



This is the accepted manuscript (AM)/author accepted manuscript (AAM) of the article

The content in the accepted manuscript version has been peer reviewed (when applicable) and accepted for publication, though any post-acceptance changes such as typography and layout may lead to differences between this version and the final published version.

How to cite this publication

Please cite the final published version:

Jensen, D. C., Hansen, A.-K. L., Pedersen, L. D., & Andersen, L. B. (2023). Span of Control and Ethical Leadership in Highly Professionalized Public Organizations. *Public Personnel Management*, 52(2), 191-217. <https://doi.org/10.1177/00910260221140398>

Document license: <https://creativecommons.org/licenses/by-nc-nd/4.0/>

General Rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain.
- You may freely distribute the URL identifying the publication in the public portal.

If you believe that this document breaches copyright please contact us at oo@kb.dk providing details, and we will remove access to the work immediately and investigate your claim.

If the document is published under a Creative Commons license, this applies instead of the general rights.

Span of control and ethical leadership in highly professionalized public organizations

Abstract

Span of control may be a critical structural condition for ethical leadership. According to social learning theory, emulation and vicarious learning processes are mechanisms through which ethical leaders enhance ethical commitment among employees. However, if the span of control (number of employees per manager) is too wide, ethical leadership can be difficult to practice due to a less close relationship between manager and employees. Using a mixed method design with survey data and interviews, we analyze the relationship between span of control and ethical leadership among doctors in Danish hospitals. Survey results from the study show no statistical association between span of control and clinical directors' self-reported ethical leadership. The interview data support this finding by showing how ethical guidance among highly specialized professions unfolds through social exchange relationships and not by observing the behavior of leaders as moral persons. This suggests that span of control is not a critical structural condition for intending and perceiving a high level of ethical leadership in highly professionalized contexts. Instead, span of control is indirectly relevant through the perceived distance between manager and employees. The findings thus enhance our understanding of how ethical leadership takes place in complex, professionalized public organizations.

INTRODUCTION

Decisions in public organizations affect the lives of many citizens, and the complexity of modern society means that many of these decisions involve ethical dilemmas. Leaders can demonstrate how they personally behave in a normatively appropriate way, and they can promote such conduct to their employees through two-way communication, reinforcement, and decision-making. A key question is whether this is possible when the leader has many employees, and when the employees are professionals with specialized, theoretical knowledge and strong norms. This article thus analyzes the relationship between span of control and ethical leadership in highly professionalized organizations.

Ethical leadership is typically defined as ‘the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement, and decision-making’ (Brown et al., 2005, p. 120). Both through their leadership behavior and as personal role models, leaders of professionals can potentially have great influence on decisions involving ethical aspects (Brown & Treviño, 2006). Observing role models’ behavior and the outcomes of their behavior tends to lead employees to behave in a similar way to the ethical role model (Liu et al., 2014; Mayer et al., 2012; Resick et al., 2013; Treviño et al., 2000). Recent years have seen a growing interest in ethical leadership from both scholars and practitioners because of the positive outcomes caused by perceived ethical leadership (Saha et al. 2020; Wang et al., 2018). A growing body of empirical evidence suggests that ethical leadership positively affects behavioral, ethical, and performance outcomes among employees (Farouk & Jabeen, 2018; Kacmar et al., 2011; Moon & Jung, 2018; Mayer et al., 2009, 2012; Ng & Feldman, 2015; Potipiroon & Ford, 2017; Roeck & Farooq, 2018; Walumbwa & Schaubroeck, 2009; Walumbwa et al., 2011; LU & Guy, 2014). Therefore, it is highly relevant to study whether structural conditions restrict managers’ ability to practice ethical leadership

(Meier & Bohte, 2000; Piccolo & Colquitt, 2006). Nonetheless, previous empirical research on the relationship between leadership styles and outcomes has largely ignored the role of leader distance in public administration (Moon & Park 2019). In this article, we focus on the relationship between *span of control* (the number of employees under a given manager) and public managers' ethical leadership. Span of control thus acts as a proxy for leader distance.

Scholars have mainly used *social learning theory* (Bandura, 1977, 1986, 1991) to explain the influence of ethical leadership on employee behavior, emphasizing the interpersonal relationship between manager and employee. Unless employees and managers are relatively close, ethical leaders might not be able to participate in processes that lead the employees to emulate their behavior (Den Hartog & Belschak, 2012; Eisenbeiss & Brodbeck, 2014). Exercising visible ethical behavior (Mayer et al., 2009, 2012), sending clear messages about ethical values, and holding subordinates accountable (Treviño et al., 2003) might therefore require a narrow span of control. Otherwise, the managers might be unable to ensure that employees learn which types of behavior are ethically expected, rewarded, and punished (Mayer et al., 2012). Thus, if the span of control is too wide, it may be difficult to exert ethical leadership due to a less close relationship between manager and employees.

We are interested in the possibility of performing ethical leadership in complex organizations characterized by high levels of publicness and high professionalism (Nørgaard, 2022). To our knowledge, no one has examined the relationship between the span of control and public managers' ethical leadership before. Only one known previous study, conducted in the private sector (an energy company and an insurance company), has found that (the beneficial effects of) ethical leadership decreases as span of control widens (Thiel et al. 2018). However, as ethical leadership understandings are context dependent (Nørgaard 2022), these findings may not be directly applicable to public organizations and highly professionalized employees (Moon & Park 2019). Based on this knowledge gap, the aim of the present study is

to provide a better understanding of the relationship between span of control and ethical leadership in highly professionalized organizations. Our research question is: *How are span of control and ethical leadership associated in highly professionalized organizations?*

Public managers are expected to foster organization cultures that embody, encourage, and reward good ethical judgment in the face of a variety of pressures and constraints (Hupe & Hill 2007). These core public service values are informed by democratic principles, social norms, and professional ethics. Thus, public managers are challenged to find ways to institutionalize these ethical values, which encourage and hold public servants accountable for behaving in accordance with the standards (Denhardt, 2010). Analyzing ethical leadership in highly professionalized organizations is relevant for many public organizations, because they move towards professionalization and complexity, and because the same barriers can be seen more clearly in highly professionalized contexts, because the meaning of professional knowledge and norms is more visible (compared to less professionalized contexts, where it is tacit knowledge, but still potentially important for ethical leadership).

Empirically, the article uses a two-phase mixed methods design that combines survey data from clinical directors in Danish hospitals (N=284) and qualitative interviews with clinical directors (N=4) and their employed doctors (N=12). The mixed methods design enables us both to study the statistical associations between span of control and ethical leadership and understand the mechanisms behind them.

As discussed in more detail in the concluding section, we argue that evidence from a national context with universal health care (Danish Ministry of Health, 2017) and a low cultural power distance (Hofstede, 1984: 72) can inspire leaders in all contexts. In national cultures with high power distance, the leader can determine the behavior of the employees, while the employees only to a very small extent can determine the behavior of the leader (ibid). This makes ethical leadership more visible in low power distance contexts. For leaders in all

contexts, who prefer not to command their employees to behave in a certain way in ethical dilemmas (also in situations where the leader cannot observe them), insights from a low power distance context are therefore very useful. Additionally, the absence of ethical dilemmas related to payment from the patients in the Danish context also highlights the interplay between ethics and professional norms and knowledge, because other types of ethical dilemmas become more visible, when there is no money between patient and health provider.

This study contributes to existing research on ethical leadership by enhancing our understanding of the conditions for exerting ethical leadership in complex organizations in the context of low cultural power distance. In doing this, we answer calls to incorporate organizational context into leadership research designs (Porter & McLaughlin, 2006). Currently, we know more about the outcomes of perceived ethical leadership than we do about its antecedents (Brown & Treviño, 2014; Kalshoven et al., 2011). By shedding light on the factors that potentially influence the exertion of ethical leadership, we contribute to strengthening the empirical foundation of social learning theory (Wo et al., 2015).

