



How Psychological Safety is Created or Damaged in Healthcare Teams

The Role of Leadership Traits and Self-awareness

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Abstract: Psychological safety is increasingly recognized as a core condition for effective teamwork in healthcare, where communication, coordination, and rapid decision-making directly influence patient safety. This thesis explores how leadership behaviours and leaders' self-awareness influence psychological safety in healthcare teams. To address this, a narrative literature review was conducted using peer-reviewed studies, book chapters, and reports published between 1995 and 2025. Searches were conducted in PubMed, Google Scholar, ScienceDirect, and other sources. After screening 55 records, 35 publications were included. A thematic analysis was used to identify recurring patterns in leadership behavior, self-awareness, emotional climate, and team functioning. The review shows that psychological safety shapes how healthcare teams communicate, collaborate, report errors, and learn. High psychological safety enables open dialogue, shared decision-making, and early risk identification, while low psychological safety contributes to silence, stress, and breakdowns in coordination. Leadership behavior emerged as a central determinant: leaders who demonstrate emotional regulation, openness, and reflective capacity strengthen psychological safety, whereas punishing, unpredictable, or controlling behaviors undermine it. Self-awareness was identified as a moderating factor that can soften or redirect even challenging leadership traits, including narcissism, psychopathy and Machiavellianism, transforming them from potential risks into strategic assets when managed responsibly. The findings highlight the practical value of fostering leadership development that integrates emotional intelligence, reflective practice, and awareness of interpersonal impact. Given the complexity of modern healthcare, psychological safety should be viewed not as an abstract ideal but as a measurable and essential component of high-quality care.

Keywords:

psychological safety, healthcare teams, leadership, team dynamics, self-awareness, emotional intelligence, Dark Triad traits, communication

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1 Introduction and Background

Healthcare today is characterized by growing complexity, rapid decision-making, and frequent teamwork across professional boundaries. In such environments, the quality of collaboration directly affects both staff wellbeing and patient outcomes. One factor repeatedly highlighted as central to effective teamwork is psychological safety - the shared belief that team members can speak openly, raise doubts, and acknowledge mistakes without fear of negative consequences (Edmondson, 1999; Edmondson & Lei, 2014). When this sense of safety is present, information flows more easily, risks are identified earlier, and teams remain more stable under pressure (McElroy et al., 2024; O'Donovan et al., 2020; Tawfik et al., 2023). Yet psychological safety is not guaranteed in daily clinical practice. Many healthcare teams operate under strict hierarchies, time pressure, and emotionally intense conditions that can discourage staff from speaking openly (Dixon-Woods et al., 2022). When teams feel unsafe, silence becomes the norm, and critical information can be withheld, increasing the risk of adverse events. Contrarily, in psychologically safe teams, professionals share information openly, support one another, and adapt more efficiently in unpredictable situations (Bäckström & Thorstensson, 2022; Dahl & Blix, 2022).

Leadership Traits and the Role of Self-Awareness

Research has also highlighted the importance of leaders' individual traits. While narcissism, Machiavellianism, and psychopathy are often associated with negative outcomes such as reduced trust (Paulhus & Williams, 2002; Spain et al., 2014), recent literature suggests that aspects of these traits may support clarity or decisiveness in crises when moderated by moral responsibility and self-awareness (Grijalva & Harms, 2014; O'Boyle et al., 2012; Vergauwe et al., 2018). Self-awareness therefore emerges as a critical factor. Leaders who recognize their emotional reactions and behavioral patterns are better able to communicate clearly, respond constructively, and maintain a grounded atmosphere within the team (Goleman, 1995; Boyatzis et al., 2000; Powell et al., 2024). Without such awareness, even well-intended leadership behaviors can create confusion, tension, or silence in clinical environments where emotional tone strongly affects team communication.

Nordic midwifery research offers an additional perspective by emphasizing collaboration, equality, and relational care as essential components of safe team environments. These models

demonstrate how trust, shared responsibility, and emotional presence can strengthen teamwork and communication (Lundgren et al., 2022; Maimburg & Blix, 2022). Midwives often work in multidisciplinary teams where psychological safety is essential for both clinical and emotional support yet is frequently challenged by workload and organizational constraints (Bäckström & Thorstensson, 2022). Their experiences reinforce the need to understand how leadership shapes everyday team interactions.

Rationale and Research Focus

Although psychological safety has been widely studied, gaps remain. Many investigations focus on leadership style or organizational culture, but fewer examine how self-awareness intersects with leadership traits to influence psychological safety in healthcare teams (Edmondson & Lei, 2014; McElroy et al., 2024). Even fewer explore how leaders' self-awareness moderates the impact of more challenging traits in high-stakes healthcare environments.

This thesis therefore examines how psychological safety affects team dynamics and how leadership behavior and self-awareness shape this process. The intention is not to classify leadership traits as inherently positive or negative, but to understand how different behaviors influence communication, learning, and collaboration in clinical practice. Accordingly, the overall research question guiding this thesis is: *How do leadership behaviors and leaders' self-awareness influence psychological safety in healthcare teams?* To explore this more deeply, two sub-questions were developed:

1. In what ways do leadership traits and behaviors contribute to fostering or undermining psychological safety?
2. How does leader self-awareness mediate the relationship between psychological safety and team functioning?

2 Key Concepts and Definitions

To examine how psychological safety is created or damaged in healthcare teams, this thesis first defines its key concepts: psychological safety, healthcare team characteristics, and leadership in this context. This chapter provides concise definitions of the key concepts used throughout the thesis. The aim here is to outline the theoretical foundations, while the deeper analysis and application of these concepts appear later in the Findings and Discussion chapters. Each definition is drawn from the existing literature to build a shared understanding of thematic analysis.

2.1 What is Psychological Safety?

Psychological safety is a shared team belief that the group is safe for interpersonal risk-taking. Amy Edmondson (1999) defined it as team members feeling free to speak up, ask questions, admit mistakes, or propose ideas without fearing embarrassment, rejection, or punishment. Later work has reinforced that psychological safety is a core condition for learning and adaptive teamwork across different healthcare settings, highlighting its role in supporting open dialogue and continuous improvement (Edmondson & Lei, 2014; West et al., 2017). In daily healthcare practice, a lot depends on the actual feeling of the staff to speak out. (McElroy et al., 2024; O'Donovan et al., 2020). When this sense is absent, communication becomes more guarded, which increases stress and can affect decision-making in critical situations (Dixon-Woods et al., 2022). Recent work by Kumar et al. (2025) further clarifies what psychological safety is and is not in high-pressure clinical settings such as the operating room, offering a nuanced perspective to earlier models.

2.2 What Constitutes a Healthcare Team?

A healthcare team is defined by more than simply working together. It brings together professionals from different fields - doctors, nurses, midwives, therapists, and support staff - who all share responsibility for patient care. What unites them is not just their roles, but their ability to collaborate, communicate, and support each other, especially in high-stress, high-risk environments (O'Daniel & Rosenstein, 2008; West et al., 2015). Research in Nordic midwifery also highlights collaboration as a foundational element of safe and effective care, reinforcing that teamwork is built on shared responsibility rather than hierarchy (Dahl & Blix, 2022). Studies on leadership further show that team climate improves when leaders encourage open communication and mutual support, making collaboration more sustainable under pressure (Lee & Seo, 2024).

According to O'Daniel and Rosenstein (2008), effective healthcare teams share goals, have clear roles, build trust, communicate well, and focus on measurable outcomes. In this thesis, "healthcare team" refers to any group of professionals who work together to deliver direct patient care.

2.3 What is Leadership in the Context of Healthcare

In the healthcare industry, leadership is not restricted to holding a certain rank or exercising one's power to decide alone. Rather, it involves guiding others' behavior, envisioning a future that all can accept, and providing a workplace where people are motivated and feel they can succeed. The doctor, nurse manager, team lead, midwife, or whoever else is there to support and uplift others, and the quality of care, are the healthcare leaders. What matters is their ability to motivate, organize, and change, not where they sit in the hierarchy (West et al., 2015; Goleman, 1995).

Strong emotional awareness further strengthens these abilities (Powell et al., 2024; Lee & Seo, 2024). It also involves making moral choices and letting employees know they can speak out about issues or offer suggestions for improvement (West et al., 2015).

Sometimes directive, sometimes collaborative. Essential are the leader's ability to build trust, foster open communication, and maintain psychological safety. This paper views healthcare leadership as a relational and situational process that shapes how teams function and deliver care (West et al., 2015; O'Donovan et al., 2020).

In the Nordic context, leadership and care are always interrelated and based on mutual respect. Trust, equality, and mutual respect between professionals and patients are the mainstays of relationships that do not rely on hierarchy or authority. Woman-centered care is a strong example of this philosophy: *"care is not merely something that is done to someone; it is a reciprocal act that also touches the caregiver"* (Lundgren & Dahl, 2022, p. 143).

