

# Code of Conduct for Ethical Leadership

## A discussion document (v3: 3.6.09)

---

**Prepared by:**

Professor Derek Mowbray PhD.

Consultant Organisation and Occupation Health Psychologist

Chartered Psychologist

Chartered Scientist

# Code of Conduct for Ethical Leadership

## A discussion document (v3: 3.6.09)

---

***'As soon as you need a code, you can forget about ethics'*** adapted from Laozi C6th

### Introduction

Ethics is concerned with moral values established by, and applied within, all types of communities, including organisations.

Moral values relate to notions of right and wrong, good and bad, innocence and shame, and how these notions are devised and where the line between them is drawn. Ethical leadership is about the motivation of people living their leadership lives according to an internal sense of morality and ethics. The ability to live these lives without personal distress relies on an ethically based cultural context – the subject of the Code for Engagement in the NHS<sup>1</sup>. In the absence of a suitable cultural context, ethical leaders will be encouraged by an external Code that lends support to their behaviours and actions.

This idea for a Code of ethical leadership comes from the Code for Engagement in the NHS (2009), a Code designed to promote a culture in the NHS of trust and responsibility. It is based on creating and maintaining staff engagement in the NHS and other healthcare organisations. Staff engagement is influenced by commitment and trust between employees and their employing organisation (as represented by managers and leaders), and is a significant factor in delivering the highest quality healthcare. The Code for Engagement is a response to the reported culture of bullying and intimidation in the NHS that is seemingly inhibiting high quality patient care, and possibly causing many talented managers to avoid taking responsibilities at the highest levels of the organisation, thus endangering the capacity of the NHS to fulfil its aspirations as a world class service.

There is a face valid argument that suggests that ethical leaders will be motivated to create and sustain a solid and secure psychological contract<sup>2</sup> between individuals and their employing organisation. This results in staff engagement with the organisation and its purpose, producing a stress free environment in which to deliver the highest quality healthcare.

---

<sup>1</sup> Obtainable from [derek.mowbray@orghealth.co.uk](mailto:derek.mowbray@orghealth.co.uk) and [www.ihm.org.uk](http://www.ihm.org.uk)

<sup>2</sup> the idiosyncratic informal and unwritten personal contract between employee and employer normally based on, at least, a sense of fairness

The opposite is that unethical leaders break the psychological contract in most people, causing individuals to disengage with their organisation, managers and supervisors. They become diverted from focusing on their work and lose concentration. This can lead to a higher risk of psychological distress, sickness absence, errors, accidents, staff turnover and lower quality of healthcare.

An approach to preventing the delivery of poor quality healthcare is to focus on the motivation, behaviour and decision making of leaders. Effective leaders have a pivotal role in influencing the way that their followers behave in response to pressures. Leaders essentially 'take a lead' in active and reactive decision making at every level of healthcare delivery. Ethical leadership is about framing decisions and actions within a context of what is right, good and innocent.

## Purpose of a Code of Conduct

A Code has the purpose of being the central guide and reference for users in day to day decision making. The Code is meant to reflect the organisation's purpose, mission, values and principles, and linking these to the standards of professional conduct. The conduct of individuals, therefore, should clearly reflect what the organisation 'stands for' and how the organisation wishes to see itself projected to the outside world.

The Code is an open and public disclosure of how the organisation operates. A Code can fulfil other functions. It can become a tool that encourages discussion around ethical dilemmas, prejudices and grey areas that can arise during everyday working; it can provide the opportunity to create a positive public identity for the organisation that can raise levels of public confidence and trust.

## Introducing the 4S model of ethical leadership<sup>TM3</sup>

There are four parts to this model. They include the individual and his/her focus as a leader. Ethical leadership adjusts the focus towards moral and ethical principles as the motivation for behaviour and action.

### The 4S model

**Status**<sup>4</sup> – the profile of an ethical person that shines through into leadership and convinces followers of his or her common sense, wisdom and effectiveness as a leader.

