

Prerequisites for Ethical Leadership

Insights from Health and Social Care Leaders

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ETHICAL LEADERSHIP: MORE THAN GOOD INTENTIONS?

- Ethical leadership is often understood primarily in terms of the individual leader: their values, competence and willingness to do the right thing.
- But what if a leader knows what the right thing is - yet their opportunities to act are limited?

Today's talk

This presentation explores health and social care leaders' experiences of the prerequisites for ethical leadership in everyday practice.

Roadmap

- **Background**
 - *Why does ethical leadership matter? What did we know – and what was missing?*
- **Methods**
 - *Study design, participants, data collection and analysis*
- **Findings**
 - *Five interrelated themes*
- **Synthesis and implications**
 - *Bringing the findings together and implications for practice*

What is ethical leadership?

Ethical leadership involves both being ethical and actively leading for ethics.

Moral person

Acts with integrity, fairness and respect, makes ethical decisions and serves as an ethical role model.

Moral leader

Makes ethics visible through communication, decision-making, reinforcement and expectations for ethical conduct.

(Brown et al., 2005; Treviño et al., 2000)

Ethical leadership does not occur in isolation. Its development and maintenance are influenced by organisational and wider contextual conditions.

(Eisenbeiss & Giessner 2012)

**Ethical considerations are
integral to leadership in health
and social care.**

(Gallagher & Tschudin, 2010)

Leadership in health and social care is not easy...

Health and social care leaders are expected to make decisions that support:

- High-quality care
- Staff well-being
- Organisational integrity

At the same time, they must balance:

- Resource constraints
- Workforce shortages
- Organisational demands
- Regulatory responsibilities



Why does ethical leadership matter?

- Ethical leadership is directly linked to care quality, patient safety, and staff retention (Gallagher & Tschudin, 2010; Northouse, 2021; Lotfi et al., 2018; Singh & Vashist, 2024).
- When leaders lack the conditions to act ethically, the result can be moral distress among staff and reduced organisational sustainability. (Lotfi et al., 2018; Singh & Vashist, 2024)
- This is a strategic organisational issue — not only an ethical one (OECD/European Commission, 2024).



What we knew ...

About ethical leadership:

Research has focused mainly on:

- outcomes of ethical leadership (predominantly quantitative studies)
- barriers in specific organisational contexts (qualitative studies)

And its prerequisites:

Prerequisites refer to individual and organisational factors that enable or support ethical leadership in context.

Our integrative review identified five categories of prerequisites:

- leader-centric prerequisites
- ethical organisational culture
- leadership support
- ethical guidelines
- resource sufficiency

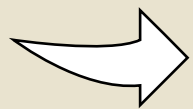
Prior research suggests that individual competencies alone are not sufficient; supportive organisational conditions also play an important role in enabling ethical leadership.

(Seere et al., 2026)

... and what was still missing

Although previous studies had identified factors relevant to ethical leadership, prerequisites had received limited attention as a primary focus of research.

- leaders' own experiences remained underexplored
- little was known about how leaders experience these prerequisites and how they shape the enactment of ethical leadership in everyday practice.



Therefore, this study asked:

What are the prerequisites for ethical leadership from leaders' perspectives?

Aim and research questions



Aim: To explore frontline and middle-management leaders' experiences of ethical leadership in health and social care and to examine the prerequisites associated with its enactment in everyday work.



Research questions:

How do frontline and middle-management leaders understand and experience ethical leadership?

What prerequisites do they associate with its enactment in everyday work?

