

Ethical Leadership: A Systematic Literature Review and Bibliography

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Abstrak

Ethical leadership has a crucial role in shaping organizational culture, improving patient safety, and ensuring the quality of service, although scientific understanding of it is still limited. The absence of ethical leadership can have serious consequences, such as declining staff morale and the erosion of public trust. This study aims to map the ethical leadership research landscape in the health sector through a systematic literature review (SLR) to identify future research trends and potentials. Using the PRISMA method, article searches were conducted on the Scopus database (2020–2025) with the keywords "ethical" and "leadership", which were filtered by the areas of medicine, nursing, and health professions. A total of 11 relevant articles were analyzed using VOSviewer. The results show a very limited number of publications spread across 10 countries without a dominant study center. Keyword mapping highlights a strong relationship between ethical leadership and leadership (11), people (10), ethics (8) morality (6), maturity (6), gender (4), psychology (4) structural similarities (3) organizational modeling (3) social responsibility (3) healthcare (2) financing (2), work impact (2) organization (2) perception (2) motivation (2) safety (2) satisfaction (2). It is concluded that the study of ethical leadership in the health sector has great research potential, with significant theoretical and practical implications for improving governance and service quality.

Keywords: *Ethical Leadership, Health sector, literature review*



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Introduction

The health sector is a fundamental pillar for the progress and welfare of a nation. Its role is not only limited to providing curative services, but also includes promotive, preventive, and rehabilitative functions that shape the quality of human resources and affect socio-economic stability. The success of the health system often reflects the degree of progress of a country's civilization, because there are collective efforts to maintain human dignity and dignity through improving the degree of public health. In the framework of sustainable development, health is the foundation that allows individuals to be productive, innovative, and contribute optimally to the progress of the nation (Linnik et al, 2023)

The complexity of the health sector is characterized by the high moral and professional responsibility inherent in every decision, as it concerns the safety and life of human beings. On the other hand, managing this sector requires large resource allocation, cross-agency coordination, and dynamic interaction between regulators, service

providers, and the public. In this context, the quality of service and patient safety are the key benchmarks of the success of the health system, which is inherently heavily influenced by the direction and strength of leadership at every level of the organization (Bryden, 2024). Therefore, leadership is not only an administrative function, but a strategic instrument in ensuring the integrity and effectiveness of public services.

Leadership in healthcare organizations has a much more complex dimension than other sectors. A leader is not only tasked with ensuring operational efficiency, but is also required to be a moral role model, a facilitator of cross-disciplinary collaboration, and a guardian of human values in decision-making. Leadership challenges in this sector include managing professionals with diverse backgrounds and interests, adapting to rapid advances in medical technology, and pressure from the public and financial institutions. In this kind of situation, leadership effectiveness is a determining factor in building a healthy and adaptive organizational culture (Sayyed et al., 2025)

Effective leadership can foster collective work spirit, strengthen communication between professions, and increase job satisfaction of health workers. More than that, leaders who have vision and ethical sensitivity are able to instill the value of moral responsibility in every professional action. On the other hand, weak or authoritarian leadership can cause internal fragmentation, value conflicts, and decreased work motivation which leads to a decrease in service quality. Thus, leaders in the health sector are required to be not only managerially capable, but also to have a strong and consistent ethical character.

In the midst of this complexity, the concept of ethical leadership has emerged as one of the key approaches that are relevant in strengthening the governance of health organizations. *Ethical leadership* is defined as the behavior of a leader who demonstrates moral integrity, fairness, and honesty through tangible actions and fair and respectful interpersonal relationships. In addition, ethical leaders also play an active role in instilling moral values in organizational members through two-way communication, positive reinforcement, and a transparent decision-making process (Yodang & Nuridah, 2025)

This concept emphasizes two main dimensions, namely being a *moral person* and a *moral manager*. As a *moral person*, a leader is expected to have an honest, trustworthy, and caring personality. Meanwhile, as a *moral manager*, leaders play the role of enforcers of ethical standards that ensure that every action of the organization is in line with the moral values upheld. In the context of health services, these two dimensions function to build trust, fairness, and integrity that are the basis for professional relationships between medical personnel, patients, and the community (Edgewood team, 2025).

