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Educating for ethical leadership through web-based coaching. A feasibility study

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ABSTRACT

Background: Ethical leadership is important for developing ethical healthcare practice. However, there is little research-based knowledge on how to stimulate and educate for ethical leadership.

Objectives: The aim was to develop and investigate the feasibility of a six weeks web-based, ethical leadership educational program and learn from participants' experience.

Training program and research design:

A training program was developed consisting of a) a practice part, where the participating middle managers developed and ran an ethics project in their own departments aiming at enhancing the ethical mindfulness of the organizational culture, and b) a web-based reflection part, including online reflections and coaching while executing the ethics project. Focus group interviews were used to explore the participants' experiences with and the feasibility of the training.

Participants and research context: Nine middle managers were recruited from a part-time master's programme in leadership in Oslo, Norway. The research context was the participating leaders' work situation during the six weeks of training.

Ethical considerations: Participation was voluntary, data anonymised and the confidentiality of the participating leaders/students and their institutions was maintained. No patient or medical information was involved.

Findings: Eight of the nine recruited leaders completed the programme. They evaluated the training programme as efficient and supportive, with the written,



situational feedback/coaching as the most important element, enhancing reflection and motivation, counteracting a feeling of loneliness, and promoting the execution of change.

Discussion: The findings seem consistent with the basic assumptions behind the educational design, based partly on e-health research, feedback studies, and organizational ethics methodology, partly on theories on reflection, recognition and motivation.

Conclusions: The training program seems feasible. It should be adjusted according to participants' proposals, and tested further in a large-scale study.

INTRODUCTION

Although ethical leadership is critical to enhancing ethical healthcare practice, there is little empirical knowledge on how to educate for ethical leadership and on how to train ethical leadership skills in practice.¹ The purpose of this paper is to present a web-based educational design² aiming at supporting middle managers in developing their ethical leadership skills, and to explore and discuss participants' experiences with the draft version of this training.

BACKGROUND

The nurse leader is considered central to strategic leadership and change,^{3,4} often faced with challenges of moral courage,⁵ ethical dilemmas and moral distress.⁶ Research suggests that moral distress occurs among both clinical staff and managers and that there is a need for reflective dialogue on ethical issues.^{7,8} A recent study indicates that nurse leaders tend to be more oriented to maintenance, conventions and "doing the job" rather than showing leadership when confronted with ethical dilemmas.⁹ Still, developing an ethical work climate is a central leadership task,¹⁰ which both receiving and providing support.^{11,12} A review of empirical studies of professional ethics in nursing care for elderly therefore recommends that in-service training programmes should include ethical issues,¹³ but only one of the 71 studies in the survey includes managers as informants. A literature review on leadership and management in mental health nursing confirms that ethical concerns must be constantly prioritized throughout every level of the organization.¹⁴ Another review on clinical supervision in Finland indicates that supervision for nurses in administrative and leadership positions might help clarify ethical issues,¹⁵ but more research is required to investigate the ethical decision making process in nursing management.¹⁶ Clearly, there is a need for leadership education and training to support nurse managers in their tasks of enhancing ethical competence, creating an ethical work climate and/or improving ethical practice. Attention to ethical issues is likely to enhance the quality of care.¹⁷

The International Council of Nurses (ICN) and the European Nurse Directors Association (ENDA) have provided a solid foundation of values and principles for ethical leadership. The ICN code of ethics is recommended a guide for action not only for nurses, but also for nurse managers. Among the explicitly stated responsibilities are the establishment of a work setting and workplace systems that promote quality care, protection and promotion of patient dignity and safety, and support of professional ethical values and behaviour that respect human rights,

customs and beliefs of people.¹⁸ Also the European nurse directors' proto-code of ethics and conduct that was developed as a strategic and dynamic document for nurse managers in Europe identifies nurse leaders' responsibilities on individual, organizational and political levels, and accentuates the obligation to create the organizational conditions that enable ethical and core professional values to be practised.^{19, 20} There are, however, differences in the ethical responsibilities of nurse leaders as emphasized in national and organizational based codes of ethics for nurses. Storch and her colleagues (2013) reviewed nurses' professional codes of ethics in Canada, and found significant retractions of ethical guidelines for formal nurse leaders' ethical responsibilities over the past decade. One reason for this might be that such standards are "difficult to meet in the current health-care climate". By contrast, the ethics code of the American Nurses Association states that "nurses are leaders and vigilant advocates for the delivery of dignified and humane care" (§1.3).²¹ Turning to Scandinavia, the Swedish association refers solely to the ICN code, including the recommendations for managers, and the Norwegian association applies both the ICN code and the national ethical guidelines, underscoring the nurse leaders' ethical responsibilities: "Leaders of nursing services have a special responsibility for creating room for professional development and ethical reflection, and use the ethical guidelines as management tools" (Section 1.5).²² Thus, both international and national professional codes of ethics convey a rather unambiguous expectation in terms of nurse leaders to take on an ethical leadership role. To our knowledge, however, there is little research-based knowledge on how to educate and support nurse leaders to meet such an expectation in practice.

