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# How does Lean connect to ethics and leadership – a literature study

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## **Abstract**

### **Background**

To be more efficient, reduce costs but still maintain or actually raise the quality, is the content of an ordinary workday in organizations nowadays – also in the public sector and service industry. To deal with those demands and needs, organizations often implement different improvement systems, like Lean. Lean with its origins in car manufacturing is today used widely for improvement, also in public sector and service industry. Womack and Jones states that Lean is built by five principles: value, the value stream, flow, pull and perfection. Could some of the principles be more difficult to relate and apply in e.g. healthcare organizations? Could the principle pull be a problem in hospitals when it comes into action? If pull is about changing diapers according to weight, there could be an ethical problem.

So, what happens when Lean is implemented in in the public sector and service industry?

What happens with leadership, values and ethical issues that are important in the care of humans? Are there some needs of accommodation and if there are some – what kind of? Do the implementation influence management and values in the organization?

In my opinion, those questions are valid and interesting, and I would like to know more. In earlier studies, to find connections between Lean and ethic in health care organizations, where negative; no relations between Lean in health care organizations and ethics where found. Earlier research mostly deals with implementation and important issues to have in mind, when considering implementing Lean to reach success or avoid barriers.

### **Purpose**

This paper seeks to explore how Lean management connects to the concepts ethics and leadership.

### **Design/methodology/approach**

The purpose will be addressed by a literature review synthesizing and analyzing previous research in the field using the three concepts “Lean”, “Leadership” and “Ethics” in six, databases.

### **Findings**

Some connections found between the three keywords, but there seems to be a gap between “Lean” and “Ethics”.

### **Originality/Value**

The paper seek to find connections between Lean Management, Leadership and Ethics

### **Paper type**

Research paper

## **Introduction**

Organizations in general strive to improve in order to be more efficient and successful. Organizations need to be more efficient, reduce costs but still maintain and improve quality. All kinds of organizations – production, service and public - are under similar pressure and struggle for more efficient ways to work. To deal with those demands and needs, organizations adopt different quality concepts and methodologies. One of those concepts is Lean Management. Like many other methodologies, Lean originates from production industry (Liker, 2009). The implementation and use of Lean needs a distinct and high quality of leadership which requires development of leaders. (Joosten et al., 2009; Kimsey, 2010; Poksinska, Swartling & Drotz, 2013; Waring & Bishop, 2010). Studies show that Lean leadership changed focus in the managerial work – from managing operations to managing people - to motivate, coach and develop individuals and team (Poksinska et al., 2013). Reading articles in the area, most of Lean implementation seems to be quite successful, but there are also negative views about using quality concepts and methodologies especially in the public and service sector (Dahlgaard, Pettersen, & Dahlgaard-Park, 2011; Rundgren, 2013). It seems that Lean, relies heavily on quality methodologies and tools, rather than focuses on ethics and the human perspective (Ljungblom, 2013; Poksinska, 2010). At the same time, ethical issues in the public debate have increased due to publications of scandals from various organizations and therefore managers are looking for more moral and ethics among their co-workers and also leadership that supports those issues. (Brown, & Treviño, 2006; Philipson, 2004).

## **Ethics and Leadership**

Given prominent ethical scandals in virtually every type of organization, the importance of an ethical dimension of leadership seems obvious (Brown & Treviño, 2006). There is a lot written about the importance of ethics when you are a leader (Falkenström, 2013; González & Guillén, 2002; Jackson & Perry, 2011; Maguad & Krone, 2009; Sandahl, Falkenström & von Knorring, 2010; Stimson, 2005). Jackson and Perry (2011:43) describe a leader “who lead by examples in fostering healthy ethical climates characterized by trust, integrity and high moral standards”. Since early 2000ies a theory about ethical leadership is established (Brown, & Treviño, 2006). “Ethical leaders are characterized as honest, caring, and principled individuals who make fair and balanced decisions. Ethical leaders also frequently communicate with their followers about ethics, set clear ethical standards and use rewards and punishments to see that those standards are followed. Finally, ethical leaders do not just talk about a good game, they practice what they preach and they are proactive role models for ethical conduct” (Brown, & Treviño, 2006:597).

