Chapter 13
Leading with a Moral Compass

Virtuous Leadership and Health Management in Turbulent Times: Meeting the Challenges of New Pandemics

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Abstract Within the last two decades, there have been several large outbreaks of infectious diseases. However, the COVID-19 pandemic has caused huge disruption to the medical, social, and economic systems and highlighted the need to reinvent the healthcare systems to meet the new reality. Nevertheless, this is also a period of intense innovation, collaboration, and problem solving, in relation to search for vaccines, expansion of capacity to ventilate, or moving much of the routine work of public services online. Leadership is key to mobilizing people who are facing new demands and must receive motivation and direction on how to deal with adversity while continuing to deliver critical services. Virtues are gaining traction within leadership scholarship. They reflect moral character, which is made up of numerous dispositions, not just compassion and fidelity versus practical wisdom but also honesty, justice, steadfastness, humility, courage, integrity, etc. This chapter discusses the virtuous leadership and healthcare management in turbulent times while identifying the challenges of new pandemics.

Keywords Virtuous leadership · Virtues · Healthcare leadership · Pandemic · COVID-19

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Introduction

Within the 20 years of the twenty-first century, there have been numbers of large outbreaks, such as SARS, Ebola, and now COVID-19. However, the COVID-19 pandemic has challenged healthcare systems across the world and had an impact on service delivery and viability. This pandemic has highlighted the gaps in safety that still exist in hospitals, reshaping the narrative about healthcare safety and shifting the responsibilities of future healthcare leaders. The loss of life has been tragic, communication errors have increased significantly, and some of the logistical challenges relating to testing and provision of protective equipment have seemed insurmountable. As COVID-19 has exposed the weaknesses of the last two centuries' healthcare models, it has accelerated the need for effective transforming and information sharing. This will require a combination of short- and long-term solutions built on system-level resilience and leader effectiveness. Prioritizing engaged leadership, and emphasizing a more team-oriented approach to care delivery and collaboration across institutions, will improve systems in the short term and, ultimately, set conditions for long-term change.

Now more than ever, in the midst of the COVID-19 pandemic, we need the virtues and the insights that virtue ethics afford us. Leaders are commonly identified as role models, whose actions and reputations, both moral and immoral, have a profound impact on the ethical climates of their organizations. The actions and behaviors of those in positions of power and influence inform the actions and behaviors of their counterparts and organizations. Virtue and discrete virtues are gaining traction within leadership scholarship, but there remains a lack of clarity regarding exactly what virtue is and precisely how virtues inform leadership (Newstead et al., 2019).

Existing leadership literature supports the notion that virtues inform the goodness of good leadership (Wang & Hackett, 2016). This notion is supported implicitly by theories of leadership that reference the importance of specific virtues. Implicit evidence of the centrality of virtue to good leadership is found in those theories of leadership that reference discrete virtues such as care, compassion, justice, and integrity as desirable leader characteristics. Furthermore, over 60 virtues were identified in a review of moral, ethical, spiritual, servant, charismatic, transformational, and visionary leadership theories (Hackett & Wang, 2012). In order to help leaders draw on their virtuous motivation, there is a need to refine their behavioral practices of virtue and increase the frequency with which they are observed as demonstrating virtues and leading in ways that are effective and ethical. The current evidence has laid the foundations for further work on virtue-based leadership development by focusing greater attention on the role of virtue in informing the emergence, enactment, and attribution of good leadership and by building a clear conceptualization of good leadership as informed by virtue in multiple domains (Newstead et al., 2019).

Virtuous Leadership: Definition of the Construct

Virtuousness has its roots in Aristotelian ethics. Aristotle considered virtues as enablers of action which empower the individual who holds them to achieve happiness, increase societal welfare, or stimulate human flourishing (Crossan et al., 2013). Virtuousness is a construct associated with a constellation of virtues in the aggregate. As such, virtuousness serves the moral goals of an organization and not simply bottom-line goals such as profit, power, and persistence. Organizational virtuousness implies that intended positive human effects which transcend the instrumental desires of the actor are produced (Nikandrou & Tsachouridi, 2015). Virtues refer to situationally appropriate behaviors that are widely considered emblematic of good leadership. Some of these virtues are personality traits, such as conscientiousness and openness which predispose individuals to behave in certain ways (Crossan et al., 2017). The virtue ethical framework begins with an examination of the intrinsic qualities that make someone admirable, excellent, or virtuous.