Conversely, the absence or weakness of ethical leadership can have far-reaching destructive impacts. Ethical failures at the leadership level have the potential to trigger a decline in work morale, increased stress and *burnout* among health workers, and decreased patient safety. In the long run, ethical leadership crises can lead to an erosion of public trust in health institutions. Some studies show that many cases of systemic

failure in hospitals are rooted in decisions that prioritize financial efficiency over patient well-being (Slevin, 2024). This kind of condition underscores the importance of ethics as the main compass in leadership practice in the health sector.

Although the urgency of *ethical leadership* in the health sector is widely recognized, research examining its application is still fragmented and not yet conceptually integrated. A number of studies have shown that there is a gap in understanding the relationship between ethical leadership and various contextual variables, such as job well-being, *nurse flourishing*, and *patient satisfaction* (Heba E El-Gazar & Mohamed A Zoromba, 2021). These limitations indicate that there is still much room for research development that can bridge ethical leadership theory and practice more empirically.

To address these gaps, a systematic and comprehensive research approach through Systematic Literature Review (SLR) is needed. This method allows researchers to identify, evaluate, and synthesize existing empirical evidence to form a comprehensive understanding of the *ethical leadership research landscape* in the health sector (Yodang & Nuridah, 2025). Through the mapping of the literature, key themes and research gaps can be identified, which in turn become the basis for policy development, leadership training, as well as the design of ethics-based organizational interventions. Thus, *ethical leadership* is not only a normative concept, but also a strategic practice in realizing a health system with integrity and humanity-oriented.

Research Methods

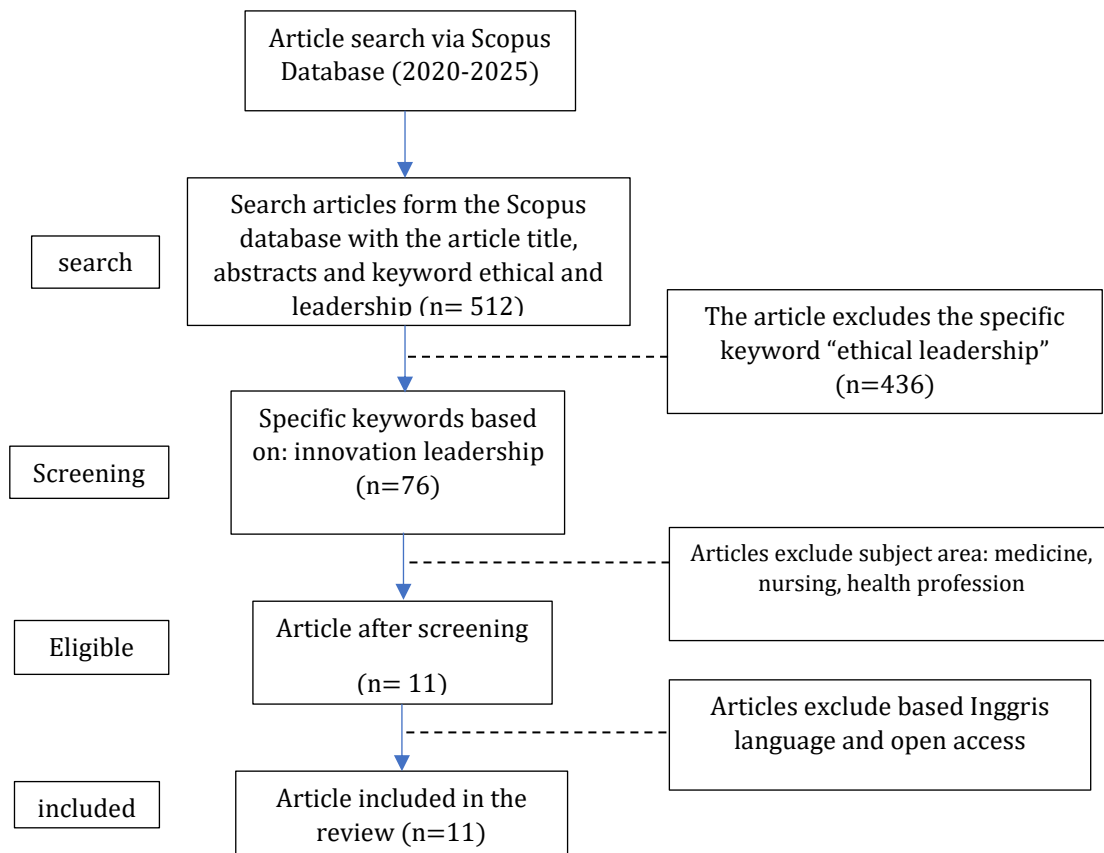
This *systematic literature review* (SLR) study uses the PRISMA method with data sources from the Scopus database in the last six years (2020–2025). A type of document that focuses on journal articles. The main keywords used in the search were "*ethical*" and "*leadership*" with a total of 512 articles. Then it was filtered more specifically using the keyword "*ethical leadership*" so that 76 articles were obtained. Furthermore, the data was focused on the subject area of "*medicine, nursing, and health profession*", resulting in 11 articles that were considered relevant. In the final stage, the screening process is again carried out by limiting the articles in English and those available in the form of *open access*, so that the number of included articles remains 11. The selected articles were then analyzed to answer three research questions, namely:

RQ1. Does the exploration of *ethical leadership* in the health sector have the potential to be the subject of research in the future?

RQ2. What is the current description of the subject area of research related to *ethical leadership* in the health sector?

RQ3. What are the theoretical and practical implications of research on *ethical leadership* in the future perspective of the health sector?

Figure 1. Systematic literature review (SLR) flow 112sing PRISMA



Results and discussion

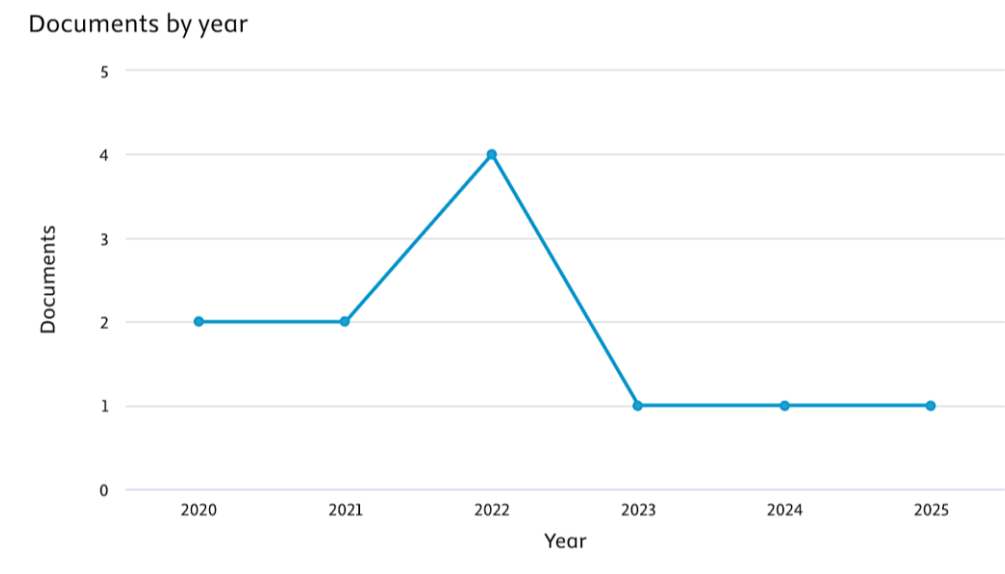
This research focuses on 11 articles indexed in the Scopus database and specifically discusses the theme of *ethical leadership* in the health sector. The data was obtained through a publication identification process published in the last six years, which included a variety of scientific journals with international reputation. This approach is carried out to obtain a comprehensive picture of the trends, directions, and concentrations of research related to ethical leadership in the health domain. By examining various articles from the period, this research is expected to be able to provide a clearer portrait of how the concept of *ethical leadership* developed, interpreted, and applied in the context of modern health services.