The relational perspective implies an essential analogy: the two practices - leadership and midwifery - value creating something together rather than prioritizing control. Both rely on listening, presence, and shared responsibility rather than issuing orders or making decisions alone (Dahl & Blix, 2022). Correspondingly, the Perspectives on Childbearing describes how Nordic maternity care developed within a welfare-state model that emphasized not only medical safety but also emotional, social, and relational aspects of childbirth (Maimburg & Blix, 2022, pp. 95-97). From this, the combination of professional expertise and human empathy becomes a prototype for a psychologically safe leadership style: leaders who show both accountability and empathy, together with cooperation, enhance both team performance and team well-being.

This allows collaboration, shared decision-making, and trust to prevail. Hence, good leadership is about making the expression of ideas safe rather than simply giving commands (Lundgren & Dahl, 2022).

2.4 What Does it Mean for Psychological Safety to be “Created or Damaged”

Psychological safety develops through everyday interactions and team culture. When people feel safe to ask questions, share concerns, or admit mistakes without fear of blame, communication becomes more open and reliable. In healthcare, this matters greatly, as even a small concern voiced in time can prevent harm (Edmondson, 1999). Leaders play a key role in sustaining this climate through listening, empathy, accountability, and transparent communication. This also includes leaders openly acknowledging their own uncertainty or limits, which has been shown to strengthen trust and invite others to speak up. So, when leaders are listening, showing understanding, taking responsibility, or showing appreciation for the input, the message is: "*Honesty will not get you into trouble.*" In contrast, dismissiveness, blame, or inconsistent responses undermine safety and increase the risk of unspoken concerns (Dixon-Woods et al., 2022; O'Donovan et al., 2020). Psychological safety cannot be created simply by declaring a space “safe”. It emerges from ongoing interactions, shared norms, and the way concerns are handled over time. Psychological safety is ever-changing. A single overlooked concern or a negative interaction can weaken trust built over time. Continuous leadership awareness and good communication are the keys. The leaders are the ones to create the atmosphere (McElroy et al., 2024). In addition to responding calmly, leaders can also strengthen psychological safety by modelling vulnerability themselves - for example, by acknowledging uncertainty or asking for feedback. Such moments show that speaking up is normal and valued.

2.5 What are Leadership Traits?

Leadership traits refer to the patterns through which a leader leads, and they are the qualities and behaviors that impact their decisions, communication, and relationships to a large extent. These traits are especially important in healthcare, where the leaders usually operate under pressure, and the performance of the entire team depends on them (El-Ashry et al., 2025). Leaders, even with their unique capabilities, will still have certain characteristics in common, such as empathy, accountability, openness, and integrity (Goleman, 1995; El-Ashry, 2025). On the other hand, the negative traits such as overly controlling, dismissive, or unpredictable, can in reality do a lot of damage to the teams. Among the effects that researchers have investigated are the “dark traits” of narcissism, Machiavellianism, and psychopathy (Paulhus & Williams, 2002; Spain et al., 2014). The impact of the literature, although usually viewed as

destructive, is determined by the leader's level of self-awareness. To put it another way, a narcissistic leader might exemplify vision and find it easier to communicate if they open himself to criticism and doesn't impose his will on others (Vergauwe et al., 2018; Raineri & Cartes, 2024). Unprofessional or hostile behavior can rapidly erode psychological safety, especially in high-stakes healthcare teams, where blame, criticism, or dismissive reactions lead to silence and reduced willingness to speak up (Dixon-Woods et al., 2022; Bäckström & Thorstensson, 2022). Leadership traits are not necessarily a given but can be enhanced over time.

2.6 What is Self-awareness and Why Does it Matter?

Self-awareness is a person's ability to recognize their own thoughts, feelings, and actions, and at the same time, be aware of how these affect others. (Goleman, 1995; Powell et al., 2024) In leadership, this trait is crucial as leaders are responsible for the emotional atmosphere of their group, even if they do it unconsciously.

When a leader is self-aware, they notice the signs of stress in himself and refrains from reacting negatively. Instead takes time to figure out what they should do. They consider his strengths and weaknesses and keeps a door open for feedback. This eventually results in making better choices and building authentic connections within the group (Goleman, 1995).

Self-awareness is still an important quality to have in the medical world, where the emotions of both patients and caregivers are at their highest, and the stakes are the highest. By doing so, they can be calm, rooted, and responsive (Powell et al., 2024; Shaban et al., 2025).

Without self-awareness, even well-meaning leaders can unknowingly create fear or confusion. Self-awareness is not just a personal skill - it's a leadership responsibility.

3 Psychological Safety and Team Dynamics

This section looks at how psychological safety shapes everyday team life in healthcare. It outlines how a supportive climate improves collaboration, how it influences the reporting of errors and how it strengthens a team's ability to recover from difficult moments. The discussion draws on real examples from healthcare practice to show what happens when psychological safety is present - and what happens when it is not.

3.1 How Psychological Safety Supports Communication, Collaboration, and Learning

In healthcare teams, most communication happens in short, practical moments - during handovers, when a situation changes, or simply when someone is unsure about what they are seeing. Studies like those by Edmondson (1999) and later McElroy et al. (2024) show that open communication often develops through repeated everyday exchanges rather than through formal meetings. A calm, respectful reaction to a question or a doubt can be enough to set a different tone for the whole team (Tucker & Edmondson, 2003). When team members trust that their input will not be dismissed, that leads to coordination becoming smoother, and misunderstandings are reduced. People step in for each other, share information more openly, and do not need to guess what others expect. This becomes especially clear in midwifery and obstetric care. Where several professionals often have to make quick and joint decisions. Nordic midwifery literature notes that collaboration grows stronger when communication is honest and trust-based rather than cautious (Dahl & Blix, 2022; Maimburg & Blix, 2022). Learning is closely linked to these patterns. Healthcare work changes constantly, and many lessons come not from textbooks but from shared experience - situations discussed after a shift, moments when someone explains why they acted in a certain way, or reflections during supervision. Edmondson and Lei (2014) describe these as “learning behaviors,” and they tend to appear far more often in teams where speaking up is normal. Junior staff learn without fear of being judged, and senior staff remain open to adjusting their own routines (O’Daniel & Rosenstein, 2008).

3.2 Impact on Error Reporting, Innovation, and Resilience

Error reporting plays a key role in ensuring patient safety. Research shows that when employees feel safe, they promptly report potentially dangerous situations and minor errors, enabling preventative action (Edmondson, 1999; McElroy et al., 2024).

The Scandinavian model of midwifery emphasizes this. Bäckström and Thorstensson (2022) note that midwives' fear of blame or loss of trust prevents them from taking action or sharing their experiences. When trust and openness exist, even challenging events become opportunities for shared learning and improved care.

The introduction of new concepts can feel disruptive and uncertain. In teams with strong psychological safety, members are more willing to suggest innovations, try new methods, and treat the outcomes as opportunities for learning. Leaders who are attentive, welcome feedback,

and create a supportive environment for trial and error are the ones who make this possible (West et al., 2017; Raineri & Cartes, 2024).

Psychological safety additionally supports teams in managing difficulties. According to Bäckström and Thorstensson (2022), midwives in a supportive, trusting team environment are less stressed by difficult cases and better able to stabilize in their work. This is very important in maternity care, as high emotional demands and collaboration are key factors.

3.3 Real-world Examples from Healthcare Contexts

Take, for example, an operating room. When something goes wrong mid-surgery, the ability to speak up quickly can save a life. But in a team where junior staff are afraid to interrupt or question a senior surgeon, that silence can be dangerous. Edmondson (1999) found that medical teams with strong psychological safety didn't necessarily make fewer mistakes - they just talked about them more. And because they talked, they could fix problems earlier and learn from them together.

The midwife's confidence often determines the level of communication in maternity care. According to Bäckström and Thorstensson (2022), some decisions are not based strictly on clinical signs - occasionally, a midwife's gut feeling that something is wrong will be the reason for actions taken. If these feelings are recognized and treated appropriately, they can help prevent complications. But in teams where there is fear of criticism or being reported, these early signals might never be voiced. When the culture is critical or overly focused on blame, midwives may choose to remain quiet. Midwives have shared that the fear of being blamed or reported has made them hesitate. Unfortunately, that hesitation can lead to missed opportunities for prevention.

One midwife interviewed in the Nordic study described how she hesitated to express concern during a birth because she feared being seen as overreacting. Later, when complications did arise, she reflected that her initial worry had been valid - but the team climate had discouraged her from acting on it. This kind of self-silencing, the authors note, is not due to a lack of competence but to an atmosphere lacking emotional safety (Bäckström & Thorstensson, 2022). In intensive care units, decisions often must be made in seconds, and the right choice depends on everyone feeling confident to speak up. When team members trust one another, they adapt more quickly and support each other under pressure. A nurse who notices a change in a patient's breathing must feel it's okay to raise a concern, even if others seem confident. As O'Daniel and Rosenstein (2008) noted, effective communication and mutual respect are critical

in such fast-paced environments. The employees say they feel less isolated in their jobs, more connected to their coworkers, and more empowered to provide the type of care they endorse.