Theoretical framework

The concept of ethical leadership emerged in the corporate management literature in the 1990s, partly as a response to scandals resulting from unethical business decisions.^{23, 24} The main foci of attention were the moral values, choices and character of the leader, and virtues like trust, integrity and authenticity.^{25, 26} Based on interviews with senior executives and corporate ethics officers, Treviño and colleagues concluded that a reputation for executive ethical leadership rests on two essential pillars: the executive's visibility as a moral person (based upon perceived traits, behaviours, and decision-making processes) and visibility as a moral manager (based upon role modelling, use of the reward system, and communication).²⁷ Referring to Bass' distinction between transformational and transactional leadership,²⁸ they also found that ethical leadership was associated, on the one hand, with transformational aspects, such as inspirational motivation, concern for people and values like integrity, honesty and fair-mindedness; on the other with transactional aspects, such as setting standards and expectations regarding appropriate and inappropriate conduct and using rewards and punishments to hold people accountable to such standards.²⁹ According to Brown and Treviño, this transactional component of setting ethical standards and holding people accountable, is the key difference between values-based and executive ethical leadership.³⁰ Later, Brown, Treviño and Harrison (2005) defined ethical leadership as "the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement, and decision-making".³¹ This definition, like most of

the corporate literature on ethical leadership, mainly focuses on the individual leader's character and conduct, on how she or he "ought" to behave.

Ethical leadership is a quite recent concept in the nursing management literature. Two main perspectives seem to be emerging. Some hold the view that every nurse is a leader, and consider "ethical leadership as every nurse's business".³² Others link the concept of ethical leadership primarily with formal nurse leaders. Storch and her colleagues (2013) argue – consistent with the ICN code and the ENDA proto-code of ethics – that nurse leaders can and should provide ethical leadership by "building a moral community, that is, a workplace where values are made clear and are shared, where these values direct ethical action, and where individuals feel safe to be heard".¹ The main focus within this perspective is not – like in the corporate literature – on the moral character and conduct of the leader, although this is a part of it, but instead on the leader's commitment to a strategic role in developing an ethical work climate,^{10, 33, 34} incorporating ethical values of patient safety into decision-making at all levels,³⁵ and supporting ethical nursing practice as part of excellence in patient care.¹¹

The empirical literature as well as international codes of ethics indicate a need for enhancing awareness of standards of ethics and educating for ethical leadership. There is no exact or agreed-upon definition of the concept of ethical leadership in healthcare, however. Still, three main aspects seem to follow from the literature: 1) Character, that is, being ethically skilled and reflective, attentive to ethical issues and displaying transformational leadership qualities like authenticity, motivation and role modelling, 2) Conduct, that is, communicating expectations of high standards of ethics and quality of care, providing support of ethical practice in the day-to-day, and displaying transactional leadership skills by taking action and holding people accountable when ethics and care quality standards are not met, and 3) Institutional practices, including creating an ethical work climate, attentive to patients' dignity, security and rights, and developing person-centred administrative and professional routines consistent with the fundamental and ethical values and principles in healthcare.^{36, 37}