In addition to tracking the number of publications, this study also highlights important elements that help shape the dynamics of *ethical leadership* studies. Some of these include authors and institutional affiliations, which are indicators of cross-border and disciplinary scientific collaboration; the country of origin of the research, which reflects the geographical distribution of the development of the theory; and the fields of study and the interconnected keywords, which show the thematic linkage between the studies. The analysis of these elements provides a deeper understanding of the knowledge map in the field of *ethical leadership*, as well as identifying research gaps that can be developed to enrich academic treasures in the future.

RQ1: Will the exploration of ethical leadership be a subject in future research?

(Aloustani et al., 2020; B. Kim et al., 2021; M. Kim & Kim, 2020; Wei et al., 2021). (Jian et al., 2022; Pakizekho & Barkhordari-Sharifabad, 2022; Wu et al., 2022; Zhu et al., 2022) (Aldhmadi et al., 2024, 2025; Dehghani et al., 2023) (Aloustani et al., 2020; B. Kim et al., 2021; M. Kim & Kim, 2020; Wei et al., 2021). (Jian et al., 2022; Pakizekho & Barkhordari-Sharifabad, 2022; Wu et al., 2022; Zhu et al., 2022) (Aldhmadi et al., 2024, 2025; Dehghani et al., 2023)

Figure 2. Publication Trends in the Six Years Ending (2020–2025)



Source: Scopus database of 2025

RQ2. What is the current description of the subject area of research related to ethical leadership in the health sector?

The results of the analysis of the distribution of research on *ethical leadership* in the health sector show that this study is still relatively limited and has not developed evenly at the global level. Based on a search of the Scopus database, the number of publications specifically addressing this topic is still relatively small, with only 11 relevant articles found. This condition reflects that the application and development of *ethical leadership* concepts in the context of health has not been the main focus of researchers, especially when compared to other themes such as transformational leadership or adaptive leadership. The limited number of publications may signal the need for a stronger academic push to expand empirical discourse and research in this field.

When reviewed based on geographical distribution, the articles were spread across 10 countries with a relatively small level of research concentration in each country. Countries such as China and Pakistan contributed four articles each, indicating an initial interest in the issue of ethical leadership in the context of health organizations. Meanwhile, Romania and Saudi Arabia also had the same contribution, followed by Iran

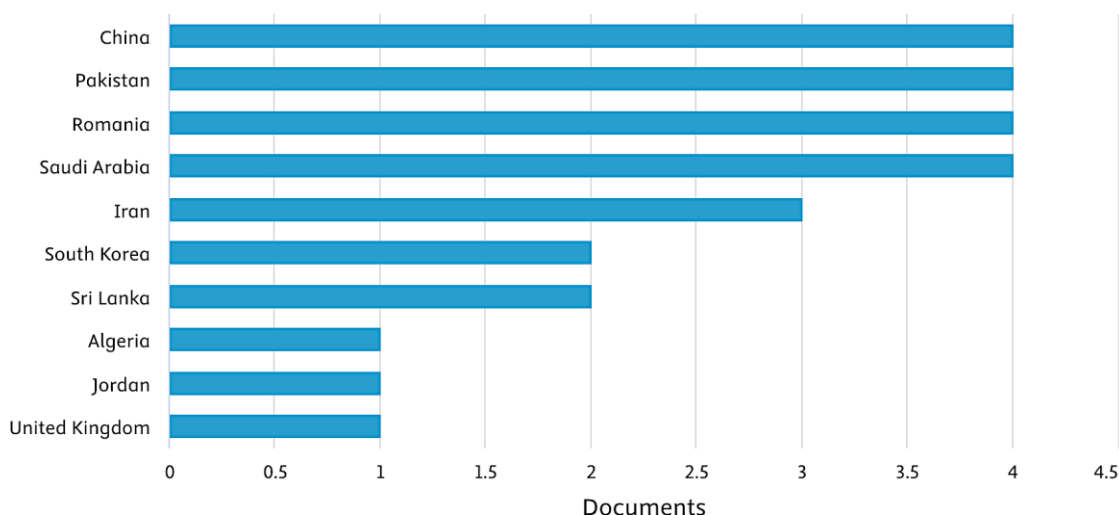
with three articles, as well as South Korea and Sri Lanka which spawned two articles each. Algeria, Jordan, and the United Kingdom only contributed one article. This distribution pattern shows that *ethical leadership research* in the health sector is still dominated by Asia and the Middle East, while other regions still have minimal contributions.

