



The Five Horsemen of Leadership

An Evidence-Integrated Framework of Trust, Integrity, Courage, Empathy, and Accountability for Healthcare Leadership Development

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Abstract

Background: Healthcare leadership development remains dominated by rotating competency frameworks, yet employee accounts of why they stay, contribute, or disengage converge on five enduring qualities: trust, integrity, courage, empathy, and accountability. Recent evidence indicates the stakes: in a 2025 national survey, 42.9 percent of healthcare workers reported low trust in their organization's leadership, and low trust was associated with disengagement and intent to leave (Greene et al., 2025).

Purpose: This paper integrates five mature research literatures into a single testable framework, the Five Horsemen of Leadership, and derives an operating model and measurement approach suitable for leadership academy instruction and evaluation.

Approach: A structured narrative synthesis of meta-analytic and primary evidence from 1995 through 2026 is organized around each construct, followed by an integrative model with seven propositions, an operationalization (the Formation Strength Index and formation asymmetry), and a quarterly improvement cadence (the RIDE cycle: Rate, Identify, Develop, Evaluate).

Findings: Trust in leadership shows robust meta-analytic associations with satisfaction, commitment, citizenship behavior, and retention (Dirks & Ferrin, 2002; Legood et al., 2021). Behavioral integrity outpredicts general moral integrity for trust and performance outcomes (Simons et al., 2015). Moral courage converts values into action and is potentiated by authentic leadership (Hannah et al., 2011). Empathic leadership and psychological safety predict engagement, learning, innovation, and lower burnout (Frazier et al., 2017; Van Bommel, 2021; Gilin et al., 2023). Well-designed accountability systems improve information processing and standards, whereas outcome-only designs invite corner-cutting (Lerner & Tetlock, 1999). Leadership training interventions demonstrate downstream reductions in direct-report burnout and turnover intent (Briggs et al., 2024; James et al., 2025).

Implications: The five constructs function as an interdependent formation rather than a menu. Leadership academies should assess the formation as a profile, target the weakest element, and tie development to operational metrics. Teams feel asymmetry before averages show it.

Keywords: *trust in leadership, behavioral integrity, moral courage, empathic leadership, psychological safety, felt accountability, healthcare leadership development, radiology leadership*

1. Introduction

Healthcare leadership development has a fashion cycle. Competency models, engagement platforms, and dashboard suites arrive with strong claims and depart quietly, and each cycle consumes scarce development budgets and scarcer leader attention. Meanwhile, the qualitative record of why clinicians and staff commit to organizations, contribute discretionary effort, or quietly disengage has remained remarkably stable across decades of research. When employees describe the leaders they would follow into uncertainty, they describe five qualities: trust, integrity, courage, empathy, and accountability (Emrick, 2026). This paper refers to these as the Five Horsemen of Leadership. When they ride together, they pull people toward a shared future. When even one is missing, teams register it quickly as politics, rework, turnover, and a perceptible drop in energy.

The urgency of returning to these fundamentals is empirical, not nostalgic. Greene, Gibson, Taylor, and Wolfson (2025) surveyed 353 United States healthcare workers and found that only 20.2 percent trusted their organization's leadership very much, 36.9 percent trusted somewhat, and 42.9 percent reported lower levels of trust. Workers who trusted leadership reported confidence, empowerment, motivation to work harder, and pride; those who did not reported disengagement, negative emotions, and active efforts to leave. Parallel workforce research found that although 91 percent of healthcare employees reported trusting their organization overall, leadership was the most frequently cited reason among the minority who did not (NRC Health, 2025). Against a backdrop of documented workplace toxicity and empathy deficits (Businessolver, 2024) and persistent clinical workforce burnout, the leadership qualities that stabilize organizations deserve rigorous, integrated treatment rather than episodic rediscovery.

This paper makes three contributions. First, it consolidates the meta-analytic and primary evidence base for each of the five constructs, privileging quantitative reviews and recent findings from 2024 to 2026 in healthcare settings. Second, it advances an integrative model, the formation logic, with seven testable propositions about how the constructs interact. Third, it operationalizes the framework for leadership academy use through a profile-based measure, the Formation Strength Index, an asymmetry diagnostic, and a quarterly improvement cadence, the RIDE cycle. The intent is a framework that is simultaneously publishable, teachable, and auditable.