On this background, we consider ethical leadership in healthcare basically to be about improving institutional practices, that is, developing an organizational culture characterized by person-centred routines and high standards of ethics and quality of care, collective awareness of threats to such standards, and a common attitude of taking immediate action when risk is detected. This perspective on ethical leadership is informed by Karl Weick's organization theory and the concept of 'collective mindfulness',³⁸ developed from studies of high reliability organizations (HROs), and how HROs, like emergency rooms and firefighting units, manage to cope with high risk, and why some organizations perform so much better than others. According to Weick and his associates, the answer is organizational mindfulness, characterized by five principles: Preoccupation with failure, reluctance to simplify, listening to feedback, learning from mistakes, and appreciation of expertise. Leaders of such organizations develop a culture of awareness and attention, where questioning is ok, people feel free to bring up problems, and there is a strong capability to act swiftly in response to threats.^{39, 40} In a healthcare context, organizational mindfulness is especially relevant to issues of ethics, like emerging threats to quality of care and to patients' dignity, security and rights. Considering this, we here define ethical leadership in healthcare as the practice of creating an ethically mindful

organizational culture, characterized by high quality care, attention to healthcare values and ethics standards, and capability to respond immediately when threats to such values and standards emerge. With this tentative definition as point of departure, we developed a training program designed to support healthcare middle managers who want to improve their ethical leadership skills in practice.

Objective and research questions

The objective of this pilot study was to try out and explore participants' experiences with a six-week, web-based ethical leadership training programme in order to assess its feasibility and usefulness and to produce new knowledge on how to educate for ethical leadership performance in practice. The main research questions were:

What did the participants learn from/get out of the training?

Which elements were supportive and efficient, and which were not?

What proposals for improvement did the participants have to make the programme more efficient and supportive of ethical leadership practice?

METHODOLOGY

Educational design elements

Our basic assumption, supported by the literature, was that in order to succeed in developing ethical leadership skills, many nurse leaders would need some kind of educational support or coaching. Most healthcare organizations do not have the resources to provide their middle managers with individual face-to-face coaching. We therefore wanted to create a small-scale, web-based, ethical leadership training, aiming at stimulating ethical reflection, supporting ethical leadership practice, and enhancing experiential learning. We also wanted the educational design to be relatively independent of specific leadership and learning contexts in order to make it suitable for integration into different training programs for managers of health services of different kinds. Therefore, and because ethical leadership is also considered a question of character and conduct, we wanted the educational design to be person-centred and tailored to the individual participant's leadership vision, organizational challenges and actual workplace environment.

A six-week educational design was developed, based on two main elements: 1) a leadership practice part, where the participants developed and ran a minor ethics project at their workplace which aimed to stimulate and develop the ethical mindfulness of their organizational culture, and 2) a web-based reflection part, where the participants – while managing their projects – answered reflection questions and reported from their projects online and received situational, written, supportive feedback from a coach.⁴¹ The overall aim of combining practice and reflection was to optimize experiential learning, according to Schön's theory of the efficiency of "reflecting on action while in action".⁴² Another reason for assuming that this combination might be fruitful was that a review study examining leadership development in nursing had found that the opportunity to practise specific skills in the workplace might have a significant influence on leadership development.⁴³

The leadership practice part

Before starting, the participating leaders were informed that a part of the training was to develop and run a self-chosen ethics project in their own departments during a

period of 4-6 weeks in order to enhance the ethical mindfulness of the organizational culture. They were provided with a number of examples of such projects taken from an organizational ethics handbook for the health and care services⁴⁴ and other sources. The leaders were encouraged to reflect upon project ideas before signing up, to involve staff members, and to choose a project that both leader and staff together would find interesting. We also recommended that they made the project as small, simple and feasible as possible, considering the short project period.

The participants were also encouraged to define their vision and mission statement before starting up. The intention was to stimulate reflection about one's personal values, the social responsibility of being a leader and what one wanted to achieve in the leadership role.

The web-based reflection part

The model of web-based coaching, combining reflection questionnaires and tailored feedback, was inspired by e-health research, where web-based counselling has been found to improve self-management in patients with different kinds of health conditions.⁴⁵⁻⁴⁷ The approach was redesigned into a leadership-training context so as to promote self-management in leaders,⁴⁸ following Manz' definition of self-leadership as "leading oneself toward performance of naturally motivating tasks as well as managing oneself to do work that must be done but is not naturally motivating".⁴⁹

During the project period of six weeks, the participants received and filled out three reflection questionnaires related to a) ethical issues, b) one's own leadership style, and c) the challenges of developing and managing the ethical leadership project. The reflection questions were based on the literature on ethical leadership and organizational mindfulness discussed above, aiming at stimulating ethical reflection on character, conduct and institutional practices, especially concerning standards of ethics and quality of care.