After presenting social learning theory and its link to ethical leadership, we clarify the causal arguments as to why span of control may be a critical structural condition for public managers' ethical leadership. We then describe our methodological design and report findings from our study. The article ends with a concluding discussion on how the findings can inspire future studies of ethical leadership.

THEORETICAL FRAMEWORK AND HYPOTHESES

Understanding the conditions for exerting ethical leadership in complex organizations with high professionalism requires a theoretical framework that captures leadership conditions as well as individual and collective dynamics among the professionals. Professions are occupations with strong intra-occupational norms, a high level of specialized, theoretical

knowledge, and a professional project concerned with attaining and maintaining autonomy over the profession's work (Bureau & Andersen, 2014).

When highly professionalized managers and employees belong to the same profession, the leaders share the relevant professional norms and knowledge and are able to exert leadership unless structural conditions prevent it. This makes social learning theory especially relevant when studying ethical leadership, because it posits that individuals learn what to do and how to behave by observing and emulating the attitudes, values, and behaviors of attractive and credible role models (Treviño et al., 2000, 2003). Integrating concepts from ethical leadership theory and social learning theory, this section presents our theoretical expectations and develops hypotheses on the expected association between span of control and ethical leadership. The first step is to explain why span of control is an important structural condition – also in a highly professionalized context.

Span of control is defined as the number of people supervised by a manager (Cathcart et al., 2004; Doran et al., 2004). The more employees subordinated to a leader, the broader is the span of control. The literature on span of control proposes that there is a maximum number of employees that a manager can effectively supervise (Doran et al., 2004; Meier & Bohte, 2000). Span of control has widespread implications for the study of behavior in organizations (Meier & Bohte, 2003; Gittell, 2001; Hechanova-Alampay & Beerh, 2001; Moon & Park, 2019). Importantly, a wide span of control can hinder active leadership behavior (Lucas et al., 2008; McCutcheon et al., 2009). If a manager's span of control is wide, it is more difficult to develop close relationships with employees and provide support along with individual consideration (McCutcheon et al., 2009; Waldman & Yammarino, 1999; Story et al. 2013). The interpersonal relationship between managers and employees simply becomes less personal (Cogliser & Schriesheim, 2000; Green et al., 1996; Schriesheim et al., 2000). In sum,

existing research suggests that span of control can potentially limit managers' opportunity to exert ethical leadership.

Social learning theory can help explain how ethical leaders influence employee-behavior by promoting emulation and vicarious learning (see, e.g., Bai et al., 2019; Brown et al., 2005; Brown & Treviño, 2006, 2014). Ethical leaders are likely sources of guidance because such leaders are attractive and credible role models who demonstrate normatively appropriate behavior. The social learning process happens because employees identify with these leaders and emulate their behavior (Treviño et al., 2000, 2003). However, if the span of control is too wide it may not be possible for managers to practice ethical leadership. According to Treviño et al. (2000, 2003), in order to be perceived as an ethical leader a manager must be seen as a moral manager and a moral person. Ethical leadership, therefore, involves two social learning aspects: *the moral manager* and *the moral person* (Brown et al., 2005; Brown & Treviño, 2006). Based on these aspects, we present theoretical expectations and hypotheses on the association between span of control and ethical leadership.

The moral manager aspect of ethical leadership concerns the leader's proactive efforts to influence and encourage employees' ethical behavior (Brown et al., 2005). It revolves around how leaders use managerial roles and leadership positions to promote ethics in the workplace (Hartog, 2015). This includes clear two-way communication about ethical expectations, guidance, and the use of reinforcement tools, such as rewards and sanctions, to hold employees accountable for their conduct (Belle & Cantarelli, 2019; Schaubroeck et al., 2012). Social learning theory posits that employees learn to undermine unethical behavior by becoming aware of which behaviors their leaders find unacceptable (Bandura, 1977). If the span of control is too wide, it may be difficult to act as a moral manager. Making ethics an explicit part of one's leadership agenda by communicating about ethics and values and holding employees

accountable for their conduct can be difficult (Treviño et al., 2000, 2003). A wide span of control can also make it difficult to set the ethical tone of the work place and establish a social environment that provides the necessary support for employees to adhere to ethical standards and engage in ethical behavior (Hannah & Avolio, 2010).

Social learning theory assumes that much learning occurs vicariously. Employees may learn what is acceptable or unacceptable by paying attention to how other organizational members are rewarded or disciplined and regulate their own behavior accordingly (Brown & Treviño, 2006; Mayer et al., 2012). In this way, ethical leadership cascades downward (Wang et al., 2018). However, if the span of control is too wide it can be difficult for a manager to monitor employee behavior and reward positive or punish unethical behavior. This may potentially lead managers to refrain from acting as moral managers, because they lack necessary knowledge about how their employees act on an everyday basis (Holm-Petersen & Rieper, 2013; Holm-Petersen et al., 2015; Klausen & Michelsen, 2004). A wide span of control can also make it difficult for managers to spend time with all their employees (Bro, 2016; Grøn et al., 2020), to pay attention to individual employees' needs and well-being (Gumusluoglu et al., 2013), and to ensure good relationships with them (Lucas et al., 2008). Thus, if the span of control is too wide this may weaken managers' ability to act as representatives of ethical values. Based on these arguments, we expect span of control to be negatively associated with public managers' ability to utilize the moral manager aspect of ethical leadership:

Hypothesis 2: Span of control is negatively associated with the moral manager aspect of ethical leadership.

The moral person aspect of ethical leadership refers to a leader's personal character: Does the leader care about others and society, and behave ethically in her/his personal and professional

life? (Belle & Cantarelli, 2019, p. 352). Can the leader act as a salient ethical role model? (Gibson, 2004). Does the leader display desirable personal characteristics, such as honesty, fairness, and altruism? (Treviño et al., 2000, 2003). Thus, acting as a moral person means using social power in decisions and actions and influencing others in such a way that they act in the best interest of others and society (De Hoogh & Den Hartog, 2008; Kalshoven et al., 2011). Social learning theory asserts that people learn various behaviors through attention to, observation of, and imitation of role models (Bandura 1977, 1986, 1991). The moral person aspect of ethical leadership thus involves demonstrating valued and admired virtues that can rub off on individual employees (Brown & Treviño, 2006). Through observational learning of the ethical conduct of the moral person, employees can come to understand what acceptable and appropriate behavior is (Bai, et al. 2019) and how to exercise it in their own lives (Brown & Mitchell, 2010; Toor & Ofori, 2009).

Acting as a moral person refers not only to the ethical conduct of the person at work, but also outside work (Treviño et al., 2000, 2003). This means that managers can also represent values such as honest, trustworthiness and fairness in their personal lives (Mayer et al., 2012; Van Walt, 2013). The moral person aspect not only concerns a behavioral style (Mayer et al., 2009), but also a moral identity associated with ethical leadership (Mayer et al., 2012; Riggio et al., 2010). The argument is that ethical leaders feel an inner obligation to behave responsibly (De Hoogh & Den Hartog, 2009) and that behaving ethically is a part of their personal integrity and character (Eisenbeiss & Brodbeck, 2014; Mayer et al., 2012). For example, studies show a positive relationship between conscientiousness and ethical leadership (Kalshoven et al., 2011). Therefore, we expect the degree to which a leader acts as a moral person to be determined by his or her personality and traits, and not the structural conditions

under which they act. Consequently, we do not expect span of control to be associated with the manager-perceived level of the moral person aspect of ethical leadership.

Hypothesis 1: *Span of control is not associated with the moral person aspect of ethical leadership.*

A conceptual model for the theoretical expectations is summarized in Figure 1.

[Insert Figure 1 about here]

RESEARCH DESIGN AND METHODS

We use a mixed methods design to understand whether span of control and ethical leadership are associated in highly professionalized organizations (Creswell & Clark, 2011). We conducted a quantitative survey of clinical directors in Danish hospitals in order to test our hypotheses. In addition, we implemented a qualitative interview analysis with both clinical directors and their employees in Danish hospitals, with the aim of investigating whether they practice and adopt ethical leadership, as assumed by social learning theory. Overall, the mixed methods design makes it possible to investigate whether span of control and ethical leadership correlate and why this is or is not the case.