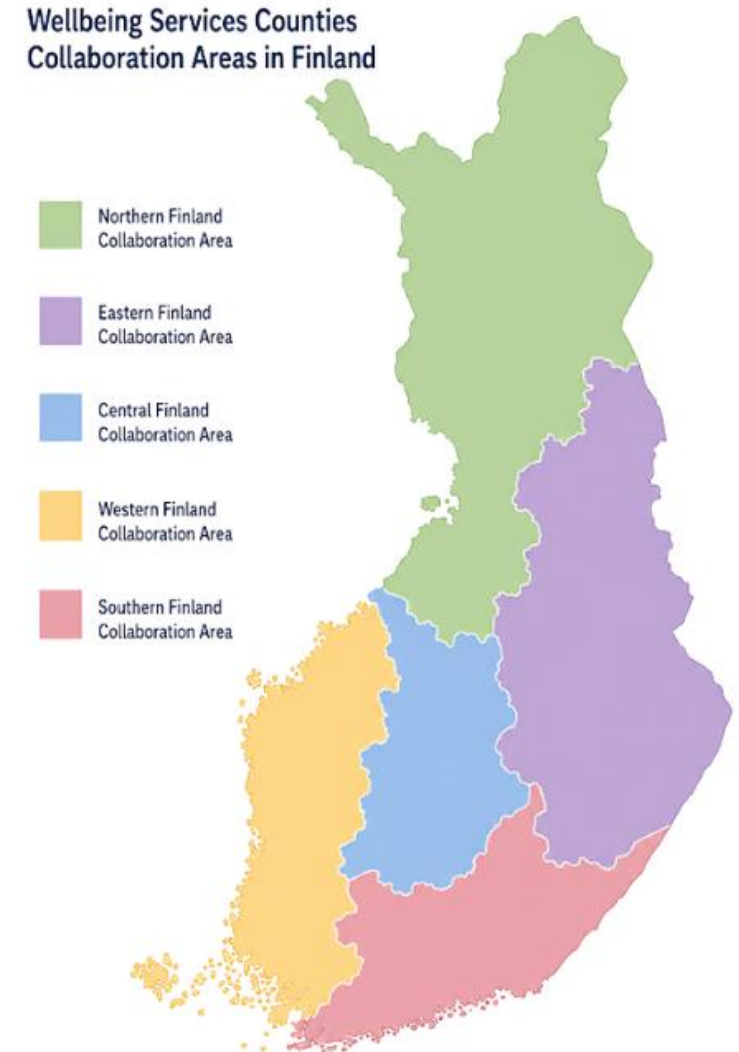
Study Design

- Qualitative interview study
- Reflexive thematic analysis
(Braun & Clarke, 2006, 2019, 2021)
- Informed by a critical realist perspective
(Bhaskar, 2008; Fletcher, 2017)
- Reported according to SRQR and COREQ
(O'Brien et al., 2014; Tong et al., 2007)



Study Setting and Participants

- Public health and social care organisations
- Four of Finland's five national collaboration areas
- Purposive sampling through local contact persons
- **16** frontline and middle-management leaders



Finland has 21 wellbeing services counties organised into five collaboration areas

(Source: Ministry of Social Affairs and Health Finland, 2026)

Participant characteristics

Characteristic	n
<i>Participants</i>	16
<i>Women</i>	15
<i>Men</i>	1
<i>Frontline managers</i>	7
<i>Middle managers</i>	9
<i>Bachelor's / Master's / Doctoral degree</i>	2 / 13 / 1