4 Role of Leadership in Psychological Safety

Psychological safety does not arise by accident. It is shaped by leaders' behavior, attitudes, and presence. In high-pressure healthcare settings, leadership strongly influences whether people feel safe to speak up, admit mistakes, and collaborate.

This chapter explores how leadership behaviours can either strengthen or weaken psychological safety, and how self-awareness contributes to these dynamics. It also outlines which leadership practices most effectively support trust and learning in clinical teams.

4.1 How Leaders Set the Emotional Tone

Leaders are not only responsible for guiding tasks—they also shape how a team feels. In healthcare, where emotions run high and decisions carry serious consequences, a leader's reactions strongly influence whether people feel safe to speak up. Facial expressions, tone of voice, and openness to feedback all communicate whether dialogue is welcome (Edmondson, 1999; McElroy et al., 2024).

Daily interactions form the foundation of psychological safety. Listening without judgment, acknowledging contributions, and staying calm under pressure signal that concerns can be raised. In contrast, harsh or dismissive responses quickly create fear and silence. Research shows that leaders with strong emotional regulation and self-awareness build trust, support collaboration, and help teams remain resilient during challenges (Goleman, 1995; Powell et al., 2024; West et al., 2017). In maternity care, for example, midwives felt more confident voicing concerns when leaders responded calmly and openly, which supported early risk detection (Bäckström & Thorstensson, 2022).

Leadership behaviours therefore shape team culture. Developing leaders' relational and emotional skills is recognized as essential for reducing burnout and strengthening psychological safety, especially in high-pressure healthcare environments (McKinsey & Company, 2021).

In short, leaders set the tone. They can either create space for courage or close it down with fear. The good news is that emotional tone is not a fixed trait - it can be cultivated through awareness, reflection, and consistent relational practice.

4.2 Leadership Behaviors that Undermine Psychological Safety

While effective leadership fosters psychological safety, certain behaviours have the opposite effect—they create fear, silence, and mistrust. In healthcare, where clear communication and rapid decisions are essential, these patterns can undermine both staff wellbeing and patient outcomes.

One of the most harmful behaviors is public criticism or shaming. When a leader highlights mistakes in front of others or adopts a harsh tone, team members learn it's unsafe to fail, so they avoid risks or stay silent (Edmondson, 1999). This fear-driven climate stifles innovation and increases the chances of repeated errors. Emotional unpredictability is another undermining factor. Leaders who are reactive, moody, or unpredictable tend to create an unstable environment. The employees might be very cautious, unsure whether their contributions will be accepted or punished. Over time, this instability contributes to stress and burnout (Goleman, 1995; McElroy et al., 2024). Furthermore, disregarding feedback or dismissing concerns can be as destructive as active criticism. When employees share ideas or observations and get no response, they can feel disregarded or undervalued. Such indifference saps motivation and dampens collaborative learning (West et al., 2017). In midwifery, Bäckström and Thorstensson (2022) found that experiences of blame made midwives hesitant to raise safety concerns, limiting both confidence and the team's ability to learn from incidents. Favoritism or perceived unfairness among the team members can also affect the mental security. When one or two leaders show disparate treatment toward staff or keep some of the staff in the dark, trust diminishes and conflicts escalate. Psychological safety depends on fairness, transparency, and a sense of belonging (McKinsey & Company, 2021). Ultimately, leadership behaviors that undermine psychological safety are not always intentional, but their effects are real. Building self-awareness, consistency, and emotional intelligence is vital to avoid these damaging patterns and foster a climate where individuals feel seen, heard, and safe to contribute.

4.3 Hierarchies, Inclusivity, and Emotional Tone in Teams

In healthcare, many teams still work within quite strict hierarchies. These structures are often based on seniority, professional role, or the authority of physicians. While this can bring order and clarity, it can also make it harder for people in junior positions to speak up. When

communication mostly flows from the top down, important concerns may never be voiced simply because junior staff do not feel safe or confident enough to share them. Several studies show that this silence can affect teamwork, learning, and ultimately patient safety (Edmondson, 1999; Tawfik et al., 2023).

Relational equality rather than mere formal titles is the foundation of psychological safety. Leaders who make it clear that everyone's input is important create a company culture of shared responsibility. This encompasses the entire medical staff, that is, doctors, assistants, and even students. Such a feeling of inclusiveness within a team makes team members more willing to speak up, share their views, and challenge common beliefs (West et al., 2017).

Midwives' communication plays a central role in the emotional climate of Nordic midwifery care. Bäckström and Thorstensson (2022) note that mutual respect and small acts of kindness, even during demanding situations, are essential for building trust. When midwives feel excluded or dismissed, emotional barriers arise, which can weaken communication, disrupt team dynamics, and limit opportunities for shared learning.

Inclusiveness involves recognizing the diversity of feelings and cultures. There might be different ways for each team member to express their opinions. It is easy to reach false conclusions by assuming things about a person's self-assurance, abilities, or involvement. Leaders with emotional intelligence and cultural awareness will find it easier to navigate this complexity (Goleman, 1995; McElroy et al., 2024).

Creating an inclusive emotional climate does not require removing hierarchy altogether. But it does require reducing the psychological distance between people. This can be done through small but powerful behaviors. Such as inviting input, validating concerns, using first names, and responding calmly under pressure.

Teams can fully realize their potential when psychological safety is combined with a clear hierarchy and emotional inclusion. They become more resilient, compassionate, and effective. Inclusivity is not just a value but rather a condition for quality care.

5 Self-Awareness and Emotional Intelligence in Leaders

Unlike decision-making or resource management, leadership involves dealing with human feelings and relationships. This chapter examines the roles of two fundamental inner faculties that impact a leader's effectiveness: self-awareness and emotional intelligence (EI).

Self-aware leaders recognize their values, motivations, and emotional triggers. They respond intentionally, not reactively. EI is the ability to perceive, regulate, and use emotions-one's own and those of others - to guide behavior, especially under pressure.

This chapter explores:

- what self-awareness actually means and how it develops;
- how self-awareness shapes leadership effectiveness and communication;
- and how EI leaders contribute to a psychologically safe team climate.

5.1 Definition and Components of Self-Awareness

Self-awareness refers to recognizing one's thoughts, emotions, behaviours, and motivations, and understanding how they influence others. It includes the ability to reflect, notice patterns, and adjust when needed.

Goleman (1995) describes self-awareness as the foundation of emotional intelligence, because without it leaders may act impulsively or emotionally without realizing their impact. In contrast, self-aware leaders can pause, reflect, and respond intentionally.

Self-awareness typically includes three components:

1. Emotional awareness - noticing one's emotional states as they arise.
2. Accurate self-assessment - recognizing strengths and limitations realistically.
3. Values awareness - understanding the principles guiding one's decisions in professional settings.

These elements matter greatly in healthcare. Emotionally self-aware leaders remain grounded in high-pressure moments. They are more willing to acknowledge mistakes, accept feedback, and model vulnerability - behaviours known to support psychological safety (Edmondson, 1999; Goleman, 1998; Raineri & Cartes, 2024).

Self-awareness also enables leaders to recognize when their stress affects the team. This creates emotional stability that others can trust (Coronado-Maldonado & Benítez-Márquez, 2023; West et al., 2017).

Developing self-awareness is an ongoing process supported by reflection, supervision, mindfulness, and feedback.

5.2 Relationship Between Self-Awareness and Leadership Effectiveness

Self-awareness is more than a personal strength - it is essential for effective leadership. Leaders who understand their internal processes tend to navigate challenges with clarity and empathy, which strengthens trust, collaboration, and psychological safety (Goleman, 1995; Edmondson, 1999; McElroy et al., 2024). Self-awareness supports all three, making it a core aspect of strong leadership.

1. Motivation: Self-aware leaders understand their own drives and can help others find theirs (Goleman, 1995).
2. Decision-making: An absence of hidden biases in their line of thought will make them more capable of making distinct choices (Boyatzis et al., 2000).
3. Adaptability: A leader who recognizes their stress patterns can prevent them from impacting the team (Coronado-Maldonado & Benítez-Márquez, 2023).

Feedback plays a vital role. Leaders who actively seek and integrate feedback tend to foster open, learning-oriented cultures. Conversely, limited self-awareness may unintentionally create confusion or emotional tension, even when intentions are good. In short, self-awareness endows leaders with the qualities of approachability, trustworthiness, and credibility. It is not the perfect leadership that matters, but the genuine, timely, and thoughtful ones.

5.3 How Emotionally Intelligent Leaders Influence Team Climate

Leaders with high emotional intelligence (EI) shape the emotional climate of a team by perceiving, understanding, and regulating both their own emotions and those of others. This ability influences how psychologically safe, cohesive, and motivated a team feels.

EI-oriented leaders notice subtle emotional cues - a drop in morale, an unspoken worry, or tension that others might overlook. Rather than ignoring signs of discomfort, they name what they see, open a dialogue, and give others space to speak. This kind of emotional presence fosters trust and normalizes vulnerability in a healthy, constructive way (Goleman, 1995; Boyatzis et al., 2000).

