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Lived Experiences of Nurse Leaders in Upholding Ethical Standards in Healthcare Settings

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Abstract

In the dynamic field of nursing leadership, ethical decision-making remains a critical factor influencing patient care, staff welfare, and organizational outcomes. This study investigated how nurse leaders uphold ethical standards in their professional responsibilities, exploring the processes and behaviors that exemplify ethical leadership. The main purpose of the study was to identify specific situations requiring ethical judgment, understand the strategies employed by nurse leaders, and analyze how internal moral convictions align with professional standards to guide ethical actions. A qualitative research design was employed, and participated among nurse leaders in two (2) chosen public hospitals in the Province of Bukidnon in a qualitative study using NVivo theme analysis. Data were analyzed to extract patterns, insights, and experiences related to ethical decision-making. The relevance of this dissertation was further anchored in the national commitment to the United Nations Sustainable Development Goals, particularly Goal 3 (Good Health and Well-being), which emphasized strengthening the health workforce and promoting safe, effective, and equitable health care systems. Results revealed that ethical leadership emerges from a combination of conscience-guided reflection, resilience-building, and responsive action. Nurse leaders consistently displayed harmony between personal values, professional ethical codes, and leadership behaviors, which generated trust, accountability, and healthy organizational culture. The study concludes that ethical leadership is not an inherent trait but a continuously developed practice. Organizations that support reflective and principled leadership can enhance staff performance, patient safety, and overall institutional integrity.

Keywords: Ethical Leadership, Lived Experiences, Nurse Leaders, Decision-Making, Healthcare Ethics, Organizational Behavior

1. Introduction

This study examines how nurse leaders uphold ethical standards within complex healthcare environments, focusing on their lived experiences, ethical decision-making processes, and the role of conscience in leadership practice. Ethical leadership in nursing is critical for ensuring patient safety, organizational integrity, and quality care, particularly in resource-constrained public healthcare systems. Drawing from global, national, and local perspectives, this study explores how nurse leaders navigate ethical dilemmas, balance competing demands, and sustain ethical practices through moral reflection, resilience, and professional accountability.

1.1 Background of the Study on Ethical Leadership Among Nurse Leaders in Public Healthcare

Nurse leaders play a crucial role in maintaining ethical standards while addressing clinical, organizational, and societal demands. The World Health Organization (WHO) (2021) emphasized that nursing leadership is central to strengthening health systems, improving patient safety, and ensuring ethical and people-centered care. However, increasing service demands, workforce shortages, and evolving healthcare environments intensify ethical challenges. Ethical dilemmas in nursing leadership are associated with moral distress, ethical uncertainty, and emotional burden (Tella and Elomaa, 2023). Nurse leaders often rely on moral conviction and conscience as a guiding force in decision-making, enabling them to act in alignment with ethical principles despite risks or resistance (Gallagher, 2021). Conscience functions as an internal moral compass, shaping ethical judgment and leadership actions. In the Philippine context, nurse leaders face increasing expectations due to healthcare reforms, resource constraints, and demands for equitable care. Their decisions significantly

influence organizational culture, ethical climate, and patient outcomes. Understanding how nurse leaders uphold ethical standards provides insight into ethical leadership within real-world healthcare settings.