Each time after having filled out a reflection questionnaire, the participants received a written response aiming to stimulate reflection and support ethical leadership ambitions and achievements. The feedback was kept quite brief, normally between three and six sentences, and was given within a short period of time (0-24 hours). The coach tailored the feedback to the individual participant, making the response mirroring, not judgmental; appreciative, not critical; perspectivating, not detailed, and confirmative and open, not instructive or directive.

The participants also had access to audiotaped relaxation exercises. Three different relaxation exercises instructions of 2-5 minutes were developed according to mindfulness meditation principles,^{50, 51} in line with research indicating that brief mindfulness training might improve nurse leaders' stress management.⁵²

The participants were also encouraged to keep an "I'm ok diary", that is, a notebook where one could write down the large and smaller successes in one's life, including the praise and recognition received from others. Instructions on how to keep a this self-supportive diary was available on the pilot web-site.

Research design

The study had an explorative design and was conducted during the period of November 2011 to February 2012.

Recruitment and sample

A class of about 30 middle managers attending an ethics and leadership course (15 ECTS) within the educational framework of a four-year, experience-based, part time master's degree programme of values-based leadership were invited to participate. The only inclusion criterion was being a practising middle manager interested in implementing an ethics project in their workplace. Participants were recruited in the autumn, after having completed the first half of the ethics and leadership course, including lectures on ethical theory, ethical leadership and organizational mindfulness.

Nine managers/students consented to take part. Before signing up, the potential participants met with the instructor (the first author), and received detailed information on the aim of the project, the educational design and the research method (focus group interview). They also received information on how to use their individual project website.

Eight of the nine persons who signed up took part and participated until the project was completed. They were all practicing middle managers, educated nurses, all women between 35 and 48 years of age. Their experience as leaders was between 3 and 12 years; they were employed by both municipal health and care services (home care and nursing homes) and non-profit organizations.

Data collection

Two focus group interviews were conducted to learn about the participants' experiences with the web-based training as a whole, to explore in depth how the different elements worked for the participants, and to identify ideas they might have for improvements. The interview form was open and explorative, encouraging interaction, individual reflections and collective sense-making.⁵³ All interviews were audiotaped.

Data analysis

The interviews were transcribed and analysed according to content analyses principles,⁵⁴ partly inductively, by identifying leadership issues and extracting categories that emerged from the text itself, and partly deductively, by exploring the experienced value of the different elements of the educational design.

Research ethics

The participants were informed orally and in writing about the educational, evaluative purpose, the research design, their right to withdraw from the study at any time, and that the data would be anonymized. They were also informed that even though the pilot was run within the framework of their study programme, participation was completely voluntary and would have no influence on the evaluation of their study performance. They were also informed that the intention was to learn from their experiences and evaluation in order to further develop the educational design. The participants were asked for their permission to audio-tape the interviews. The study was carried out in accordance with the Norwegian guidelines for research ethics in the social sciences, law and the humanities.⁵⁵ As an evaluative study within the framework of higher education, not including patients or making use of sensitive personal information, the research project was not subject to

notification and approval by an Ethics Committee or the Norwegian Social Science Data Services (NSD).

RESULTS

In both focus groups there was an open and associative sharing and exploration of the individual participants' personal experiences with the web-based elements of the training, including quite a lot of humour and self-irony concerning a common experience of loneliness and need for appreciation in the leadership role. In addition, the evaluations within the two groups were very similar, ending up with a final and unanimous positive evaluation of the web-based training as a whole.

Ethics projects

All participants developed and ran an ethics project at their workplace in order to stimulate attention to ethical issues and improve the ethical quality of the services. Five projects aimed at stimulating or implementing ethical reflection among the staff, two at improving work environment, and one at stimulating leaders' ethical reflection. All participants developed projects close to practice, focussing on actual ethical dilemmas and/or challenges at work, none choosing more general, educational or theoretical issues (table 1).

[TABLE 1]

Situational feedback

In both focus groups, there was a consensus that receiving situational feedback was by far the most effective and important element, stimulating self-reflection, confidence in the leadership role and motivation for action. Different answers as to how to explain these effects emerged from the discussions. In both groups, there was also a consensus that the responses met a need for being seen and recognized:

It was simply fun participating. The most important thing was the interest in what I was doing, in how things were going. It definitely had an impact on me. This does not happen very often in my organization.