2. Theoretical Foundations and Evidence Review

2.1 Trust: The Relational Engine

Trust is defined as a willingness to be vulnerable to the actions of another party based on positive expectations of that party's intentions and behavior, grounded in perceived ability, benevolence, and integrity (Mayer, Davis, & Schoorman, 1995). In leadership terms, followers who trust a leader permit that leader's decisions to shape their workload, reputation, and livelihood. Dirks and Ferrin (2002), synthesizing 106 studies across four decades, reported corrected correlations between trust in leadership and satisfaction with the leader (.73), job satisfaction (.51), organizational commitment (.49), belief in information provided by the leader (.35), and intent to quit (–.40), with smaller but reliable associations with citizenship behavior and job performance. Legood, van der Werff, Lee, and Den Hartog (2021) extended this record by demonstrating, meta-analytically, that trust in the leader functions as a central mediating mechanism through which transformational, ethical, and authentic leadership styles influence performance outcomes.

In healthcare, trust operates as a safety mechanism, not merely a climate amenity. Coordination failures translate into patient harm, and the willingness of staff to surface bad news early, admit mistakes, and disclose near misses depends on their judgment that the leader will not weaponize vulnerability. Greene et al. (2025) documented that trusting healthcare workers reported higher work quality and professional satisfaction, whereas distrusting healthcare workers disengaged and sought to exit. The practical diagnosis is temporal: leaders should ask whether bad news reaches them early or only after it has grown teeth. Early, unfiltered information is a lagged measure of accumulated trust.

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2.2 Integrity: The Word-Action Spine

The leadership literature's most tractable definition of integrity is behavioral: the perceived alignment between a leader's words and deeds, encompassing both the match between espoused and enacted values and the keeping of promises (Simons, 2002). Davis and Rothstein (2006) conducted a meta-analysis and found that managers' perceived behavioral integrity is strongly and positively associated with employee attitudes, including job satisfaction, satisfaction with leadership, and commitment. Simons, Leroy, Collewaert, and Masschelein (2015) compared behavioral integrity against adjacent constructs and found it exerted stronger effects on trust, in-role task performance, and organizational citizenship behavior than general moral integrity, and stronger effects on commitment and citizenship than psychological contract breach. The authors attribute this predictive advantage to a dual path: word-deed alignment improves follower attitudes and simultaneously improves communication clarity, because followers can take an aligned leader's statements at face value and act on them without hedging.

The healthcare application carries a clinical ethics dimension. When a leader declares that financial pressure will never override patient safety, staff attend closely to the first collision between a high-revenue procedure and a staffing or safety constraint. The decision made that day signals integrity for years to come. A practical discipline is to treat every major decision as an alignment check organized around three questions: what did we say our values were; if we choose this path, what does it say about what we really value; and can we explain the gap without resorting to spin. Leaders who repeatedly pass this test establish moral predictability, which lowers anxiety and conflict during change.

2.3 Courage: The Capacity to Act Under Risk

Courage in leadership is the willingness to take principled action while aware of reputational, career, financial, or interpersonal risk. Sekerka, Bagozzi, and Charnigo (2009) conceptualized and measured professional moral courage as a

managerial competency expressed through moral agency, multiple-value consideration, endurance of threats, going beyond compliance, and moral goal pursuit. Hannah, Avolio, and Walumbwa (2011) demonstrated that authentic leadership relates to follower ethical and prosocial behavior through follower moral courage, positioning courage within a broader architecture of moral potency that includes moral efficacy, confidence in one's capacity to address ethical challenges, and moral ownership, a felt responsibility for ethical outcomes. The consistent empirical observation is a judgment-action gap: many organizational members know the right course of action yet fail to act because of fear, pressure, or the absence of organizational support. Leadership courage lives in that gap.

For senior leaders, courage manifests in three domains. Decision courage is making calls with imperfect data and owning them rather than deferring endlessly or hiding behind committees. Relational courage is giving honest feedback to high performers, addressing disruptive behavior, and protecting those who speak up. System courage is challenging misaligned incentives, including metrics that reward volume over value or that encourage gaming rather than improvement. In healthcare, it is often socially safer to allow a questionable pattern to continue than to challenge a powerful clinician, vendor, or executive, which is precisely why courage at the top functions as implicit permission for courage throughout the organization.

Without courage, integrity remains largely theoretical.