Data collection and sampling

The survey was conducted as an online questionnaire in June 2020. We first created a complete list of all clinical directors in Denmark through official sources (including hospital websites and contact with the relevant hospitals). All 412 clinical directors were then invited by email,

and 284 answered the online survey, giving to a response rate of 69%. Table 1 shows descriptive statistics for all included variables.¹

[Insert Table 1 about here]

[Insert Table 2 about here]

[Insert Figure 2 about here]

The qualitative data was collected by semi-structured interviews carried out in the period from January 2019 to August 2019 (N=16). The interviews took place at four departments in two medium-sized hospitals (one medical and one surgical department from each hospital). Table 2 lists the departments' central features. For each department, we interviewed the clinical director and three of her/his employees (doctors only). Each interview lasted approximately one hour. The interview guide includes open-ended questions about the understanding of ethical conduct and ethical leadership.² Both the quantitative- and qualitative data collection were based on individual consent from the clinical directors and followed Danish legislation on data protection.

We measure *each leader's self-perceived level of ethical leadership*, using the Public Ethical Leadership Questionnaire (PELQ): a nine-item scale developed and validated by Nørgaard and Hansen (2021). The measure includes four items on the moral person aspect of ethical leadership and five items on the moral manager aspect. The two dimensions have Cronbach's alpha values of 0.64 and 0.78, respectively. The advantage of PELQ compared to other measures, such as the Ethical Leadership Scale (see Brown et al., 2005), is that it allows ethical values to vary over time and between contexts and individuals since the measure does not assume desirability of specific ethical values.

To measure *span of control*, we asked the clinical directors about the number of doctors employed in their organizational unit (i.e. the number of fulltime positions), since this is generally equivalent to the number of people for whom the clinical director has direct staff responsibility. The mean span of control is 35 and varies substantially from one to 175. Figure 3 displays the distribution on the span of control variable.

[Insert Figure 3 about here]

Several control variables are relevant because ethical leadership may draw upon tools from other types of leadership behavior (Brown et al., 2005), and especially transactional and transformational leadership may be influenced by span of control (Pedersen et al., 2021). To ensure that our results are not merely a reflection of an overlap with these types of leadership, we control for transformational and transactional leadership. In line with Jensen et al. (2019), we define transformational leadership as leadership involving behavior that seeks to develop, share, and sustain a vision in order to achieve organizational goals, while transactional leadership is characterized by the use of contingent rewards and sanctions directed toward achieving organizational goals. These definitions also illustrate the key difference between the two types of leadership: While ethical leadership focuses on normatively appropriate conduct, the aim of transformational and transactional leadership is organizational goal attainment. We use validated scales to measure transformational and transactional leadership (Jensen et al., 2019). Each scale consists of three items, and the scales have Cronbach's alpha values of 0.78 and 0.87, respectively. We also control for demography and career conditions, including gender, age, tenure (in terms of full years as a medical director), leadership training (executive master education or not), and whether the clinical director performs clinical activities (i.e. treats patients). Lastly, we include dummy variables for each specialty (not displayed) to eliminate

the risk that the results reflect specialty-specific characteristics and not differences in span of control.

Quantitative data analysis

We use multiple OLS regression models to investigate how span of control is associated with the moral person and the moral manager aspects of ethical leadership. Using cluster robust standard errors, we account for the fact that some clinical directors work at the same hospital. To check the robustness of our specifications, we ran four models for each aspect, including no control variables, non-perceptual control variables, perceptual control variables, and all control variables. We also tested curve-linear specifications (with squared span of control and with span of control categorized in different intervals). This did not change our conclusions.

Qualitative data analysis

The interviews were transcribed and analyzed in NVivo. The qualitative study adopts an abductive logic, where the initial coding was informed by broad predefined codes, reflecting the theoretical concepts of the article, such as “ethical leadership”, “moral manager”, and “span of control”, while we allowed new codes to emerge during the process of coding the empirical data. To increase reliability, two of the authors coded and compared the coding of two interviews (one with a clinical director and one with a doctor). Two codes emerged from these discussions, namely “moral doctor” and “perceived distance between leader and employee”. Table 3 provides precise descriptions of all codes used in the final coding of the interviews. The coded statements were condensed and compared across the four departments to address whether ethical leadership systematically differs across span of control. Likewise, we compared the statements of clinical directors and doctors in each department to see whether they agreed about the level of ethical leadership in the department.

[Insert Table 3 about here]

RESULTS

The results section consists of four parts. We first give a quantitative *overview of the statistical relationships* between span of control and the two aspects of ethical leadership. Next, we investigate qualitatively whether *span of control is related to the respondents' experience of the leader's presence*. The third and fourth parts discuss (based on the interviews) whether clinical directors are *moral persons* and/or *moral managers*. Here, we look specifically at differences between clinical directors with wide and narrow spans of control.

The statistical associations between span of control and ethical leadership

The quantitative study provides an overview of the statistical associations between span of control and ethical leadership. The correlation matrix in Table 4 suggests that there are no bivariate correlations between span of control and ethical leadership (neither for the moral person aspect nor for the moral manager aspect).

The two aspects of ethical leadership are correlated (Pearson's $r=0.44$ ($p<0.001$), and both aspects correlate with transactional and transformational leadership. The bivariate analysis also shows that span of control is higher among those with a master education in leadership and lower among those with planned clinical activity. This is logical, given that clinical directors in departments with many doctors will have less time for clinical activity, but a greater need for leadership education.

[Insert Table 4 about here]

Given the results, a rigorous test of the hypotheses requires multivariate analysis (here four OLS regressions for each aspect of ethical leadership). In Table 5, the moral person aspect is the dependent variable, and in Table 6 the moral manager aspect is the dependent variable.

[Insert Table 5 about here]

[Insert Table 6 about here]

Table 5 supports the expectation in Hypothesis 1; that span of control is not associated with the clinical directors' perception of being a moral person. Furthermore, we see a positive, statistically significant relationship between the moral person aspect of ethical leadership and both transformational and transactional leadership.

Table 6 contradicts the expectation laid out in Hypothesis 2. This hypothesis proposed a negative association between span of control and acting as a moral manager. In addition to the linear specification shown in Table 6, we conducted supplementary analyses to investigate whether the non-existing link between span of control and the moral manager aspect of ethical leadership had to do with our model specification.³ All supplementary models showed no support of a relationship between span of control and the clinical directors' perceptions of how much ethical leadership they use. In sum, the quantitative study suggests that manager-perceived ethical leadership does not vary systematically across span of control.

Qualitative results regarding span of control as a critical structural condition

In the 16 qualitative interviews, almost none of the interviewees spontaneously mention span of control in relation to ethical leadership. The qualitative analysis still implies that a wide span of control can result in a more superficial relationship between clinical directors and doctors than is the case in departments with a narrower span of control. In the department with the

widest span of control, doctors thus experience an absence of clear and attentive management, but all clinical directors (regardless of span of control) feel close to their employees.

The clinical director at Department B, with the widest span of control (=72 doctors), defines it as his main task to have direct leadership responsibility over a large number of people: *“My task is to lead 500 employees, 70 of which are doctors”*. The clinical director is present at morning conferences, but the contact sometimes seems superficial. One of the doctors says, *“Sometimes, the contact is quite indirect, because he only gives common announcements”*. His employees are aware that he solves many administrative and transversal problems, but he entrusts others to handle problems at the employee-level, such as patient complaints. Although the clinical director performs clinical activity (and is therefore physically close to his employees in this capacity), the interviewed doctors indicate that he does not function as a leader in these situations, but as any other peer-professional.

