Original Article

Challenges and Promotion Factors in Women's Leadership in Nursing

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Abstract

Background & objective: Gender equity is imperative to the attainment of healthy lives and well-being of all, and promoting gender equity in leadership in the health sector is an important part of this endeavour, the present study aimed to evaluate the experiences of female educational supervisors on leadership challenges in Kermanshah hospitals.
Materials & methods: In this ante narrative study, the required data were collected in an individual semi-structured interview. Totally 12 nurses working in hospitals of Kermanshah city were selected by targeted sampling method. Analysis was done by content analysis.
Results: According to the research findings, the extracted themes included low self-confidence and the impact of professional role conflicts and family preferences. The factors of self-control were moral competence and purposefulness.
Conclusion: The results of this study can be beneficial to policymakers, human resource managers, educational planners, and leaders at all health system levels.

Keywords: Ethics, nursing, supervisory,leadership,women.

Introduction

Leadership development has attracted considerable attention from eminent leadership scholars and practitioners not only as one of the most interesting fields, but also as a field that has effective contributions to advance leadership research and discover empirical, developmental implications associated with that advance (1).

The level of education, age and gender of managers are key factors which affect their leadership style (2), (3).

The European Institute for Gender Equality argues that twenty-first century needs for smart, sustainable and inclusive growth require higher gender equality scores (4). The themes raised from Robinson's study involved race and

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gender, caring for one's family, flexibility, spirituality, education, upward movement, counseling, networking, effective communication, positive work relationships, child support, and social participation (5).

Gender stereotypes about leadership continue to have an impact on the workplace. Women are often seen as nurturers and rarely as leaders. The stereotype of a strong, commanding, and male leader still influences decisions about placement in leadership positions. This discrimination can be very subtle and hard to recognize. Ironically, according to Fontenot, traits traditionally viewed as feminine are the ones "that are vital for today's successful healthcare leader (6).

Women make up the vast majority of those working in the field of global health. However, they are underrepresented within top institutions, in global policy and governance forums, in thought leadership panels, and across decision-making structures in the public and private sectors (7). While gender parity in leadership has not been achieved in many fields-including business, law, science, education, technology and political space - the gender gap in global health is particularly problematic as it is not reflective of the practices and goals within the sector (8).

The Ethics of Care (EoC) was introduced as a feminist perspective for understanding moral choices as an alternative to Kohlberg's Theory of Moral Development. As a model of ethical stewardship, EoC is a distinct moral and ethical theory--rather than merely a subpart to be included within other ethical perspectives such as Kantian morality, utilitarianism, or virtue ethics (9). An ethic of care perspective opens up new avenues to research that may shed light on questions in related organizational research streams (10). The job of a leader includes caring for others or taking responsibility for them. All leaders face the challenge of how to be both ethical and effective in their work (11).

The EoC and its focus on caring, honoring relationships, and emphasizing the importance of people rather than rules can be a useful ethical perspective for leaders to understand as they reflect on how to become more authenti, more trusted, and more effective. The EoC is not only well-founded as an ethical and moral model for understanding employee relationships but can be a valuable resource in creating organizations that perform efficiently and effectively and compete successfully (9).

Therefore, there is a gap in integrated studies to investigate and recognize the challenges and promoting factors of women's leadership from the perspective of care ethics in nursing. Due to the lack of sufficient resources in this field, qualitative studies, as an effective approach, are expected to provide in-depth and objective views on the real experiences of leaders in this sector. The results of this study can provide appropriate information to policymakers and general managers of hospitals in order to reduce the problems of female managers.

Materials & Methods

This study was qualitative and antenarrative. In this study, a qualitative approach was used to explore the contextual statements of nurses on their experiences with the stories they narrate using the narrative research. The used strategy was antenarrative and the method was short narration based on the pragmatist epistemology of Percy. The retrospective narrative is a process by which retrospective narrative is linked to a live story. The term retrospective narrative was raised by David Boje in 2001. (Boji, 2001). Inclusion criteria were at least a bachelor degree in nursing. Data were collected according to the scientific and research proficiency of the participants and their limited time to participate in the research by the method of "semi-structured individual interviews". The exclusion criteria were dissatisfaction with continuing to participate in the study. A total of twelve female nurses were interviewed at this stage. Participants were educational supervisors working at different parts of hospitals located in Kermanshah, Iran. The main inclusion criterion was having at least two years of experience. Qualitative data is analyzed through content analysis. The interviews were conducted by one person. MAXQDA

10 software was used for content analysis. The demographic information of the interviewees is given in Tables 1 and Table 2.