One of the strongest contributions of EI leadership is the ability to maintain a non-defensive climate. When errors occur, an EI leader does not assign blame. Instead, they remain calm, ask reflective questions, and guide the team toward shared learning. This reduces fear and increases

engagement, consistent with evidence on how safety cultures are strengthened when mistakes are discussed openly rather than punished (Edmondson, 1999; Coronado-Maldonado & Benítez-Márquez, 2023).

Empathy, a core element of EI, enables leaders to respond to the emotional states of others with accuracy and care. Empathetic leaders acknowledge emotions, validate concerns, and help restore a sense of unity in moments of strain. Such relational support strengthens team cohesion and improves the ability to function during crises (West et al., 2015; Bäckström & Thorstensson, 2022).

Across studies, EI-based leadership is consistently associated with better communication, stronger teamwork, and reduced burnout (Boyatzis et al., 2000; Coronado-Maldonado & Benítez-Márquez, 2023). In environments shaped by hierarchy and time pressure, trust can be fragile.

In summary, EI is far more than a soft skill - it is a strategic leadership resource that strengthens self-awareness, regulates team emotional dynamics, and sustains a culture of empathy, learning, and trust (Goleman, 1995; Powell et al., 2024).

6 Dark Traits in Leadership: Threat or Resource?

When we speak about leadership, we usually think of qualities such as empathy, integrity, and vision. These traits certainly matter, but not every effective leader fits this ideal. Some leaders show what psychology calls the Dark Triad traits - narcissism, Machiavellianism, and psychopathy - characteristics that are often viewed as socially difficult or even harmful (Paulhus & Williams, 2002).

Yet research shows that these traits are not always destructive. In certain situations, they can offer advantages, such as the ability to take bold decisions, stay confident under pressure, or influence others strongly (O'Boyle et al., 2012; Spain et al., 2014). This does not mean these traits are “good”, but rather that they can sometimes serve a functional purpose.

This chapter looks at how these darker tendencies shape leadership. More importantly, it highlights when they become damaging and when they may help. The turning point is the leader's own self-awareness. Leaders who notice these tendencies in themselves and manage them consciously are more likely to use them in a controlled and constructive way. But when these traits are left unchecked or acted out impulsively, they tend to create fear, instability, and tension in teams (Judge et al., 2009; Vergauwe et al., 2018).

6.1 Overview of Dark Triad traits: Narcissism, Machiavellianism, Psychopathy

The Dark Triad describes three overlapping personality traits:

1. Narcissism involves grandiosity, entitlement, and a need for admiration. Narcissistic leaders frequently portray themselves as self-assured and forward-thinking; their charm might be the reason for indiscriminate and bold projects in their favor; however, they might turn defensive once their critics are up or lack the ability to hear what others are saying (Paulhus & Williams, 2002).
2. Machiavellianism is characterized by manipulation, scheming, and self-serving. Leaders with a high degree of Machiavellianism may possess political skills, mastering the art of navigating the intricate structures of power and winning the battle for strategic advantage in rivalry situations, but they commonly put success above human relationships (Cai et al., 2024).
3. Psychopathy is characterized by low empathy, impulsivity, and emotional detachment. In leadership, psychopathic traits can enable decisive risk-taking and swift decision-making under pressure, though they may also result in cold, unethical behavior and disregard for others (Boddy, 2015).

These characteristics are largely associated with immoral leadership, unhealthy work environments, and the loss of psychological safety. If they are not controlled, they create a culture of fear, diminish trust, and increase the emotional stress of the groups (Spain et al., 2014), thereby further strengthening their negative image.

Nevertheless, the studies that are emerging ask whether these characteristics have to be always harmful (Vergauwe et al., 2018). Propose that self-awareness and moral accountability could be the bases upon which the impact is determined and could be the factors that moderate the effect (O'Boyle et al., 2012). This leads to the primary query: if the negative characteristics are under control with awareness instead of being allowed to take their course, will they still be of some use?

6.2 Negative Impacts on Psychological Safety When Unacknowledged

The unrecognized and unaddressed Dark Traits, such as narcissism, Machiavellianism, and psychopathy, will spoil the emotional climate and the psychological safety that are vital for the healthcare teams to be efficient. The main point here is that it is not merely the existence of

these traits, but rather the absence of self-awareness and moral consideration, which, in turn, diminishes a team's psychological safety.

Narcissistic leaders may struggle to listen, as their need for admiration overrides their ability to receive feedback (Grijalva & Harms, 2014). When team members feel neglected or their contributions are not properly recognized, they may become silent or stop sharing their ideas. This behavior signals of deteriorating psychological safety. In the same way, Machiavellian leaders always distort the truth to their advantage, leading to a situation where control rather than collaboration is the primary concern (Cai et al., 2024). This destroys trust and makes it harder to speak openly, thus increasing the likelihood of mistakes and burnout.

Extreme psychopathic traits include coldness, impulsivity, and disregard for others' well-being. In healthcare, where empathy and communication are critical, they can create fear and emotional distance within teams (Boddy, 2015; Spain et al., 2014). Team members may avoid raising concerns or reporting mistakes, knowing their leader is unlikely to offer understanding. Importantly, even mild, unacknowledged Dark Traits can cause emotional confusion and discourage team members from speaking up. For example, a midwife may remain silent in a morning briefing if the leader reacts defensively. Over time, these behaviors foster silence, disengagement, and reduced innovation-the opposite of what healthcare teams need to function well.

In summary, promoting psychological safety in healthcare teams requires not only positive behaviors but also active management of traits that can undermine trust and openness. Leaders are expected to be able to perceive the influence of their characteristics on the environment and to practice moral thinking. As a result, they will not permit panic or withdrawal to dominate, especially in those moments when contact is needed and the situation is tense.

6.3 Potential Positive Uses of Dark Traits When Combined with Self-awareness

Dark traits in leadership tend to have a bad reputation - and often, for good reason. But just like any human quality, they exist on a spectrum. When these traits are acknowledged, reflected upon, and guided by self-awareness, they can serve a surprising function (Judge et al., 2009; Vergauwe et al., 2018): helping leaders navigate complexity, act decisively, and protect their teams.

Machiavellianism is the clear example of this dynamic, where an unchecked leader may manipulate and dominate. The self-aware leader who is Machiavellian may leverage

Machiavellian strategic thinking to identify political risks, protect the team from undesirable dynamics, and make difficult decisions when others cannot. The intention and empathy are, therefore, the differentiating factors here (O'Boyle et al., 2012).

A similar pattern appears with narcissism. Its toxic form may stem from insecurity or a need to dominate. Yet, in its constructive expression, narcissism can become a kind of forward-driving confidence that enables a leader to hold space, push for innovation, or defend an idea at the edge of acceptance. In healthcare settings, this can translate into advocating for better patient care systems or giving teams the courage to challenge outdated norms (Judge et al., 2009).

Psychopathic traits offer another perspective. Attributes such as emotional detachment or high stress tolerance, when tempered by self-awareness, can support leaders in staying calm during crises. Such leaders may be the ones who step forward in emergencies, hold emotional space for their teams, and make clear decisions under pressure (Boddy, 2015; Spain et al., 2014).

The difference between danger and strength lies in how well a leader knows themselves. Self-awareness acts as a “brake system,” allowing someone with strong drives to pause, reflect, and consider the impact of their actions. When this happens, dark traits become less about ego and more about resilience, strategy, and service.

Leadership isn't about being flawless. It's about being honest. It requires self-reflection and the willingness to acknowledge the parts of oneself that feel uncomfortable - not to suppress them, but to channel them wisely. Understanding one's own darker traits can become part of becoming a stronger, more grounded, and more resilient leader.

6.4 Leadership as Shadow Integration?

Leadership is not only about vision, motivation, and strategic planning. It is also about inner work. The idea that leaders must “conquer” or “suppress” their darker impulses is gradually being replaced. A more psychologically mature model is shadow integration.

Shadow is the term Carl Jung uses to describe the rejected, denied, or hidden parts of ourselves. These include emotions or impulses we do not always want to face - anger, ambition, jealousy, or the fear of losing control. In leadership, these often stay hidden behind a professional mask. But they still surface in other ways: through over-controlling behavior, defensiveness, or subtle power plays meant to maintain a sense of safety. In psychology, this unseen side is sometimes called the shadow (Jung, 1959/1991). It is not inherently negative - it is simply unacknowledged. Instead of suppressing this side, leaders may need to learn to work with it.

A leader who can recognize their more difficult impulses does not become weaker; they become more grounded and real (Ibarra et al., 2013; Edmondson, 1999). When leaders stop pretending to be perfect, they become more trustworthy. People do not need flawless leaders - they need honest ones.

When leaders become aware of their shadow traits - such as competitiveness, a need for control, or a hunger for recognition - they gain choice. Instead of projecting these qualities onto others, they can take responsibility for them. They can channel that energy constructively. For example, a leader who recognizes a need for control may use it to build clear, supportive systems that improve team safety, rather than micromanaging out of anxiety (Goleman, 1995; Powell et al., 2024).