Overall, the practice of courage, temperance, justice, prudence, and humanity, as a part of a virtuous life, is anticipated to produce the greatest happiness. Specifically, courage is a virtue between cowardliness and recklessness. Temperance enables the control of desires for instant gratification even when there are no externally imposed restraints. Justice enables leaders to be respectful and fair in the treatment of others while allocating valued resources, even when conflicting interests are involved. Prudence enables leaders to make a right assessment and/or decision even in the face of the needs of a plurality of stakeholders as in complex business environments, so that resources are used in an efficient, effective manner. Finally, humanity is a virtue between the deficiency of shyness and the excess of shamelessness (Crossan et al., 2013; Nassif et al., 2020).

Accordingly, virtuous leadership has been defined as distinguishing right from wrong in one's leadership role, taking steps to ensure justice and honesty, influencing and enabling others to pursue righteous and moral goals for themselves and their organizations, and helping others to connect to a higher purpose (Pearce et al., 2008). Accepting virtuousness as a key attribute of responsible leadership provides at least two functional benefits. One benefit is the role virtuousness plays in creating a fixed point in decision-making, while another benefit is the increases in performance that virtuousness produces in organizations. In particular, responsible leadership, as represented by virtuousness, is leadership that can effectively manage the turbulence and instability characterizing the current external environment (Cameron, 2011).

Antecedents and Outcomes of Virtuous Leadership

Several researchers have developed theoretical models of virtuous leadership which include potential antecedents and outcomes. Pearce et al. (2008) identified two potential antecedents of virtuous leadership: the personal characteristic of responsibility disposition and environmental cues. The leader's responsibility disposition plays a key role in how virtuous one behaves as a leader. Leaders can be classified according to two types of need for power: socialized and personalized. The key distinction between these types of need for power lies in the leader's underlying responsibility disposition. Socialized leaders tend to have a high responsibility disposition, whereas personalized leaders have a low responsibility disposition. Individuals with a strong sense of responsibility have beliefs and values reflecting high moral standards, a feeling of obligation to do the right thing, concern about others, and a high degree of self-judgment or critical evaluation of one's own character. In contrast, leaders high in a need for personalized power, often described as narcissistic, desire positions of power for their personal benefit, rather than the benefit of the larger group or organization. These types of narcissistic leaders often have great difficulty in building a team because of their counterproductive need for personal power over others (Pearce et al., 2008).

Environmental cues, which seem to be predictive of virtuous leadership, feature the concept of situational strength. Strong situations are characterized as providing very clear cues as to appropriate behavior, while weak situations are characterized as being ambiguous with regard to what constitutes appropriate behavior. Researchers have specifically articulated the importance of managing one's environment in support of effective leadership. At the organizational level, cues can take on many forms, from ethics codes, to leadership selection and development systems, to the manner in which rewards are distributed (Pearce et al., 2008).

Drawing on empathy literature and moral affect theory of gratitude, Li (2013) explored whether leaders' moral emotions (leader empathy and leader gratitude) predict ethical leadership behaviors. Since moral emotions capture morality, they are natural moral reactions to certain situations, and they are likely to provide for a more ethical leader for their high relevance to leaders' tendency to perform ethical leadership in the workplace. Briefly, empathy refers to a generalized tendency of individuals to take others' points of view and to feel warmth, compassion, and concern for others. In addition, gratitude is defined as "a generalized tendency to recognize and respond with grateful emotion to the roles of other people's benevolence in the positive experiences and outcomes that one obtains" (Li, 2013).

