

Leadership Styles and their Influence on Ethical Behaviour in the Education of Healthcare Professionals

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Abstract

The Organisation and Management in Healthcare programme in the Czech Republic has been established in the faculties of health studies. As the most common follow-up master's degree programme, it also includes subjects that educate non-medical healthcare professionals in leadership. Given the experience of healthcare professionals with a negative leadership function style, it is important to pay attention to the teaching of different leadership styles with their impact on ethical behaviour. The presented article will present two leadership styles, servant leadership and transformational leadership, with their impact on ethics and values. Education in these approaches can change the style of performing a leadership function, the climate, and satisfaction in the workplace, and last but not least, the quality of the care provided.

Keywords

leadership; ethical behaviour; healthcare professionals; education; training; healthcare management; personal and professional development; servant leadership; transformational leadership; care; values; workplace

Introduction

The professional programme Organisation and Management in Healthcare in the Czech Republic has been established in the faculties of non-medical health studies. As the most common follow-up master's degree programme, it also includes subjects that educate non-medical healthcare professionals in leadership. The goal is to educate healthcare professionals for various managerial, organisational and administrative positions. Leadership is an important cross-cutting skill in applicable positions. Leadership involves leading people in the often demanding and stressful healthcare environment. It is not only about the technique of leading people, but also about ethical leadership, decision-making and behaviour, which is often directly reflected in the climate in the workplace and the quality of care provided to patients. Currently, the number of studies focusing on climate and relationships in the workplace is increasing. One of the negative manifestations that healthcare professionals also experience is mobbing/bossing. In our case, this manifests as a superior abusing their power by systematically bullying a subordinate. Relational violence has a negative impact on the mental

and physical health of the injured party. It affects the quality of their work, and often also leads to burnout and consideration of leaving the job. In the healthcare sector, general nurses are the most at-risk group, with the prevalence of mobbing among general nurses commonly exceeding 50% (Václavíková and Kozáková 2021, 391). On the other hand, current leadership trends have the ambition to “create a better world” through creating a better and safer working environment in healthcare facilities. The educational process offers leadership styles in that aim to address social and ethical issues and moral dilemmas and develop positive ethical behaviour (Meeuwsen 2024, 40–42).

Leadership styles are crucial in improving quality indicators in healthcare and nursing. Their influence on health outcomes varies depending on the specific approach, as some styles may help bridge existing gaps in care, while others may unintentionally widen them (Sfantou et al. 2017, 73). The above experiences lead to the following questions: What leadership styles have a positive effect on ethical behaviour, values and the moral climate in the workplace? What leadership style can prevent the tendency to mobbing/bossing?

This article will discuss two leadership styles that should be part of the comprehensive training of healthcare professionals for leadership positions. The following two leadership styles were selected for two reasons: both styles emphasize ethical values and behaviours, and both styles are particularly appropriate for healthcare settings where ethical behaviour is key to ensuring quality patient care. Methodologically, the essay borders literary research and a research essay.

Leadership styles in relation to ethical behaviour in the workplace

As mentioned, the essay will present two leadership styles that can be a response to the demand for better leadership, organisation, and management in public health, and minimize negative phenomena. These styles are servant leadership and transformational leadership. Both styles positively influence the ethical behaviour of health workers, the overall ethical climate in the workplace, and the ethical aspects of patient care. These styles are currently receiving attention from the perspective of published studies (Canavesi and Minelli 2022, 267–89).

Servant Leadership

The term “servant leadership” makes it clear that the role and function of a leader is a life of service to other people. A true leader functions in service to others by supporting their needs for their growth and development (Greenleaf 1970; Greenleaf 1977). It reflects their understanding of employment as a service to others, even in the context of perceiving their function as a mission. They more deeply understand that their identity and their profession includes the spiritual dimension of being a person (O’Brien 2011). Ten key characteristics of servant leadership are: listening to others in open communication, empathy and the ability to empathise with the feelings and perspectives of other people, supporting their own and others’ relationship healing, awareness and understanding of situations and opportunities to act ethically, persuasion in the form of motivation for a common consensus, conceptualization as the ability to think strategically in a broader perspective, foreseeing the consequences of their

own decisions, stewardship as stewardship in accepting responsibility, commitment to the personal and professional growth of people with building a community with feelings of belonging and mutual respect (Spears 1998). It is precisely these skills that should be the focus of the theoretical and practical part of leadership training for healthcare organisations and management.

Studies show that servant leadership increases employee engagement, satisfaction, and efficiency of services provided, which also increases the competitiveness of healthcare facilities. A workplace with servant leadership characteristics gains a significant competitive advantage (Raoush 2022, 305). Servant leadership is based on valuing others and their opinions, supporting employee independence and autonomy, and recognising work contributions. It also increases interest and engagement (Canavesi and Minelli 2022, 413–35). Servant leadership creates a space for mutual trust, thereby humanising the workplace. It is the human dimension of servant leadership that takes priority over purely economic models of leadership (Saleem et al. 2020, 1–16). These so-called “soft skills” of leadership should be addressed in the healthcare workers’ education and training system.

Transformational Leadership

Servant leadership complements the transformational leadership style well. A transformational leader focuses on each specific team member individually, monitors their potential, and helps them change into a role that will help them develop their personal and professional development. Transformational leadership changes individuals, leads people to change and grow with the help of four factors (named the “four I’s”): ideal influence through being an ethical role model with a value system that others want to internalise; inspirational motivation with support for feelings of belonging, pride and meaningfulness of work; intellectual stimulation that encourages new inspirations, innovations with increased autonomy and self-confidence; individual approach with recognition of the personality of each team member with their potential (Bass and Riggio 2006; Hall et al. 2002).