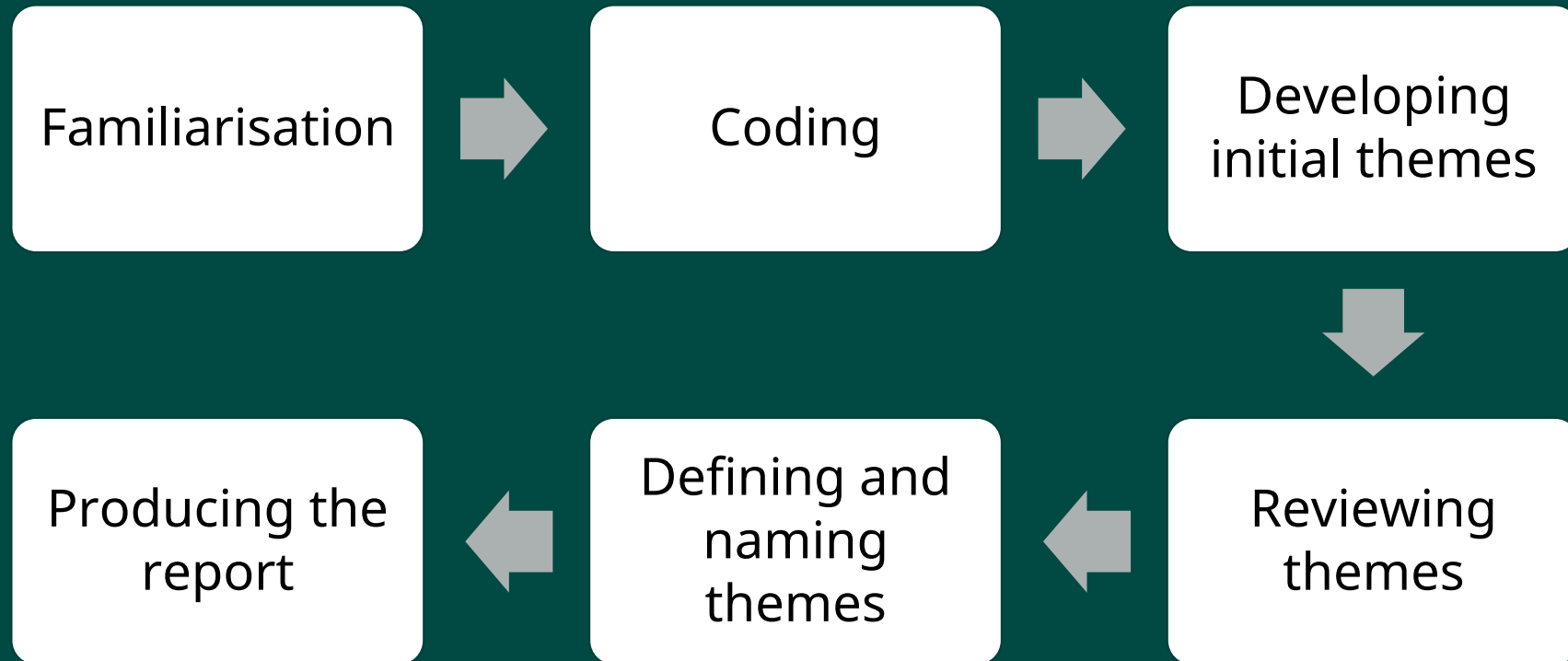
Leadership Experience	n
<i>1–10 years</i>	4
<i>10–20 years</i>	8
<i>>20 years</i>	4

Data collection

- Data collected: January–March 2025
- Semi-structured interviews (6 topic areas)
- 16 interviews (information power guided sample adequacy*), 6 face-to-face, 10 online
- 45–75 minutes (mean 55 min)
- Audio-recorded and transcribed verbatim
- First four interviews monitored for guide consistency

*Sample adequacy was guided by the concept of information power (Malterud et al., 2016).

Braun & Clarke's six-phase reflexive thematic analysis



Analysis was iterative and supported by NVivo 14.

Analysis process

The analysis moved progressively from detailed coding towards broader patterns of meaning. Codes were grouped, compared and interpreted to develop increasingly coherent patterns, which ultimately formed **the five final themes**.



Reflexivity and trustworthiness

Trustworthiness was supported through:

- Reflexive journaling throughout the study
- Iterative discussions among the research team
- Transparent documentation of the analytical process
- Reporting according to SRQR and COREQ

(Lincoln & Guba, 1985)

Findings: Five interrelated themes



The nature of ethical leadership and the difficulty of defining it

The leader's internal ethical capability

Human interaction and trust

Organisational structures and culture

The leader's ethical agency

The analysis identified five interrelated themes describing ethical leadership and the prerequisites for its enactment from leaders' perspectives.

Theme 1: The fundamental nature of ethical leadership and the difficulty of defining it in health and social care

Key findings:

- *Ethical leadership was an integral part of all leadership work.*
- *Client- and patient-centredness formed its ethical core.*
- *Ethical leadership was embedded in everyday decision-making.*
- *Leaders nevertheless found ethical leadership difficult to define.*

Ethical leadership was seen as the foundation of leadership work, yet it remained difficult to define and required continuous ethical judgement.

Why was ethical leadership difficult to define?

- Ethics was viewed as inseparable from all leadership in health and social care
- It was embedded in everyday decisions rather than seen as a separate leadership approach
- Its taken-for-granted nature made it difficult to articulate explicitly
- Ethical leadership involved continuous balancing between patient needs, organisational demands and professional responsibilities.