A variety of antecedents of ethical leadership have been proposed by Brown and Treviño (2006) such as situational influences and individual influences. They identify three situational factors that are likely to influence employees' perceptions of a leader as an ethical leader: ethical role modeling (childhood role models, career mentors, and top managers), the organization's ethical context, and the moral intensity of the issues that the leaders face in their work. In particular, leaders who work in strong ethical contexts that support ethical conduct will be better prepared to

handle morally intense situations and demonstrate their ethical leadership. Childhood models were the most commonly reported type of ethical role model, followed by career role models and, finally, by top management models according to Brown and Treviño (2014).

Individual characteristics (e.g., personality characteristics (agreeableness, conscientiousness, and neuroticism); Machiavellianism; moral reasoning; locus of control) of leaders are also likely to be associated with ethical leadership. Agreeableness reflects the tendency to be trusting, altruistic, and cooperative, while highly conscientious individuals exercise self-control, carefully plan, and are well organized and reliable. On the contrary, neuroticism reflects the leader's tendency to experience negative emotions such as anger, fear, and anxiety (Brown & Treviño, 2006). The following two traits, leader agreeableness and conscientiousness, have also been found to be related to follower ratings of ethical leadership (Kalshoven et al., 2011). Other research on antecedents by Jordan et al. (2013) found that ethical leadership is positively related to the leader's cognitive moral development and is maximized when the leader's cognitive moral development diverges from and is greater than the follower's cognitive moral development.

In addition, Mayer et al. (2012) examined antecedents of ethical leadership by testing whether one source of motivation for leaders to exhibit ethical behaviors arises from moral identity. Moral identity is defined as a self-schema organized around a set of moral trait associations (e.g., honest, caring, compassionate). Existing research proposed that moral identity influences moral behavior by acting as a self-regulatory mechanism rooted in people's internalized notions of right and wrong. People whose moral identity is self-important should be motivated to act in ways that are consistent with their understanding of what it means to be a moral person (e.g., demonstrating some responsiveness to the needs and interests of others). Moral identity has two dimensions: symbolization (public aspect) and internalization (private expression). Moral identity symbolization is positively related to ethical leadership because these leaders are more likely to demonstrate morally positive behaviors. Moral identity internalization represents moral traits that are imbedded in an individual's self-concept. Leaders who are high in moral identity internalization are more likely to pay attention to correct and punish unethical behaviors (Mayer et al., 2012).

Mayer et al. (2012) also explore consequences of ethical leadership at the work-unit level. Many potential outcomes of virtuous leadership are likely. In particular, the authors examined unethical behavior (e.g., behavior that is morally unacceptable to the larger community) and relationship conflict (e.g., interpersonal strife associated with differences in personalities or matters unrelated to a job). Leaders set the ethical tone of an organization and are instrumental in encouraging ethical behavior and reducing interpersonal conflict from their subordinates. However, authors indicated that not only do leaders have to be moral individuals but also have to go one step further and actively model ethical behaviors and use reward and punishment systems to influence followers' behaviors.

Based on ethical leadership literature and theories of creativity, Li (2013) examined employee creativity as an outcome of ethical leadership. Creativity refers to the

generation of novel and useful ideas or problem solutions (Detert et al., 2008). Ethical leadership, which creates high levels of psychological safety and certainty, was found to have a direct positive effect on employee creativity. Moreover, ethical leaders influence ethics-related conduct such as employee decision-making and prosocial and counterproductive behaviors through modeling and vicarious learning processes. The followers of ethical leaders are more likely to focus on the ethical implications of their decisions and make more ethical decisions as a result. In addition, they are more likely to perceive themselves as being in social exchange relationships with their leaders because of the fair and caring treatment they receive and because of the trust they feel. Given the social exchange relationship employees are likely to have with ethical leaders, followers should wish to reciprocate the caring and fair treatment they receive and the trust in the relationship, making counterproductive behavior less likely. Ethical leadership is to be related to positive follower attitudes, such as satisfaction, motivation, and organizational commitment, because of ethical leaders' honesty, trustworthiness, care and concern for employees and other people, and their fair and principled decision-making (Brown & Treviño, 2006).