Ethics, also known as moral philosophy, is a branch of philosophy that involves systematizing, defending, and recommending concepts of right and wrong conduct. According to Philipson (2004:83), “ethic is a systematic comprehension about what kind of acts are right or wrong”. Ethics studies the moral behavior in humans, and how one should act (Collste, 2010). Ethics may be divided into three major areas of study (Brytting, 2005);

- Descriptive ethics (comparative ethics) - the study of people's beliefs about morality
- Meta ethics-(analytic ethics) - the theoretical meaning of moral propositions and how their truth values (if any) may be decided. Clarification of the ethical language - In what way can we understand the construct justice?

- Normative ethics - the practical means of determining a moral course of action. Normative ethics can also be a practical application in a workplace – what should we do and how should we act (ethic rules or codes).

*Proposition 1: It seems to be important to act ethically as a leader and also support and develop ethical codes in organizations.*

## **Ethics and Lean**

Originally, the Lean Management system was developed by the Toyota Motor Corporation (Toyota) as a production philosophy and quality system, with elements of both craft production and mass production (Hayward, 2012; Liker, 2009; Joosten, Bongers, & Janssen, 2009; Poksinska, 2010; Radnor, Holweg, & Waring, 2012; Ulhassan, 2014). Ulhassan, (2014:2) describe Lean as “one of two ways: as a philosophy of guiding principles and overarching goals or as a set of management practices, tools and techniques”. Womack, Jones and Roos (2007) and Liker (2009) do not use “or”, Lean is about both of the sides. Studies show it is a barrier to regard Lean as a set of tools and techniques. Developing a culture that creates the involvement of everyone in the organization is critical for the implementation of Lean (Dahlgaard et al., 2011; Radnor et al., 2012; Waring & Bishop, 2010). Lean can be said is a philosophy rooted in two key principles – *continuous improvement* and *respect for people* and both of them strive to eliminate waste and add value to customers/stakeholders with help of tools and techniques (Dahlgaard et al., 2011; Liker, 2009; Radnor et al., 2012; Waring & Bishop, 2010; Womack & Jones, 2007). To reduce this waste and add value, there are a number of principles (depending of the author) of Lean. Five principles are proposed by Womack and Jones (2003); value, the value stream, flow, pull and perfection. Lean is a useful concept for the improvement of organizations (Hayward, 2012; Poksinska, 2010; Radnor et al., 2012), but studies show that Lean is context-dependent (Poksinska, 2010; Radnor et al., 2012) and, there is no single correct way to implement Lean (Hayward, 2012; Joosten et al., 2009; Poksinska, 2010; Radnor et al., 2012). To reach success in Lean implementation institutions needs to select, adapt, apply and evaluate their selected approaches to the local context (Dahlgaard et al., 2011; Hayward, 2012; Poksinska, 2010; Waring & Bishop, 2010). It is about developing the culture that creates involvement of everyone (Dahlgaard et al., 2011).

Finding connections between Lean and ethics in health care organizations show a negative correlation in earlier studies (Ljungblom, 2013).

It could be seen like the code of ethics for nurses and doctors fades away in the struggle to be more efficient and fulfil the goals given from managerial staff and quality management systems (Ljungblom, 2013) It could also be said that lean is relying heavily on quality methodologies and tools, rather than focusing on ethics and the human perspective (Poksinska, 2010). Can the negative voices declare that ethics disappearing while hospitals using Quality systems (Rundgren, 2013) be a reaction to this?