"It's the same as good leadership itself." (P10)

Theme 2: The Leader's Internal Ethical Capability

Key dimensions:

- *Ethical values and commitment*
- *Self-awareness and reflective capacity*
- *Resilience and recognising personal limits*
- *Professional competence*
- *Continuous development of ethical leadership competence*

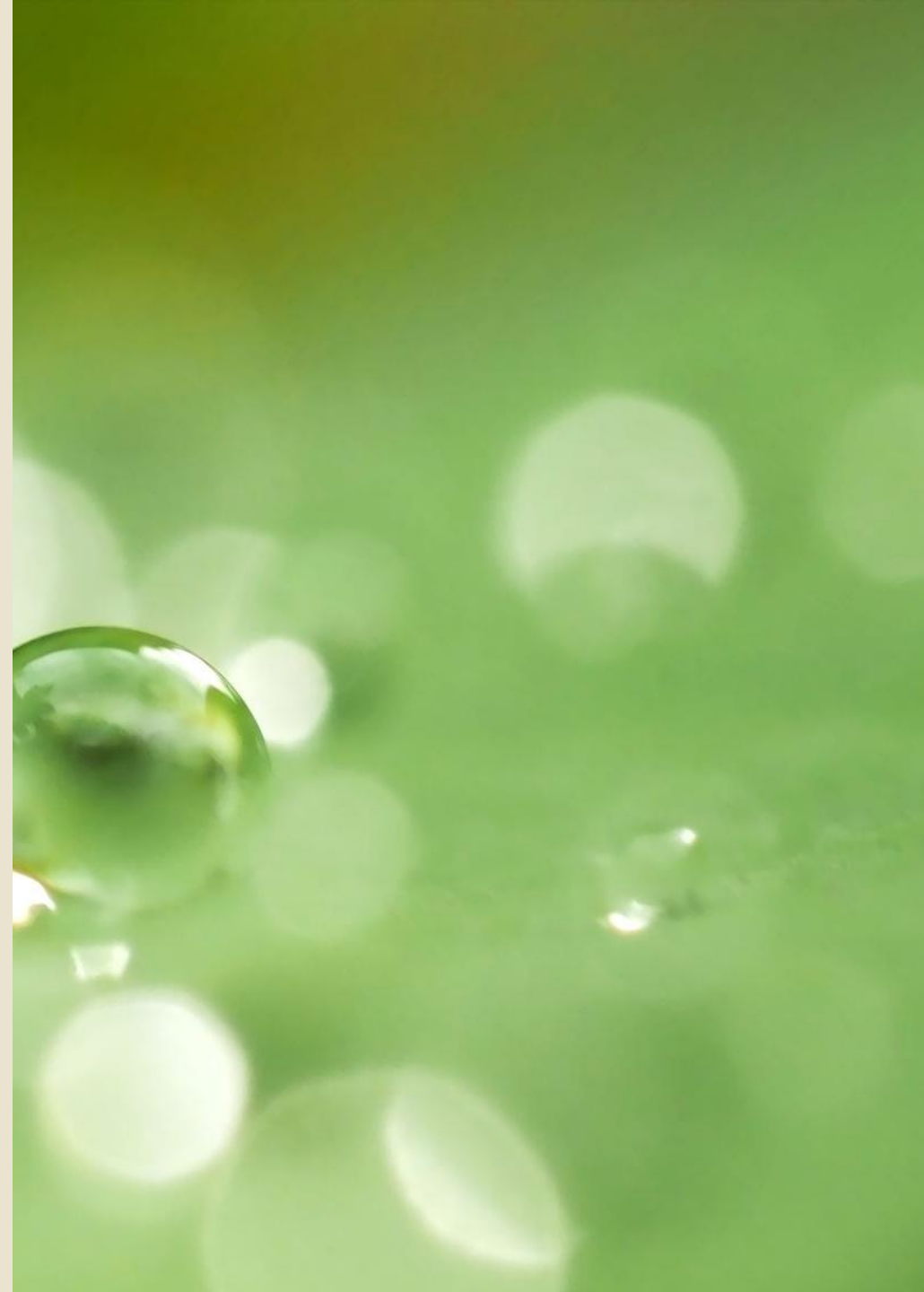
"It requires self-examination and self-awareness... it doesn't just come as a birthright." (P16)

Leaders described ethical leadership as requiring continuous reflection, learning and professional growth.

Ethical capability developed through...

- Reflection and self-awareness
- A strong sense of purpose and ethical commitment
- Resilience and recognising personal limits
- Professional competence
- Continual learning

Ethical capability was understood as continuously evolving rather than a fixed individual attribute.