2.4 Empathy: The Human Connector

Empathy is accurate attunement to the feelings and perspectives of others paired with constructive response. It is neither indulgence nor approval. The quantitative case is substantial. Van Bommel (2021), in a Catalyst survey of nearly 900 United States employees, found that 61 percent of employees with highly empathic senior leaders reported being innovative at work, compared with 13 percent of those with less empathic leaders, with parallel advantages for engagement and inclusion and reduced burnout for women from marginalized groups. Empathy's operational cousin, psychological safety, the shared belief that a team is safe for interpersonal risk taking (Edmondson, 1999), shows meta-analytic associations with engagement, task performance, learning behavior, and citizenship across 117 studies, with effects on engagement and task performance amplified in high uncertainty-avoidance contexts (Frazier, Fainshmidt, Klinger, Pezeshkan, & Vacheva, 2017), a pattern with clear relevance to high-stakes clinical environments.

Healthcare-specific interventional evidence is now emerging. Gilin et al. (2023) reported that a wellness leadership intervention for medical faculty produced measurable improvements in leader empathy, along with reductions in burnout indicators. Briggs, Heman-Ackah, and Hamilton (2024) found that a compact leadership training intervention for supervising residents, covering trust building, conflict management, difficult conversations, and feedback, improved direct reports' perceptions of their leader's skills and their own well-being. James et al. (2025) documented that a fifteen-month well-being leadership council reduced burnout among trained clinician leaders from 47 percent to 13 percent, with reductions in emotional exhaustion and turnover intent extending to intervention-group clinicians. Aldhmadi, Algahtani, and Perera (2026) further linked authentic, relationally transparent leadership to lower burnout experience and turnover intention among 318 healthcare professionals. Empathy does not remove boundaries; a leader can hold a protocol change and acknowledge its disruption in the same sentence. During rapid change, including AI implementation and reimbursement shifts, empathy serves as a stabilizer, helping people metabolize uncertainty rather than attack the change.

2.5 Accountability: The Integrator

Accountability is frequently reduced to blame allocation. The research tradition offers a richer construct: felt accountability is the perceived obligation to explain and justify one’s conduct to audiences holding reward or sanction power, shaped by an accountability environment of answerability sources, standards, and consequences (Lerner & Tetlock, 1999; Hall, Frink, & Buckley, 2017). The evidence is double-edged. Under well-designed conditions, accountability increases the care with which people process information and raises performance standards. Under poorly designed conditions, it produces defensiveness, risk aversion, and a tendency toward shortcuts. A particularly robust finding distinguishes process accountability, answerability for how decisions are made and work is conducted, from outcome accountability, answerability for results alone: exclusive outcome focus invites corner-cutting, whereas balanced process accountability improves decision quality (Lerner & Tetlock, 1999; Hall et al., 2017).

Leadership practice, therefore, requires three layers operating simultaneously: personal accountability, leaders owning decisions and admitting mistakes quickly; mutual accountability, teams holding one another to agreed norms; and system accountability, structures that make the right behavior easier than the wrong one through transparent metrics, clear standards, and fair consequences. In imaging services, accountability is visible in on-time starts, report turnaround times, handoff quality, and protocol adherence. When expectations are paired with fair support and feedback, accountability becomes a source of professional pride rather than fear; when it is vague, politicized, or selectively enforced, performance and trust decay together.

3. An Integrated Model: The Formation Logic

The framework’s theoretical claim is that the five constructs operate as an interdependent formation rather than a menu of independent virtues. Trust rides ahead: it is the enabling condition without which technically sound decisions are second-guessed, resisted, or quietly undermined. Integrity is the spine linking strategy, communication, and daily behavior into something followers experience as coherent. Courage and Empathy ride side by side: courage supplies the capacity to make hard calls, and empathy grounds those calls in the lived experience of staff, patients, and communities, so change is implemented with people rather than to them. Accountability rides behind, gathering the energy of the other four and converting it into disciplined execution and credible stewardship. Table 1 summarizes the constructs, anchor theories, representative findings, and leading indicators.

Table 1. The Five Horsemen: Constructs, Theory Anchors, Evidence, and Leading Indicators

Horseman	Construct Definition	Anchor Theory	Representative Empirical Finding	Leading Indicator
Trust	Willingness to be vulnerable based on positive expectations of the leader’s ability, benevolence, and integrity	Integrative model of organizational trust (Mayer et al., 1995)	Meta-analytic correlations with job satisfaction (.51), commitment (.49), and intent to quit (–.40) across 106 studies (Dirks & Ferrin, 2002)	Time to raise the leader's awareness of bad news
Integrity	Perceived alignment between a leader’s words and deeds across time and situations	Behavioral integrity theory (Simons, 2002)	Behavioral integrity outpredicts moral integrity for trust, task performance, and citizenship behavior via attitudes plus communication clarity (Simons et al., 2015)	Say-do gap audit on major decisions