**Staff** – the behaviours and decisions of leaders that lead to the engagement, trust and commitment of the workforce in their work and their organisation.

**Service** – the behaviours and decisions of leaders that produce the highest quality and standard of service.

**Society** – the behaviours and decisions of leaders that demonstrate a concern to prevent harm to, and promote wellbeing in, society at large.

---

<sup>3</sup> Otherwise known as 'the Mowbray Model of Ethical Leadership'

<sup>4</sup> Psychological status refers to individuals who attract attention by virtue of their personality, wisdom, depth, decisions and behaviours towards others.

## The profile of an ethical leader - status

The profile of an ethical leader is built on the personality characteristics, skills, knowledge and experience of the individual. The role of leader is effectively a performance; ethical leadership is, therefore, a performance based on ethical principles.

The profile of an ethical **person** is based on the motivation to be:

- **Competent**
  - Emotionally intelligent
  - Intellectually flexible
- **Attentive**
  - Non-prejudicial
  - Non-discriminatory
  - Respectful of others
- **Honest (Probity)**
  - Transparent
  - Sound (Integrity)
  - Reliable
- **Selfless (without self interest)**
  - Humble

A personal profile adds up to the achievement of psychological status in the eyes of others. This is someone who has a personal demeanour and behaviour that 'gives out' common sense, wisdom and a deep concern for others whilst having a strong sense of personal direction.

In the public sector, the personal profile will also reflect a notion of 'public servant' – someone who protects the interest of the public and does his or her best to serve its best interests.

The profile of an **ethical leader** includes:

- The ability of the **ethical person** to shine through to leadership
- The adoption of a leadership style that lends itself to ethical considerations, for example **transformational and adaptive styles** – both of which engage followers in the decision making processes.
- The motivation to **prevent harm** to anyone.
- The motivation to ensure a **safe place** of work for staff and patients.
- The **respect** for the law and regulations
- The motivation to maintain and **develop skills**, knowledge and experience in oneself and others
- The motivation to be **objective, fair and reasonable**
- Taking **responsibility** for own as well as others actions
- The motivation to act with **conviction**
- The motivation to provide a **clear direction**
- The motivation to **communicate** effectively
- The discharge of a **Duty of Care** to patients, relatives and staff.

## Health and wellbeing in the workforce - staff

The workforce contains the people who deliver healthcare. They may use technologies of various types, but if the people aren't physically or mentally present, the technology is useless, and patients are not cared for appropriately.

Developing and maintaining the health and wellbeing of the workforce is one of the tasks of leadership. It is now well established that the behaviour of leaders has a positive or negative effect on followers, and that much of the sickness absence and staff turnover rate is attributable to the failed interaction between leaders and followers.

Part of the approach to health and wellbeing is found in ethical leadership. If the workforce is convinced about the integrity and credibility of the leader they will follow him or her; if not, they will become disengaged and may look for work elsewhere.

Physical health is of equal importance as mental health in the workplace. The maintenance of physical health relies on the ability of employees to keep fit and eat a balanced diet. In this regard ethical leaders should become motivated to ensure that employees are not harmed by the physical environment in which they work, nor by the nutritional content of the food consumed. There are many physical health programmes available to organisations that will support leaders in this activity.

With regards to the mental health and wellbeing of employees ethical leaders are expected to adopt behaviours that promote psychological health and wellbeing. They, also, need to ensure that the purpose, architecture and 'rules' of the organisation are appropriate to the promotion of psychological health. This will include surveying employees about the quality of their working lives and undertaking risk assessments on the jobs that employees are expected to perform. They should promote openness within the organisation to facilitate the exposure of problems or concerns, and that responses to errors and mistakes are made in a positive, supportive manner, and that the individuals concerned are properly supported and trained to prevent repetition.