This process requires emotional honesty and regular self-reflection. At times, it also requires support from a coach or supervisor. But it is deeply rewarding. Leaders who have faced their own shadows tend to be less reactive and more grounded. They are better able to hold space for others' emotional complexity - especially in high-stakes fields like healthcare (Shaban et al., 2025).

Shadow integration is not about excusing harmful behavior. It is about transforming unconscious impulses into something conscious and useful. As Palmer (1990) notes, leaders who explore their own darkness often become more trustworthy. They are less likely to act from hidden motives. They create safer environments - not because they are perfect, but because they are present.

This approach reflects a core principle of psychological safety: people feel safer with leaders who are self-aware, emotionally congruent, and humble about their limitations (Edmondson, 1999; Ibarra et al., 2013). Simply put, shadow integration in leadership is not a luxury - it is a necessity for leadership grounded in clarity, strength, and humanity.

7 Methodology

This thesis is based on a structured narrative literature review examining the impact of leadership traits, including self-awareness and dark personality traits, on psychological safety in healthcare teams. A narrative review was chosen because it allows for the integration of theoretical concepts, empirical data, and interdisciplinary approaches from fields such as healthcare, organizational psychology, and leadership studies (Green et al., 2006). The review follows the PRISMA guidelines, which ensure transparency of the recruitment, screening, and selection processes (Page et al., 2021). The analysis utilizes an interpretive and conceptual,

non-experimental approach aimed at examining the relationships between constructs rather than measuring causality.

7.1 Design Overview

A structured, narrative-based literature review was chosen to develop the study design. This approach is appropriate for research questions that aim to interpret relationships among concepts, integrate findings from different disciplines, and identify thematic patterns (Green et al., 2006). Because psychological safety and leadership behavior are complex, context-dependent constructs, a narrative design provides the flexibility to include both core theories and recent advances from 1995 to 2025.

PRISMA principles (Page et al., 2021) were used to document the identification steps, including inclusion and exclusion criteria, final study selection, traceability, and methodological rigor. The review does not aim to evaluate the effectiveness of interventions or calculate spillover effects; instead, it focuses on conceptual relationships relevant to the research question. PRISMA is not designed specifically for narrative reviews, and therefore, not all components were applicable. Only the steps relevant to identifying, screening, and including studies were adopted, while items intended for systematic or meta-analytic designs (such as risk-of-bias assessment, detailed exclusion by full-text criteria, or multi-stage retrieval procedures) were not used.

A simplified PRISMA flow diagram is presented to illustrate the number of records identified, screened, excluded, and included, without implying a full systematic review methodology.

7.2 Search Strategy and Data Sources

A structured search was carried out between August and November 2025 across major academic databases commonly used in health and social sciences:

- PubMed
- Google Scholar
- ScienceDirect
- Wiley Online Library
- ResearchGate (used only to locate full texts)

Grey literature such as professional reports (e.g., The King's Fund; McKinsey & Company) was included when relevant. In addition, individual relevant articles were identified through

high-impact journals such as *International Journal of Public Health* and *Frontiers in Psychology*. These journals were not used as databases, but as supplementary sources to ensure that important papers were not overlooked.

Search

terms

Combinations of keywords and Boolean operators included:

“psychological safety” AND “healthcare teams”

“leadership traits” AND “team communication”

“self-awareness” AND “healthcare leadership”

“emotional intelligence” AND “team climate”

“Dark Triad” AND “work behaviour”

“inclusive leadership”

“authentic leadership”

“adaptive leadership”

“shadow traits” OR “toxic leadership”

These terms have been continually refined as relevant literature has emerged, taking into account best practices of transparent narrative review methodology. (Green et al., 2006).

7.3 Inclusion and Exclusion Criteria

Inclusion Criteria

Sources were included in the study if they:

- were peer-reviewed journal articles or scholarly books,
- focused on health care teams or leadership in a healthcare context,
- examined psychological safety, leadership skills, self-awareness, or emotional intelligence,
- were published between 1995 and 2025 (major theoretical works prior to this period were included if they were seminal),
- were written in English.

Exclusion Criteria

Studies were excluded if they:

- did not examine healthcare or leadership,
- lacked conceptual or empirical relevance,

- were single-author articles without clear theoretical grounding or methodological rigour
- were duplicates, or did not have available full texts.

7.4 Screening Process and PRISMA Flow

Although this thesis follows a narrative literature review design rather than a systematic review, selected elements of the PRISMA 2020 simplified framework were used to increase transparency in the search and screening process.

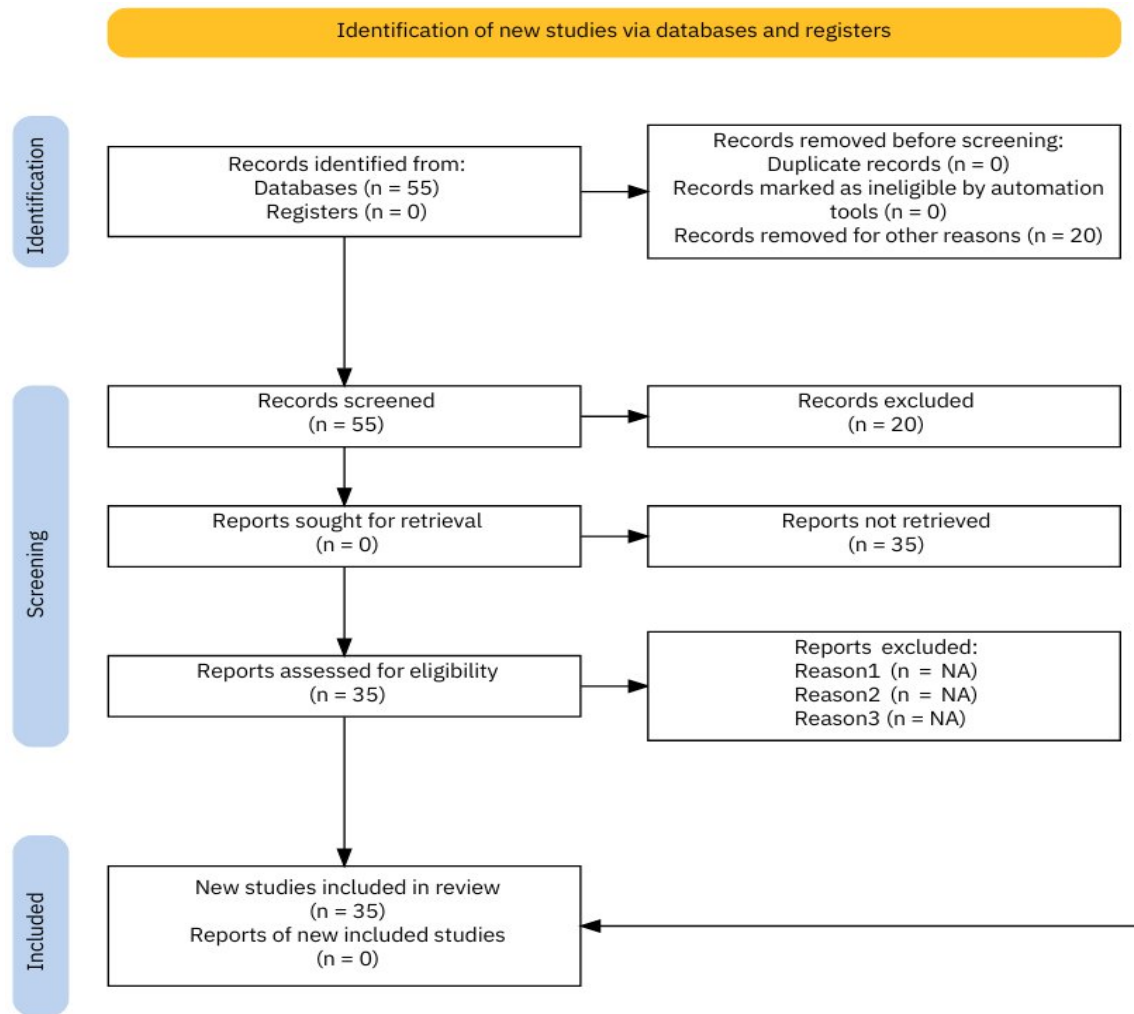
Because the thesis builds on previous coursework that had already examined literature on self-awareness, leadership traits, and the Dark Triad in healthcare, the search process did not begin entirely from scratch. Earlier readings helped narrow the search strategy and reduce irrelevant results. A total of 55 publications were identified through database searching and reference screening. No pre-exclusions were applied before this number. Based on titles and abstracts, 20 publications were excluded for not meeting the inclusion criteria. The remaining 35 publications were reviewed in full and included in the final thematic synthesis.

The final sample consisted of:

- 21 peer-reviewed journal articles
- 6 scholarly book chapters
- 2 professional reports
- 2 professional practitioner sources
- 4 conceptual or theoretical works

This combination ensured representation of both theoretical foundations and current research evidence across disciplines relevant to the study.