Pearce et al. (2008) focused on two specific outcomes: the relationship between virtuous vertical leadership on the development of virtuous shared leadership and the link between vertical and shared virtuous leadership and organizational learning. The authors indicated that virtuous vertical leadership is positively related to the development and display of virtuous shared leadership as well as to organizational learning. In addition, virtuous shared leadership is positively related to organizational learning. Nassif et al. (2020) investigated the association between virtuous leadership and the following business-related outcomes: leader effectiveness, follower in-role and extra-role performance, follower ethicality, as well as happiness and life satisfaction among leaders and followers. The more affective-laden outcomes were leader happiness and follower life satisfaction. Similarly, Wang and Hackett (2016) found that virtuous leadership is positively predictive of a range of desirable leader and follower outcomes, including ethical conduct, general happiness, life satisfaction, and job performance. Honesty, transcendent meaning, caring and giving behavior, gratitude, hope, empathy, love, and forgiveness, among other virtues, have been found to predict desired outcomes, such as individuals' commitment, satisfaction, motivation, positive emotions, effort, physical health, and psychological health. A series of studies in which indicators of virtuousness and of performance outcomes were assessed in organizations across 16 industries (e.g., retail, automotive, consulting, healthcare, manufacturing, financial services, not-for-profit) (Cameron, 2011).

The Virtues Project (TVP), as a leadership development program, identified two key leader outcomes following the training, both of which arose from mechanisms enabled by leaders' developmental readiness: the content mechanism and the process mechanism. Leaders adopted and adapted TVP strategies that enabled them to engage in more positive communication strategies both in terms of sending messages and listening to others (Newstead et al., 2020). In addition, Hendriks et al. (2020) indicated that an immediate supervisor's virtuous leadership as evaluated by the subordinate positively influences all three considered dimensions of

work-related well-being (job satisfaction, work-related affect, and work engagement) for a wide variety of employees.

Leading with Virtue in Healthcare Organizations

Health Management and Leadership: A Review of Current Developments

Leadership can substantially influence the quality of healthcare systems in many significant respects (Xing et al., 2020). In view of organizations' attempt to adequately influence the health outcomes of a population, they must align with the wider community's interests to shape a prosocial strategy that encompasses the psychosocial and environmental factors that contribute to one's health (Caldararo & Nash, 2017). These new societal commitments can be substantiated in management and leadership styles that would gradually diverge from competency-based models focused on individual training, so as to better encompass longer-term initiatives reflected on the primary systemic goals of accountability, innovation, and learning (Kwamie, 2015). Enriching traditional approaches to healthcare management consists in broadening the perspective of conventional wisdom about decision-making, cost-effectiveness, service quality, and equity through concepts of mission and vision that are in a position to promote collaboration, engagement, and common sense (Adinolfi & Borgonovi, 2017).

Contemporary challenges to the global health management tend to focus on efficiency-saving, change, and human resource management. In this new context, the role of health managers is constantly expanding to properly meet new emerging priorities. Concomitantly, ensuring contemporary health leaders have the capabilities to respond to a new demanding landscape is of the utmost importance (Figueroa et al., 2019). In this respect, healthcare leadership has to promote a shared vision, develop organizational governance models that reduce barriers to coordinated action, and foster capabilities to address substantial organizational challenges (Balser & Stead, 2015). In so doing, we are in need of a potential transition from individually focused to collectively focused leadership that envisions public health as a common good in itself (Fraser et al., 2017). Kumar et al. (2015) summarize the leadership competencies required to attain societal goals as follows:

- *External environmental skills* involve new initiatives that anticipate and adapt to change in alignment with networking that considers societal good.
- *Team and organizational skills* involve shared vision through coaching, motivating others, mentoring, and empowering them.
- *Self-management skills* consist in integrity, self-awareness, a sense of deep commitment, constant openness to new ideas and learning prospects, social and emotional competencies, and achievement of work-life balance.