Healthcare is delivered by a rich mix of professional skills. Most professional organisations have set their own Codes of Conduct, some with ethical components within them. Ethical leaders should be motivated to protect the Codes that their workforce is performing within, and to support ethical principles in the dilemmas that all professional staff may face.

The key behaviours of ethical leaders, in their interaction with others, are the same as those that promote engagement, trust, commitment, resilience and tolerance at work. They are a motivation to (be):

### **Attentive**

The ability to demonstrate genuine attentiveness to the contents of an interaction by demonstrating listening, responsiveness and reaction.

### **Polite**

The ability to be polite in any interaction

### **Courteous**

The ability to place the other person (people) at the forefront of an interaction

**Communicate personally**

The ability to communicate personally wherever possible; understanding the limitations of electronic communication.

**Use Body language**

The ability to use body movements and expressions to show attentiveness.

**Address needs**

The ability to respond positively to individual needs, even in circumstances when the needs cannot be met, given all the circumstances.

**Empathise**

The ability to demonstrate an understanding of the other person's issues, ideas, thoughts and experiences

**Intellectually flexible**

The ability to think on ones feet and respond with credible choices, alternatives and ideas

**Emotionally intelligent**

The ability to be self aware, self regulate, motivate, show empathy and be socially adept

**Negotiate**

The ability to negotiate a successful outcome in an interaction.

**Share**

The ability to share with others one's own thoughts and ideas

**Reliable**

The ability to do what one says

**Honest**

The ability to be open in an interaction

**Clear**

The ability to be clearly understood in an interaction

**Fair**

The ability to be fair to anyone in an interaction, taking account of all the circumstances, and to explain clearly the position that is taken and the reasons

**Humble**

The ability to acknowledge mistakes, misunderstandings, errors and faults, and to apologise where necessary.

**Resolve conflicts**

The ability to confront a conflict at the time of conflict and to try and resolve any dispute at the time of the dispute.

## Encourage contribution

The ability to motivate and encourage others to make a contribution in interactions.

## Leading the service through ambiguity and uncertainty - service

An ethical leader faces an array of testing challenges in leading healthcare organisations, as they are amongst the most complex organisations, responding often to political pressures combined with financial constraints in a service with ever increasing demands for high quality.

In general terms leaders in any organisation are responsible for ensuring that the purpose of the organisation is delivered in the most effective and efficient way.

The classical purpose of leaders and managers is to co-ordinate, direct and control organisations towards a goal. Often the goal is ambiguous and ways of achieving it uncertain. Leading through ambiguity and uncertainty is the most common challenge facing leaders. Ambiguity and uncertainty are, also, prime triggers for psychological distress, with its evidenced impact on performance. Leading with conviction is essential to achieve the highest levels of performance. Ethical decision making is a key element of conveying conviction.

On top of this, leaders need to be aware of issues in the wider community beyond their immediate organisation. This arises from the need to respond appropriately to outside demands and needs. These demands come from a variety of sources, not simply the marketplace. Essentially there is a symbiotic relationship between organisations and the public, other organisations, governments, the law and financial institutions.

Healthcare organisations reflect an ambiguity related to their purpose. For example, hospitals are generally thought to be places where people with accidents or illness go to be treated with an expectation of leaving in a better shape than when they arrived. They are not generally thought to be places where you go to obtain additional accidents or illnesses. The risk for some is that they will either be a victim of an accident or suffer an additional illness to that which brought them to the hospital in the first place. This is particularly true for public sector healthcare, where aspirational purposes are not always aligned to the reality. For example, is the purpose of healthcare to improve the health of populations or to treat people who already suffer illnesses or are victims of accidents, or both? Popular perception may suggest that the public health services have both aims, whilst the reality suggests that health services have little impact on the health of populations compared to the impact of nutrition, genetics and behaviour. Still further, does a health service provide a sufficiently comprehensive array of resources to meet the needs of people on the boundaries of ill health, such as senior citizens who naturally deteriorate in physical abilities; those with developmental learning difficulties growing into maturity and old age; the large numbers of people with psychological distress; children and adolescents who suffer from limited attachments due to domestic circumstances; the criminally insane; the addicted, the obese and so on?