Table 1. PRISMA flow diagram of the study selection process



7.5 Data Extraction and Analysis

Data extraction focused on:

- study aims,
- methodology (qualitative, quantitative, conceptual),
- findings related to psychological safety,
- leadership traits and behaviors,
- elements of self-awareness and emotional intelligence,
- relevance to team dynamics in healthcare.

A thematic analysis approach was applied to organize and interpret the findings. The analysis followed the steps recommended by Braun and Clarke (2006):

1. Familiarization with the material

2. Coding recurring concepts
3. Grouping codes into broader themes
4. Reviewing themes across the dataset
5. Defining and naming final analytical themes

Through this method, it was possible to recognize the fundamental themes of communication, emotional tone, hierarchy, leadership traits, and psychological safety mechanisms, which are the foundation of Chapters 3-6. This strategy fits well with narrative reviews because it helps to unite different theoretical and empirical sources into a single comprehensive conceptual framework.

7.6 Validity and Reliability

A very important aspect of enhancing the review's credibility is the provision of peer-reviewed documents from respected journals and scholarly publications. The application of triangulation among different areas of study (healthcare, psychology, leadership) guarantees the reliability of the concept. The employment of a systematic search method, PRISMA documentation, and the precise definition of inclusion and exclusion criteria, in addition to increasing transparency and replicability (Page et al., 2021), are major factors.

Reliability is ensured through the uniform application of data extraction methods and the recognized thematic analysis framework (Braun & Clarke, 2006). While narrative reviews do not assert statistical generalizability, they foster conceptual reliability by combining established and new conceptions of the field.

7.7 Ethical Consideration

The research is based entirely on publicly available prior publications in the scientific literature. No human subjects or personal information were used. Hence, ethical issues primarily concern the accurate portrayal of the authors' works, openness in selection, and the prevention of bias in interpretation. All the references are correctly quoted, and the results are given in an unbiased way.

8 Results

The literature review has been conducted, and the findings are presented in this chapter with respect to the research question and its two sub-questions. Rather than providing an account of every single study, the chapter draws a synthesis from the common patterns. These patterns indicate the interconnection between leadership behaviours and psychological safety, how certain behaviours weaken it, and the role of self-awareness in controlling both processes. Three main themes emerged from the thematic analysis:

- leadership behaviours that foster psychological safety;
- leadership behaviours that damage psychological safety;
- the regulatory and transformative function of leader self-awareness.

8.1 Leadership Behaviours That Fosters Psychological Safety

In the literature reviewed, a clear and significant agreement among studies was that psychologically safe groups always had leaders who were emotionally stable, approachable, and good at relationships. A calm emotional atmosphere, especially during stress, was very often cited as a basic requirement for safety. Leaders who remained contained were treated as reliable and easy to read, so the team could express their worries at the beginning, even in very critical medical cases (West et al., 2017; Lundgren & Dahl, 2022).

Another common theme was the openness to feedback and reflective dialogue. Leaders who were listening actively, especially during times of uncertainty or conflict, were able to reduce the hierarchical distance between them and their staff, and at the same time, by showing respect, they would increase the chance that employees would share their observations or uncertainties (Boyatzis et al., 2000; Coronado-Maldonado & Benítez-Márquez, 2023; O’Daniel & Rosenstein, 2008). A similar behaviour was acknowledging uncertainty or mistakes. This kind of vulnerability disclosure was in line with Edmondson’s (1999) original conceptualisation of psychological safety and was found to prompt learning-oriented responses to errors rather than blame (Tucker & Edmondson, 2003; McElroy et al., 2024).

Inclusive leadership practices also fostered psychological safety. They encouraged discussions with quieter team members, fostered shared values, and ensured that decisions were not made solely on the basis of hierarchy (Edmondson and Leigh, 2014; Raineri and Cartes, 2024). Publicly sharing individual and team contributions further strengthened respect, mutual respect, and stability in the team culture (Bäckström and Thorstensson, 2022; West et al., 2015).

Finally, psychologically safe teams were characterised by leaders who continually created space for learning. When something went wrong, leaders shifted their focus from individual blame to system improvement, allowing employees to report unexpected circumstances or uncertainties (McElroy et al., 2024; Edmondson, 1999). These behavioural patterns illustrate how psychological safety is actively shaped through everyday interactional practices, not just through organisational policies.

8.2 Leadership Behaviours that Damages the Psychological Safety

Constructive behavior was only one side of the equation, but the analysis also revealed clear patterns in how leadership behavior can undermine psychological safety. One of the strongest risk factors was emotional unpredictability. Sudden mood swings made leaders seem unsafe to approach. This led employees to hide concerns, fear approaching management, or avoid addressing problems altogether (McKinsey & Company, 2021; Lee & Seo, 2024).

Fearful actions, such as public criticism, disgrace, or punishment for mistakes, were particularly damaging. They made people conceal their mistakes, hold back learning, and stressed the team more (Edmondson, 1999; Dixon-Woods et al., 2022). The issue of micromanaging not only took away people's willingness to take new initiatives and their independence but also discouraged them from thinking independently and cut off the flow of information (Vergauwe et al., 2018; Spain et al., 2014).

Communication failures also played a role. Leaders sometimes withheld information, communicated poorly, or failed to provide promised support. As a result, team members developed mistrust and emotional distancing (O'Daniel & Rosenstein, 2008; West et al., 2017; Coronado-Maldonado & Benítez-Márquez, 2023). Degrading remarks or dismissive responses also caused harm. These were perceived as causing long-term estrangement from relationships (Judge et al., 2009; Bäckström & Thorstensson, 2022).

Another dominant trend was promoting internal competition over collaboration. Competition led to fragmented communication and increased interpersonal tension. This often compromised patient safety (Paulhus & Williams, 2002; O'Boyle et al., 2012). Across all studies, such competitive behavior consistently led to silence, lower innovation, increased resilience, and decreased team performance.

8.3 The Regulatory Role of Leaders Self-awareness

The third central theme addressed self-awareness as a regulating and changing power. Through a variety of studies in healthcare, organisational psychology and emotional intelligence, it was found that self-awareness was the key factor in the leadership trait - whether good, difficult, or "dark" - leading to psychological safety or the other way around.

Self-aware leaders were generally the ones who noticed their own emotional triggers, adjusted their reactions under pressure, and adapted their communication so that trust was not unintentionally damaged (Goleman, 1995; Powell et al., 2024). They also tended to invite feedback, acknowledge their own limitations, and speak honestly with their teams. These seemingly simple behaviours had a noticeable effect: relationships became steadier, and people felt more able to express concerns without hesitation (Boyatzis et al., 2000; Coronado-Maldonado & Benítez-Márquez, 2023). In practice, teams with higher psychological safety described more empathy from leaders, smoother conflict resolution, and decision-making that felt clearer and less emotionally charged (Shaban et al., 2025; Powell et al., 2024).

A particularly interesting finding concerned the role of darker leadership traits, such as narcissism, Machiavellianism, or psychopathy. When these tendencies operated outside the leader's awareness, they often appeared as defensiveness, manipulation, or emotional distance - all factors that undermined psychological safety (Judge et al., 2009; Paulhus & Williams, 2002; Spain et al., 2014). Yet, when the same leaders recognised these patterns in themselves and managed them more consciously, some traits served useful functions. For example, a previously rigid or overly dominant communication style could be redirected into confident decision-making or strategic clarity during high-pressure situations (Vergauwe et al., 2018; Raineri & Cartes, 2024).

Taken together, these findings suggest that self-awareness functions almost like a stabilising element in leadership. It can strengthen the positive impact of EI behaviours and soften the potential harm of more difficult traits. When leaders lack this awareness, the risk of misunderstandings, fear, or communication breakdowns becomes much higher. When they possess it, the team environment tends to feel more predictable, respectful, and psychologically safe.

It becomes clear from the findings that psychological safety does not emerge from a single behaviour. Instead, it develops through the everyday tone leaders set - how they respond to others and how they reflect on their own reactions. When this grounding is present, teams tend

to communicate more openly and work together with fewer misunderstandings. When it is missing, people often pull back. Across the material, self-awareness stood out as the factor that shaped whether leadership traits supported or disrupted teamwork. These observations serve as a starting point for the next chapter, whose conclusions are linked to previous research, methodology, and the practical realities of healthcare work.

9 Discussion

This chapter's goal is to interpret the thematic findings in relation to the research question, the theoretical context, and the topic's practical relevance. Instead of repeating what has been said before, this discussion intends to make a case for the data: how the data corresponds or diverges from existing literature and what this could imply for leadership development in healthcare.

9.1 How findings relate to the research question

The research question guiding this study asked: *How do leadership behaviours and leaders' self-awareness influence psychological safety in healthcare teams?* The thematic findings show that leadership is not fixed. It is a relational and emotional process that can nurture or disrupt psychological safety. Emotional intelligence, self-awareness, and consistent behavior were linked with more team trust, open communication, and resilience. This confirms previous research by Edmondson (1999), West et al. (2014), and Boyatzis et al. (2000).