1.2 Themes and Insights from Literature on Ethical Leadership, Conscience, and Moral Resilience in Nursing

Ethical leadership in nursing involves demonstrating integrity, fairness, accountability, and ethical decision-making in both clinical and administrative contexts (Alilyyani, Wong, and Cummings, 2022). Ethical leaders act as role models, fostering trust, collaboration, and ethical climates that support open communication and professional accountability (Raso et al., 2021). In the Philippine setting, ethical leadership is shaped by cultural values such as compassion, respect, and collective responsibility (De Guzman, Malik, and Teng-Calleja, 2021). However, cultural norms like "pakikisama" may sometimes discourage ethical confrontation (Lim & Ramos, 2021). Ethical leadership is also closely linked to patient-centered care and advocacy, even under operational constraints (Lemoine, Hartnell, and Leroy, 2022). Conscience plays a critical role in ethical decision-making, guiding leaders when professional expectations conflict with personal values (Gallagher, 2021). Acting on conscience requires moral courage and reflective judgment, particularly in complex clinical situations (Tella & Elomaa, 2023). Moral distress arises when nurse leaders cannot act according to ethical beliefs due to institutional constraints, leading to emotional strain and ethical tension (Rushton, 2021; Oh & Gastmans, 2022). Resource limitations, staffing shortages, and organizational pressures further intensify ethical challenges (WHO, 2022; Zhang et al., 2023). Moral resilience enables leaders to maintain integrity, adapt to ethical adversity, and sustain ethical practice (Rushton, Thomas, and Antonsdottir, 2021). Interdisciplinary collaboration supports ethical decision-making by distributing responsibility and fostering shared accountability (Varkey, 2021; Ulrich et al., 2022). Reflective practice, mentorship, and ethical dialogue strengthen ethical judgment and leadership competence (Poikkeus et al., 2022; González-García et al., 2025). Overall, ethical leadership emerges as a dynamic process involving moral reasoning, emotional resilience, and relational engagement, shaped by the interaction of conscience, professional standards, and organizational context.

1.3 Local, National, and Global Context of Ethical Leadership in Nursing

Globally, healthcare systems face shared challenges such as workforce shortages, resource limitations, and increasing ethical complexity (WHO, 2021; WHO, 2022). In ASEAN countries, ethical decision-making is influenced by labor migration, institutional constraints, and systemic pressures (Tella and Elomaa, 2023). Nationally, the Philippine healthcare system is undergoing reforms that demand improved quality, accessibility, and ethical governance. Nurse leaders play a central role in ensuring ethical care, particularly in public hospitals where resources are limited and patient needs are high. Locally, in Bukidnon provincial hospitals, nurse leaders operate within resource-constrained environments where ethical decisions directly affect patient care, staff welfare, and community trust. Their experiences reflect the realities of delivering ethical care in rural and government healthcare settings, where balancing fairness, safety, and resource allocation is essential.

1.4 Theoretical and Conceptual Basis of Ethical Leadership and Conscience in Nursing

This study is grounded in three complementary theories: Ethical Leadership Theory (Brown and Treviño, 2021), Moral Distress and Moral Resilience Theory (Rushton, 2023), and the Theory of Conscience in Nursing Practice (Gallagher, 2021). Ethical Leadership Theory explains how leaders promote ethical behavior through role modeling, communication, and reinforcement, emphasizing values such as honesty, fairness, and accountability (Eisenbeiss, 2022). Moral Distress and Moral Resilience Theory describes the psychological and emotional challenges faced by healthcare leaders and their capacity to maintain moral integrity under pressure (Rushton et al., 2021). The Theory of Conscience in Nursing Practice highlights the role of conscience as an internal moral compass guiding ethical decision-making, particularly when personal values conflict with institutional directives (Gallagher, 2021). These theories are integrated through an Input-Process-Output framework, where ethical values, organizational factors, and professional standards (input) influence ethical reasoning and decision-making (process), leading to ethical leadership outcomes such as integrity, trust, and positive organizational climate (output).

1.5 Research Gaps and Rationale on Nurse Leaders' Conscience and Ethical Practice

Existing studies have primarily focused on ethical frameworks, organizational ethics, and moral distress among frontline nurses. However, limited research explores how nurse leaders themselves interpret and apply conscience in real-world leadership contexts. Specifically, there is a gap in understanding how nurse leaders reconcile personal moral convictions with institutional expectations, sustain ethical leadership under resource constraints, and navigate complex moral dilemmas in public healthcare settings. The lived experiences of nurse leaders, particularly in provincial hospitals, remain underexplored. Addressing this gap is essential for developing context-specific leadership strategies that enhance ethical practice, organizational integrity, and patient-centered care in Philippine healthcare systems.

