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ORGANIZATIONS VOLUME 28

ETHICS IN MANAGEMENT: BUSINESS AND THE PROFESSIONS

EDITED BY

JACQUELINE BOAKS

Curtin University, Australia



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INVESTOR IN PEOPLE

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ABOUT THE EDITOR

Jacqueline Boaks teaches Ethics and Leadership to undergraduate, MBA, and Executive Educations students at Curtin University. She has a background in management, consultancy, and academia and previously taught Ethics and Leadership at the University of Western Australia, Notre Dame University, and Curtin University. She is Vice President of the Executive Committee of the Australian Association of Professional and Applied Ethics, the Founder of the WA Ethics Outside Philosophy group, and the Co-editor of *Leadership and Ethics* (Bloomsbury). She has published widely on democracy, ethics, and leadership.

She is Editor of the journal *Ethical Issues in Organisations* (Emerald) and serves on the editorial board of the journal *Philosophy of Management* (Springer).

Her current research areas include leadership, applied ethics, business ethics, and the question of dirty hands in leadership.

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ABOUT THE CONTRIBUTORS

Larelle Bossi is a knowledge broker who works in a multi- and transdisciplinary intersection inclusive of a diverse range of stakeholders and data sets. She has been developing her brand of biocultural ethics which works well alongside eco-feminist theories and First Nations kinship worldviews. She has written on blue ecofeminism, fishing, the colonization and decolonization of oceans, social and cultural licenses to operate, place attachment, and ocean ethics. She is a Research Fellow at the Institute of Ethics, Law and Governance at Griffith University, working on the Blue Economy Cooperative Research Centre project. She has also been teaching, presenting, and consulting in ethical leadership, decision making, and cultural transformation across sectors.

Lonnie Bossi has had over 25 years of Senior Executive experience in the Tourism, Hospitality, and Entertainment sectors across the USA, Australia, and Asia. His experience extends to participating at conferences globally as both Presenter and Panellist, as well as participating in various Advisory Panels at both industry and governmental levels. His topics of presentation include marketing, communication, stakeholder engagement, and transformational leadership. His leadership experience includes multiple board and CEO roles, with the former in both corporate and public bodies. He has led material strategic and cultural change at an organizational level in both the USA and Australia, and was a valued Industry Advisor to Government during the COVID-19 pandemic. His success with cultural transformation through courageous leadership, led his operation to increase performance despite the removal of high value business initiatives, as an exemplar case study of applying the ethics of care and responsibility, in contradiction to industry norms, to materially outperform the market.

Hugh Breakey is Deputy Director and a Senior Research Fellow in Moral Philosophy at Griffith University's Institute for Ethics, Governance and Law, Law Futures Centre, Brisbane, Australia. His work spans the philosophical sub-disciplines of political theory, normative ethics, applied philosophy, and legal theory. He has extensive experience in the application of ethical, legal, and political philosophy to a wide array of challenging practical fields, including institutional governance, integrity systems and corruption, climate change, sustainable tourism, peacekeeping, safety industries, resource and common property, professional ethics, and international law.

Jessica Flanigan is the Richard L. Morrill Chair in Ethics and Democratic Values at the University of Richmond, where she teaches Leadership Ethics, Ethical Decision Making in Healthcare, and Critical Thinking. Her research addresses

the ethics of public policy, medicine, and business. In *Pharmaceutical Freedom* (Oxford University Press, 2017), she defends the rights of self-medication. In *Debating Sex Work* (Oxford University Press, 2019), she defends the decriminalization of sex work. She has also published in journals such as *Philosophical Studies*, *The Journal of Business Ethics*, *Leadership*, *The Journal of Moral Philosophy*, and the *Journal of Political Philosophy*. She is currently writing a book about the ethics of pregnancy and a book about language and ethics. She is a proponent of effective altruism.