The clinical directors at Department C (=30 doctors) and D (=27 doctors) with a ‘middle span of control’ explain that they do their best to be physically present and accessible for their employees every day. At both departments, the doctors notice these efforts. One of the interviewed doctors at Department C says: *“He is a very accessible manager”*. *If I need to talk to him, I think he is very accessible*. The other doctors from this department agree. Similarly, the clinical director at Department D is “very engaged” and cares a lot about her employees. She has an “open door policy” and feels that employees can come to her with everything. One doctor says, *“She is the type of manager who demonstrates a capacity for action. If someone complains she says: what can I do here?”*. At Department A (the lowest span of control=23 doctors), the clinical director feels that he is available, but his employees do not feel as close to him, although they find the distance sufficiently short.

Encoding meaningful role models

The moral person aspect of ethical leadership receives limited attention in the interviews. The data show no systematic difference between clinical directors with different spans of control. Being a moral person is most important for the clinical director at Department A, which has the lowest span of control (=23 doctors). It is important for him to treat employees and patients decently, since this is at the heart of what constitutes ethics in his view; he cares about ethical values, such as honesty, and believes that the best way to promote ethical behavior is to express your values and be a role model. His employees also think of him as a moral person, emphasizing that he cares about ethics, has clear “*rules of the game*”, behaves as a role model, has good intentions, and is someone they admire.

The moral person aspect is least descriptive of the clinical director at Department C (=30 doctors), with a middle span of control. Compared to other clinical directors, he puts more weight on evidence and the need for treatment, and says, “*I think very little about ethics in my daily work. Not at all, actually.*” Being nice to the patients is important, but he does not believe that this has anything to do with ethics. His employees also experience a low level of moral person behavior. They do not provide any statements about the clinical director being a moral person.

The clinical director of Department B (=70 doctors), with the largest span of control, and D (=30 doctors), with a middle span of control, fall in-between. The clinical director of Department B states that ethics do not play an important part in his way of leading. He says “*ethics is not, like, on top of the list of things to discuss, but it does come up one in a while*”. However, he cares about being a good person, has clear ethical values, and expresses a wish to provide younger doctors with a moral compass. The interviewed doctors also believe that he treats them well and has high ethical standards. Finally, the clinical director of Department D sees ethics as a question of moral code and has a strong focus on treating her employees well. However, she does not always prioritize ethics, and only one employee

describes her as a moral person; specifically stating; “*she cares about our wellbeing and treats us fairly*”.

In sum, the variations we find in the moral person aspect of ethical leadership do not seem to depend on span of control. Moreover, we find substantial manager-employee agreement, indicating that the doctors are able to encode whether their clinical director is a moral person, regardless of span of control. This is in support of H1, though the moral person aspect is generally not very salient in the interviews.

Behaving as a moral manager

In the qualitative data, we looked for two ways in which a clinical director may promote ethical behavior, namely through the use of 1) two-way communication and 2) reinforcement tools, and at whether variations in these behaviors depend on span of control.

Two-way communication is relevant, because many respondents explicate a need to discuss concrete issues with others when they deal with ethical dilemmas. In the following, we discuss the role of morning conferences and bilateral discussions and argue that the nature of these types of two-way communication may change with large spans of control. According to all clinical directors, morning conferences are an essential forum for discussions. One clinical director states: “I start the day with the morning conference, where we discuss what to do with a particular patient”, while another says that the conferences are used to “lift concrete problems into a collective forum.” These conferences constitute the only regular meetings between clinical directors and their employees. Thus, morning conferences provide the clinical directors with a unique platform to exert ethical leadership. One clinical director says, “It is one of the places, where I think I exert leadership”. Generally, the clinical directors believe that they utilize morning conferences to promote ethical behavior. Likewise, almost all doctors

emphasize the importance of morning conferences, as they make it possible to bring up and make decisions about difficult ethical situations.

We see indications that each employee has less time to discuss cases at a conference with 50 participants, compared to one with 15. Employees at Department B with the largest span of control (=72 doctors) do not problematize this directly, but (unlike the doctors at the other three department) they express a wish for their clinical director to facilitate more of these discussions, by implementing additional formalized forums or educational seminars. For example, one of them argues that *“the leaders could arrange a course or something else to provide us with more examples of [ethical dilemmas] (...) I think that would help me make these decisions myself”*.

All employees seek out bilateral discussions, but whom they seek out varies across span of control. At Department B, with the largest span of control (=72 doctors), they discuss ethics less with their clinical director than in the other three departments. For example, one employee says, *“I would never call him if I had an ethical problem... I can't even imagine”*. The doctors themselves do not believe that this is a problem, since they instead seek out peer-professionals and find their help sufficient. A doctor, who never discussed ethical considerations with her clinical director, says: *“I mostly experience that it is other colleagues who help with that [ethical decision-making]”*. In severe cases, the clinical director is available, but his employees emphasize that he does not handle the issues himself, but let others handle them. This is in line with the clinical director's own statement: *“Problems have to be solved at the lowest level possible. There is a lot I do not need to know anything about. As long as they fix it, I almost don't care how.”* This attitude is echoed by the clinical director with the second-largest span of control, who states, *“a lot of these issues I do not experience. I only learn about them afterwards”*. Generally, at this department we find similar tendencies to those at the department with the widest span of control, though less pronounced. In contrast, the two

clinical directors with narrower spans of control (=23 and 27 doctors, respectively) always take the time to talk to employees one on one and help them solve issues personally. One of them states: “If someone comes to me and doesn’t know what to do in a given situation, we close the door and sit down”. The degree to which their employees make use of this option varies, but none of them emphasize that other sparring partners are more important than their clinical director. In support of H2, the moral manager aspect of ethical leadership thus seems to differ between clinical directors with different spans of control. There is more two-way communication in the two departments with narrow spans of control.

Reinforcement tools are relevant for holding employees accountable for their ethical conduct, and the question is whether the degree to which clinical directors set expectations regarding their employees’ behavior vary between different spans of control, as does the use of rewards and sanctions. The clinical director with the most narrow span of control (=23 doctors) spends a lot of energy communicating his expectations in a prospective manner. For example, he tells his employees, “*I do not think the fastest surgeon is the best surgeon*”, or that he believes that gossip is unethical. At Departments C (=30 doctors) and D (=27 doctors), the clinical directors do not set up similar prospective expectations, and the clinical director of Department D says, “*We do not walk around saying this is morally sound*”. Instead, they make their position as to what constitutes good or bad behavior clear when the specific situations arise. One doctor at Department C agrees and says, “*He points it out very directly, if he thinks there is a problem*”. At Department B, with the broadest span of control (=72 doctors), they do not provide any statements about their clinical director setting up expectations regarding employee behavior. This indicates that a broader span of control makes it more difficult to formulate clear expectations about what constitutes unacceptable behavior. This supports H2.

Turning to the use of sanctions and rewards, all clinical directors to some extent perceive it as part of their job to hold employees accountable. For example one clinical director says: *“It is part of any leader’s job. If something is going on that a leader finds unethical, then of course you need to bring it up”*. However, we generally find the clinical directors to be reluctant to use sanctions or rewards to promote ethical behavior in practice. We find minor variations, but as shown in the following these are not associated with span of control.

The clinical director of Department C (=27 doctors) provides more examples of sanctioning unethical behavior than do the others. However, he says that he rarely finds it necessary to use sanctions. Concerning the most severe example, he tells that an employee who behaved unethically no longer works at the department. His employees believe that he sanctions them by verbally expressing his disapproval in situations where he does not agree with their actions. The other clinical directors almost never use similar sanctions. The clinical director who does it least frequently is the one at Department A (=23 doctors), but he would sometimes say, *“Maybe it was practical at the time, but I do not think that it was decent to move a dying patient in the middle of the night”*. The interviewed doctors also say that their clinical director would never question their decisions. Instead, he meets them with trust, as one doctor explains: *“If I am to operate on someone, I make the call. No one says, you should not have done that”*. Furthermore, the clinical director at this department often uses rewards, in the form of verbal recognition for ethically appropriate behavior, saying things like, *“You handled that well”*. At the other departments, the clinical director uses less praise linked to the employees’ ethical conduct. An employee at Department B (=72 doctors) exemplifies this: *“He does not comment on specific cases, saying that was well done”*, while another employee says, *“If you do not get in trouble, you did well.”* In sum, the clinical directors are reluctant to use reinforcement tools to promote ethical behavior, and their use is not associated with span of control (which goes against H2).