Participants also reported that the mirroring feedback stimulated reflection upon action and new insights:

You get pushed to think, more consciously. Think through what I do. I am running a project and at the same time what I do is being mirrored back to me. It was nice to realize that I always want to do everything so much better all the time, which in turn reduces my capacity as a leader. This was a kind of reality orientation, so to speak.

In both focus groups participants brought up the issue of loneliness in the leadership role, and that the coaching was helpful in that respect:

I am in a leadership situation where I stand very much alone. And I have been particularly alone the last year, for different reasons. So to me, this was very stimulating.

In both groups participants reported that receiving feedback was emotionally supporting and motivating:

It is surprising how little is needed – just short responses, positively linked to something. It was absolutely not much, but I see more and more clearly how simpleminded I am, that ... if I just get some recognition, I become so happy; it feels so good, and it surely makes a difference in a leadership position where I am very alone.

The fact that coaching was quite brief and scarce (three times) became an issue in both focus groups. Several participants expressed surprise that this relatively small effort could have such a strong effect:

The feedback ... I did not receive very much. I have thought about that, and there really was not very much feedback. The fact that it had such an effect on my focus was a bit shocking to me. Normally, supervision or coaching takes much more time. Besides the mirroring and the recognition, several participants also reported that the timing of the feedback had an important impact: "What I experienced was that, a couple of times, I received feedback at very crucial moments; it was like I grew a bit, and I felt like 'now I'm taking one more step, immediately.'"

While the perceived impact of the feedback was reported to be high, the experienced efforts of answering questions and reflecting on the responses was considered low, and as being quite easy to integrate into the daily activities:

I did not experience the reflections as an effort or something extra to be done, because they were directly related to job issues. And it even made the job issue easier to solve. Yes, I think I would put it that strongly.

In both focus groups, participants underlined the motivational and empowering aspect of the coaching, stimulating them to enhance their leadership performance: "It was a very busy time, but participating pushed me to carry my ethics project through in my department". A participant in the other focus group put it this way: "I would never have succeeded in this project if it was not for the reflection questions and feedback, which I experienced as a bit like a kind push. And I am happy about that."

Reflection questions

The focus groups also confirmed that the reflection questions were helpful and stimulating. The unanimous consensus in both groups was that the questionnaires triggered self-reflection and awareness of ethical issues. To some, answering the questions was felt to be strengthening:

The questionnaires made me very conscious. They kept me aware of ethical issues in a busy period. Answering the questions was in itself strengthening, confirming. I got greater insight into what is important to me, as a leader.

Another aspect of the questionnaires and regular feedback was that the setting itself, implying an expectation of reflecting on one's ethics project and leadership performance, was experienced by some as a push towards doing their best:

Reflection questions helped me in running the project. My experience was that having to respond to the reflection questions did push me a bit towards carrying my project through ... I had to do something, so to speak, because I knew I'd get mail soon, and I had to have something to tell, had to be able to share that something had happened in the meantime. I just had to work on it.

Mindfulness exercises

In both focus groups there were mixed responses to doing mindfulness exercises. Some liked it very much, others found it boring, and some were sceptical in the beginning, but found it useful after a while:

In the beginning, I was not positive to that kind of exercise. But I feel that it has opened up my thinking a bit, so I will keep doing that, actively. It was very useful for me, as a supplement to the "I'm ok diary".



Most of the participants found the mindfulness exercises pleasant, but not always easy to do at work, because you need to be undisturbed. Some learned that it was better to do it at home, and that was not always easy either. Only a few of the participants found that doing mindfulness exercises was directly relevant to their leadership practice.

I'm ok diary

In both focus groups, opinions varied as to the effects of keeping the "I'm ok diary". Most of the participants felt it was pleasant and rewarding, that it stimulated self-insight and was relevant to the leadership position. Some also wanted to keep on doing it:

I plan to continue that "I'm ok diary"-thing. It will benefit me. To me, the process of finding time to do it and keeping the diary has been very, very good so far ... The longer I stay in the position as a leader, the more insight I get into myself, and how important it is for me to recognize the good things I do, and keep in mind the good things people tell me, be conscious about and focus on the positive aspects of myself. Others were more uncertain about the effects of keeping the diary, at least in the short term:

It is hard to say if it had a real effect in that short time. It may strengthen one, it may create more room to act, and help you create a more stimulating organizational culture around you as a leader... for it to have a real impact, I think I would have to do it for a longer time.