A variety of leadership styles has been employed as appropriate for or akin to behaviors that affirm the principle of human dignity in healthcare conditions, taken for granted that leadership and management quality are the cornerstones in effective health systems (Pfeffermann, 2012). Ruth, Gaare and Alan (2008) found that principled leadership, one that integrates ethics into managing ethical tensions and meeting conflicting obligations within healthcare systems, fosters a practical ethics approach to public health practice that focuses on shared values and vision. Undoubtedly, ethics is a fundamental component in healthcare organizations, and leaders have to encourage ethical behavior by adopting ethical leadership styles that can promote an organizational service climate and motivate employees accordingly (Zappalà & Toscano, 2020).

Low et al. (2019) advocate a relational leadership style through a team-based approach as more akin to HIM professionals in healthcare services. Communicative leadership styles could help managers to positively influence employee's well-being in view of shaping a more humane working environment (Bäckström et al., 2016). Holder and Ramagem (2012) posit that strengthening management capacity of health systems through transformational leadership styles is deemed an important factor for achieving greater efficiency and responsiveness, ultimately improving health outcomes. In a similar vein of reasoning, Guerrero et al. (2020) seek to advance leadership theory in the healthcare sector, highlighting the role of middle managers' implementation leadership in mediating the effects of top managers' transformational leadership on staff attitudes.

Wong and Walsh (2020) advocate an authentic leadership model because of the relevance of its basic tenets to the particularities of healthcare work environments. In this respect, they contend that authentic leadership offers the sound basis of leadership development within healthcare organizations founded on the desire for authenticity and the maintenance of high ethical standards in leadership practice.

The role of servant leadership has been viewed as critical to shaping a positive work climate that enhances eudaimonic and psychological well-being in healthcare organizations (der Kinderen et al., 2020). A servant leadership model for instance is in a position to nurture personal and professional growth, empowering healthcare professionals to assume a leadership role and thereby increasing collaboration, satisfaction, and mutual respect within working environments (Sturm, 2009). Collaborative leadership practices thrive in synergistic work environments in which different health agents pursue an ideal conducive towards the enhancement of healthcare management practices and processes (VanVactor, 2012). In sum, developing synergistic relationships through collaborative leadership facilitates co-production of social science knowledge and its translation into practice, a fact that proves beneficial to better health quality (Marston et al., 2020).

Stapleton and Opipari (2020) hold the view that inspirational leadership fosters resilient behaviors, self-care practices, and role modeling as integral to organizational strategies that support effective and cohesive healthcare teams. Other contributions center on complexity leadership, for instance, as more pertinent to the complex initiatives and environments that characterize the unfolding healthcare networks and systems (Porter-O'Grady, 2020). The adoption of distributed leadership

in healthcare organizations has been also supported, given its efficiency in significantly reducing communication and knowledge barriers, as well as enhancing continuity of care in primary healthcare delivery (Okpala, 2020). The principal constituents of distributed leadership in this context encompass leadership coalitions among members of primary healthcare teams, a collective approach to decision-making processes, and shared accountability.

The Potential of Virtuous Leadership in Informing Healthcare Management Policies

As demonstrated earlier, virtuous leadership is frequently founded on virtue ethics traditions. Meawad (2016) advances the view that the application of virtue ethics to healthcare ethics is particularly promising. This is contingent on the ability of virtue ethics to properly address systemic disadvantage that has negatively affected certain ethical considerations in the health sciences broadly and bioethics specifically. Worthy to note is the capability of virtue ethics to shape observable, pragmatic, and informed solutions for its adherers and a common denominator through which healthcare ethics could be informed by certain religious discourses on the dignity and the intrinsic worthiness of the human person.

Hendriks et al. (2020) showed that subordinates who perceive their supervisors as more virtuous trust their leaders more and, in turn, display higher work engagement, job satisfaction, and work-related affect. The findings of this study suggest that organizations seeking to promote the psychological well-being of their employees may strongly benefit from stimulating virtuous leadership and employee perceptions thereof. This perspective may also apply to the respective personnel in healthcare organizations.