The highly professionalized case: Being a “moral doctor”

Most interviewees suggest that ethics is an integrated part of every doctor’s life. They emphasize that ethical considerations may arise every time they encounter a new patient. One employee states that, *“ethics is the cornerstone of everything I do”*, while a clinical director says, *“It is part of being a doctor that we often experience ethical dilemmas”*.

For this reason, it is surprising that the moral person aspect of ethical leadership and the use of reinforcement tools seem unimportant. This might be related to the fact that doctors are highly professionalized. With respect to the moral person aspect, doctors may not need someone to mirror, since they have already internalized strong professional norms for acceptable and unacceptable behavior, and thus have become moral persons themselves by virtue of their profession. Several statements indicate that a person could never become a doctor, if they were incapable of handling ethical questions. One such statement is: *“You have to learn as a doctor, otherwise you won’t be able to function in this field”*.

Professionalism may also explain why clinical directors rarely use reinforcement tools, since it might be less necessary to control doctors’ behavior if they already behave ethically due to the strong norms in the profession. In support of this, one employee says, *“I do not believe that I need that much managing in my daily work. I am educated to do this.”*

Department C differs slightly from the other departments in this regard, as they focus less on ethics and more on clinical guidelines and evidence. The clinical director says that *“the primary mantra for doctors is: what do we have evidence for?”*, while a doctor states that ethics is not the first thing he thinks about, when he encounter a patient. Instead it is professional considerations. This may be a question of specialty, as the clinical director continues, *“In my specialty [...] the decision as to whether a patient should undergo surgery is, hopefully, evidence-based and won’t have anything to do with ethics”*. Additionally, the

employees perceive their department as a production unit, where the ethical dilemmas are often not so severe, since they seldom concern questions of life and death.

DISCUSSION AND CONCLUSION

Although our research question – how are span of control and ethical leadership associated? – is simple, the answer is complex. Statistically, there is no relationship between span of control and the two aspects of ethical leadership. Based on social learning theory, this was expected for the moral person aspect and unexpected for the moral manager aspect. To understand these findings, we must remember that the quantitative study includes only the clinical directors' perception of their own leadership. Leadership is *in the eye of the beholder*, and leaders' self-perceived behavior can differ considerably from their employee-perceived leadership (Jacobsen & Andersen, 2015). Although doctors may perceive different levels of ethical leadership in organizational units with varying spans of control, it is interesting that the clinical directors themselves do not report statistically different levels of ethical leadership. This suggests that span of control is not a critical structural condition for intending and perceiving a high level of ethical leadership in highly professionalized contexts.

Our qualitative interviews with the clinical directors and doctors suggest that our quantitative results are not (only) driven by self-other disagreement. Importantly, span of control is not salient enough to make the interviewees mention it spontaneously; they seem to find the perceived distance between clinical director and doctors more important. Their statements about formal forums for ethical leadership (for example the morning conferences) support this interpretation, because ethical leadership does not have the same structural conditions on a morning conference with 50 participants compared to a conference with 15 participants. In contrast, there are no differences across span of control in the clinical directors' use of reinforcement tools, such as rewards and sanctions, and the interviewees talk relatively

little about being a moral person, regardless of span of control. These aspects may be non-salient, since the interviewees are “moral doctors” acting based on strong professional ethical norms. The need to find ethical guidance by observing the behavior of leaders as moral persons (see, e.g., Weaver et al, 2005) might therefore be less urgent for highly specialized professions such as medical doctors as they are socialized to act as moral persons themselves (Cohen, 2006).

On the other hand, with wide spans of control it seems difficult to set up clear expectations for employee-behavior, and the two-way communication between clinical directors and doctors changes character. A tentative answer to our research question is that span of control and ethical leadership are not directly associated, but that span of control seems to be indirectly relevant through the perceived distance between clinical directors and doctors. This is in line with results from a study conducted by Thiel et al. (2018). Their study shows that wider spans of control attenuate the positive relationship between ethical leadership and the tendency for ethical leaders to forge high-quality social exchange relationships with employees. Social exchange relationships between leaders and employees establish expectations for appropriate ethical conduct and ensure accountability through reciprocal obligation. Thus, it seems that social exchange may be a key theoretical mechanism through which ethical leaders can influence their employees (Den Hartog, 2015). Consequently, a main takeaway from this study is that span of control is not a critical structural condition for high levels of ethical leadership in highly professionalized contexts, as highly specialized employees act as professional beacons of ethical behavior themselves. However, span of control is still indirectly relevant through the exercise of ethical guidance through social exchange relationships informed by strong professional ethical norms.

We study doctors, who probably have one of the most highly professionalized occupations (Freidson, 2001). Therefore, our case is extreme. Although this limits the direct

generalizability of our finding, the theoretical implications are highly relevant in many contexts. Interviewing medical doctors and their clinical directors, we may have found a mechanism that is important for how many professionals handle ethical dilemmas. The *moral professional* (a generalization of the moral doctor) can be either an alternative or a supplement to ethical leadership. Given that ethical dilemmas are commonplace in most parts of the public sector, we expect to find moral nurses, moral teachers, and moral bureaucrats, and the strength of this mechanism is expected to depend on their level of professionalism. The main practical implication is that ethical leadership is more important in environments with weak professional and ethical norms, and ethical behavior is most likely supported if span of control is not too wide.

Our study is not without limitations. All variables in the quantitative study, for example, originate from the same survey, which raises concerns about common methods bias (Jakobsen & Jensen, 2015). However, since our main independent variable, span of control, is not perceptual, this is not a major problem because there is little reason to expect the same biases to affect both how the respondents report numbers of employees and their perceptual answers in relation to leadership practices. It is also worth noting that the qualitative data were originally generated to describe experiences of ethical leadership among managers and their employees rather than answering our specific research question, but this may actually have prevented interviewer bias (as the original interviewer did not carry out research on span of control).

Although the *statistical* generalizability to other countries is limited, we argue that the insights from the study can inspire leaders in many different cultural contexts. Specifically, the universal health care (Danish Ministry of Health, 2017) and low cultural power distance (Hofstede, 1984: 72) in Denmark means that ethical leadership is both specific in relation to professional issues and visible in situations where it can be studied. When leaders

cannot determine the behavior of the employees, they need to use the more persuasive types of leadership, and this study has demonstrated that this can be done in professionalized organizations – even when the span of control is broad. This means that leaders in other contexts, who prefer not to command their employees to behave in certain ways in ethical dilemmas, can find inspiration from the finding. First, in formal forums for ethical leadership, employees find the perceived distance between leader and employee more important in broad spans of control. This implies that leaders with broad spans of control might want to consider using these forums less frequently than leaders with narrow spans of control, because the perceived distance can make ethical leadership less effective. Second, there are no differences across span of control in use of reinforcement tools, such as rewards and sanctions. This indicates that these mechanisms can be used across organizational contexts. Third and maybe most inspiring, it is possible to promote “the moral professional” instead of only the moral person. The “moral professional” acts based on strong professional ethical norms and has internalized the purpose behind ethical leadership. If leaders promote moral professionals in their organizations, it might be less necessary to give the employees the opportunity to observe leaders who act as moral persons, enabling organizations to succeed despite broad spans of control. This is supported by studies showing that discursive resources of professionalism acts as a disciplinary mechanism that serves to profess ‘appropriate’ work identities and conducts (Fournier, 1999).

These insights imply that it is relevant to reflect upon the role of professionalism, when we want to understand the association between span of control and ethical leadership, making it highly relevant to discuss how future research can continue exploring the topic. Four overall avenues of future research could be observational, cross-national, comparative between professions, and experimental. Observational studies could examine the extent to which ethical leadership is an integrated part of morning conferences in hospital departments with different

span of control. Cross-national studies could compare the same profession in different national contexts to see whether it is a general conclusion that span of control and ethical leadership are not statistically associated, but potentially relevant for each other. Comparative research involving several professions could compare the association for doctors, nurses, and health assistants in hospitals, or for administrative employees with different levels of professionalism. Experimental research could contribute to better understanding of the causality behind the (lack of) association between span of control and ethical leadership.