*Proposition 2: It seems to be a gap between Lean and Ethics.*

## **Lean and Leadership**

There are several definitions of leadership depending of researchers’ willingness to define leadership to their individual perspectives and interests (Yukl, 2013). According to Yukl (2013), there are an equal number of definitions of leadership as the number of people who have attempted to define it. However, most definitions of leadership seem to involve an intentional process to influence people in order to guide, structure and facilitate activities, and relationships in a group and/or an organization. In addition to the fact that leadership is

complex to define, there are also many different theories describing various aspects of the concept.

There are theories/models called transactional leadership, which often compares or contrasted with a model called transformational leadership. Transformational leadership influenced leadership development during the 1980's and 1990's. (Döös & Waldenström, 2008; Larsson & Eid, 2012; Yukl, 2013). During the last two decades, transformational leadership has been developed into different leadership theories - e.g. Authentic leadership (Champy, 2009; Lloyd-Walker, & Walker, 2011), Distributed leadership (Bolden, 2011), Ethical leadership (Brown, & Mitchell, 2010; Toor, & Orfori, 2009), and Sustainable leadership (Avery, & Bergsteiner, 2011; Davies, 2007).

Most of the theories described earlier focus on a specific leader role but there are other theories which describe leadership as a shared influence process (Crevani, Lindgren & Packendorff, 2010; Döös, Backström, Melin, & Wilhelmson, 2012; Pearce & Conger, 2003; Yukl, 2013). Regardless if seen as a process or role, theories often focus on behaviors to directly influence immediate subordinates (direct leadership [Larsson, & Kallenberg, 2003]), rather than people further away from the leader (indirect leadership). Indirect leadership occurs when an executive leader influences people with no direct interaction (Yukl, 2013; Larsson, Sjöberg, Vrbanjac, & Björkman, 2005).

Connections between the two concepts "Lean" and "Leadership" are well established in literature. A lot of research has been done the last 15 years. The implementation of Lean requires development of leaders, and it is important. A distinct and high quality of leadership is necessary to get through the change. (Joosten et al., 2009; Kimsey, 2010; Poksinska et al., 2013; Waring & Bishop, 2010). Studies show that Lean leadership changed focus in the managerial work – from managing operations to managing people (Poksinska et al., 2013). Poksinska et al., (2013) research implied changed roles for managers in Lean implementation. The primary role for managers was now to motivate, coach and develop individuals and team as in transformational leadership (Ljungblom, 2012; Poksinska et al., 2013; Yukl, 2013). Lean leaders spend more time on the floor, which creates a bridge between managers and clinical staff, but it is also necessary not to act as a lean expert. The leader must still strive to understand the process and respect the people along the way (Kimsey, 2010). Developing a culture that creates the involvement of everyone in the organization is critical for the implementation of Lean philosophy (Dahlgaard et al., 2011; Radnor et al., 2012; Waring & Bishop, 2010; Womack & Jones, 2007).

*Proposition 3: It seems that implementing and using Lean needs a developed and aware leader.*

Can there be an expression of a clash between Lean and its implementation in service industry? How does the implementation of Lean influence management and values in organizations?

In my opinion these questions are valid and interesting and I would like to know more. A first step is to explore what result other studies in the field have found.

## **Purpose**

This paper seeks to explore how Lean Management connects to the concepts "Ethics" and "Leadership".

## **Methodology**

The purpose is addressed by a literature review synthesizing and analyzing previous research. In the review I searched for the three keywords “Lean”, “Leadership” and “Ethics” and connections between them.” Lean” meaning Lean Management and if Lean was used in other meaning (to lean towards something e.g.) the article where excluded. I did likewise with the keywords “Leadership” and “Ethics”.