At the same time, the study highlighted that “dark” traits - often overlooked in leadership research - can also play a role, especially when acknowledged and integrated. This aligns with more recent work exploring the adaptive side of dark triad traits when accompanied by reflective awareness (Judge et al., 2009; Vergauwe et al., 2018).

One significant revelation is that psychological safety does not pertain to just having “nice” leaders but rather to having emotionally grown-up and self-examining ones in the workplace. Even problematic qualities, such as assertiveness or daring, can add value when accompanied by proper guidance and compassion. This reflects Edmondson’s view that psychological safety works best when paired with accountability, meaning that openness is supported by a shared sense of responsibility for learning and improvement (Edmondson, 1999; Edmondson & Lei, 2014). Leaders who combine empathy with clear, grounded accountability create teams that

feel supported, trusted, and responsible - a balance that encourages real growth and honest communication.

The inference from these results is that the notion of good leadership in health care is transformed: from technical skills and behaviors to an all-encompassing model encompassing emotional presence, shadow work, and awareness of one's influence on team culture.

9.2 Implications for leadership development in healthcare

The findings of this study suggest that traditional leadership training - focused primarily on decision-making, delegation, and technical expertise - may not be sufficient to foster the psychological safety needed in today's healthcare environments.

Healthcare teams are changing in terms of interdisciplinarity, emotional intensity, and rapid operations; however, leaders still need to possess EI, self-awareness, and the ability to interact with others. These “soft skills” have real consequences: they determine whether team members feel free to express concerns, whether mistakes become learning opportunities, and whether stress can be managed collectively. Previous research by West et al. (2014) and Boyatzis et al. (2000) shows similar results, demonstrating that emotionally stable leadership is linked to lower burnout, stronger teamwork, and better patient outcomes. One key implication is that leadership development programs should explicitly include psychological safety as a core competency. This includes not only teaching about what psychological safety is but also offering reflective practices that help leaders understand how their own traits and behaviors affect others. As discussed by West et al. (2014) and Boyatzis et al. (2000), EI and self-regulation are not just personal virtues - they are organizational assets. Moreover, the evidence suggests that “shadow traits” - such as drive, dominance, or even a lack of empathy - must not be omitted from discussions of leadership development. In fact, managers should be given permission to explore these aspects of their persona and learn to take control and direct these traits for the benefit of their team. (Judge et al., 2009; Vergauwe et al., 2018; Raineri & Cartes, 2024). The concept of “leadership as shadow integration,” characterized by a manager's ability to manage their dark side and bring out the character's good parts, is indeed a new approach in management, and it aligns with Jung's notion of integrating the shadow for healthier functioning (Jung, 1959/1991). This perspective is particularly applicable in social sectors like healthcare, where leaders must operate under emotional pressure while maintaining relational safety (Bäckström & Thorstensson, 2022).

These findings can also be viewed through a broader organizational lens. Ibarra, Ely and Kolb (2013) point out that leaders do not act in isolation - their behavior is shaped by the invisible cultural expectations around them. Even leaders who are very skilled may still have a hard time establishing psychological safety when the broader setting supports hierarchy, emotional restraint, or old-fashioned ideas about how a “strong leader” should be. This is consistent with findings from healthcare culture studies showing that hierarchical norms and institutional traditions often limit open communication (Dixon-Woods et al., 2022; O’Donovan et al., 2020). Leadership development that includes training of individuals’ personal qualities must also take into account the cultural patterns that either promote or hinder open dialogue. For this reason, leadership development must address not only individuals but also the system surrounding them.

Finally, mentoring and peer review groups can be a powerful complement to formal training. Leaders rarely receive honest feedback about their emotional impact. Structured dialogue with trusted colleagues can create an opportunity for leaders to gain valuable insights, increase awareness, and reexamine their behavior in challenging team dynamics. Such reflective spaces are recognised in leadership research as essential for developing emotional intelligence, authenticity, and relational competence (Ibarra, Ely & Kolb, 2013; Boyatzis et al., 2000).

9.3 Practical Constraints in Real-World Healthcare Leadership

Even though the leadership qualities in this review describe a very emotionally aware and balanced leader, it is important to be honest that this is more of an ideal than an everyday reality. Many leaders in healthcare work under heavy pressure. They run teams, fill out reports, deal with staff shortages, and try to manage urgent situations at the same time. With all of this happening around them, expecting someone to always stay calm, reflective, and fully present becomes very hard. Sometimes it is simply not realistic.

This difference between theory and actual practice doesn’t mean psychological safety is any less important. If anything, it shows how much support leaders actually need in order to behave in the ways that the research recommends. Psychological safety cannot be upheld by a single individual. It depends on workload, culture, and whether the organization provides the structures that enable healthy leadership (Edmondson & Lei, 2014). So psychological safety is

not only about personal skills. It is also about the system around the leader, and whether it helps or makes everything harder.

9.4 Reflections on gaps in the literature

Although the literature on psychological safety has grown rapidly since Edmondson's seminal work (1999), several gaps remain, particularly in the field of healthcare leadership.

First, many existing studies focus on the presence or absence of psychological safety, paying less attention to the emotional and energetic nuances of its creation in everyday teamwork. For example, how subtle aspects of behavior, such as micro-validations, tone of voice, or a leader's perceived calmness, may influence psychological safety is often understudied in empirical research. Yet the findings of this review, as well as earlier work by McElroy et al. (2024), suggest that these micro-behaviours play a larger role than previously recognised. Second, there is a lack of integration between the psychological safety literature and personality psychology, particularly in the way complex traits such as narcissism, psychopathy, Machiavellianism, or high emotional sensitivity are indicative of leaders' ability to create safe environments. Most studies analyze these traits as problematic, rather than exploring their potential for leadership or transformation through reflective leadership practices (O'Boyle et al., 2012; Judge et al., 2009). This creates a theoretical gap that future research could meaningfully explore.

Furthermore, many leadership development models continue to promote an idealized version of the "good leader," leaving limited scope for exploring 'shadow' or darker traits. This creates an unrealistic assumption that leaders maintain ideal behaviour even under pressure, although emotionally charged and hierarchical environments - such as maternity wards or intensive care units - often challenge these idealised models (Bäckström & Thorstensson, 2022).

Finally, the literature is subject to geographic and cultural bias. Most of the research is conducted in North America or Western Europe. Northern perspectives on midwifery (for example, in "Theories and Perspectives on Midwifery") advocate a more relational and humanized model, but this perspective has not been widely adopted in contemporary leadership development frameworks.

Future research could therefore focus on:

- How psychological safety is created or disrupted in moment-to-moment interactions between leaders and team members;

- The interplay between leadership traits, self-awareness, and emotional intelligence in shaping psychological safety;
- How organisational, cultural, and systemic conditions support or constrain leaders' ability to maintain emotional and interpersonal safety in healthcare teams.

9.5 Methodological Reflection

A narrative literature review was used in this thesis to synthesize empirical findings, conceptual frameworks, and interdisciplinary sources related to psychological safety and leadership in healthcare. The strength of this approach lies in its flexibility - it allows the integration of empirical findings, theoretical work, and interdisciplinary perspectives to build a broad understanding of psychological safety and leadership dynamics. The main limitation of this method is that narrative reviews do not follow the strict procedural requirements of systematic reviews, so the possibility of selection bias cannot be entirely excluded. Despite the structured and transparent methods of identification, it is concluded that some relevant studies were missed or excluded due to interpretations in terminology, indexing, or availability. Including studies from different contexts also limits generalizability, as organizational culture, healthcare structure, and leadership norms vary across countries.

Another limitation arises from the variability in the methodological quality of the included sources. Some studies provided compelling empirical evidence, while others were conceptual or descriptive. This diversity enriches the analysis but also complicates direct comparison of results or the establishment of definitive causal relationships.

Despite these limitations, the chosen method was appropriate for examining how leadership behaviours and self-awareness influence psychological safety in healthcare teams. The review identifies recurring patterns across different research traditions and provides a theoretical foundation for future empirical work. Building on this evidence through longitudinal, observational, or interventional studies would be a valuable next step.

10 Conclusion

This thesis explored how psychological safety is shaped by leadership behaviors, team dynamics, and personality traits in healthcare environments. Drawing on current literature and examples from maternity and intensive care, the findings highlight an important point.

Psychological safety is not just a leadership technique. It is a lived emotional experience, influenced by the subtle, daily signals leaders send through presence, words, and actions.

In the healthcare sector, effective leadership is not only about technical skills. It also requires the ability to recognize one's own feelings and those of others. Leaders must show bravery to create safe areas, even under pressure. Promoting open dialogue, giving non-judgmental replies, and demonstrating emotional control are key leadership practices. These help form an atmosphere in which employees feel secure to express, acquire, and develop their ideas.

Conversely, psychological safety deteriorates when leaders are unaware of how their behavior impacts others. It also suffers when traits like defensiveness, control, or emotional detachment go unexamined. The result is silence, stress, and systems that fail to learn from their own mistakes.

