business Ethics*, **63**, 345-359. <https://doi.org/10.1007/s10551-005-3242-1>
- [22] Graves, J.A. and Williams, D.R. (2021) The Pandemic and the Widening Gap in Health Inequities. *JAMA*, **325**, 243-244.
- [23] Rosenbaum, L. (2020) Facing Covid-19 in Italy—Ethics, Logistics, and Therapeutics on the Epidemic's Front Line. *New England Journal of Medicine*, **382**, 1873-1875. <https://doi.org/10.1056/nejmp2005492>
- [24] Bolman, L.G. and Deal, T.E. (2017). *Reframing Organizations*. 6th Edition, Jossey-Bass. <https://doi.org/10.1002/9781119281856>
- [25] Gentry, W.A. and Fleshman, D.M. (2020) *Leadership and Ethics in Healthcare: A Guide for Practitioners and Educators*. Springer.
- [26] Edmondson, A.C. (2023) *The Right Kind of Wrong: The Science of Failing Well*. Atria Books.
- [27] Ferrero, I., Sison, A.J.G. and Guitián, G. (2023) Leadership with Practical Wisdom: Lessons from Aristotle for the Contemporary Manager. *Journal of Business Ethics*, **185**, 45-62.
- [28] Atkins, K. (2008) *Narrative Identity and Moral Identity: A Practical Perspective*. Routledge. <https://doi.org/10.4324/9780203894903>
- [29] Liden, R.C., Wayne, S.J., Zhao, H. and Henderson, D. (2008) Servant Leadership: Development of a Multidimensional Measure and Multi-Level Assessment. *The Leadership Quarterly*, **19**, 161-177. <https://doi.org/10.1016/j.leaqua.2008.01.006>
- [30] Brown, M.E. and Treviño, L.K. (2006) Ethical Leadership: A Review and Future Directions. *The Leadership Quarterly*, **17**, 595-616. <https://doi.org/10.1016/j.leaqua.2006.10.004>
- [31] Dean, W., Talbot, S. and Dean, A. (2019) Reframing Clinician Distress: Moral Injury Not Burnout. *Federal Practitioner*, **36**, 400-402.
- [32] Margalit, A. (2002) *The Ethics of Memory*. Harvard University Press.
- [33] Dyrbye, L.N., *et al.* (2020) Burnout among Healthcare Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care. *NAM Perspectives*.

- [34] Shanafelt, T.D., Boone, S., Tan, L., Dyrbye, L.N., Sotile, W., Satele, D., *et al.* (2012) Burnout and Satisfaction with Work-Life Balance among US Physicians Relative to the General US Population. *Archives of Internal Medicine*, **172**, 1377-1385. <https://doi.org/10.1001/archinternmed.2012.3199>
- [35] Potts, A.L. and Quandt, S.A. (2023) Servant Leadership in Healthcare: A Philosophical Foundation for Ethical Practice. *Journal of Health Administration Education*, **40**, 180-197.
- [36] Neubert, M.J., Carlson, D.S., Kacmar, K.M., Roberts, J.A. and Chonko, L.B. (2009) The Virtuous Influence of Ethical Leadership Behavior: Evidence from the Field. *Journal of Business Ethics*, **90**, 157-170. <https://doi.org/10.1007/s10551-009-0037-9>

List of Abbreviations

Abbreviation	Full Term
CEO	Chief Executive Officer
CMO	Chief Medical Officer
COO	Chief Operating Officer
DEI	Diversity, Equity, and Inclusion
ELD	Ethical Leadership Development
HR	Human Resources
ICU	Intensive Care Unit
PS	Psychological Safety
RN	Registered Nurse
U.S.	United States