1.6 Alignment with Relevant Sustainable Development Goals (SDGs)

This study aligns with SDG 3 – Good Health and Well-Being, which emphasizes strengthening health systems and promoting safe, effective, and equitable healthcare delivery (WHO, 2021). Ethical leadership among nurse leaders directly supports this goal by ensuring that patient care is guided by ethical standards, professional accountability, and patient-

centered values, particularly in resource-constrained public healthcare settings. By examining how nurse leaders uphold ethical standards, navigate moral dilemmas, and sustain ethical decision-making, the study contributes to improving patient safety, quality of care, and the overall integrity of healthcare services.

1.7 Importance of the Study to Multidisciplinary Sustainability

This study contributes to multidisciplinary sustainability primarily through public health sustainability by strengthening ethical decision-making and promoting safe, patient-centered care. It also supports institutional sustainability by enhancing ethical leadership, accountability, and integrity within healthcare organizations, which are essential for maintaining trust and effective service delivery. Furthermore, the study contributes to educational sustainability by providing insights that can inform nursing education and leadership development programs, particularly in integrating ethical reflection and moral reasoning into professional training. In addition, it supports community sustainability by promoting equitable and ethically grounded healthcare practices that build public trust, especially in government hospitals serving vulnerable populations.

2. Material and methods

2.1 Research Design

A phenomenological research design was utilized to examine the lived experiences of nurse leaders, aiming to describe and interpret the essence of a specific phenomenon (Creswell, 2017). This design emphasizes subjective realities and provides in-depth accounts of participants' personal experiences. Phenomenological approaches have been widely used across disciplines, including psychology (Jones et al., 2017), healthcare (Smith et al., 2019), education (Brown & Thomas, 2018), and sociology (Garcia & Martinez, 2020), to understand complex human experiences. These studies highlight how individuals interpret events within their sociocultural contexts and contribute to deeper insights into human behavior and decision-making. The study adopted qualitative inquiry to explore how nurse leaders experience and interpret ethical leadership. Data analysis followed NVivo Thematic Analysis grounded in Husserl's descriptive phenomenology and Moustaka's method (Polit and Beck, 2021). This approach involved iterative coding, clustering themes, and identifying patterns to capture the essence of participants' experiences (Chen & Boore, 2018). Methodological rigor was ensured through strategies such as bracketing, triangulation, and member checking (Thomas & Magilvy, 2019), while acknowledging challenges such as subjectivity and researcher bias (Brown & Thomas, 2018). Ethical considerations, including informed consent, confidentiality, and participant protection, were strictly observed (Garcia & Martinez, 2020).

2.2 Locale of the Study

The study was conducted in public healthcare institutions within the Province of Bukidnon, specifically provincial hospitals such as Bukidnon Provincial Medical Center in Malaybalay City and Bukidnon Provincial Hospital in Maramag. These settings provided a relevant context for examining ethical leadership practices among nurse leaders working in resource-constrained and high-demand healthcare environments .

2.3 Respondents of the Study

The respondents consisted of nurse leaders occupying key leadership roles, including chief nurses, directors of nursing, nurse supervisors, and charge or head nurses. These participants were selected based on their direct involvement in leadership and ethical decision-making within public hospitals. A total of twenty (20) eligible participants consented to participate in the study and shared their experiences through structured interviews .

2.4 Sample and Sampling Procedure

The study employed purposive and snowball sampling to recruit participants with relevant leadership experience. Initial participants were identified through professional nursing networks and selected based on their roles and at least one year of leadership experience. These participants then referred other qualified colleagues, allowing the sample to expand while maintaining clear inclusion criteria. Inclusion criteria required participants to be currently serving in leadership roles in public hospitals in Bukidnon, possess at least one year of continuous experience, and be willing to participate voluntarily. They also needed to provide informed consent and communicate in English, Filipino, or Bisaya. Exclusion criteria included those on extended leave, those working outside Bukidnon or in private institutions, individuals with less than one year of experience, and those unwilling to be recorded or provide consent.

2.5 Research Instrument

The study utilized structured interview questions consisting of three main questions, each with five sub-questions, designed to elicit detailed narratives of participants' experiences. Participants were initially approached with a description of the study and were provided with the interview questions prior to the scheduled sessions. Interviews were conducted in person, recorded with permission, and later transcribed for analysis. All collected data were handled with strict confidentiality and systematically coded to identify themes and patterns.