## **Result of literature review**

### **Finding articles**

Firstly, the three keywords “Lean”, “Leadership” and “Ethics” were used to search articles from different databases, starting with the database Google Scholar, no preferences. The search resulted in 56 400 hits. Then, articles between the years 2009 and 2014 were looked for, which ended up with 16 700 hits. Searching for the three keywords in the title gave no results. So I went back to the 16 700 hits, and read the abstract in the 40 first papers presented. No one of them used the three keywords in their abstracts, so they were excluded. I tried separating the three keywords in the title –started with combining “Lean” and “Ethics”. Three articles where found, two of them where relevant to this study. Then I searched further on with the two relevant ones – in related articles (in two steps) and I found three more articles that seem to be relevant.

I also tried with “Leadership” and “Ethics” and ended up with 483 hits. Reading the first 30 of those abstracts none of them where relevant in my study, mostly of them described theories about Ethical leadership and that was not my issue. While using the keywords “Leadership” and “Lean”, there were 55 hits found, none of them were relevant either (none of them mentioned anything about ethics or close topics). Then, I changed the word “Ethics” to “Value” (ethics and individual values can confuses sometimes) and the search yielded no results.

Secondly, I searched in other databases Emerald (147 hits, none of them used the three words in the abstract), ABI/INFORM Complete (19 hits, one relevant. I did not find related articles to the hit), Academic search complete (no hits), Medline (no hits), Regional Business New (1 hit, not relevant for my study).

Thirdly, I read a PhD thesis about Lean implementation in a hospital (Al Hassan, 2014) and read the references. No matches to my search criteria.

Then I tried to change the word “Leadership” to “Management” and searched to find hits in databases used before. In Google Scholar there were no result (searching in titles). Emerald (0 hits), ABI/INFORM Complete (12 hits, none relevant), Academic search complete (1 hit, not relevant), Medline (1 hit, not relevant), Regional Business New (1 hit, not relevant).

Finally I changed “Lean” using the database Google Scholar. First, I used “Six sigma” (22 200 hits) second “TQM” (21 800 hits). Both of them are other methods for improvement. Then, articles between the years 2009 and 2014 were looked for, which ended up with 12 000 hits (TQM) and 14 200 (Six sigma). I searched in the first ten papers in each keyword and ended up with one article. No extra article found while searching related articles.

Summary: The research ended up with seven articles.

### **Result of the found articles**

The international management literature paints a bright and optimistic picture company’s implementing improvement systems, and “lean dominate the scene” (Johansson & Abrahamsson, 2009: 778). Unfortunately the picture of implementing Lean, not always is

positive. There are successful examples with good working environments, effective organizations and financial numbers. At the same time negative tendencies are visible – increased number of long-time sick leave, more work related injuries, burn out, stressed, and overburdened people. (Johansson & Abrahamsson, 2009)

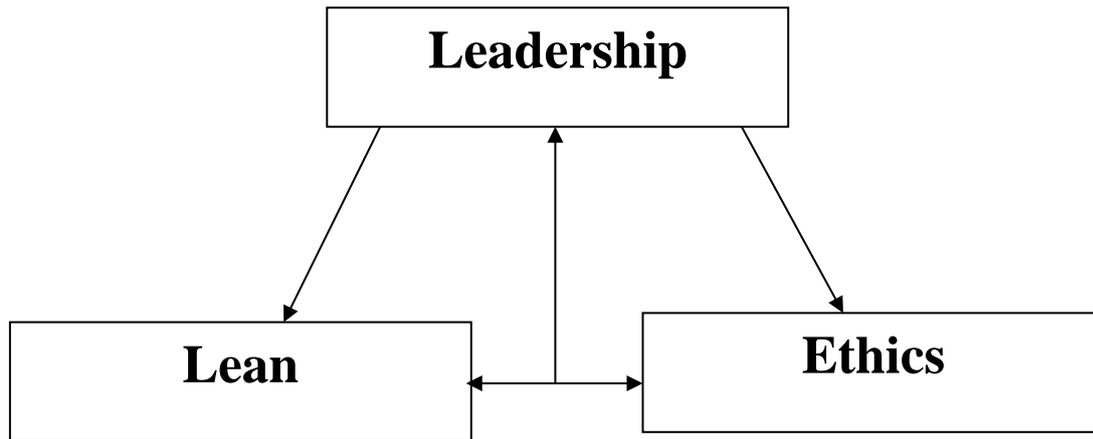
For Lean to succeed, a company must have a culture that can embrace the philosophy and methodology of Lean, but also a culture of trust heart and spirit. One way to develop such a culture is to fully implement the company's code of ethics. (Snider & Carnes, 2008; Stimson, 2005) Maguad and Krone (2009) have the same message. They state that organizations need a culture of ethics to truly make their quality initiatives work. Also Stimson (2005) and González and Guillén (2002) mean that companies must adopt a code of ethics, and the best way is to including the code in the used improvement system and in all processes. Ethical excellence should be incorporated by design into continuous improvement process to sustain the quality journey over time (Maguad & Krone, 2009). To those systems organizations need an ethical dimension derived from the leader (González & Guillén, 2002). Moral leadership is the most critical variable for long-term success (Maguad & Krone, 2009) and there is little motivation for management to commit ethical conduct (Stimson, 2005).