Theme 3: Human interaction and trust as the basis of ethical leadership

"There has to be that kind of mutual trust, so you can lead ethically, with cooperation and fairness." (P13)

Key dimensions:

- *Trust and respect*
- *Listening and presence*
- *Human interaction and sensitivity*
- *Psychological safety and peer support*

Leaders described ethical leadership as inherently relational, emerging through communication, mutual trust and respect rather than residing solely in individual leaders.

Ethical leadership been built through relationships

- Trust and respect created the basis for open dialogue, psychological safety and value-based decision-making.
- Listening and genuine presence helped build trust, although time pressures could make this difficult in everyday leadership.
- Peer support and a psychologically safe environment helped leaders and were seen as prerequisites

"It really is a prerequisite, that support, for being able to truly keep going as a leader." (P16)

Theme 4: Organisational structures and culture as the context of ethical leadership

Key dimensions:

- *Ethical organisational culture*
- *Structural and systemic barriers*
- *Economic and political constraints*
- *Organisational support and shared ethical practice*

"It can be really hard to be ethical alone in an unethical group." (P14)

Leaders viewed organisational support as essential for ethical leadership in practice.

➡ *Organisations can create either strong or weak prerequisites for ethical leadership.*

Structural and economic pressures can constrain ethical leadership

"We are like marionette dolls, constantly receiving orders from above, but no one ever asks us." (P1)

Structural barriers:

- Hierarchical distance
- Top-down decision-making
- Unclear guidance
- Rapid organisational change

External pressures

- Financial constraints
- Political steering
- Competing organisational priorities

Financial pressures and political steering were described as major forces limiting ethical decision-making, prioritising efficiency over values, and reducing motivation and trust.

Theme 5: The leader's ethical agency in a hierarchical system

Key dimensions:

- *Value conflicts and ethical prioritization*
- *Applying leadership theories in practice*
- *Agency and influence in ethical leadership*
- *Responsibility for staff and ethical climate*
- *Hierarchical and communicative constraint*

Ethical leadership is not only the will to do right.
It is also the opportunity to act on it.

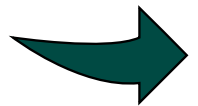
Ethical agency was understood as the ability to make and enact value-based decisions within organisational hierarchies.

Ethical agency under pressure

"There's all this responsibility but not the same amount of power." (P5)

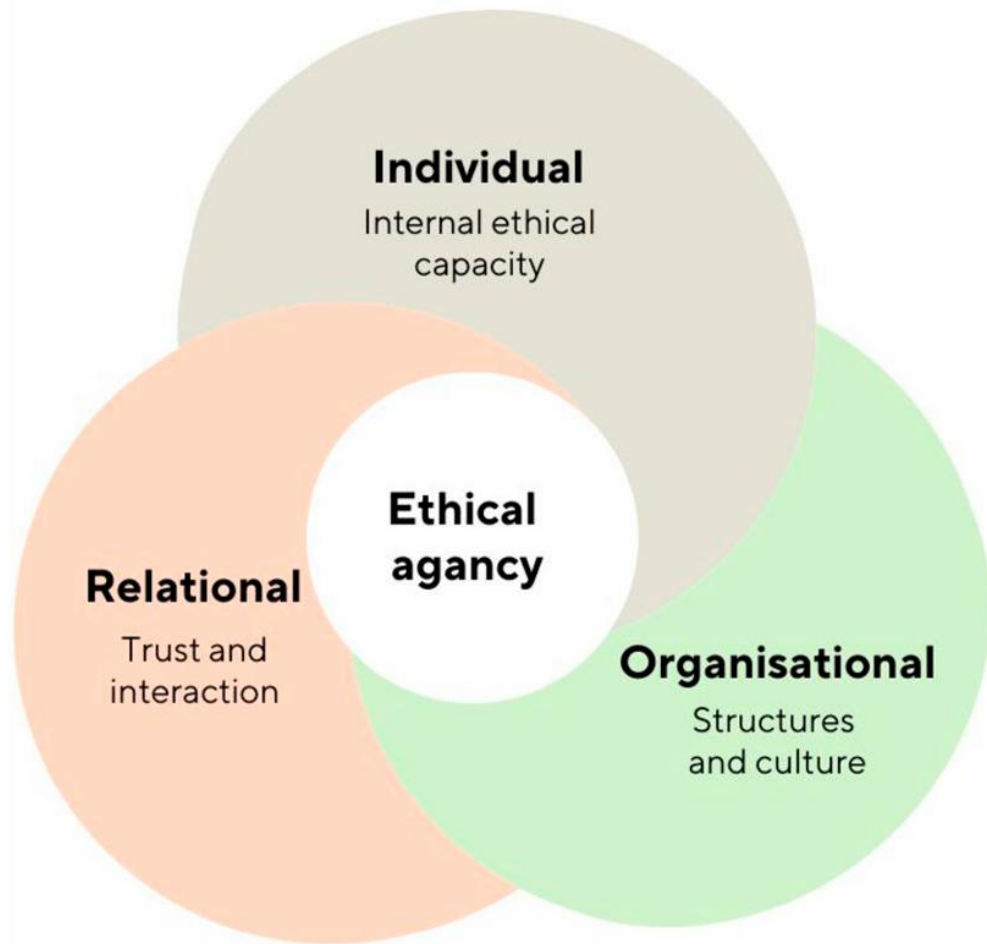
Leaders described:

- *Balancing competing values*
- *Continuous ethical prioritisation*
- *Responsibility for staff well-being*
- *Limited authority within organisational hierarchies*
- *Acting according to values despite organisational constraint*



Ethical agency required genuine authority, not only responsibility.

Bringing the Findings Together: Prerequisites for Ethical Leadership

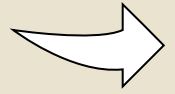


Together, the five themes showed that the prerequisites for ethical leadership extend beyond the individual leader.

Ethical leadership is shaped through the interaction of individual, relational and organisational conditions.

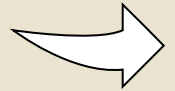
Ethical agency links these prerequisite dimensions to everyday leadership practice.

Beyond the Individual Leader



Previous research

- Research on the prerequisites enabling ethical leadership in health and social care has been limited, particularly from leaders' perspectives.



This study adds to that

- Leaders described prerequisites at **individual, relational and organisational levels**.
- These conditions were **interrelated rather than independent**.
- Ethical agency highlighted the importance of leaders having opportunities to translate ethical values into action.

The findings shift attention from ethical leadership as an individual attribute towards the conditions that enable its enactment in practice.

So, What Needs to Be in Place?

For ethical leadership to be enacted in everyday practice, leaders need:

Individual capacity: *Ethical awareness, reflection and capability to make ethically grounded decisions.*

Relational support: *Trust, open interaction and opportunities for dialogue.*

Organisational support: *Clear values and strategic direction, supportive structures and sufficient resources.*

Agency: *Meaningful opportunities to influence decisions and act in accordance with professional values.*

Ethical leadership therefore requires both the capacity and the opportunity to act ethically.

When Knowing What Is Right Is Not Enough

- Leaders may recognise the ethically appropriate course of action, yet lack the authority, resources or organisational support to act accordingly.
- Responsibility without corresponding decision-making authority may constrain ethical agency.

This shifts attention from asking only:

“Is the leader ethical?”

towards also asking:

“Does the organisation enable the leader to act ethically?”

The longer-term goal is...

to translate this knowledge into practical ways of supporting leaders and creating organisational conditions that enable ethical leadership.



Implications for practice

- ✓ Support ethical leadership at multiple levels: individual, relational and organisational.
- ✓ Create transparent and participatory decision-making processes.
- ✓ Invest in supportive organisational structures, ethical reflection and peer support.
- ✓ Enable leaders to act according to professional values.
- ✓ May contribute to staff well-being, retention and patient safety.



Closing reflection

The question is not only whether leaders want to act ethically.

It is also how organisational conditions enable—or constrain—the enactment of ethical leadership.

Thank you!

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Get inspired.



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This presentation is based on

Seere, A., Suhonen, R., & Wiisak, J. (2026). *Prerequisites for ethical leadership: Insights from health and social care leaders*. Leadership in Health Services.

Seere, A., Suhonen, R., & Wiisak, J. (2026). *Prerequisites for ethical leadership in health and social care: An integrative review*. Nursing Ethics.

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