Shannon Brandt Ford is Senior Lecturer in International Relations at Curtin University, where he is the Course Coordinator for the International Relations Major (B.A.) and the Master of International Relations and National Security programmes. He is also a Board Member for the International Society of Military Ethics and Faculty Affiliate with the Programme on Cybersecurity and Internet Governance at Indiana University. His research has been published in the *Journal of Military Ethics*, *Journal of Cyber Policy*, *Quartz*, *The Conversation*, and *The Interpreter*. His selected publications include: 'Ethical Exceptionalism and the Just War Tradition: Walzer's Instrumentalist Approach and an Institutional Response to McMahan's "Nazi Military" Problem' in the *Journal of Military Ethics*, 'Rights-based Justifications for Self-defense: Defending a Modified Unjust Threat Account' in the *International Journal of Applied Philosophy*, and 'Jus Ad Vim and the Just Use of Lethal Force Short-of-War' in the *Routledge Handbook of Ethics and War*.

Michelle Greenwood is Professor at Monash University, Australia. Her research is in critical business ethics, which she has developed conceptually and qualitatively in the areas of ethics and HRM/employment, critical approaches to stakeholder theory and CSR, organizational visuals, and technological mediations. She has published 70+ articles, book chapters, and books. She has an ongoing interest in the politics and ethics of academic publishing. She currently serves as Co-editor-in-Chief of the *Journal of Business Ethics*.

Margaret Ying Wei Lee is an Organizational Sociologist at Monash University, Australia. Her academic research centres on disturbing experiences of health and illness with a particular interest in narrative medicine. She has dedicated the last six years to understanding burnout, its fallout, and the possibilities for recovery. She is writing a narrative non-fiction book based on her doctoral research which explored the lived experience of burnout recovery in organizational settings. Prior to academia, she worked as a healthcare journalist at a national newspaper and as a health economist working with Federal Governments to secure funding for new medicines.

Charles Sampford topped politics, philosophy, and law at Melbourne, combining them in his Oxford DPhil (1986). As Griffith's Foundation Dean of Law (1991), he established the curriculum and research culture that, within 21 years, earned the Law School a QS global ranking of 43rd in the world. He was Foundation Director of the Key Centre for Ethics, Law, Justice and Governance

in 1999 and Foundation Director of the Institute for Ethics, Governance and Law (a joint initiative of the United Nations University, Griffith, QUT, and ANU) since 2004. He has written over 150 articles and chapters and 32 books and edited collections. In 2008, for his work on ethics and integrity systems, he was recognized by the ARC as one of the 20 researchers across all disciplines who had had the greatest impact. He was Convenor of the ARC Governance Research Network (2004–2010).

Ezechiel Thibaud is a Lecturer at the Education University of Hong Kong, where she teaches Philosophy and Education Theory for the Department of International Education. She holds a master's degree in Philosophy from the University of Bordeaux, and a Ph.D. in Philosophy from Lingnan University in Hong Kong. She is primarily interested in ethics, philosophy of education, and philosophy of technology. Her current interests include business and work ethics, AI in education and tech-solutionism, and the philosophy of internet trends.

Graham Wood is a Philosopher in the School of Humanities at the University of Tasmania located in Launceston. He is a member of the EthicsLAB (UTAS) and the Centre for Marine Socioecology (UTAS/CSIRO). His areas of research include sustainability, environmental philosophy, moral psychology, and cognitive science of religion. His research concerns the relationship between human values and a scientific understanding of the human condition. He examines this relationship within three realms: environmental philosophy, moral psychology, and cognitive science of religion. In his research, environmental, moral, and religious values are examined using insights from philosophy of mind, cognitive science, and evolutionary psychology.

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KEYNOTE

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CHAPTER 1

RESEARCH ETHICS FOR SOCIAL IMPACT

Michelle Greenwood and Margaret Ying Wei Lee

Monash Business School, Monash University, Australia

ABSTRACT

This chapter addresses the question of how might research ethics be conceptualised for social impact. In response, we posit that ethics in research should not be confined to considerations of processes but be extended to the objectives and the implicit choices of the research, and the researcher's role in shaping these. Put differently, we seek to broaden the conceptualisation of research ethics beyond institutional compliance by arguing that researchers have a responsibility to consider the implications of the knowledge they create and need to turn a critical eye to the implicit assumptions that underpin their practice. This argument is developed through a public health exemplar that examines the link between HIV treatment and labour productivity for a cohort of tea plantation workers in Kenya. We begin by outlining the research programme, undertaken by a group of Boston University scholars, and then develop a framework for a broader view of research ethics. We evaluate the case of HIV+ tea workers in Kenya using this framework and elaborate a thesis for future ethical research practice.