Meyer and Hühn (2020) demonstrated that neo-Aristotelian leadership and positive leadership can explain why companies who draw on value-laden language reminiscent of a higher organizational purpose tend to outperform companies whose reports employ the conventional rhetoric of profit maximization. Neo-Aristotelian leadership is based on Aristotle's virtue ethics, while positive leadership is a more pragmatic approach primarily based on research in the fields of positive psychology and positive organizational scholarship. These two approaches to leadership development highlight the role of values as drivers of human behavior and the importance of leader character and ethos. Furthermore, they are based on the premise that organizations do well by doing good, because they are viewed as communities of value-driven individuals. In this respect, virtuous behavior is deemed an effective means to simultaneously do well financially and to fight the ongoing process of dehumanization of the business world.

For Meyer, Sison, and Ferrero (2019: 399), the ethical qualities of a leader are considered a major determinant for success in positive and neo-Aristotelian leadership. An organization that seeks to foster ethical behavior should primarily focus on

ethical human development through which employees are afforded the opportunity to thrive as persons in their wholeness. Within such work environments, the leader is perceived as a role model of ethical conduct by motivating and empowering his subordinates accordingly. Virtuous leadership is a strong predictor of leader happiness (Nassif et al., 2020) and is invested with a potential for positive follower outcomes, in particular life satisfaction and eudaimonic well-being.

Newstead et al. (2019) provide a robust conceptualization of the ways through which virtue informs good leadership practices. They thus proceed to elucidate the core synergistic components of virtue-based leadership development, namely, how a virtue approach accounts for ethical leadership effectiveness; the fact that virtue and leadership can be enabled through learning; the relationship between virtues, character, and leadership; the unity and universality of virtue; and the channels through which virtue bridges the gap between the individual and the common good.

The above analysis can offer permeating insights on how healthcare leadership could be improved through an emphasis on leader virtue and character. At the individual micro-level, virtuous leaders can motivate and empower their subordinates, facilitating their personal fulfillment and personality growth, as well as by promoting the psychological health and well-being of healthcare personnel. At the meso-organizational level, virtuous leaders are in a position to shape more humane and ethical work environments from which all participants, personnel staff, and patients can significantly benefit. Last but not least, at the macro-social level, virtuous leadership is in a position to embed healthcare organizations in their societal context in a way that is respectful of the expectations of all stakeholders, organizations, patients, and local communities.

Healthcare Management in a World of Pandemics

The unprecedented challenges brought on by the COVID-19 pandemic have inflicted tremendous strain on healthcare human resources, thus culminating in a series of ethical decision-making dilemmas to be effectively met by the respective personnel (Menon & Padhy, 2020). In this novel situation, the implementation of processes and practices to support healthcare personnel is more than necessary (Adams & Walls, 2020). This may even necessitate a major paradigm change in established views on conventional health management practices (Garraud, 2020).

In these new contexts, HRM research has to properly adapt to encompass societal expectations of multilevel actors by managing under uncertainty, facilitating international and even global work, and redefining organizational performance criteria (Caligiuri et al., 2020). Latest research showed that albeit the pandemic is negatively experienced for most career trajectories, it might under certain conditions allow for more positive vocational outcomes (Akkermans et al., 2020; Cho, 2020). At the macro-level, the pandemic necessitates an endeavor towards realization of more equitable and sustainable societies in order to prevent a major humanitarian crisis (van Barneveld et al., 2020).

In the light of the recent COVID-19 pandemic, organizations seek to navigate an unprecedented situation by thereby finding new solutions to challenges arising across many areas of their operations and in human resource management (HRM) in particular, through facilitating their workforce endure and adjusting to this entirely altered work environment (Carnevale & Hatak, 2020).

Yang and Ren (2020) showed that both moral obligation and public leadership were conducive to collective action for COVID-19 prevention and control insofar as these two critical factors could substantially strengthen each other's positive role in initiatives aiming at mitigating COVID-19's perilous consequences. Stoller (2020) evokes five core commitments as constituents of effective leadership in a pandemic crisis, namely, challenging the process, inspiring a shared vision, enabling others to act, modeling the way, and encouraging the heart.