This opens up a wide space for researchers to develop new studies, particularly in developing countries that face ethical and governance challenges in health systems. The lack of publications not only indicates a limited interest in research, but also reflects an urgent need to build conceptual frameworks and *contextual ethical leadership* practices that are appropriate to local cultures, values, and health systems. By increasing research in various regions, it is hoped that *ethical leadership* can develop into a leadership paradigm that is not only normative, but also applicable in improving the quality of services and integrity of health organizations globally.

Picture 3. Distribution of Publications by Country

Documents by country or territory

Compare the document counts for up to 15 countries/territories.



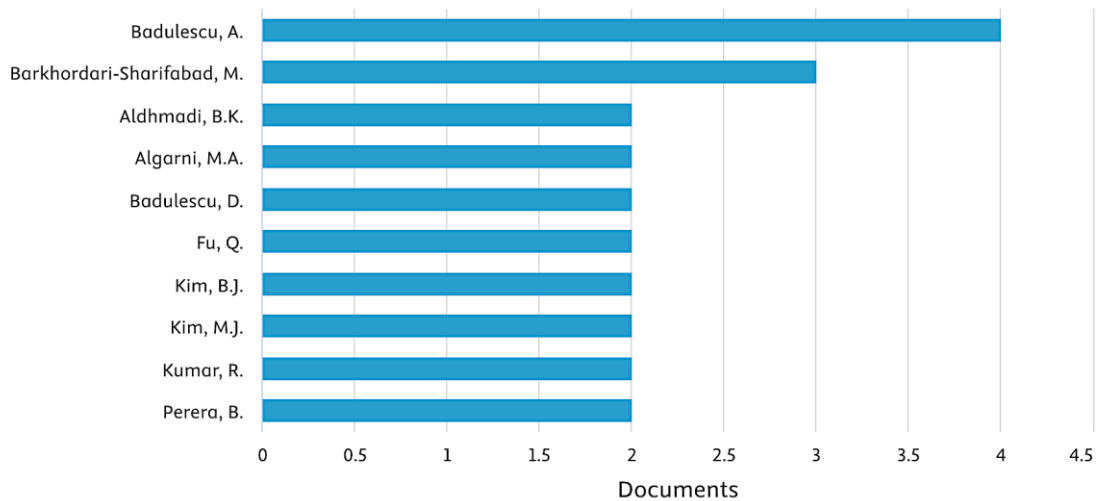
Source: Scopus Database in 2025

Of the 11 articles analyzed, there are still few authors who delve into the research context on the topic of *ethical leadership* in the health sector. Of the total top 10 authors, there are several names with more prominent publications but still limited and not too in-depth study material. For example, Badulescu, A. has 4 published articles, followed by Barkhordari Shorifabad, M. with 3 articles. Meanwhile, other writers such as Aldhmadi, B.K.; Algarni, M.A.; Badulescu, D.; Fu, Q.; Kim, B.J.; Kim, M.J.; Kumar, R.; and Perera, B. contributed 2 articles each. This will actually further strengthen and open up space for other researchers to be able to participate in *ethical leadership topics* in the health sector.

Figure 4. Author Productivity Mapping

Documents by author

Compare the document counts for up to 15 authors.