NOTE

1. A complete list of survey items is available upon request.
2. The qualitative interviews are part of a research project comparing the level of ethical leadership at different organizational levels and were not conducted with the purpose of answering our specific research question. Given their broad, exploratory scope in relation to the concept of ethical leadership, the interviews are still very useful in terms of understanding the relationships between span of control and the two aspects of ethical leadership. The interview guide is available upon request.
3. First, we ran models with a linear specification of span of control, followed by models also including a quadratic term. We then replicated all models with several different adjustments; first by excluding outliers, second by excluding those with a span of control above 60, and third by running all analyses with the difference between the moral person measure and the moral manager measure as the dependent variable.

REFERENCES

- Bai, Y., Lin, L., & Lui, J.T. (2019) Leveraging the employee voice: a multi-level social learning perspective of ethical leadership. *The International Journal of Human Resource Management* 30(12), 1869-1901.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, New Jersey: Prentice-Hall.
- Bandura, A. (1986). *Social foundations of thought and action: A social-cognitive view*. Englewood Cliffs, New Jersey: Prentice-Hall.
- Bandura, A. (1991). Social cognitive theory of moral thought and action. In W. M. Kurtines & J. L. Gewirtz (Eds.) *Handbook of moral behavior and development* (pp. 45–59). Hillsdale, NJ: Lawrence Erlbaum.
- Belle, N. & Cantarelli, P. (2019). Do ethical leadership, visibility, external regulation, and prosocial impact affect unethical behavior? Evidence from a laboratory and a field experiment. *Review of Public Personnel Administration* 39 (3), 1-23.
- Bro, L.L. (2016). Små, store eller rettere mellemstore ledelsesspænd? En undersøgelse af sammenhængen mellem ledelsesspænd, ledelsesidentitet og brugen af transformationsledelse i danske daginstitutioner. *Politica* 48 (2), 158-178.
- Brown, M., & Mitchell, M. (2010). Ethical and unethical leadership. *Business Ethics Quarterly* 20, 583-616.
- Brown, M., & Treviño, L. (2006). Ethical leadership: A review and future directions. *The Leadership Quarterly* 17, 595-616.
- Brown, M., & Treviño, L. (2014). Do Role Models Matter? An Investigation of Role Modeling as an Antecedent of Perceived Ethical Leadership. *Journal of Business Ethics* 122, 587-598.
- Brown, M., Treviño, L., & Harrison, D. (2005). Ethical leadership: A social learning perspective for construct development and testing. *Journal of Business Ethics* 97,117-134.

- Burau, V., & Andersen, L.B. (2014). Professions and professionals: Capturing the changing role of expertise through theoretical triangulation. *American Journal of Economics and Sociology* 73 (1), 264-93.
- Cathcart, D., Jeska, S., Karnas, J., Miller, S.E., Pecheacek, J., & Lolita R. (2004) Span of control matters. *Journal of Nursing Administration* 34 (9), 395-399.
- Cogliser, C., & Schriesheim, C. (2000). Exploring work unit context and leader-member exchange: A multilevel perspective. *Journal of Organizational Behavior* 21(5), 487-511.
- Cohen, J.J (2006). Professionalism in medical education, an American perspective: from evidence to accountability. *Medical Education* 2006 (40), 607-617.
- Creswell, J.W., & Clark, V.L.P. (2011). Choosing a Mixed Methods Design. In J.W. Creswell & Clark V.L.P. (Eds.). *Designing and Conducting Mixed Methods Research*. (pp. 53-105). Thousand Oaks, CA: Sage Publications.
- Danish Ministry of Health (2017). *Healthcare in Denmark. An Overview* (<https://www.healthcaredenmark.dk/media/ykedbhs1/healthcare-dk.pdf> accessed June 22 2022).
- De Hoogh, A.H.B., & Den Hartog, D.N. (2008). Ethical and despotic leadership, relationships with leader's social responsibility, top management team effectiveness and subordinates' optimism: a multi-method study. *The Leadership Quarterly* 19, 297-311.
- De Hoogh, A.H.B., & Den Hartog, D.N. (2009). Ethical leadership: the positive and responsible use of power. In D. Tjosvold, & B. Wisse (Eds.). *Power and Interdependence in Organizations* (pp. 338–54). Cambridge, UK: Cambridge University Press.
- Denhardt, K. G. (2010). Ethics in Public Organizations. *Public Administration and Public Policy*-Vol. II-Ethics in Public Organizations, 1-11. Retrieved December 6, 2021, from <http://www.eolss.net/sample-chapters/c14/E1-34-05-09.pdf>

- Den Hartog, D.N. (2015). Ethical Leadership. *Annual Review of Organizational Psychology and Organizational Behavior* 2 (1), 409-434.
- Den Hartog, D.N., & Belschak, F.D. (2012). Work engagement and Machiavellianism in the ethical leadership process. *Journal of Business Ethics* 107, 35-47.
- Doran, D., McCutcheron, A.S., Evans, M.G., MacMillan, K., Hall, L.M., Pringle D., Smith, S., & Valente, A. (2004). *Impact of the Manager's Span of Control on Leadership and Performance*. Toronto: Canadian Health Services Research Foundation.
- Eisenbeiss, S.A., & Brodbeck, F. (2014). Ethical and unethical leadership: a cross-cultural and cross-sectoral analysis. *Journal of Business Ethics* 122 (2), 343-59.
- Farouk, S., & Jabeen, F. (2018). Ethical climate, corporate social responsibility and organizational performance: Evidence from the UAE public sector. *Social Responsibility Journal*, 14(4), 737-752.
- Fournier, V. (1999). The Appeal to 'Professionalism' as a Disciplinary Mechanism. *The Sociological Review*, 47(2), 280-307.
- Freidson, E. (2001). *Professionalism, the third logic: On the practice of knowledge*. Chicago: University of Chicago Press.
- Gibson, D. (2004). Role models in career development: New directions for theory and research. *Journal of Vocational Behavior* 65,134-156.
- Gittell, J.H. (2001). Supervisory span, relational coordination and flight departure performance: A reassessment of postbureaucracy theory. *Organization Science* 12(4), 468-483.
- Green, S., Anderson, S., & Shivers, S. (1996). Demographic and organizational influences on leader-member exchange and related work attitudes. *Organizational Behavior and Human Decision Processes* 66 (2), 203-214.

- Grøn, C.H., Bro, L.L., & Andersen, L.B. (2020). Public managers' leadership identity: concept, causes, and consequences. *Public Management Review* 22 (11), 1696-1716.
- Gumusluoglu, L., Karakitapoğlu-Aygüna, Z., & Hirst, G. (2013). Transformational leadership and R&D workers' multiple commitments: Do justice and span of control matter? *Journal of Business Research* 66 (11), 2269-2278.
- Hamric A.B & Blackhall L.J. (2007). Nurse-physician perspectives on the care of dying patients in intensive care units: collaboration, moral distress, and ethical climate. *Crit Care Med* 35(2), 422-9.
- Hannah, S. T., & Avolio, B. J. (2010). Moral potency: Building the capacity for character-based leadership. *Consulting Psychological Journal: Practice and Research* 62 (4):,291-310.
- Hechanova-Alampay, R., & Beehr, T. (2001). Empowerment, span of control, and safety performance in work teams after workforce reduction. *Journal of Occupational Health Psychology* 6 (4), 275-282.
- Hofstede, G. (1984). *Culture's consequences: International differences in work-related values* (Abridged version). Newbury Park, London & New Delhi: Sage Publications.
- Holm-Petersen, C., Andersen, L.B., Bjørnholt, B., Mortensen, M.H., Bro, L.L., & Andersen V.N. (2015). *Ledelsesspænd på daginstitutionsområdet. Størrelse, ledelsesstil, faglig kvalitet og trivsel*. Rapport. København: VIVE
- Holm-Petersen, C., & Rieper, O. (2013). *Når ledelsesspændet vokser. Lederes erfaringer fra social- og ældreområdet samt kommunal forvaltning*. Rapport. København: KORA.
- Hupe, P. and Hill, M. (2007), Street-level Bureaucracy and Public Accountability. *Public Administration*, 85: 279-299.