Keywords: Research ethics; research impact; institutional review boards; IRB; research framework

INTRODUCTION

This chapter addresses the question of *how might research ethics be conceptualised for social impact*. Research impact – understood as ‘the contribution that research makes to the economy, society, environment or culture, beyond the contribution to academic research’ (Australian Research Council, 2023) – has become a top priority for governments and universities and has significant implications for how we understand the responsibilities and ethics of academic research. Yet, to date, there is little explicit connection made between research impact and research ethics. This may be explained in part by the institutional focus of research ethics, primarily institutional review boards (IRB), being on the process rather than the content of the research.

Conventionally, research ethics have focussed on research processes and thus been understood in terms of researcher institutional compliance and ethical conduct (see Fisher & Anushko, 2008), specifically in three key ways: research subject protection; research excellence; and researcher compliance. A direct result of the horrors of World War II, the first concern centres around the wellbeing of the human or animal ‘subject’ and ensuring adequate protections for those participating in research. Second, what is referred to as research excellence, a focus on the quality of the methods and the assurance of their validity and reliability, suggests a moral obligation to ‘best practice’ in the public interest. Finally, the third focusses on the behaviour of the researchers themselves and seeks to curtail deviant behaviour such as plagiarism and fraud.

In contrast, broader conceptions of research ethics have sought to also consider the beneficiaries of research, specifically, whose interests and values are being served in the content of the research and who is benefiting from its outcomes. Described as engaging in ‘distribution fairness’ (Dachler & Enderle, 1989, p. 597), this approach to research ethics is not just concerned with the methods of social science but also its contents. Importantly, this position recognises the competing interests that underlie social science knowledge production and therefore its political nature. A further challenge to this position is that, at the point of distribution, knowledge is already derivative of various implicit choices that structure its impact. Thus, Dachler and Enderle (1989) advocate for greater attention to the *implicit choices* made during the process of research that ultimately define and shape the way social problems are defined, the questions that are posed and subsequently, the knowledge that is generated and those that are able to profit from it.

Researchers long have been urged to turn a critical eye inwards, to ourselves and our practice, oft discussed under the concept of reflexivity (Guillemin & Gillam, 2004; Jeanes, 2017). In this chapter, we argue that the ethical practice of research necessitates a reflexivity that considers the implicit choices and values underlying our knowledge creation. We conceptualise reflexivity as critical (self-) reflection that seeks to make explicit the oft unspoken and unacknowledged structural, processual and individual assumptions underlying our research. Thus, in response to the question of *how might research ethics be conceptualised for social impact*, we posit that ethics in research should not only be confined to considerations of

processes but be extended to the *objectives* and the *implicit choices* of the research, and the researcher's role in shaping these. In other words, we seek to broaden the conceptualisation of research ethics beyond institutional compliance by arguing that researchers have a responsibility to consider the implications of the knowledge they create and need to turn a critical eye to the implicit assumptions that underpin their practice. We are not aiming to add to the *formal* research ethics processes that universities operate but are instead directing researchers' attention and consideration to the other areas that they morally should attend to more informally. This argument is developed through a public health exemplar that examines the link between HIV treatment and labour productivity for a cohort of tea plantation workers in Kenya. We begin by outlining the research programme undertaken by a group of Boston University scholars and then develop a framework for a broader view of research ethics. We evaluate the case of HIV+ tea workers in Kenya using this framework and elaborate a thesis for future ethical research practice.

EXEMPLAR CASE AND QUESTIONS ARISING

In an article published in Boston University's alumni publication *Bostonia* (Rolbein, 2010), significant research choices made by a team of Boston University public health researchers involved in a high-stake research investigation exploring the efficacy of antiretroviral therapy (ART) on tea workers in Kenya are exposed.

The BU team [were] provided an opportunity to answer a crucial question: do workers who receive antiretroviral therapy return to full strength? If the answer were yes, it could persuade owners of tea plantations and perhaps other endeavors to treat their HIV-infected workers earlier, and better. But what if the answer were no? (Rolbein, 2010, p. 34)

Depending on the outcome of their research, employers may or may not continue to pay for this expensive life-saving drug treatment. The research team published three articles from these data and it is from these artefacts – the three published Larson et al. (2008, 2009, 2013) papers and *Bostonia* profile – that we have excavated the exemplar. We provide this case in the genre of clinical cases; that is, 'descriptive studies that are prepared for illustrating novel, unusual, or atypical features identified in ... practice, and they potentially generate new research questions' (Sayre et al., 2017, p. 1; see also Mir & Greenwood, 2021).