2.6 Data Gathering Procedure

Data collection followed a sequential process beginning with securing institutional and ethical approvals. Permission was first obtained from the Dean of the School of Business, Management and Accountancy, followed by ethical clearance from the Liceo de Cagayan University Research Ethics Board. Subsequently, authorization was requested from provincial authorities and hospital administrators to access participants. After approvals, participants were recruited and informed consent was obtained. Initial contact was made through email and Facebook Messenger using professional networks. Interviews were then conducted, recorded, transcribed, and organized for thematic analysis. This structured procedure ensured compliance with institutional requirements and ethical standards while maintaining the integrity of the research process.

2.7 Data Analysis Techniques

The study employed NVivo-assisted thematic analysis grounded in descriptive phenomenology. Data were analyzed through iterative coding, theme clustering, and pattern identification to uncover the essence of nurse leaders lived experiences (Chen & Boore, 2018). The analysis focused on understanding how participants interpret ethical challenges, navigate moral dilemmas, and integrate conscience into leadership practices. Thematic analysis followed Moustaka's phenomenological method, emphasizing the description of experiences as consciously perceived by participants (Polit and Beck, 2021). This process enabled the identification of shared meanings and core themes related to ethical leadership, including how nurse leaders respond to ethical issues, make decisions, and maintain professional integrity within complex healthcare environments.

3. Results and Discussion

3.1 Lived Experiences of Ethical Leadership in Nursing Practice

3.1.1 Ethical Situations in Leadership Practice

The findings revealed that nurse leaders consistently encountered ethical situations embedded in daily clinical and administrative responsibilities. These included ensuring patient safety, managing staff misconduct, maintaining confidentiality, responding to medical errors, and allocating limited resources. Participants described ethical decision-making as a continuous responsibility, particularly in situations involving patient autonomy, fairness in care, and adherence to clinical protocols. Ethical challenges often arose in high-pressure environments where decisions had immediate consequences for patient outcomes and staff welfare. Nurse leaders emphasized acting promptly, advocating for patients, and upholding fairness regardless of social status or circumstances. These results indicate that ethical leadership is enacted through real-time decision-making rather than mere compliance with policies. This supports the view that ethical leadership is grounded in integrity and value-based action rather than rule-following alone, as noted by Salmela and Hemberg (2025). The findings further align with Brown et al. (2020), which emphasizes that ethical leaders take responsibility for decisions and prioritize patient-centered care. Consistent with Aloustani et al. (2020), the study confirms that ethical cultures are sustained when leaders actively demonstrate moral responsibility and respect in everyday practice.

3.1.2 Core Values and Professional Standards Guiding Practice

The results showed that nurse leaders consistently prioritized core ethical values such as integrity, honesty, accountability, compassion, patient-centered care, justice, and adherence to professional nursing ethics. Participants highlighted that these values guided both clinical and administrative decisions, particularly in critical care settings. Compassion and patient-centeredness were emphasized in high-risk environments, while accountability and transparency were essential in leadership roles. Ethical practice was also reinforced through adherence to the Nursing Code of Ethics, particularly in ensuring informed consent, confidentiality, and patient advocacy. These findings demonstrate that ethical leadership is deeply rooted in professional and moral values that shape decision-making. This aligns with González-García, Pinto-Carral, & López-Santamaría (2025), who identified integrity and transparency as essential for ethical leadership in complex healthcare settings. The emphasis on accountability supports Metwally, Elhihi, and Sleem (2025), which links accountability to ethical climate and staff commitment. Furthermore, the importance of compassion and patient-centered care reinforces findings that ethical leadership enhances both patient outcomes and team performance (Metwally et al., 2025). The adherence to ethical codes also confirms Gallagher and Wainwright (2020) and Zhang, Qian, & Zhang (2023), which highlight the role of professional ethics in guiding decisions in complex scenarios.