- Jacobsen, C.B., & Andersen, L.B. (2015). Is Leadership in the Eye of the Beholder? A Study of Intended and Perceived Leadership Practices and Organizational Performance. *Public Administration Review* 75, 829-841.
- Jakobsen, M., & Jensen, R. (2015) Common Method Bias in Public Management Studies. *International Public Management Journal* 18 (1), 3-30.
- Jensen, U.T., Andersen, L.B., Bro, L.L., Bøllingtoft, A., Eriksen, T.L.M., Holten, A.-L., Jacobsen, C.B., Ladenburg, J., Nielsen, P.A., Salomonsen, H.H, Westergård-Nielsen, N., & Würtz, A. (2019). Conceptualizing and Measuring Transformational and Transactional Leadership. *Administration & Society* 51 (1), 3-33.
- Kacmar, K. M., Bachrach, D. G., Harris, K. J., & Zivnuska, S. (2011). Fostering good citizenship through ethical leadership: the moderating role of gender and organizational politics. *Journal of Applied Psychology* 96 (3), 633-642.
- Kalshoven, K., Den Hartog, D.N., & De Hoogh, A.H.B. (2011). Ethical Leader Behavior and Big Five Factors of Personality. *Journal of Business Ethics* 100 (2), 349-366.
- Klausen, K.K. & Michelsen, J. (2004). *Institutionslederen - en undersøgelse af vilkår for ledelse i kommunale institutioner*. Odense: Syddansk Universitetsforlag.
- Moon, K.K & Changhoon, J. (2018). Management Representativeness, Ethical Leadership, and Employee Job Satisfaction in the U.S. Federal Government. *Public Personnel Management* 47(3), 265-286.
- Moon, K.K. & Park, J. (2019). Leadership Styles and Turnover Behavior in the US Federal Government: Does Span of Control Matter? *International Public Management Journal*, 22(3), 417-443.
- Liu, J., Kwan, H., Fu, P., & Mao, Y. (2014). Ethical leadership and job performance in China: The roles of workplace friendships and traditionality. *Journal of Occupational and Organizational Psychology*, 86(4), 564-584.

- Lu, X. & Guy, M.E. (2014). How Emotional Labor and Ethical Leadership Affect Job Engagement for Chinese Public Servants. *Public Personnel Management* 43(1), 3-24.
- Lucas, V., Laschinger, H.K.S., & Wong, C.A. (2008). The impact of emotional intelligent leadership on staff nurse empowerment: The moderating effect of span of control. *Journal of Nursing Management* 16 (8), 964-973.
- Mayer, D.M, Aquino, K., Greenbaum, R.L., & Kuenzi, M. (2012). Who displays ethical leadership, and why does it matter? An examination of antecedents and consequences of ethical leadership. *Academy of Management Journal* 55(1), 151-171.
- Mayer, D.M., Kuenzi, M., Greenbaum, R., Bardes, M., & Salvador, R. (2009). How low does ethical leadership flow? Test of a trickle-down model. *Organizational Behavior and Human Decision Processes*, 108(1), 1-13.
- McCutcheon, A.S., Doran, D., Evans, M., Hall, L.M., Pringle, D. (2009). Effects of leadership and span of control on nurses' job satisfaction and patient satisfaction. *Nursing Leadership* 22 (3), 48-67.
- Meier, K.J., & Bohte, J. (2000). Ode to Luther Gulick: Span of control and organizational performance. *Administration & Society* 32 (2), 115-137.
- Meier, K.J., & Bohte, J. (2003). Span of Control and Public Organizations: Implementing Luther Gulick's Research Design. *Public Administration Review* 63 (1), 61-70.
- Ng, T. W. H., & Feldman, D. C. (2015). Ethical leadership: Meta-analytic evidence of criterion-related and incremental validity. *Journal of Applied Psychology*, 100(3), 948–965.
- Nørgaard, R.R. (2022). Ethical Leadership Understandings in Public Professional Organizations. Forthcoming in *Scandinavian Journal of Public Administration*.
- Nørgaard, R.R., & Hansen, A.L. (2021). Public Ethical Leadership Questionnaire (PELQ). Unpublished manuscript.

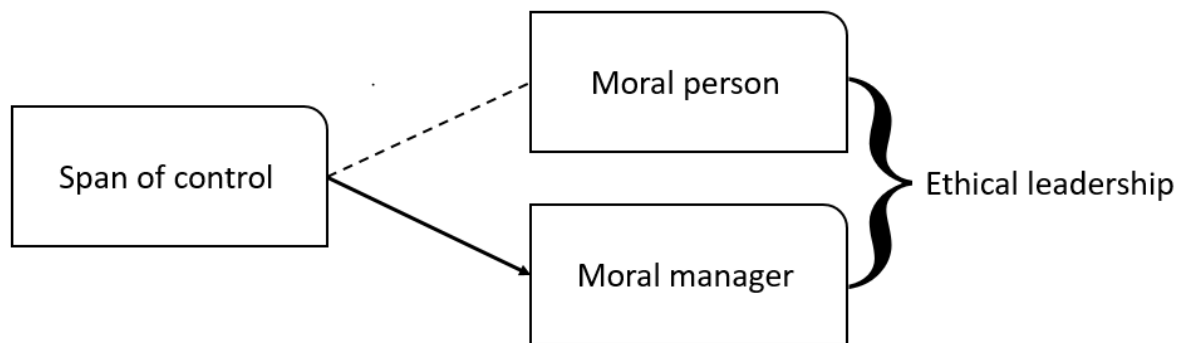
- Pedersen, L.D., Jacobsen, C.B., & Hansen, A.L. (2021). Not too narrow, not too broad: Span of control, leadership behavior, and employee job satisfaction in public organizations. Working paper. Presented at EGPA conference 2021.
- Piccolo, R., & Colquitt, J.A. (2006). Transformational Leadership and Job Behaviors: The Mediating Role of Core Job Characteristics. *The Academy of Management Journal* 49 (2), 327-340.
- Porter, L., & McLaughlin, G. (2006). Leadership and the organizational context: Like the weather? *The Leadership Quarterly* 17(6), 559-576.
- Potipiroon, W. & Ford, M.T. (2017). Does Public Service Motivation Always Lead to Organizational Commitment? Examining the Moderating Roles of Intrinsic Motivation and Ethical Leadership. *Public Personnel Management* 46(3), 211-238.
- Resick, C., Hargis, M., Shao, P., & Dust, S. (2013). Ethical leadership, moral equity judgments, and discretionary workplace behavior. *Human Relations* 66(7), 951-972.
- Riggio, R.E., Zhu, W., Reina, C., & Maroosis, J.A. (2010). Virtue-based measurement of ethical leadership: The Leadership Virtues Questionnaire. *Consulting Psychology Journal: Practice and Research* 62(4), 235-250.
- Roeck, K. D., & Farooq, O. (2018). Corporate social responsibility and ethical leadership: Investigating their interactive effect on employees' socially responsible behaviors. *Journal of Business Ethics*, 151, 923-939.
- Saha, R, Shashi, Cerchione, R, Singh, R, Dahiya, R. (2020). Effect of ethical leadership and corporate social responsibility on firm performance: A systematic review. *Corp Soc Resp Env Ma* 27, 409-429.
- Schaubroeck, J., Lam, S., & Cha, S. (2012). Embracing transformational leadership: Team values and the impact of leader behavior on team performance. *Journal of Applied Psychology* 92(4), 1020-1030.