The transformational leadership style can be implemented individually and in groups. It is not intended only for leadership positions. Every employee at all positions and levels of the organisation can have the characteristics of a transformational leader for others. This changes the climate in the entire workplace, including the set goals (Rada 1999, 18–33). Therefore, the leader is more of a coach and mentor than a manager. From the perspective of ethical values, high demands are placed on transformational leadership. Everyone moving toward transformational leadership must be aware that they must take great care of and shape their own conscience and the ethical dimension of effective decision-making. The leader’s charisma and professed ethical values are important in creating a vision that inspires others to accept as their own. Transformational leadership is often compared to transactional leadership, where motivation is solved in the form of reward/punishment, the relationship to subordinates is based on control, and the emphasis is placed on stability. A transactional style leader is more of a manager and supervisor who fulfills assigned tasks (Bass and Steidlmeier 1999, 181–217). The

question is, which of these two styles currently prevails in the organisation and management of hospitals in the Czech Republic?

In the context of healthcare education, the transformative leadership style offers an opportunity to motivate each employee with the possibility of developing and changing individuals, groups, and the entire organisation. Studies confirm the need for change due to adverse events in healthcare caused by healthcare management and work environment factors (falls, incorrect medications, pressure ulcers, failure of rescue and mortality, patient and family care complaints, etc.). The theory of transformational leadership has the potential to change this trend, strengthen structural empowerment, increase greater job satisfaction and thus the quality of care and patient safety. The survey results that claim leadership style, nurses' satisfaction, and quality of care are related support this theory. Transformational leadership changes the work environment, strengthens the professionalism of healthcare professionals and their desire to remain in the profession, and improves patient care (Boamah et al. 2018, 180–89).

For these reasons, it is important to educate current healthcare facility management so they can adopt new leadership styles and become an example of the potential for change that healthcare professionals expect.

Discussion

The introduction, asked the question about leadership styles that positively impact ethical behaviour and values recognised in the workplace, including their preventive effect on negative phenomena such as mobbing/bossing. The article presented two styles with this potential. Other studies have described good communication skills and cooperative team leadership as effective preventive measures against mobbing/bossing (Václavíková et al. 2023, 956–64). Why does negative phenomena such as mobbing/bossing still occur within leadership and management when we have already described new leadership styles that the first empirical studies have verified? The perspective of contemporary psychotherapy offers an answer. It notices the influence of a societal atmosphere that emphasizes performance, constant comparison with others, dependence on reactions on social networks and the use of technology to cross boundaries (media bullying), narcissistic satisfaction of only one's own needs, and fear of losing control. This pressure from society has a negative effect on a person's mental life and behaviour. A narcissistic society and narcissistic leadership is characterised by relational usefulness and the pursuit of self-centered admiration that concentrates on one's own success regardless of each person's individual uniqueness. Other people are only the executors of one's own interests. Longing for kindness, affection, and the need for acceptance and human closeness, human nature, is then repressed into the unconscious (Poněšický 2025).

The negative pressure of a narcissistic type of society leads to the adoption of an unnatural style of leadership that is harmful to all parties involved. That is why leaders often turn to psychotherapists with their dissatisfied lives. In this case, the therapeutic aspect and the change sought are adopting the servant leadership or transformational leadership style presented here.

A different leadership style will soon lead to a different climate in the workplace, more positive feedback, and better satisfaction for all stakeholders.

Limitations

There are several limitations in this essay. The first is certainly the lack of articles on servant leadership and transformational leadership in healthcare from the Czech environment. This essay used professional monographs and studies dealing with general servant leadership and its application to a different corporate sphere, not the healthcare environment. There are no studies that follow the application of servant leadership in healthcare in the Czech Republic. The above-mentioned limits are therefore a challenge for further research. The positive side is that the first studies from the Czech environment deal with the mentioned leadership styles from the research perspective of companies (Gašková 2020, 24–37). This essay presented Czech translations of valid questionnaires on the mentioned topic (Kolářová et al. 2016, 882–92).

Conclusion and recommendations for practice

This essay reflected the questions at the literary and essay research level: What leadership styles positively affect ethical behaviour, values, and moral climate in the workplace? What leadership style acts as a prevention for the tendency to mobbing/bossing? Servant leadership and transformational leadership are two types of leadership that fundamentally influence ethical behaviour.

Given the absence of studies in the Czech healthcare environment, it is appropriate to focus research on the following questions: What style would hospital employees prefer? Is it possible to change from transactional to servant leadership and transformational leadership, or their fruitful combination? How time-consuming would it be to change the mindset when adopting new styles with the subsequent transformation of the work environment?

The issue is also related to the concurrent education of students of the faculties of health studies in the Organisation and Management in Healthcare programme, as well as the current management of healthcare facilities within the framework of lifelong education. In this way, the current management could become a mentor for students, who could more easily apply the theoretical models of leadership in practice. Educating students in new styles without the opportunity to verify their effectiveness in practice due to confrontation with a different leadership style and negative experience in the work environment would delay the possibility of change for generations. Therefore, the concurrent education of students and the current management of healthcare facilities is important.

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