3.1.3 Challenges and Barriers to Ethical Practice

The findings revealed that nurse leaders faced significant challenges in maintaining ethical standards, including staff shortages, limited resources, conflicting administrative demands, resistance from staff, time constraints, emotional stress, burnout, and interprofessional conflicts. Participants described how inadequate staffing increased workload and reduced their capacity for ethical reflection. Resource limitations often forced difficult decisions regarding fairness and patient care, while administrative pressures created conflicts between efficiency and ethical priorities. Emotional strain and burnout were also common, particularly in high-acuity environments. Additionally, communication gaps and professional disagreements contributed to ethical conflicts across healthcare teams. These results indicate that ethical leadership is

constrained by systemic and organizational factors beyond individual control. This supports WHO (2022) findings that workforce shortages and resource limitations increase moral distress and reduce ethical capacity. The impact of workload pressure aligns with Zhang et al. (2023), which highlights reduced ethical engagement under high stress. Similarly, Elhihi et al. (2025) confirms that burnout undermines ethical climates in healthcare settings. Interprofessional conflicts further support González-García et al. (2025), emphasizing the need for collaboration in resolving ethical dilemmas. Despite these challenges, the findings demonstrate resilience among nurse leaders, consistent with literature emphasizing moral commitment under adversity.

3.1.4 Influence of Institutional Policies and Organizational Culture

The results showed that institutional policies and organizational culture significantly influenced ethical leadership, acting as both facilitators and barriers. Clear policies and protocols provided guidance for ethical decision-making, while positive ethical climates encouraged accountability and professional growth. Supportive leadership cultures enabled open communication and ethical practice, whereas restrictive environments, characterized by rigid hierarchies and resistance to change, hindered ethical behavior. Participants also identified policy–practice gaps, administrative pressures, and bureaucratic constraints as barriers to consistent ethical implementation. Organizational support, including training and mentoring, was essential in strengthening ethical decision-making. These findings suggest that ethical leadership is strongly shaped by organizational context. This supports González-García et al. (2025) and Zhang et al. (2023), which emphasize the role of institutional policies in promoting ethical consistency. The importance of ethical climate aligns with Kang, Kim, and Yun (2022), demonstrating that supportive environments enhance moral sensitivity and leadership effectiveness. Conversely, bureaucratic constraints and policy–practice gaps reflect Elhihi et al. (2025), which highlights challenges in operationalizing ethical standards. The role of organizational support further confirms Metwally et al. (2025), showing that training and leadership backing reduce moral distress and strengthen ethical practice.

3.1.5 Ethical Reflection and Self-Evaluation

The findings revealed that nurse leaders engage in continuous ethical reflection through self-assessment, feedback, and experiential learning. Participants described evaluating their decisions by asking whether actions protected patient rights, ensured fairness, and aligned with professional standards. Ethical reflection involved conscience-driven evaluation, emotional appraisal, and accountability to patients and staff. Leaders also emphasized learning from experiences, documenting decisions, and seeking peer or mentor input to improve future practice. These results indicate that ethical leadership is a reflective and evolving process. This aligns with Poikkeus, Numminen, Suhonen, and Leino-Kilpi (2022), which highlights the role of reflection in enhancing ethical competence. The use of conscience in evaluation supports Kangasniemi, Pakkanen, and Korhonen (2021), emphasizing alignment between ethical theory and practice. Emotional responses such as satisfaction or regret further support Morley, Bradbury-Jones, and Ives (2021), which link emotional appraisal to ethical development. The emphasis on accountability aligns with Metwally et al. (2025) and WHO (2022), reinforcing the multidirectional nature of ethical responsibility in healthcare leadership.

4. Conclusion & Recommendations

The study concludes that ethical leadership among nurse leaders is a dynamic and continuous process shaped by the interaction of personal moral values, professional ethical standards, organizational conditions, and emotional experiences in practice. Nurse leaders consistently encounter ethical situations involving patient safety, fairness, and accountability, and they respond through value-based decision-making guided by compassion, responsibility, and professional standards. In navigating moral dilemmas and conflicting priorities, they balance clinical, administrative, and ethical demands while experiencing moral distress, yet sustain ethical behavior through moral resilience. Conscience emerged as a central guiding force, serving as an internal moral compass that directs ethical judgment, supports moral courage, and enables the reconciliation of difficult decisions. Overall, ethical leadership is sustained through reflective practice, alignment of personal and professional values, and commitment to patient-centered care, contributing to trust, organizational integrity, and ethical healthcare delivery.