Some found it difficult to get started, feeling ambivalent or awkward about writing positive things about oneself ("I did it, all right. I fulfil my duties. I don't like telling nice things about myself, but it was all right, it really was"). One of the participants solved this problem by asking a colleague to give her some feedback:

Keeping the "I'm ok diary" felt good. It was hard to start. I asked a colleague to write down my strengths, and to be honest, and she wrote a whole page with a lot of items. Quite a lot. I was aware of some things, but not others. I became more conscious about doing more of that.

Actualized ethical leadership issues

In both focus group interviews, five different but partly overlapping leadership issues emerged from the sharing of experiences with the different web-based elements of the training program, issues partly related to their motivation for participating in the study, partly related to their motivation for leadership in general and ethical leadership in particular. These issues can be summed up in the following, partly overlapping, questions:

How to keep focus on developing high quality health services in the first line (when all managerial attention is focused on keeping the organization running within strict budget limits on a day-to-day basis)?

How to stay in contact with and realize one's vision and mission as an ethical leader (in busy and stressful times of budget cuts and reorganizations)?

How to make ethics and the core values of the health care services live in the organization (when realizing ethics and values are not items included in the organizational quality measurements and control systems)?

How to develop one's leadership qualities and keep up one's motivation (being very much alone in the middle manager role)?



How to stimulate the staff's motivation at work and an ethically mindful organizational culture (in times when the organizational attention from the top is mainly focused on budget control and increased efficiency)?

These issues were interwoven with the exploration of the usefulness of the training programme and elements thereof, indicating a need for reflection on such issues and finding ways to deal with them.

Questionnaire frequency

Receiving questionnaires once a week or every two weeks was considered convenient and realistic ("Once a week is fine"). Not having to answer immediately and receiving a reminder after some days was also appreciated ("I did it when it suited me. That was fine").

Improvements proposals

All web-based elements were considered useful to some degree. However, both groups unanimously proposed three improvements: (1) To expand the reflection/feedback period, (2) to expand the whole training programme, preferably with time to develop more complex ethics projects, opportunity to receive feedback and some support, and more time to realize the projects, and (3) expand the content on the website with short articles of one or two pages on ethics, ethical leadership and other relevant topics to stimulate further reflection and scholarly development. In addition, other suggested improvements were discussed, such as having the opportunity to respond to the feedback or asking questions, and writing small reports from meetings or difficult conversations at work, as material for reflection and feedback. However, there was no agreement on these proposals.

DISCUSSION

The main finding of this study was that the ethical leadership skills training was experienced by the participants to work well and as helpful when practicing the ethical leadership skill of stimulating ethical mindfulness in their organization. All participants perceived the process of tailored, situational, web-based reflection and coaching as relevant, supporting and effective, stimulating reflection on their ethical leadership role. However, we know that people like to obtain feedback even if it has no impact on their performance, so it is important not to confuse feelings that feedback is desirable with the question of whether feedback benefits performance or not.⁵⁶ In this case, participants also reported that receiving feedback definitely made a difference in their leadership performance, supporting them in following through with their ethics projects.

Most of the participants also reported that they were satisfied with the other web-based elements of the training. The participants experienced the effort made in participating to be relatively modest, especially considering the relevance to their leadership practice and the positive outcomes. In other words, the educational design was considered feasible. How can these findings be explained?

The participants reported that the reflection questions and feedback stimulated self-awareness, motivation, self-confidence and performance in the ethical leadership role. This is in accordance with the basic assumptions behind the educational design, based partly on empirical e-health research,⁴⁵⁻⁴⁷ feedback studies,⁵⁶ and

organizational ethics methodology,^{44, 57} partly on theories on reflective learning,⁴² workplace learning,⁵⁸ recognition,⁵⁹ and human motivation.^{60, 61}

The reported increased reflection on ethical concerns and attention to dilemmas might meet a reported need among both leaders and staff for honouring and validating such issues, which are considered to be a key organizational response to moral distress⁶⁻⁸. However, the effect on moral distress is not specifically addressed in this study.