Interviews continued until data saturation was reached, which was after nine interviews. Flinlck et al. stated that saturation was reached when no new themes emerged. Each of the 12 participants was interviewed three times to reach this degree of closure (12).

The main questions addressed this study are as follows:

1) What does educational leadership mean and what structures or parts or aspects does this meaning include?

2) What characteristics can be imagined for female leaders that differentiate their work from men?

3) What factors lead to the development or creation of female leadership performance and what issues and obstacles can be foreseen in this direction?

To comply with the principles of ethics in the research, after obtaining permission to conduct interviews from the hospitals in question, an informed consent form was completed by all participants. In this form, participants were allowed to record interviews and use information without mentioning their names.

At the end of each interview, the use of interviews was re-emphasized while keeping the names of the participants confidential, and all participants agreed to use their opinions in this study with the confidentiality of the names. This study was conducted in 2020 for eight months. To increase the credibility of the findings, enough time was spent to collect and review data frequently using a variety of sampling methods (selecting participants from the Educational Supervisor) and giving feedback to the participants. In case of any discrepancies between the text of the interview and the participants' feedback, all items were reviewed. In addition, vague issues were clarified through further phone contact. Besides, 2 faculty members, who were experts in qualitative research, analyzed and reviewed the handwritten interviews to ensure the dependency of contents and results.

Results

Based on the results of the interviews, some cases regarding the experiences of female educational supervisors on leadership challenges due to the ethics of care that were identified in Kermanshah hospitals can be mentioned (Table 3).

Table 1. Demographic information of the interviewees.

Participant	Interview time (minute)	Data collection method	Home Region	Data collection place	Marital status
1	40	Face to face	Kermanshah	Workplace	Married
2	45	Face to face	Kermanshah	Workplace	Married
3	55	Face to face	Kermanshah	Workplace	Married
4	45	Face to face	Kermanshah	Workplace	Married
5	45	Face to face and phone	Kermanshah	Workplace	Married
6	45	Face to face	Kermanshah	Workplace	Married
7	50	Face to face	Kermanshah	Workplace	Married
8	45	Face to face	Kermanshah	Workplace	Married
9	45	Face to face	Kermanshah	Workplace	Married
10	45	Face to face	Kermanshah	Workplace	Married
11	55	And phone	Kermanshah	Workplace	Married
12	50	Face to face	Kermanshah	Workplace	Married

Table 2. Demographic information of the interviewees.

Demographic information	Indicators	Frequency	Percentage
Age	35-45 years	5	%41
	45-55 years	4	%33
	55-65 years	3	%26
Work experience	5-10 years	2	%17
	10-20 years	4	%33
	More than 20 years	6	%50
Total		12	%100

Table 3. Promoting challenges and factors of women's leadership

Main theme	Sub-themes	Codes
challenges and promoting factor of leadership due to ethics of care	Challenges: Low self-confidence	Presence of old and popular attitudes among people about the inability of women's leadership, the presence of patriarchy in society, the inability to attract budget
	Professional role conflicts and family preferences	The negative effect of events on personal life, the presence of intense challenges and face-to-face conversations
	Self-control	Need for too much patience in discussing education, different opinions, thinking and personality of individuals, accountability, better performance in accreditation
	Moral competence purpousfulness	Emotional behavior of women, dealing with the human spirit, building mutual trust, strengthening empathic relationships, defending patients' rights, motivating individuals, having a work conscience
		Tact, trying to achieve a goal

Since the number of participants in the city was limited, it was avoided to bring the age and work experience individually for each participant due to cultural and personal sensitivities to maintain ethical considerations.

Promoting factors and challenges of leadership due to ethics of care. The events which took place in Kermanshah hospitals and medical centers have caused the female educational supervisors at these centers to encounter many unpleasant problems and have taken them towards a direction beyond their daily professional plans and responsibilities. The main content of the issues arising from the ethics of care included two side contents if promoting challenges and factors. In the challenges part, the effects of personal life events on work and less self-confidence were less among women in its sub-section, and in the section of progressive causes, moral competence and purposefulness were the two sub-sections. Low self-confidence: the presence of old and popular attitudes among people about the inability of women's leadership, the presence of patriarchy in society, the inability to attract budget were the codes related to this part. In this regard, participant No. 2 stated: "I was in an environment where I saw things, one is that unfortunately during this period we went to the hospitals where mostly women were the managers and also the presence of old and popular attitudes among people about the inability to lead among women. We criticized that she is less tolerant and cannot solve some problems, causing her upset and unable to manage time. She does things which a female manager does not deserve."