Partnership arrangements have been developed to clarify some of the ambiguities. These arrangements link together public, private and voluntary organisations into a comprehensive mosaic of resources to meet specific needs that a single organisation is unable to meet. A mix of different suppliers creates its own difficulties. Partnership arrangements result in a smooth and seamless single organisation focused on the delivery of services to a specified population when transparency and abundant resources are available to massage the processes involved. In times

of limited resources self interest on the part of each partner is more common, with fractures between organisations impacting on overall care. The leadership of partnership arrangements has the pressures of self interest to confront, and has the challenge of convincing partners that the whole of the partnership is greater than the sum of the partners – a challenge more easily met in good financial times.

We now have financial as well as service partnerships to provide ways of delivering an expanding range of healthcare services. Whether these arrangements reduce or increase the ambiguity of purpose remains to be resolved as funding from private sources tends to require a focus on a return on the investment – regardless of the type of investment. Leaders have the task of balancing the competing interests between financial return, committing future taxpayer funding and effective healthcare provision.

An aspect of the ambiguity lies in the emphasis between process and outcome as the relationship between process and outcome is, itself, ambiguous – the idea that if you spend more you will get more and better healthcare for your money, for example, is a common expectation in political and public circles despite the fact there is little evidence for this. The major ambiguity is that the public healthcare system is driven by processes, and measured by their degrees of completion, whilst healthcare is a matter of personal outcome.

However, there is now a growing public interest in outcomes – the impact that we have on the environment, global warming and their impact on our survival is now part of our conversation or narrative. This sparks renewed interest in other matters relevant to health – lifestyles, teenage behaviour, and the impact that government and major institutions make on our lives. The banking disaster followed by the credit crunch, and now the expenses scandal amongst MPs –are based on processes that have produced the wrong outcome – stress, anger, disbelief and a fractured trust in ‘rulers’. Leaders have to cope with this environment and lead people towards a future that will be based on positive outcomes such as strong levels of confidence between the public and those who provide service to it.

This awakening interest in outcomes and a disbelief in processes may stimulate an interest in primary prevention of adverse events – in healthcare terms - of illnesses and accidents. As healthcare moves further into primary prevention of ill health, healthcare organisations will assume broader responsibilities in relation to nutrition, behaviour, education, lifestyle, housing, work, and the environment – the contributing causes and ‘origins’ of many of the patients/clients receiving health services. Leaders will be expected to use their skills to draw together the different interests in a way that produces a direct positive effect on our lives, rather than simply tick a box that records that a partnership meeting took place.

Ambiguity and uncertainty have a massive detrimental effect on lives; it is a prime cause of psychological distress, and stress has a direct impact on those who deliver healthcare, producing lower quality and standards of service. However, the ambiguity described above is unlikely to go away any time soon. They are ambiguities associated with evolution, and are part of everyday lives.

Under these circumstances, leaders need to be motivated to provide degrees of certainty that people can attach themselves to as ‘anchors in a stormy sea’. Leaders have to be able to generate commitment, trust and engagement between themselves, their followers and the organisations they work in or communities they are attached to. A principal approach to gaining the confidence and conviction of followers is to act ethically. Trust in people comes with an

outward demonstration of ethical decision making and actions, the kind of decisions and actions that people believe to be right, fair and appropriate.

In addition to their personal characteristics and leadership style, ethical leaders will be motivated to focus on issues of quality. An approach to measuring quality is to combine measures relating to appropriateness of an intervention, with the effectiveness of the intervention in achieving a positive outcome, combined with efficient delivery of the intervention, combined with an assessment of patient satisfaction – assessed at a time when the patient is able to formulate a helpful reflection of events. Ethical leaders who regularly challenge actions and interventions using this kind of framework will quickly develop a following that recognises consistency in achieving high quality healthcare.