### ***Ethics, Leadership and Lean, summery and discussion***

It was impossible to find connections between the three concepts, but separating the three concepts gave better outcome. Finding connections between “Ethics” and “Leadership” were not a problem at all (scholar 942 hits, in the title). To find connections between the two concepts “Lean” and “Leadership” where easy as well - yielded 100 hits in the titles. There were more difficulties to find matches between “Lean” and “Ethics” even if I succeed after a while. I ended up with seven articles.

Considering there are ethical codes in a lot of industries (e.g. healthcare, law, medicament, technics) the result is confusing and there seems to be a gap in the research studying Lean, Lean implementations and Ethics. The result from the literature review confirms my confusions. For Lean to succeed in an organization a company needs to fully adopt and implement the company's code of ethics (González & Guillén, 2002; Maguad & Krone, 2009; Snider & Carnes, 2008; Stimson, 2005) and they need it derived from the leader (González & Guillén, 2002). The leadership is the most critical variable for long term success (Maguad & Krone, 2009) and the implementation of Lean requires development of leaders, in different ways. The leaders need to be able to motivate, coach and develop individuals and teams into higher levels to the research. The leaders also need to take consider ethical aspects, and not least act ethically (Brown, & Treviño, 2006; Falkenström, 2013; Jackson & Perry, 2011) and that is a problem in my opinion while there is little motivation for management to commit ethical conduct (Stimson, 2005).

In Figure 1, the connections between the three concepts are visualized. I have placed leadership in the top, because the leaders mostly have the responsibility for both the implementation of quality concepts like Lean and to elaborate ethical rules and/or beware of co-workers following the ethical codes. Leadership with its actions influences the co-workers involved in both - the implementation of lean and ethics. Lean and ethics need to walk “side by side” to reach the best results and engage co-workers who can acknowledge the ethical codes in their new way of working with their customers and carrying out daily work. It is important to compare the values Lean stands for with the ethical codes used in the industry in order to identify potential synergies and misalignments (Ljungblom, 2013).



*Figure 1: Relations between the three concepts*

Most of Lean implementation seems to be quite successful. Literature and articles paint a bright and optimistic picture company's implementing improvement systems (Johansson & Abrahamsson, 2009). There are successful examples with good working environments, effective organizations and financial numbers. There are also negative views about using quality concepts and methodologies especially in the public and service sector (Dahlgaard, Pettersen, & Dahlgaard-Park, 2011; Johansson & Abrahamsson, 2009; Rundgren, 2013). A negative tendency is visible – increased number of long-time sick leave, more work related injuries, burn out, stressed, and overburdened people. (Johansson & Abrahamsson, 2009). It seems that Lean relies heavily on quality methodologies and tools, rather than focuses on ethics and the human perspective (Ljungblom, 2013; Johansson & Abrahamsson, 2009; Poksinska, 2010). The ethical issues are more and more important while the public debate has increased due to publications of scandals from various organizations. Therefore managers are looking for moral and ethics among their co-workers and also leadership that supports those issues. (Brown, & Treviño, 2006; Philipson, 2004).