One of the more nuanced insights of this work concerns dark traits in leadership, such as narcissism, psychopathy and Machiavellianism. These traits can become useful when acknowledged and transformed through self-reflection. Leadership is not about being flawless. It is about being honest, integrated, and emotionally present.

From a methodological perspective, this thesis used a narrative literature review to synthesise diverse evidence. This approach allowed for the integration of empirical studies, conceptual frameworks, and interdisciplinary perspectives, providing a broad foundation for understanding psychological safety in healthcare teams.

In complex, demanding healthcare environments that consume significant resources, psychological safety is a must. It is not an option. It is essential for patient safety, staff wellbeing, and organisational learning. Leadership development programmes should therefore place greater emphasis on emotional intelligence, self-awareness, and reflective practice, alongside traditional competencies.

Future research could build on these insights through observational or longitudinal studies exploring how psychological safety emerges in real-time interactions, how leaders manage their own shadow traits, and how organisational culture shapes these processes in different healthcare systems.

Although this review presents a model of emotionally grounded leadership, it is also clear that real healthcare settings place heavy and sometimes competing demands on leaders. Without organisational support and realistic working conditions, these ideals can be difficult to sustain in everyday practice. The hope is that this thesis encourages current and future leaders to look beyond surface-level models. Leaders should reflect on their inner dynamics and see leadership as a continuous practice of self-knowledge, attunement, and repair.

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Appendices

APPENDIX 1. Summary of Included Peer-Reviewed Journal Articles (n = 21)

Author(s), Year	Title	Journal	Study Type	Aim	Key Findings	Relevance to This Review
Boddy, 2017	Psychopathic Leadership: Case Study of a Corporate Psychopath CEO	Journal of Business Ethics	Case study	Examine effects of psychopathic leaders	Psychopathic traits create fear, silence, and psychological harm	Illustrates dark traits damaging safety
Cai et al., 2024	Leader's Machiavellianism and employees' counterproductive work behavior	Frontiers in Psychology	Quantitative	Test mediation between Machiavellianism and counterproductive behaviour	Machiavellianism increases harmful behaviour unless mediated by climate	Supports risk of dark traits
Coronado-Maldonado & Benítez-Márquez, 2023	Emotional Intelligence, Leadership, and Work Teams	Heliyon	Hybrid review	Review emotional intelligence impact on leadership	Emotional intelligence improves communication, trust, team functioning	Strong evidence that emotional intelligence supports psychological safety
Dixon-Woods et al., 2022	What counts as a voiceable concern in decisions about speaking out in hospitals	Journal of Health Services Research & Policy	Qualitative	Explore what staff consider "speak-up-worthy"	Staff silence linked to fear, hierarchy, unpredictability	Core evidence for barriers to safety
Edmondson, 1999	Psychological Safety & Learning Behaviour in Work Teams	Administrative Science Quarterly	Empirical	Define psychological safety & link to learning	Clear link between psychological safety and error reporting, learning	Foundational framework of entire thesis
Edmondson & Lei, 2014	Psychological Safety: The History, Renaissance, and Future of an Interpersonal Construct	Annual Review of Organizational Psychology and Organizational Behavior	Conceptual review	Summarise decades of psychological safety research	Psychological safety improves collaboration, innovation, team learning	Key theoretical grounding

Author(s), Year	Title	Journal	Study Type	Aim	Key Findings	Relevance to This Review
El-Ashry et al., 2025	Mediating effect of psychological safety on the relationship between inclusive leadership and nurses' absenteeism	BMC Nursing	Quantitative	Test role of inclusive leadership	Inclusive leadership increases psychological safety	Strong link for fostering behaviours
Green, B. N., Johnson, C. D., & Adams, A.	Writing narrative literature reviews for peer-reviewed journals: Secrets of the trade	Journal of Chiropractic Medicine	Methodological article	To outline how to structure and conduct a rigorous narrative literature review	Describes essential components of high-quality narrative reviews and strategies to minimise bias	Provided guidance for structuring and conducting this thesis's narrative review
Grijalva & Harms, 2014	Narcissism: An integrative synthesis and dominance complementarity model	Academy of Management Perspectives	Theoretical	Reframe narcissism in leadership	Narcissism can be both destructive & adaptive	Supports dual nature of dark traits
Lee & Seo, 2024	Effects of nurse managers' inclusive leadership on nurses' psychological safety and innovative work behavior: The moderating role of collectivism	Journal of Nursing Scholarship	Quantitative	Test inclusive leadership outcomes	Emotional stability & openness predict psychological safety	Reinforces leadership behaviours that foster psychological safety
McElroy et al., 2024	Psychological Safety and Hierarchy in Operating Room Debriefing	Journal of Surgical Research	Reflexive thematic analysis	Examine psychological safety in operating rooms	Hierarchy strongly suppresses speaking up	Shows environmental influence on psychological safety













Author(s), Year	Title	Journal	Study Type	Aim	Key Findings	Relevance to This Review
O'Boyle et al., 2012	Dark Triad and work behavior: A social exchange perspective	Journal of Applied Psychology	Meta-analysis	Explore dark triads impact on workplaces	Dark traits harm trust, cooperation	Core link to damaging behaviours
O'Donovan et al., 2020	Measuring psychological safety in healthcare teams: developing an observational measure to complement survey methods	BMC Medical Research Methodology	Mixed-method	Develop observational tool	Psychological safety observable through micro-behaviours	Strong support for subtle cues
Paulhus & Williams, 2002	The Dark Triad of personality: Narcissism, Machiavellianism and psychopathy	Journal of Research in Personality,	Empirical	Define dark traits traits & behaviour patterns	Narcissism, psychopathy, Machiavellianism associated manipulation, risk-taking	Foundational for dark traits discussion
Powell et al., 2024	Emotional intelligence training among the healthcare workforce: a systematic review and meta-analysis	Frontiers in Psychology	Systematic review	Evaluate Emotional intelligence training effectiveness	Emotional intelligence training reduces burnout, improves climate	Supports Emotional intelligence as organisational asset

Author(s), Year	Title	Journal	Study Type	Aim	Key Findings	Relevance to This Review
Raineri & Cartes, 2024	Psychological Safety and Work Design as Mediators of Supervisors' Dark Triad Traits Impact on Nurses' Task Performance	Int. Journal of Public Health	Quantitative	Explore Dark traits impact & mediators	Psychological Safety mediates effects of dark traits	Shows Psychological Safety as buffer
Shaban et al., 2025	The mediating role of emotional intelligence in the relationship between technostress and burnout prevention among critical care nurses a structural equation modelling approach	BMC Nursing	Structural equation modelling	Examine emotional intelligence effect	Emotional intelligence reduces stress & improves safety climate	Shows emotional intelligence linked wellbeing link
Spain et al., 2014	The dark side of personality at work	Journal Organizational Behavior	Review	Examine harmful personality traits in workplaces	Dark traits undermine relationships & trust	Reinforces risks of unregulated traits
Tawfik et al., 2023	Leadership Behavior Associations with Domains of Safety Culture, Engagement, and Health Care Worker Well-Being	The Joint Commission Journal on Quality and Patient Safety	Quantitative	Assess leadership & safety culture	Supportive leadership improves safety outcomes	Strengthens leadership link

Author(s), Year	Title	Journal	Study Type	Aim	Key Findings	Relevance to This Review
Tucker & Edmondson, 2003	Why hospitals don't learn from failures: Organizational and psychological dynamics that inhibit system change	California Management Review	Qualitative	Explore learning barriers	Fear, hierarchy, blame associated with learning barriers	Essential for understanding silence
Vergauwe et al., 2018	The double-edged sword of leader charisma: Understanding the curvilinear relationship between charismatic personality and leader effectiveness	Journal of Personality and Social Psychology	Quantitative	Examine charisma curve	Excess charisma associated with instability	Shows non-linear leadership effects

APPENDIX 2. Psychological Safety: What It Is and What It Is Not

This figure, adapted from Kumar et al. (2025), summarises key distinctions between what constitutes psychological safety and what is commonly misinterpreted as such. It provides a visual overview supporting the conceptual definition used in this thesis.

Psychological safety is...	Psychological safety is not...
 <p>...when people feel safe to engage in honest and potentially uncomfortable conversations without fear of judgement or blame</p>	 <p>...about being nice, agreeable, likeable or conflict-averse</p>
 <p>...rooted in mutual respect and a sense of shared purpose</p>	 <p>...about withholding criticism or always attaining consensus decision-making</p>
 <p>...actively and incrementally built over time, and requires monitoring and effort to maintain</p>	 <p>...easy to foster or maintain—<i>just telling people they are in a 'safe space' doesn't work</i></p>
 <p>...a dynamic construct that can change in time and context for individuals and teams alike</p>	 <p>...experienced uniformly by different team members</p>
 <p>...an integral and foundational part of high-performing teams and organisations</p>	 <p>...a shield from accountability, or an excuse for reduced performance standards</p>
 <p>...where individuals, teams and organisations can learn, grow and innovate in a nurturing and trusting environment</p>	 <p>...the same as psychological comfort</p>