The reported experience of both emotional impact and enhanced achievement in practice exceeded our expectations, especially the strengthened motivation and self-leadership skill of completing a new ethics project in a busy period. These effects may be explained by a combination of factors. The participants refer to the relational, supportive and appreciative aspects of the coaching, the fact that someone from outside shows interest, recognizes their effort and responds positively. This is consistent with empirical research, indicating that leadership support is essential to create positive ethical climates and promote ethical practice.¹⁰ Some of the leaders also refer to the motivational aspects of reduced loneliness in the leadership role, also indicated in the literature.⁶²⁻⁶⁵ Several participants also point to the importance of the timing of the feedback, that is, that the coaching response is received within a few hours' time, meaning at a time when the leader is often still in the middle of or close to the workplace situation upon which she was reflecting. Immediacy is considered one of the most powerful elements of feedback in learning situations.⁵⁶ The appreciation of immediate response is also in line with the experiences of patients receiving written situational feedback in order to stimulate self-management.^{46, 66} In addition, some structural elements of the educational design might be part of the explanation for enhanced motivation and performance. Self-Determination Theory postulate three basic psychological needs – autonomy, competence and relatedness – which when satisfied yield enhanced self-motivation, and when thwarted lead to diminished motivation and well-being.^{60, 61} In accordance with this empirically based theory, the participants were free to decide what kind of project to run (autonomy), encouraged to keep the project small and simple (within one's area of competence), and received supportive feedback online throughout the project period (relatedness). Another potential part of the explanation for why this educational design was reported to work well is the unique sample. All participants were enrolled in a master's course in ethics and leadership and had a profound interest in values-based and ethical leadership from the outset. There is reason to believe that their motivation for developing their ethical leadership skills and receiving feedback in the process of doing so might be much stronger than the average nurse leader (see limitations). On the other hand, most nurse managers choosing to attend an ethical leadership course including an educational training and coaching, will probably have a certain motivation for developing their ethical leadership skills.

Limitations

First, the study involves a small number of participating leaders, recruited within a limited setting. Although the participants varied in age, were from different healthcare organizations, and developed and executed different ethics projects in different institutional settings, they were all recruited from the same ethics course of a master's degree programme on values-based leadership. Their motivation for participating and making it a learning opportunity might have been significantly



stronger than that of an average healthcare middle manager. Second, there may be considerable bias – positive or negative – from the fact that the participants knew the first author/leader of the research group as their teacher of ethics in the master’s programme, and the fact that the same researcher provided the web-based coaching and conducted the focus group interviews. Although the participants were explicitly encouraged to be absolutely honest and critical in their evaluations and seemed to have a free, open and critical discussion of the programme elements during the interviews, the potential (unintended) influence of the relational context should not be underestimated. Third, the focus group interviews might have been a longed-for opportunity for the participants to share with one another their thoughts and feelings associated with their leadership roles, which in turn may have influenced their evaluation of the pilot process as a whole in a positive way.

CONCLUSIONS AND FOLLOW UP

The results proved promising. The web-based educational programme was considered feasible by the participants, both in terms of motivation, reflection and resource efficiency. There is reason to believe that web-based coaching, including reflection questions and situational, tailored feedback, can support ethical leadership practice. The educational design should be developed according to the participants’ experiences and enhancement proposals: Reflection reflections and tailored feedback should be at the core of the training, which should be extended to at least two, possibly three months, in order to have more time to a) develop and run an ethics project, b) reflect on practice and receive coaching, and c) try out and establish new leadership skills and habits. Short readings on leadership and ethics should also be included. The final ethical leadership educational design should be tried out and evaluated in a large-scale study.

DECLARATION OF CONFLICTING INTERESTS

The authors declare that there is no conflict of interest.

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Table 1. Overview of the ethics projects

| Objectives | Means (when, where, how) | Participants |
|---|--|-----------------|
| Stimulating ethical reflection and organizational mindfulness | Daily ethical reflection at lunch, using an Ethics advent calendar | leader /staff |
| | Implementing ethical case deliberation at every staff meeting, using ethics reflection models | leader /staff |
| | Implementing ethical reflection at the end of each day, 20 minutes with colleague | staff |
| | Weekly one-hour systematic ethical reflection in reflection group | staff / coach |
| | Every 14 days, ethical reflection group, one hour, using reflection model and ethics check list | staff |
| Improving work climate and organizational culture | Involve affected parties in developing a procedure for conflict solving and work environment improvement | leaders / staff |
| | Weekly reflection on communication issues at staff meetings, stimulating an appreciative culture | leaders / staff |



| | | |
|---|--|---------|
| Stimulating leaders' ethical reflection | Weekly systematic ethical reflection at middle managers' meeting | leaders |
|---|--|---------|