More importantly, in these turbulent times, a tension between two primary responsibilities of healthcare participants arises: their primary responsibility to safeguard the health rights and interests of individual patients seems to enter into conflict with the responsibility to protect the public's health rights and interests in public health emergencies (Zhu, 2020). Such a view of leadership comprises the government's willingness to draw on expertise knowledge and ongoing effort to mobilize the population as well as to enable coping behaviors: these factors make the difference in times of pandemics insofar as they build the trust in leadership required by transformative, collective action (Wilson, 2020).

Discussion

The Political Economy of COVID-19 Pandemics

The COVID-19 crisis has severely affected the functioning of market economies in multiple respects. The era of new pandemics has afflicted not only entrepreneurial pursuits, business activities, and supply chain management (Brown & Rocha, 2020; Donthu & Gustafsson, 2020; Kraus et al., 2020; Pantano et al., 2020; Sharma et al., 2020) but has also a tangible impact on organizational processes and outcomes (Kramer & Kramer, 2020), flexible work arrangements (Spurk & Straub, 2020), and consumer behaviors and attitudes (Sheth, 2020).

Liu et al. (2020) designate the importance of resilience, strategic agility, and entrepreneurship in the context of the fight against COVID-19. They also underline the need to develop predictive models that take into consideration uncertainties and risk factors in the proactive dynamic planning of supply. They in turn argue in favor of greater collaboration between governments, industries, and societies to ensure minimum disruption in global supply chains and the proper functioning of markets.

He and Harris (2020) offered an outline of how the ongoing COVID-19 pandemic influences corporate social responsibility, consumer ethics, and marketing philosophy. They thus argued that the COVID-19 pandemic may offer a unique

opportunity for businesses to undertake a decisive shift towards more genuine and authentic CSR attitudes and contribute to address current social and environmental issues by encouraging more responsible and prosocial economic behavior. Under a different perspective, Crick and Crick (2020) draw on resource-based theory and on relational views to delineate coopetition as an effective marketing strategy during a pandemic. Coopetition activities comprise cooperative and competitive practices in which decision-makers have to properly choose which competitors they would collaborate with, due to potential detrimental outcomes on their performance. They then suggest that such a perspective incorporates a strong potential to benefit the firms involved in such types of partnerships. Interestingly, issues of whether these coopetition strategies will persist in a post-COVID-19 world still remain inconclusive. Again, virtuous leadership founded on the primary virtue of wisdom may offer invaluable insights on how to tackle with such cases. Managerial wisdom and discretion are in a position to facilitate firms and organizations to successfully cope with these new challenges.

Prospects for Health Management in a Post-COVID-19 World

Health management is subject to substantial transformation due to the experience accumulated gradually during this latest pandemic. We have thus far argued that virtuous leadership as a highly contextual approach is in a position to substantially benefit healthcare personnel facing a situation of extreme necessity.

Admittedly however, health management in times of pandemic may assume new, unprecedented dimensions. One of them involves the fact that health management is then elevated to crisis management that has to successfully and effectively balance conflicting societal demands and, in particular, the need for public health based on security premises and the respective need for individual liberties and, among them, economic freedom. In this case, a social utility dilemma arises: Should we have to protect a common good, public health, perhaps at the expense of equally important individual rights founded on democratic legitimacy? How can we handle such competing aspects of social life?

Effective paradox management presupposes the respective skills and competences required to solve such social dilemmas. Christensen and Lægreid (2020) outline the ways through which the Norwegian government managed to control the pandemic by employing suppression and control strategies based on a collaborative and pragmatic decision-making style, ensuring successful communication practices with the public, mobilizing necessary resources, and securing a high level of citizen trust in the government. In this view, the success of the Norwegian authorities was based on the relationship between displaying a high crisis management capacity and maintaining democratic legitimacy. To mitigate tensions between these competing demands, the authorities had to draw on cultural factors (bonds of trust, accumulated social capital), structural factors (coordination and regulatory capacity), and evidence-based knowledge about the new pandemic. Huang (2020) highlights the

systemic variables that helped Taiwanese endeavor launch related initiatives, mobilize the public, and engage private resources to implement policies enhanced by multiple collaborative behaviors.