While “lean dominate the scene” (Johansson & Abrahamsson, 2009: 778) organizations need to create a culture of ethics to truly make their quality initiatives work (González and Guillén, 2002; Ljungblom, 2013; Stimson, 2005) - adopt a code of ethics, and including the code in the Lean values. Ethical excellence should be incorporated by design into continuous improvement process to sustain the quality journey over time. (Maguad & Krone, 2009).

## **Conclusion**

The purpose of this paper was to explore how Lean management connects to the concepts ethics and leadership by conducting a literature review synthesizing and analyzing previous research. No explicit connection between the three concepts has been established in previous studies. A gap was identified between the concepts of Lean and Ethics, other combinations of these concepts were well-represented.

Lean is a useful and context-dependent concept for the improvement in organizations and, there is no single correct way to implement Lean. For Lean to succeed in an organization they need to select, adapt, apply and evaluate their selected approaches. Most of all they need to fully adopt and implement the company's code of ethics, derived from the leader. It is about developing the culture that creates involvement of everyone. The implementation of Lean

requires development of leaders, and it is important while the leadership is the most critical variable for long term success. A distinct and high quality of leadership is necessary to get through the change. Lean leadership changes focus in the managerial work – from managing operations to managing people and research implied changed roles for managers in Lean implementation. The primary role for Lean leaders is to motivate, coach and develop individuals and team. Lean leaders spend more time on the floor, which create a bridge between managers and clinical staff, but it is also necessary not to act as a lean expert. The leader must still strive to understand the process and respect the people along the way so organizations can avoid the negative tendencies and focuses on ethics and the human perspective. Developing a culture that creates the involvement of everyone in the organization is critical for the implementation of the Lean philosophy – everyone needs to be trained.

The leaders have the responsibility for both the implementation of quality concepts like Lean and to elaborate ethical rules and/or beware of co-workers following the ethical codes. Leadership with its actions influences the co-workers involved in both - the implementation of lean and ethics. Lean and Ethics need to walk “side by side” to reach the best results and engage co-workers who can acknowledge the ethical codes in their new way of working with their customers and carrying out daily work. It is important to compare what the values Lean stands for with the ethical codes used in the industry in order to identify potential synergies and misalignments.

## **Further studies**

The theoretical part of this paper ended up with three propositions;

*Proposition 1: It seems to be important to act ethically as a leader and also support and develop ethical codes in organizations.*

*Proposition 2: It seems to be a gap between Lean and Ethics.*

*Proposition 3: It seems that implementing and using Lean needs a developed and aware leader.*

Considering the result of the paper gave similar outcome, it seems to be an interesting start for further research.

Even if I found connections between Ethics, Lean and Leadership I still can see a gap in research between Lean and Ethics. Thus, further research in this field is needed.