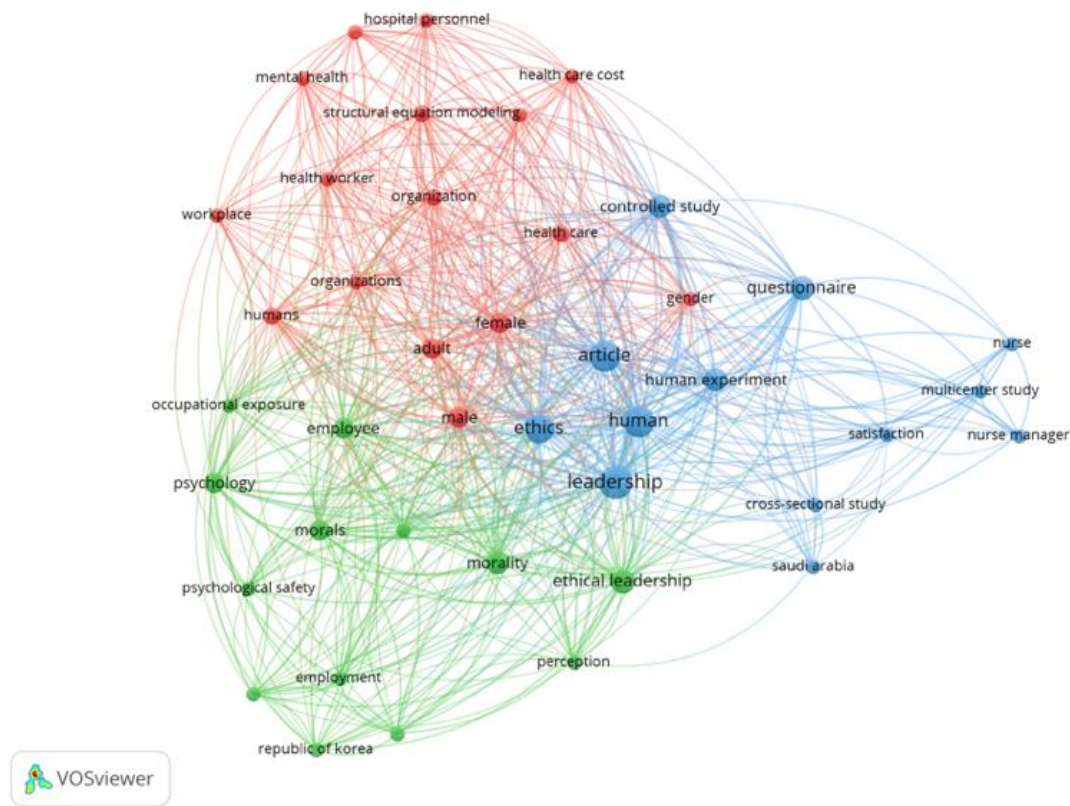
Source: Scopus database of 2025

RQ3. What are the theoretical and practical implications of research on ethical leadership in the future perspective of the health sector?

The results of Scopus' metadata analysis through the VOSviewer application provide a rich and meaningful picture of the development of *ethical leadership* studies in the health sector. From a practical point of view, these findings have great potential in supporting the application and promotion of ethical leadership in various healthcare institutions in the future. The analysis process is carried out using the *two meaningful words limit*, which aims to obtain a more specific and interconnected representation of concepts. Through this approach, VOSviewer is able to visually map the relationships between keywords so that it can show the dynamics and direction of research that is developing in this field.

The mapping results in Figure 5 show that there are 18 main keywords that are interrelated in studies on *ethical leadership*. These keywords include: *leadership* (11), *people* (10), *ethics* (8), *morality* (6), *maturity* (6), *gender* (4), *psychology* (4), *structural similarity* (3), *organizational modeling* (3), *social responsibility* (3), *healthcare* (2), *financing* (2), *work impact* (2), *organization* (2), *perception* (2), *motivation* (2), *safety* (2), and *satisfaction* (2). The relationship between these keywords shows that the issue of ethical leadership is not only centered on moral aspects, but also touches on psychological, social, and organizational dimensions. Thus, the results of this analysis emphasize the importance of a multidisciplinary approach in understanding and implementing *ethical leadership* in the health sector in a sustainable manner.

Figure 5. Overlay visualization key word



Source: VOSviewer data processing

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