### Concern for society - society

Ethical leaders will be motivated to assess the impact of their own organisation, decisions and actions on society at large.

Below are determinants of health that impact on society. They provide a framework within which ethical leaders can consider the impact they have on each determinant. The dominant consideration is to attenuate the possibility of harm arising from activities to address the issues raised within each determinant.

- **Poverty and deprivation**

The impact on health and wellbeing of poverty and deprivation is now well established. In the UK there are pockets of poverty and deprivation relative to the standards of the UK. Healthcare organisations are in a position to support individuals suffering poverty and deprivation with positive health and wellbeing activities and services.

- **Crime**

Crime may, also, be a consequence of poverty, deprivation and unemployment. In the UK, as elsewhere, there are effective projects that cut the rate of crime using a variety of health focused activities, in particular exercise. As healthcare organisations are often a dominant employer with visible buildings and services, there may be projects that can help reduce the levels of crime by using the skills, expertise and facilities of healthcare resources.

- **Lifestyle**

Behaviour is one of the principal influences on health and wellbeing. There is much to be achieved in effective health and wellbeing promotional activities, not least an eventual reduced demand on healthcare services as well as the achievement of improving the health of people.

- **Environment**

The impact we have on the environment is now generally understood and acknowledged as a serious concern. Ethical leaders will be motivated to reduce waste, reduce carbon emissions and take any other actions that reduce the ‘footprint’ of healthcare organisations on the environment. There is, also, the internal environment – the working environment – that has an impact on patients and staff. Ethical leaders will be motivated to prevent harm from arising from any aspect of healthcare provision.

- **Scientific knowledge and advance**

The rate at which new developments come into practice is very fast, although, for some in urgent need of new treatments, not fast enough. The processes involved in discovery, testing and application will place people at risk, simply by virtue of the time required to complete the processes. The ethical leader will be motivated to prevent harm to people as a result of developments in science and its application.

- **Technology**

The healthcare industry is at the front of technological development. However, some applications of technology cause risks and concerns for people – centralised databases and the possibility of identity theft, for example. Whilst technology is invaluable to all of us, nevertheless, the ethical leader will be motivated to ensure that no harm comes to anyone as a result of the application of technology to healthcare.

- **Public expectations**

There is a danger that public expectations of the effectiveness of healthcare services are exaggerated. It is the nature of healthcare that there is a darker element to the services where individuals do not achieve the expected outcome that they had hoped. Transparency and lack of exaggeration are key to keeping the public abreast of what is possible within healthcare. The motivation of the ethical leader is to ensure that public expectations are not falsely raised.

- **Disease**

Healthcare services exist to treat disease. However, new diseases and variants of existing ones arise all the time. Sometimes these can defeat the most powerful interventions. The ethical leader is motivated to be transparent in communication about the risks to people of newly identified diseases, and how they can be treated.

- **Globalisation**

This phenomenon makes it easier for diseases to transfer across the world. It, also, results in skilled people working away from their home country, and technology exchanges taking place. The ethical leader will be motivated to learn from experiences globally, and motivated to support other healthcare systems, in particular by not extracting healthcare resources, but by offering development and training opportunities.

- **Demographics**

The changing structure of the population, combined with the changing mix of races and culture are challenges for public and private healthcare services. The ethical leader will be motivated to ensure that all patients are cared for equally and with equal effectiveness.

## Implementation

The implementation of this Code is a matter for discussion. However, in keeping with the Code for Engagement, the implementation of this Code should follow strategy of conviction, one that relies on the argument that ethical leadership results in better healthcare.

There will be a need to train and develop leaders in the motivations for ethical leadership. The approach will be based on self-efficacy principles. These depend on individuals understanding the reasons for ethical leadership and, therefore, will adopt the Code as their benchmark. Training programmes that involve workshops, learning sets and toolkits will be available to assist with implementation.