## References

- Avery, G. C. & Bergsteiner, H. (2011). Sustainable leadership practices for enhancing business resilience and performance. *Strategy & Leadership*, 39(3), 5-14. doi:10.1108/10878571111128766
- Bolden, R. (2011). Distributed leadership in organizations: A review of theory and research. *International Journal of Management Reviews*, 13, 251-269. doi:10.1111/j.1468-2370.2011.00306.x
- Brown, M. E. & Mitchell, M. S. (2010). Ethical and unethical leadership: Exploring new avenues for future research. *Business Ethics Quarterly*, 20(4), 583-616. doi: 10.5840/beq201020439
- Brown, M. E. & Treviño, L. K. (2006). Ethical leadership: A review and future directions. *The Leadership Quarterly*, 17, 595-616. doi:10.1016/j.leaqua.2006.10.004
- Champy, J. (2009). Authentic leadership. *Leader to Leader*, 54, 39-44. Retrieved from: [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1531-5355](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1531-5355)
- Collste, G. (2010) *Inledning till etiken*. Lund: Studentlitteratur.
- Crevani L., Lindgren, M. & Packendorff, J. (2010). Leadership, not leaders: On the study of leadership as practices and interactions. *Scandinavian Journal of Management* 26(1): 77-86. doi:10.1016/j.scaman.2009.12.003
- Dahlgaard, J., Pettersen, J., & Dahlgaard-Park, S. (2011). Quality and Lean healthcare: A system for assessing and improving the health of healthcare organizations. *Total Quality Management*, 22(6), 673-689. doi:10.1080/14783363.2011.580651
- Davies, B. (2007). Developing sustainable leadership. *Management in Education*, 21(4), 4-9. doi:10.1177/0892020607079984
- Döös, M., Backström, T., Melin, M., & Wilhelmson, L. (2012). Isolated cases or widespread practice? The occurrence of sharing managers in Swedish working life. *Economics and Business Letters*, 1(3), 23-36. Retrieved from: <http://www.unioviado.es/reunido/index.php/EBL/index>
- Döös, M., & Waldenström, K. (2008). *Chefskapets former och resultat. Två kunskapsöversikter om arbetsplatsens ledarskap*. [Forms of management and results. Two knowledge reviews about the leadership at work] Vinnova rapport VR 2008:15.
- Falkenström, E. (2013). Värdet av chefers etiska kompetens [The value of managers ethical competence] *Socialmedicinsk tidskrift*. 90(6), 857-865.
- González, T. F., & Guillén, M. leadership ethical dimension: a requirement in TQM implementation. *The TQM magazine*, 14(3), 150-164. doi:10.1108/09544780210425892

Hayward, L. M. (2012). How applicable is lean in mental health? A critical appraisal. *The international Journal of Clinical Leadership*, 17(3), 165-73.

ICN, International Council of Nurses (2012) The International Council of Nurses (ICN) code of ethics for nurses. Retrieved from:  
[http://www.icn.ch/images/stories/documents/publications/free\\_publications/Code\\_of\\_Ethics\\_2012.pdf](http://www.icn.ch/images/stories/documents/publications/free_publications/Code_of_Ethics_2012.pdf)

Jackson, B., & Perry, K. (2011). *A very short, fairly interesting and reasonably cheap book about studying leadership*. London: Sage Publications

Johansson, J. & Abrahamsson, L. (2009) The good work – A Swedish trade union vision in the shadow of lean production. *Applied Ergonomics*, 40, 775-780.  
doi:10.1016/j.apergo.2008.08.001

Joosten, T., Bongers, I., & Janssen, R. (2009). Application of lean thinking to health care: Issues and observations. *International Journal for Quality in Health Care*, 21(5), 341-347.  
doi:10.1093/intqhc/mzp036

Kimsey, D. (2010). Lean Methodology in health care. *AORNjournal*, 92(1), 53-60.  
doi:10.1016/j.aorn.2010.01.015

Larsson, G. & Eid, J. (2012) An idea paper on leadership theory integration. *Management Research Review*, 35(3/4), 177-191. doi:10.1108/0140917121120109

Larsson, G. & Kallenberg, K. (2003) *Direkt ledarskap*. [Direct leadership]. Värnamo: Fälth & Hässler.

Larsson, G., Sjöberg, M., Vrbanjac, A. & Björkman, T. (2005). Indirect leadership in a military context: A qualitative study on how to do it. *The Leadership & Organization Development Journal*, 26, 215-227. doi: 10.1108/01437730510591761

Liker, J. K. (2009). *The Toyota Way: Lean för världsklass*. (14 Management Principles From the World's Greatest Manufacturer] Malmö: Liber.