Since the onset of the epidemic in the 1980s, therapeutic developments, rapid testing and early access to treatment have rendered HIV a manageable chronic health condition (World Health Organization (WHO), 2016). However, HIV was and remains expensive to treat using ART, which not only suppresses the virus within the patient and halts progression to AIDS, but also prevents its transmission to other individuals (Roser & Ritchie, 2018). ART is most effective when initiated early and requires individuals to be on lifelong treatment (WHO, 2016). Thus, outcomes for people living with HIV differ significantly across resource settings. In sub-Saharan Africa, HIV remains the leading cause of morbidity and mortality due to constrained access to ART (Danforth et al., 2017), with

the exemplar setting of Kenya having the fourth largest worldwide HIV epidemic (UNAIDS Joint United Nations Programme on HIV/AIDS, 2010).

It is against this backdrop of healthcare inequality that researchers from Boston University undertook a programme of research beginning in 2001 that began as

an effort to measure the devastating impact of AIDS on African workers has evolved into something much more hopeful: an attempt to prove that HIV-infected workers, given the same antiretroviral drugs readily available in developed countries, will return to near full productivity, benefiting their employers as well as their families. (Rolbein, 2010, p. 32)

By analysing the relationship between ART and labour productivity the researchers were effectively hoping to present a ‘business case’ for employer-sponsored HIV treatment in Kenya. Three studies formed a part of this longitudinal research programme that was subject to design refinements over the various study periods (see Table 1.1).

Methodologically, the studies were cohort-based – as distinct from experimental methods – meaning all participants were observed in a ‘real world’ setting and were not exposed to a predetermined intervention, and relied on secondary data of varying quality. For example, existing employment records were used to extract productivity measures, however, employee identification numbers were sometimes reassigned meaning that individual-level outcomes experienced at least some level of confounding.

Of interest to the current discussion are the researchers’ design refinements and the thinking behind these choices: specifically, the decision to stratify outcomes based on sex in the later studies; the addition of productivity measures in later studies; and changes in key motivators as indicated in the studies objectives and conclusions (see Table 1.1). To begin, in the first preliminary study, the objective was to estimate the impact of ART to ‘*to assess the potential economic benefits of providing treatment to working adults*’ using an outcome measure of days spent plucking per month with no gender sampling (Larson et al., 2008, p. 421, my emphasis). The authors expressed their awareness that tea plantation owners ‘have long understood that health care benefits the workers and improves the bottom line’ (Rolbein, 2010, p. 34).

The second main study continued to explore the same phenomenon but with a shift in emphasis to ‘the *socio-economic impacts* of ART’ studying ‘the extent to which improvements in health resulting from ART *allows individuals to return to work and earn income*’ (Larson et al., 2009, p. 1, my emphasis). Importantly additional outcome measures were added to this study that examined days spent on non-plucking assignments and average output on days when plucking, which thus broadened the construct of productivity. Unlike the first study, this study sampled and reported men and women separately, with results showing ‘a troubling gender disparity’ (Rolbein, 2010, p. 35) that after ART women, but not men, were less productive compared with the reference group (Larson et al., 2009; see Table 1.1).

The third longitudinal follow-up study stated its objective as ‘To estimate the impact of ART on *labor productivity and income*’. An additional measure of ‘total income from labour per month’ was added to the design, expanding the emphasis

Table 1.1 Comparative Table of the Three Studies.