In a similar vein of reasoning, Moon (2020) explores the strategies adopted by the South Korean government to effectively mitigate the threat posed by COVID-19. South Korea employed adaptive, transparent actions that precluded a harsh forced lockdown: this strategy was grounded on a policy of transparency in communicating risk and citizens' voluntary cooperation with the authorities. The author suggests that Western societies should strive for alternative ways of managing uncertainties and complexities. Evidence-based heuristics as well as strong governmental and societal capacities are deemed as critical factors contributing to maintaining a high level of quality of life in open, free, and more humane societies.

Virtuous leadership is an invaluable resource in situations of extreme necessity. As already implied, virtue incorporates the doctrine of the mean, the primary principle to avoid both excess and shortage of an inner disposition. At the social level, if we align with the doctrine of the mean, we are in a position to effectively solve social dilemma situations and handle paradox management, by avoiding the two extremes, the two opposing poles that seem to contradict each other. Public health and individual liberty are two ultimate ends in themselves, in a wide spectrum of terminal values such as social welfare, social justice, and democratic liberty.

In our case, virtuous leadership may indicate the mechanisms through which the common good of public health is entirely compatible with the need for individual liberty in all areas of social life. Harsh measures imposed upon the society through public health management may yield negative long-run effects (such as citizen's addiction to measures that preclude social deliberation and curtail basic liberties), as well as a considerable reduction of citizens' prosperity and psychological subjective well-being. A society that focuses only on one pole of a dilemma and underestimates the other runs the risk of either endangering the health of its citizens or turning into an authoritarian regime that ultimately violates shared values and long-held ideals of enlightenment cultural heritage to our contemporary world.

Practical Implications and Conclusions

Despite its ongoing significance nowadays, there still remains a relative paucity of research regarding the development programs designed for healthcare middle managers (Whaley & Gillis, 2018). The importance of incorporating education for community and health actors into health sector leadership development programming has been recently recognized (Aini, 2018; Ayeleke et al., 2019; Sikipa et al., 2019), especially in post-COVID-19 framework of management education (Beech & Anseel, 2020; Budhwar & Cumming, 2020).

Furthermore, leadership has to provide new psychological services in view of managing the innate tensions, existential threats, and needs experienced by the frontline medical staff (Zaka et al., 2020). Virtuous leadership is in a position to

significantly mitigate these tensions and support the psychological needs of those engaging in healthcare services, thus reducing uncertainty and enhancing personal fulfillment through the pursuit of the common good.

In sum, virtuous leadership opens a new pathway to more humane healthcare organizations that respect the dignity of the human person and consider the needs of local communities through enactment of more sustainable practices. This chapter encourages new empirical research on virtuous leadership in healthcare organizations, especially in a post-COVID-19 world, to demonstrate the potential, promises, and prospects, but also the possible limitations of this relatively new approach to leadership development in the healthcare sector.

Chapter Takeaways

- Many potential antecedents of virtuous leadership have been investigated, such as the personal characteristic of responsibility disposition and environmental cues; leader empathy and leader gratitude; moral identity; leader's cognitive moral development; leader's agreeableness, conscientiousness, and neuroticism; and situational influences and individual influences.
- Many potential outcomes of virtuous leadership are likely: employee creativity; satisfaction, motivation, and organizational commitment; organizational learning; leader happiness and follower life satisfaction; positive emotions, effort, physical health, and psychological health; and employee decision-making, prosocial, and counterproductive behaviors.
- Virtuous leadership is in a position to substantially benefit healthcare personnel facing a situation of extreme necessity by reducing uncertainty and enhancing personal fulfillment through the pursuit of the common good.
- Virtuous leadership may indicate the mechanisms through which the common good of public health is entirely compatible with the need for individual liberty in all areas of social life.
- Virtuous leadership is in a position to significantly mitigate the tensions and support the psychological needs of those engaging in healthcare services.

Reflection Questions

- How can we face the challenges in healthcare management in a world of pandemics?
- How important is moral compass for healthcare leaders?
- What are the antecedents and outcomes of virtuous leadership?
- How effective is virtuous leadership in healthcare organizations?
- How can virtuous leadership contribute to healthcare management policies?

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