- Schriesheim, Castro, S., & Yammarino, F. (2000). Investigating contingencies: An examination of the impact of span of supervision and upward controllability on leader-member exchange using traditional and multivariate within- and between – entities analysis. *Journal of Applied Psychology* 85 (5), 659-677.
- Story, J.S., Youssef, C.M., Luthans, F., Barbuto, J.E., & Bovaird, J.A. (2013). Contagion effect of global leaders' positive psychological capital on followers: does distance and quality of relationship matter? *The International Journal of Human Resource Management*, 24, 2534 - 2553.
- Thiel, C.E., Hardy, J.H., Peterson, D.R., Welsh, D.T. & Bonner, J.M. (2018). Too many sheep in the flock? Span of control attenuates the influence of ethical leadership. *Journal of Applied Psychology* 1103 (12), 1324-1334.
- Toor, S., & Ofori, G. (2009). Ethical leadership: Examining the relationships with full range leadership model, employee outcomes, and organizational culture. *Journal of Business Ethics* 90(4), 533-547.
- Treviño, L.K., Brown, M., & Hartman, L. P. (2003). A qualitative investigation of perceived executive ethical leadership: Perceptions from inside and outside the executive suite. *Human Relations* 56 (1), 5-37.
- Treviño, L.K., Hartman, L., & Brown, M. (2000). Moral person and moral manager: How executives develop a reputation for ethical leadership. *California Management Review* 42 (4), 128-142.
- Waldman, D., & Yammarino, F. (1999). CEO charismatic leadership: levels-of-management and levels-of-analysis effects. *Academy of Management Review* 24(2), 266-285.
- Walumbwa, F.O., & Schaubroeck, J. (2009). Leader personality traits and employee voice behavior: Mediating roles of ethical leadership and work group psychological safety. *Journal of Applied Psychology* 94 (5), 1275-1286.

- Walumbwa, F.O., Mayer D.M., Wang, P., Wang, H., Workman, K., & Christensen A.L. (2011). Linking ethical leadership to employee performance: the roles of leader–member exchange, self-efficacy, and organizational identification. *Organizational Behavior and Human Decision Processes* 115(2), 204-13.
- Wang, Z., Xu, H., & Liu, Y. (2018). How Does Ethical Leadership Trickle Down? Test of an Integrative Dual-Process Model. *Journal of Business Ethics* 153(3), 691-705.
- Weaver, G., Treviño, L.K., & Agle, B. (2005). Somebody I look up to: Ethical role models in organizations. *Organizational Dynamics* 34(4), 313-330.
- Wo, D.X.H., Ambrose, M.L., & Schminke, M. (2015). What drives trickle-down effects? A test of multiple mediation processes. *Academy of Management Journal* 58 (6), 1848-1868.
- Zoller, Y.J. and Muldoon, J. (2020), Journey of a concept: span of control – the rise, the decline, and what is next?. *Journal of Management History*, 26 (4), 515-533.

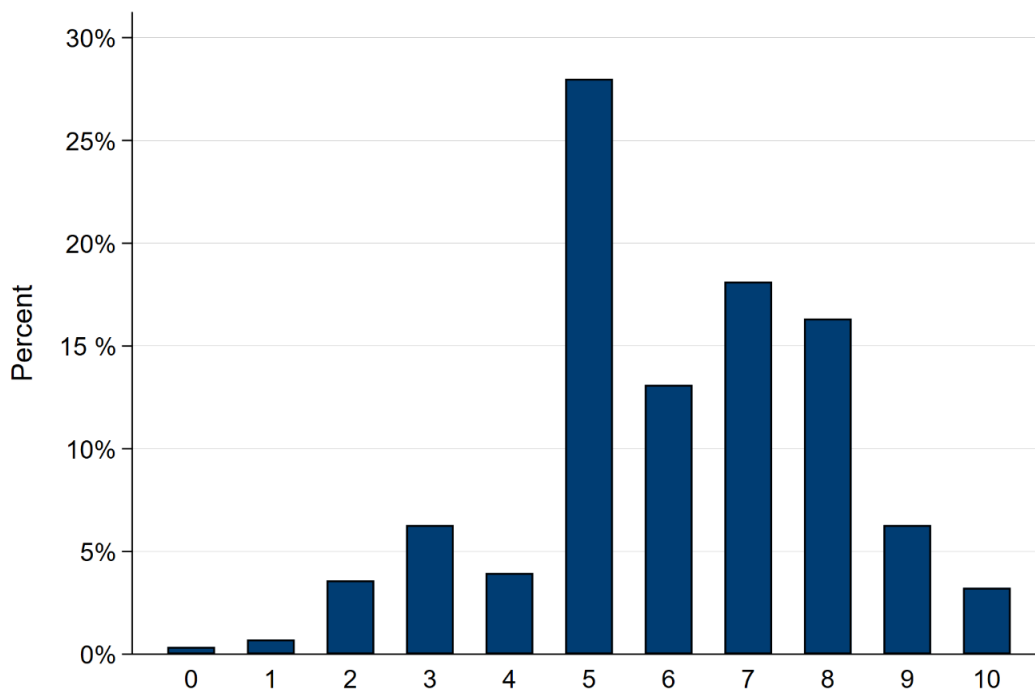
FIGURES

Figure 1: Conceptual model



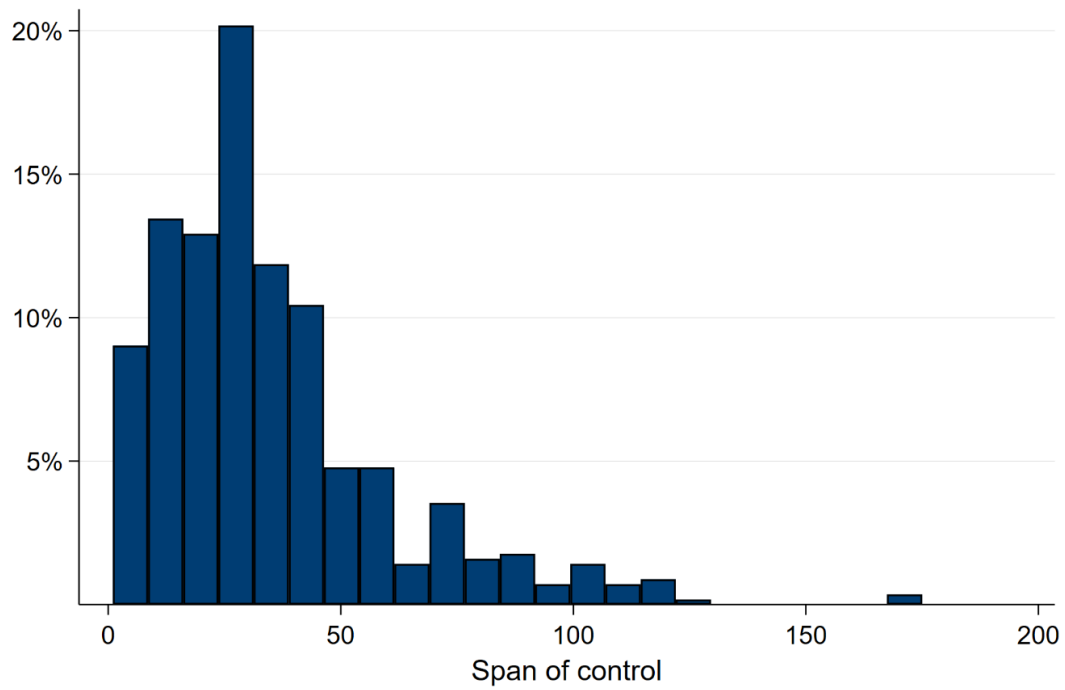
Conceptual model. The stippled line denotes the expectation of a non-existing relationship.

Figure 2: Leadership Identity



Evaluation of professional identity (0) versus leadership identity (10) among clinical directors at Danish hospitals. Mean = 5.97, std. dev. = 1.90.

Figure 3: Distribution on span of control



Span of control among clinical directors at Danish hospitals. Mean = 35, std. dev. = 24.9