Study	Index Group ^a	Reference Group	Outcomes Measures		Background (<i>Direct Quotations, Our Emphasis</i>)	Study Objective/ <i>Background (Direct Quotations, Our Emphasis)</i>	Study Conclusion (<i>Direct Quotations, Our Emphasis</i>)
	M/F	M/F					
Preliminary study (Larson et al., 2008)	59 (no M/F)	1,992 (no M/F)	(i) Days spent plucking tea per month		Objective: This chapter estimates the impact of ART on days harvesting tea per month for tea-estate workers in Kenya. Such information is needed to <i>assess the potential economic benefits</i> of providing treatment to working adults	Treatment had a <i>large, positive impact on the ability of workers to undertake their primary work activity, harvesting tea, in the first year on ART</i>	
Main study (Larson et al., 2009)	41M 56F	1,691M 794F	(i) Days spent plucking tea per month (ii) Days spent on non-plucking assignments per month (iii) Average daily output when plucking per month		Background: As access to ART has grown in Africa, attention has turned to evaluating the socio-economic impacts of ART. One key issue is the extent to which improvements in health resulting from ART <i>allows individuals to return to work and earn income</i> . Improvements in health from ART may also be associated with reduced impaired presenteeism, which is the <i>loss of productivity</i> when an ill or disabled individual attends work but accomplishes less at his or her usual tasks or shifts to other, possibly less valuable, tasks	<i>Significant impaired presenteeism</i> continued to exist among the <i>female</i> index group after one year on ART. Future research needs to explore further the <i>socio-economic implications of HIV-infected female workers on ART being less productive</i> than the general female workforce over sustained periods of time	
Longitudinal follow-up, 24 months (Larson et al., 2013)	125M 112F	500M 448F	(i) Days spent plucking tea per month (ii) Days spent on non-plucking assignments per month (iii) Average daily output when plucking per month (iv) Total income from labour per month		Objective: To estimate the impact of (ART) on <i>labour productivity and income</i> using detailed employment data from two large tea plantations in western Kenya for HIV infected tea pluckers who initiated ART	HIV-infected workers experienced <i>long-term income reductions</i> before and after initiating ART. The implications of such <i>long-term impacts in low-income countries</i> have not been adequately addressed	

^aIndex group refers to tea pluckers who received ART and reference group refers tea pluckers who did not receive ART and may or may not have had HIV.

on worker income. Furthermore, the conclusion shifts the focus not only to the impact on workers, but also the impact on society: ‘HIV-infected workers experienced *long-term income reductions* before and after initiating ART. The implications of such *long-term impacts in low-income countries* have not been adequately addressed’.

It would appear that arising from changes in research design and measures, the research shifted from being concentrated on economic benefits to the company to being concerned with the impact on workers and society. We would suggest that this shift was influenced, at least in part, by choices made by the researchers; choices that need to be made ‘when facing ethical dilemmas “in the moment” that require an immediate and personal response and cannot be codified’ (Jeanes, 2017, p. 174).

Several key questions around the research choices relating to the research programme might be valuable to examine: first, there are questions that relate to *what is assumed about the status of the knowledge created* and, in particular, what is the link between the research findings and the ‘truth’ and what role do values play in the creation of facts? When explaining their study design to *Bostonia*, the researchers engaged in some debate regarding the impact of the stratified analysis in their main study, which showed that female workers were not returning to productivity as quickly as the men on all measures. While acknowledging the disturbing nature of the findings, their eventual response as stated in the article was to ‘let the data speak’ (Rolbein, 2010, p. 34).

Second, there are questions that relate to *what is assumed about the status of the researcher* and, in particular, what is the relationship between the researcher and the ‘subject’ and what is the role of critical reflection? In order to conduct a research programme of this scale, the researchers formed a long-term and purportedly ‘mutually beneficial’ relationship with stakeholders in Kenya (Rolbein, 2010). In their published work, however, they are cast as objective outsiders without situational relationships with the individuals involved.

We will explore these questions by first reconceptualising the horizons of research ethics through a framework for ethical research practice, then apply this framework to the ethics of this study of Kenyan tea pluckers and finally discuss the framework and its implication.

A FRAMEWORK FOR RESEARCH ETHICS FOCUSSED ON SOCIAL IMPACT

Dismantling the implicit assumptions of ethical orthodoxy brings us to the question of *how might research ethics be conceptualised for social impact*. To answer this, we develop a framework of approaches to research ethics by synthesising the ‘implicit choice’ view of ethics, noted earlier, advocated by Dachler and Enderle (1989) and Brewis and Wray-Bliss (2008) tripartite conceptualisation of research ethics: ethics as hurdle; ethics as seeking out silences; and ethics as central. We advance three approaches to research ethics (see Table 1.2) – a compliance approach, a stakeholder approach and a relational approach – and use this framework to critically assess the exemplar of tea plantation workers in Kenya.