Ljungblom, M. (2012) A comparative study between Developmental leadership and Lean leadership – similarities and differences. *Management and Production Engineering Review*, 3(4), 45-68. doi:10.2478/v10270-012-0034-9

Ljungblom, M. (2013) *Ethics and Lean Management – A paradox?* Visby: Uppsala Universitet.

Lloyd-Walker, B. & Walker, D. (2011). Authentic leadership for 21<sup>st</sup> century project delivery. *International Journal of Project Management*, 29, 383-395.  
doi:10.1016/j.ijproman.2011.02.004

Maguad, B. A., & Krone R. M. (2009) Ethics and moral leadership: Quality linkages. *Total Quality management & Business Excellence*, 20(2), 209-222.  
doi: 10.1080/14783360802623043

Philipson, S. (2004) *Etik och företagskultur*. Lund: Studentlitteratur.

Poksinska, B. (2009). *Lean i Vården - Rapport från Sveriges Kommuner och Landstings Utvecklingsprogram*. [Lean in healthcare – A report from the county and the county council in Sweden] Stockholm, SKL: 1-37

Poksinska, B. (2010). The Current State of Lean Implementation in Health Care: Literature Review. *Quality Management in Health Care*, 19(4), 319-329.  
doi:10.1097/QMH.0b013e3181fa07bb

Poksinska, B., & Engström, J. (2013) *Value in Lean healthcare – a critical appraisal from a service perspective*. Linköping: Linköpings Universitet.

Poksinska, B., Swartling, D., & Drotz, E. (2013). The daily work of Lean leaders – lessons from manufacturing and healthcare. *Total Quality Management 11*(4), 3-13.  
doi:10.1080/14783363.2013.791098

Radnor, Z. J., Holweg, M., & Waring, J. (2012). Lean in healthcare: The unfilled promise? *Social science and medicine*, 74(3), 364-371. doi:10.1016/j.socsimed.2011.02.011

Rundgren, G. (2013). Checklistor ingen garanti för bra vård. *SvD Opinion*. Retrieved from: [http://www.svd.se/opinion/brannpunkt/checklistor-ingen-garanti-for-bra-var\\_d\\_7843798.svd](http://www.svd.se/opinion/brannpunkt/checklistor-ingen-garanti-for-bra-var_d_7843798.svd)

Sandahl, C., Falkenström E., von Knorring, M. (2010). *Chef med känsla och förnuft Om professionalism och etik i ledarskapet*. [Managing with common sense. It is about professionalism and ethical leadership.] Stockholm: Natur och Kultur.

Sneider, C. & Carnes, K. (2008) Sustainability Based on Lean Thinking and Ethics. GeoCongress 2008: pp. 829-836. doi: 10.1061/40971(310)103

Stimson, W. A. (2005). A Deming Inspired management Code of Ethics. *Quality Progress*, 38(2), 67-75.

SFS 1982:763. Hälso- och sjukvårdslag

Toor, SR. & Orfori, 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. doi:10.1007/s10551-009-0059-3

Ulhassan, W. (2014) *Lean, Team and Psychosocial factors. A longitudinal investigation at a swedish hospital*. Stockholm: Karolinska institutet,

Van Leeuwen, K. C., & Does R. J. M. M. (2011). Lean nursing. *Quality Engineering*, 23(1), 94-99. doi:10.1080/08982112.2010.529486.

Waring, J. J., & Bishop, S. (2010). Lean Healthcare: Rhetoric, Ritual and resistance. *Social Science & Medicine*, 71(7), 1332-1340. doi:10.1016/j.socsimed.2010.06.028

Womack, J.P., Jones, D.T., & Roos, D. (2007). *The machine that changed the world*. New York: Free press

Womack, J. P., & Jones, D. T. (2003). *Lean thinking: banish waste and create wealth in your corporation*. London: Free press Business

Yukl, G.A. (2012). *Leadership in Organizations*. (8th ed.). Pearson.