Clearly, a breach of a Code of Conduct for Ethical Leadership should be regarded as serious, in particular the aspects of the Code that relate to the personal profile and the attributes of an ethical leader. These attributes are the foundation for individual ethical leadership, and are the key influences on how a leader takes a lead on issues concerning society, service and staff.

## Code of Conduct for Ethical Leadership (to be applied within the context of the Code for Engagement)

### Status

Ethical leadership stands for being motivated to be:

- competent as a person and a leader
- attentive in every interaction
- honest and trustworthy
- selfless

### Staff

Ethical leadership stands for being motivated to be:

- Attentive to all staff
- Intellectually flexible in decision making
- Reliable and consistent in decisions
- Resolving conflicts as they arise
- Encouraging contributions from all staff

*Ethical leadership – drawing the lines*

	Status - The person	Staff - Quality of staff care
<u>Right</u>	Competent Attentive Probity Selfless	Attentiveness Intellectual flexibility Reliability
<u>Wrong</u>	Self interest Dogmatic Untrustworthy	Sickness Absence Presentness Staff Turnover

Derek Mowbray 2009

(Competent is being able to do the tasks expected as a person and as a leader; attentive is a key psychological behaviour that helps to create trust and commitment in interactions; probity is honesty and integrity; selfless is abandoning self interest in preference for serving the interests of others; self interest does not produce ethical decisions; being dogmatic means blanking out alternative ideas – this has no place in ethical decision making; untrustworthiness is a characteristic that will fail to achieve trust and commitment in followers and will not help a leader achieve status amongst followers attentiveness is being attentive to the needs of others and engaging them in a discussion that leads to meeting needs; intellectual flexibility allows leaders to draw on a broad range of information and apply it to a decision, and is key in decision making in a multi-professional organisation; reliability is the core attribute of ethical leaders – they do what they say and can be trusted; sickness absence is the number of people who are off work due to sickness; presentness is

characterised by people remaining in work but suffering psychological distress because of any of the established stressors, such as conflict, harassment, bullying, excessive demands, boredom, burnout; staff turnover is the number of people who leave their job in a year)

## Service

Ethical leadership stands for being motivated to:

- Deliver healthcare interventions appropriate to individual need
- Deliver interventions that are effective in producing positive outcomes
- Ensure services are efficiently delivered within the prescribed resources
- Seek the satisfaction of patients with the healthcare that is provided

## Society

Ethical leadership stands for being motivated to be:

- aware of the impact on society of healthcare organisations
- participating with others to promote health and wellbeing in society
- taking action to prevent harm in society

### *Ethical leadership – drawing the lines*

	Service - Quality of patient/client care	Society - The wider considerations
<b><u>Right</u></b>	Appropriate Effective Efficient Satisfaction	Awareness Participation Action
<b><u>Wrong</u></b>	Accidents Errors Misuse resources Harm	Isolation Passive Arrogance

Derek Mowbray 2009

*(Appropriate is the application of interventions appropriate to the patients needs and in the patient's best interests; effective is the application of interventions that have a positive impact or outcome on patients; efficient is characterised by minimum inputs for maximum outputs; satisfaction relates to the perceptions of the patient in relation to the experience they have with health care services; awareness is about being up to date and knowledgeable about the major concerns facing society; participation is about taking a lead to participate with others in addressing the major concerns facing society; action is about taking a lead in action to address the major issues facing society and to prevent harm arising in society resulting from the provision of health care; isolation means acting alone in considering issues affecting society at large – an unethical approach; passivity means making no active attempt to influence interventions in the issues affecting the wider society; arrogance means the belief in oneself over all others; accidents are unexpected spontaneous events that sometimes have a negative impact on people; errors are mistakes made in the intervention with patients; misuse of resources is using resources not for the purpose that is intended; harm is a negative impact on individuals caused by others and what they say and do).*

DM May 2009.