The study recommends strengthening institutional and professional support systems to enhance ethical leadership among nurse leaders. Healthcare institutions are encouraged to establish or reinforce ethics committees, implement clear and consistent ethical guidelines, develop protocols for resource allocation, and promote a supportive ethical climate through open communication and leadership backing. Nurse leaders are encouraged to engage in reflective practices, apply structured ethical decision-making approaches, strengthen interdisciplinary collaboration, and continue advocating for patient welfare while supporting staff development. Nursing practice should emphasize ethical consistency, effective communication, and a culture of accountability. Policy makers are encouraged to improve resource allocation, integrate ethical leadership training, and support mental health and resilience programs. Nursing education institutions should enhance ethical leadership training and practical learning approaches, while patients and communities are encouraged to engage actively in ethical healthcare processes. Future research is recommended to expand comparative, mixed-method, and longitudinal studies to deepen understanding of ethical leadership in diverse healthcare contexts.

The study is limited by its focus on a qualitative phenomenological approach involving a small sample of nurse leaders from two government hospitals in Bukidnon, which may restrict the generalizability of the findings to other healthcare settings. The reliance on self-reported experiences may also introduce subjectivity and potential bias in the interpretation of ethical leadership practices. Additionally, the study is context-specific to public healthcare environments with resource constraints, limiting its applicability to private or differently structured institutions. Despite these limitations, the study provides in-depth insights into ethical leadership within a specific cultural and organizational context.

Compliance with ethical standards

This study adhered to established ethical principles, ensuring voluntary participation, respect for participants, and confidentiality throughout the research process. Data were collected using non-invasive qualitative interview methods, and all information was handled with care to protect participants' privacy.

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Conflict of interest statement
The author declares that there are no financial, personal, or professional conflicts of interest related to this study.

Statement of ethical approval
The present research work does not contain any studies performed on animals/humans' subjects by any of the authors.

Statement of informed consent
Informed consent was obtained from all participants prior to data collection, and participation was entirely voluntary. Participants were assured of confidentiality, and no personal identifiers were included in the reporting of results.

REFERENCES

Ali Awad, N. H., & Ashour, H. M. A. (2022). *Crisis, ethical leadership and moral courage: Ethical climate during COVID-19. Nursing Ethics, 29*(6), 1441–1456. https://doi.org/10.1177/09697330211061234

Alilyyani, B., Wong, C. A., & Cummings, G. (2022). Antecedents, mediators, and outcomes of authentic leadership in healthcare: A systematic review. *International Journal of Nursing Studies, 118*, 103903.

American Nurses Association. (2021). *The nurse's role in ethics and human rights: Protecting and promoting individual worth, dignity, and human rights in practice settings*. ANA Publishing.

Arries-Kleyenstuber, E., Dierckx de Casterlé, B., Kynoch, K., Suhonen, R., Ventura, C., Morley, G., & Ramis, M.-A. (2025). *Ethical challenges nurses faced during the COVID-19 pandemic: Scoping review*. *Nursing Ethics, 32*(7), 2059–2090.

Barkhordari-Sharifabad, M., Ashktorab, T., & Atashzadeh-Shoorideh, F. (2021). Ethical leadership outcomes in nursing: A qualitative study. *Nursing Ethics, 28*(2), 211–224. https://doi.org/10.1177/0969733020944454

Brown, M. E., & Treviño, L. K. (2021). Ethical leadership: A review and future directions. *The Leadership Quarterly, 32*(5), 101-438. https://doi.org/10.1016/j.leaqua.2020.101438

Cruz, J. P., Alquwez, N., & Almazan, J. (2022). Ethical competence and moral sensitivity among nurses in Southeast Asia. *Nursing Ethics, 29*(5), 1203–1215.

Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2023). Burnout in nursing: A theoretical review. *International Journal of Nursing Studies, 139*, 104428. https://doi.org/10.1016/j.ijnurstu.2022.104428

De Guzman, A. B., Malik, M., & Teng-Calleja, M. (2021). Filipino values and leadership in healthcare organizations. *Asia-Pacific Social Science Review, 21*(3), 78–92.

Eisenbeiss, S. A. (2022). *Re-thinking ethical leadership: An interdisciplinary integrative approach*. *The Leadership Quarterly, 33(*4), 101612. https://doi.org/10.1016/j.leaqua.2021.101612

Elhihi, M., Sleem, W., & Metwally, F. G. (2025). Ethical leadership and moral courage among nurses: The mediating role of ethical climate. *BMC Nursing, 24*(1), 1–10. https://doi.org/10.1186/s12912-025-03197-4

Epstein, E. G., Whitehead, P. B., Prompahakul, C., Thacker, L. R., & Hamric, A. B. (2023). Enhancing understanding of moral distress: The measure of moral distress for healthcare professionals. *AJOB Empirical Bioethics, 14*(1), 15–27. https://doi.org/10.1080/23294515.2022.2155851

Gallagher, A. (2021). The theory of conscience in nursing practice. *Nursing Ethics, 28*(7–8), 1121–1133.

González-García, A., Pinto-Carral, A., & López-Santamaría, R. (2025). Ethical competence of nurse managers: A systematic review. *Nursing Ethics Journal, 32*(2), 345–360. https://doi.org/10.1177/09697330241234567

Grönlund, C. F., Dahlqvist, V., & Söderberg, A. (2024). Ethics committees as support for ethical decision-making in healthcare leadership. *Nursing Ethics, 31*(1), 67–80. https://doi.org/10.1177/09697330231172845

Haahr, A., Norlyk, A., & Delmar, C. (2023). Ethical dilemmas in nursing leadership: A qualitative meta-synthesis. *Journal of Advanced Nursing, 79*(3), 1094–1107. https://doi.org/10.1111/jan.15493

International Council of Nurses. (2021). *The ICN code of ethics for nurses*. *International Council of Nurses*. https://www.icn.ch

Kang, S. J., Kim, M. J., & Yun, S. Y. (2022). Influence of organizational ethical climate on nurses' ethical sensitivity and professional values. *Journal of Nursing Management, 30*(6), 1321–1329. https://doi.org/10.1111/jonm.13659

Kangasniemi, M., Pakkanen, P., & Korhonen, A. (2023). Professional ethics in nursing leadership: A systematic review. *Journal of Nursing Management, 31*(2), 305–318. https://doi.org/10.1111/jonm.13685

Labrague, L. J. (2021). *Ethical leadership, moral distress, and nurse outcomes*. *Journal of Nursing Management, 29*(6), 1423–1432. https://doi.org/10.1111/jonm.13275

Labrague, L. J., De Los Santos, J. A. A., & Falguera, C. C. (2022). Organizational support and ethical leadership among Filipino nurses. *Journal of Nursing Management, 30*(2), 489–497

Lemoine, G. J., Hartnell, C. A., & Leroy, H. (2022). Taking stock of moral approaches to leadership: An integrative review of ethical leadership research. *Academy of Management Annals, 16*(1), 365–401.

Metwally, F. G., Elhihi, M., & Sleem, W. F. (2025). Authentic leadership and patient comfort: The mediating role of compassion in nursing practice. *Journal of Nursing Management, 33*(1), 45–54. https://doi.org/10.1111/jonm.14025

Morley, G., & Jackson, J. (2021). Moral distress, ethical leadership, and the role of conscience in nursing practice. *Journal of Advanced Nursing, 77*(5), 2115–2126. https://doi.org/10.1111/jan.14718

Morley, G., Bradbury-Jones, C., & Ives, J. (2021). Moral distress and moral courage in nursing practice: A systematic review. *Nursing Ethics, 28*(1), 82–96. https://doi.org/10.1177/0969733020928316