Horseman	Construct Definition	Anchor Theory	Representative Empirical Finding	Leading Indicator
Courage	Principled action taken with awareness of reputational, career, financial, or interpersonal risk	Moral potency: efficacy, ownership, courage (Hannah et al., 2011)	Authentic leadership combined with moral courage predicts ethical and prosocial behavior; the judgment-action gap is the binding constraint (Hannah et al., 2011; Sekerka et al., 2009)	Rate of upward challenge and issue escalation
Empathy	Accurate attunement to others' feelings and perspectives paired with constructive response	Empathic leadership and psychological safety (Edmondson, 1999)	61% of employees with highly empathic senior leaders report being innovative versus 13% without (Van Bommel, 2021); psychological safety links to engagement and performance across 117 studies (Frazier et al., 2017)	Voice frequency, near-miss disclosure
Accountability	Felt an obligation to explain and justify conduct to audiences that can reward or sanction it	Felt accountability theory (Lerner & Tetlock, 1999; Hall et al., 2017)	Well-designed accountability improves information processing and standards; outcome-only accountability invites corner-cutting (Lerner & Tetlock, 1999)	Owner, metric, and cadence coverage per priority

The formation logic generates testable propositions. Proposition 1: trust in leadership mediates the relationship between the other four horsemen and follower discretionary effort, consistent with trust's established mediating role across leadership styles (Legood et al., 2021). Proposition 2: Behavioral integrity is the strongest single antecedent of trust in leadership, via the dual path of attitudes and communication clarity (Simons et al., 2015). Proposition 3: Leader courage moderates the integrity-trust relationship, because word-deed alignment maintained under high-stakes conditions carries greater signal value than alignment under easy conditions. Proposition 4: Leader empathy moderates the relationship between accountability intensity and follower defensive responding, such that high accountability with high empathy yields learning, while high accountability with low empathy yields defensiveness and gaming. Proposition 5: Psychological safety mediates the relationship between leader empathy and team learning behavior (Edmondson, 1999; Frazier et al., 2017). Proposition 6: the profile's minimum element, not its mean, is the binding constraint on team-level outcomes; formations with equal means but greater asymmetry will underperform balanced formations. Proposition 7: Improvements in the weakest horseman produce larger marginal gains in team outcomes than equivalent improvements in the strongest, implying diminishing returns to strength concentration.

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4. Operationalization: The Formation Strength Index and the RIDE Cycle

For academy and field use, the framework is operationalized as a profile measure. Direct reports rate the leadership team on each strength, from 1 to 10, with each rating anchored by a behavioral example. The Formation Strength Index (FSI) is the mean rating, rescaled to 0 to 100, providing a headline number for longitudinal tracking. The diagnostic power, however, lies in formation asymmetry, the spread between the strongest and weakest horse riders. Consistent with Proposition 6, a spread of three or more points is flagged regardless of the mean, because organizations strong in

accountability but weak in empathy, or firm in courage but inconsistent in integrity, generate the friction patterns that averages conceal. Teams feel asymmetry before averages show it.

Improvement follows a quarterly RIDE cycle. Rate: Collect direct-report ratings with behavioral examples and compute FSI and asymmetry. Identify: select the weakest horseman as the quarter's single focus, resisting the temptation to work all five simultaneously. Develop: install one deliberate practice matched to the target, for example, commitment logging and constraint transparency for trust, the three-question alignment check for integrity, scheduled tough conversations and incentive challenges for courage, structured listening routines for empathy, or an owner-metric-cadence grid with balanced process and outcome measures for accountability. Evaluate: re-measure at quarter close and track the operational metrics that should move if the horse rider strengthens, including turnover, incident reporting, staff engagement, patient complaints, and service-line KPIs. The cycle converts a values conversation into an auditable improvement system, and the shared vocabulary accelerates diagnosis: teams can name an integrity gap or an accountability design that is all outcomes and no process, rather than reporting that morale is bad.

5. Application to Healthcare and Imaging Services Leadership

Three features of contemporary healthcare make the formation framework particularly consequential. First, safety coupling: in imaging and acute services, the distance between silence and harm is short, so trust, empathy, and psychological safety function as components of the safety system rather than cultural decoration. The willingness of a technologist to halt a study over a screening concern, or of a scheduler to flag a protocol mismatch, is directly determined by whether prior voice was met with protection or punishment. Second, workforce fragility: with burnout and turnover intention elevated across clinical professions, the interventional evidence that leadership training reduces direct-report burnout and turnover intent (Briggs et al., 2024; James et al., 2025) positions leader development as a workforce retention strategy with measurable return, not a discretionary amenity. Third, technological transition: AI implementation, remote operations, and reimbursement redesign impose sustained adaptive demand. Integrity determines whether staff believe the stated rationale for change; courage determines whether leaders confront the incentive conflicts change exposes; empathy determines whether staff metabolize uncertainty or organize against it; accountability determines whether the change produces durable practice rather than pilot theater; and trust determines the speed of all of it.

For a multi-site imaging enterprise, the framework scales through role-based application. Executives own system courage and system accountability, including incentive architecture and metric design. Directors and managers own the trust account, and the alignment check at the level where staffing promises and schedule changes are experienced. Frontline leads the daily empathy behaviors, open questions, naming facts and feelings, and audience-adapted communication, that regulate the climate in which safety-relevant voice occurs. The formation is fractal: each layer can be rated, diagnosed, and developed with the same instrument.

6. Implications for Leadership Academy Curriculum

Table 2 maps the framework onto a six-module academy sequence. Each module pairs the evidence base with one applied practice assignment and one metric tie, so participants experience the constructs as operating disciplines rather than inspirational content. The capstone requires each participant to run one full RIDE cycle in their own service area, presenting the baseline FSI, the asymmetry diagnosis, the selected practice, and the re-measured results. This design aligns with the interventional literature, which consistently finds that compact, practice-anchored leadership training

produces measurable downstream effects on direct-report well-being (Briggs et al., 2024; Gilin et al., 2023; James et al., 2025).

Table 2. Academy Curriculum Map: Modules, Practices, and Metric Ties

Module	Session Focus	Applied Practice Assignment	Metric Tie
Trust	Trust as vulnerability acceptance; the trust account; transparency under constraint	Commitment log: track every promise made and closed for 30 days; publish the completion rate to the team	Time to bad news; engagement pulse
Integrity	Behavioral integrity and the say-do gap: the three-question alignment check	Run the alignment check on a single live budget or staffing decision, and present the reasoning to peers.	Say-do audit score; cynicism items
Courage	Decision, relational, and system courage: lowering the threshold for voice	Complete one deferred tough conversation and one incentive challenge; debrief in a small group.	Escalation rate; incident reporting
Empathy	Attunement plus constructive response; naming facts and feelings; audience-adapted communication	Structured listening routine embedded in two standing meetings for one quarter	Burnout items; turnover intention
Accountability	Process versus outcome accountability; forward-looking design; owner, metric, cadence	Build an accountability grid for one service line priority with balanced process and outcome measures.	On-time starts, turnaround times, and handoff quality.
Capstone	Formation Strength Index baseline, asymmetry diagnosis, and one-quarter RIDE cycle	Collect direct-report ratings, compute FSI and asymmetry, select one horseman, execute, and re-measure	FSI delta; targeted operational KPI

7. Limitations and Future Research

Four limitations warrant acknowledgment. First, the framework is a synthesis: the five literatures were developed largely in parallel, and the interaction propositions advanced here, particularly the moderation claims in Propositions 3 and 4 and the asymmetry claims in Propositions 6 and 7, await direct empirical test. Second, much of the underlying evidence is cross-sectional and self-report, with the meta-analytic authors themselves noting publication bias and common-method concerns (Frazier et al., 2017); longitudinal and multi-source designs in healthcare settings are needed. Third, construct boundaries overlap: behavioral integrity and trust share variance by design, and empathy and psychological safety are related but distinct levels of analysis, so measurement models must carefully specify discriminant validity. Fourth, the FSI and formation asymmetry metrics are proposed here as practical instruments; their psychometric properties, including rater agreement, test-retest stability, and predictive validity against operational outcomes, should be established through a field study. A natural first study is a multi-site imaging enterprise panel linking quarterly FSI profiles to turnover, incident reporting, and turnaround-time performance, with asymmetry tested as an incremental predictor beyond the mean.

8. Conclusion

The qualities that determine whether people follow a leader into uncertainty are not new, and that is the point. Trust, integrity, courage, empathy, and accountability constitute a formation whose evidence base is deep, whose interactions are specifiable, and whose development is measurable. The contribution of this paper is integration and

operationalization: a single framework with seven testable propositions, a profile metric that surfaces the asymmetries teams feel before averages show them, and a quarterly cadence that converts character language into operating discipline. For healthcare organizations navigating workforce fragility and technological transition, the Five Horsemen offer a durable alternative to the framework fashion cycle: not another new model, but a rigorous return to the ones that were true all along.

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