Morley, G., Grady, C., McCarthy, J., & Ulrich, C. M. (2021). COVID-19: Ethical challenges for nurses. *Hastings Center Report, 51*(1), 35–39. https://doi.org/10.1002/hast.1180

Numminen, O., Repo, H., & Leino-Kilpi, H. (2023). Moral competence and ethical decision-making in nursing leadership. *Journal of Nursing Management, 31*(1), 34–42. https://doi.org/10.1111/jonm.13687

O'Connell, R., Gardner, A., & Coyer, F. (2024). *Ethical decision-making by nurse leaders in complex healthcare systems*. *Journal of Advanced Nursing, 80*(2), 513–524. https://doi.org/10.1111/jan.15789

Olsen, D. P., Gallagher, A., & Delany, C. (2022). Ethical trade-offs in nursing leadership decision-making. *Nursing Ethics, 29*(6), 1608–1621. https://doi.org/10.1177/09697330221081234

Poikkeus, T., Numminen, O., Suhonen, R., & Leino-Kilpi, H. (2022). Ethical competence of nurses: A concept analysis. *Nursing Ethics, 29*(2), 464–476. https://doi.org/10.1177/09697330211003316

Rainer, J., Schneider, J. K., & Lorenz, R. (2022). Ethical leadership and team moral resilience in nursing. *Journal of Nursing Administration, 52*(6), 315–321. https://doi.org/10.1097/NNA.0000000000001158

Reyes, M. E. S., & Cayaban, A. R. R. (2023). Moral courage and ethical decision-making among Filipino nurse managers. *Philippine Journal of Health Research and Development, 27*(1), 15–24.

Rushton, C. H., Schoonover-Shoffner, K., & Kennedy, M. S. (2021). Executive ethical leadership: Moral resilience and the role of nurse leaders. *Nursing Administration Quarterly, 45*(2), 144–155. https://doi.org/10.1097/NAQ.0000000000000462

Salmela, S., & Hemberg, J. (2025). Integrity links ethics and efficiency in nursing leadership: Nurse leaders' views. *Nursing ethics*, 9697330251374397. Advance online publication. https://doi.org/10.1177/09697330251374397

Suhonen, R., Stolt, M., & Gustafsson, M. L. (2022). Ethical competence of nurse leaders: A scoping review. *Journal of Advanced Nursing, 78*(6), 1585–1598. https://doi.org/10.1111/jan.15145

Suhonen, R., Stolt, M., Habermann, M., & Papastavrou, E. (2024). Ethical climate in nursing practice: A cross-national study. *Journal of Nursing Management, 32*(1), 45–56. https://doi.org/10.1111/jonm.13890

Tella, S., & Elomaa, L. (2023). Ethical leadership in nursing: Promoting ethical competence and resilience. *Nursing Ethics, 30*(5), 889–902. https://doi.org/10.1177/09697330231155812

Tuazon, J. P., Lopez, G. D., & Bautista, R. M. (2022). Collective leadership and ethical decision-making in Philippine healthcare organizations. *Philippine Management Review, 29*, 101–118.

Ulrich, C. M., Taylor, C., Soeken, K., O'Donnell, P., Farrar, A., Danis, M., & Grady, C. (2022). Everyday ethics: Ethical issues and stress in nursing practice. *Journal of Advanced Nursing, 78*(2), 345–356.

World Health Organization. (2022). *Global strategic directions for nursing and midwifery 2021–2025*. World Health Organization. https://www.who.int

Zhang, Y., Qian, Y., & Zhang, L. (2023). Ethical leadership and nurses' patient-centered care: The role of accountability and professional values. *Journal of Advanced Nursing, 79*(4), 1342–1352. https://doi.org/10.1111/jan.15598

Zhu, Y., Sun, L., & Leung, A. S. M. (2024). *Ethical leadership and resilience in healthcare settings. Journal of Business Ethics, 188*(1), 123–139. https://doi.org/10.1007/s10551-023-05392-1

Author's Short Biography

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