Another interviewee stated: "One of the challenges we have is patriarchy in the society, which often disturbs what a woman should do as a manager. For example, colleagues pay more attention to the words of the male leader than to the female leader."(Interviewee No. 3). The effect of personal life issues on work: Negative effect of events on personal life, the presence of intense challenges and face-to-face conversations were the codes related to this section.

Professional role conflicts and family preferences are regarded as other structural challenges for supervisors.

In this regard, one of the participants stated: "when I was in the clinical section, emotions make you far from your main responsibility. For example, I went home most of the time and cried because of a patient for a few days, it had affected my own life, or in my work environment, if my superior told me something; For example, your job was not good here. I got offended very quickly, I felt so heartbroken; But as the years go by and your work experiences increase, you will learn all these and will not get offended anymore. Such events hurt the personal life of the educational supervisor" (Interviewee No. 5).

Some supervisors mentioned that they were under direct or indirect pressure of their low self-confidence in selecting their leadership style and motivational programs.

In this regard, another interviewee stated: "For example, for this job, I first had budget problems, cooperation problems, the difference of taste, the difference of opinion, the difference in the type of management, all of these can be considered a challenge. In other words, management difference means a big barrier or difference, for example, the taste is also a big barrier. I had a difference in cooperation; For example, those who did not want me in this position, this is the biggest barrier for no cooperation, however, I want to do my job, I mean I have to think of the actions which have the least tension and I do not want to stop because of differences of taste and because of the existing differences. Each time, I tried to either avoid the barrier with self-control or stop and then ask help from other places in another way with different links to reach my goal, for example. Sometimes I even needed to have intense challenges and conversations to set my goals" (Interviewee No. 10).

Self control

Moral competence: Women's emotional performance, nursing process, and care frameworks, exposure to the human spirit,

building mutual trust, promoting close communication, supporting patients' rights, creating enthusiasm in individuals, and work conscience were the codes related to this part. In this regard, one of the participants stated: "For example, since women are emotional, they can work at the office very well or not. Since they are influenced by emotions and thoughts which provoke such emotions and then make decisions that can be also fruitful" (Interviewee No. 11). Another interviewee stated: "Personnel are in touch with the patient; for example, they may be in charge of a factory somewhere else. Many things ... as the saying goes, a series of solids and a series of inanimate things and like that; But nursing deals with the human spirit. For this reason, it is highly important in society. That is why I think it is very different from all the leaderships in different areas" (Interviewee No. 11).

Another interviewee stated: " Schedule is the smallest thing we can do for staff or when she says I have a problem. We say there is no problem, you have two days off. Go solve your problem. Listening to her, answering her feelings, and strengthening an empathic relationship are much more than money, merit pay, and other things and will also build mutual trust"(Interviewee No. 6)

Purposefulness: The codes related to this sub-theme included tact and trying to achieve a goal. In this regard, one of the participants stated: "Since I am a woman and my feel empathy for that patient, I love and my goal from the bottom of my heart is that the student or staff learn since we have both in-service training and student training; When they learn, since the goal is to serve that patient, it is a sacred goal for me. I see that nurses some late or some of them leave early. I wonder why should they not have the motivation? They want to serve a nation in the future, to help a patient who is really sick in terms of disease and is really in need. Finally, I think patience and perseverance in education and increasing interactions with individuals can be helpful "(Interviewee No. 3).

Another participant stated: "In my opinion, having self-confidence and creativity at work is highly important for getting promoted in the field of nursing and can help people a lot; In addition, work experience can be very helpful in the field of nursing due to the high volume of work in each morning and night shift" (Interviewee No. 1).

Discussion

The present study aimed at investigating the women's leadership challenges and promoting factors in Kermanshah hospitals using a qualitative approach. There is no comparable science of managing, as leadership is conditional upon specific situations and contexts (13). Effective leadership must focus on dynamic relationships between the values of leadership, culture, organizational capabilities, and context. Successful leaders have a good relationship with the external environment and broader society (14). Paying attention to the cultural, ethnic, social and gender-based differences of employees and customers (the society) is vital in leadership (15). Low self-confidence and the impact of professional role conflicts and family preferences were recognized as the major challenges for nurses. Similar to the results of the present study, Zarghami and Behbudi in 2014 were mentioned family responsibilities affect women's managerial profession. Since women in our society take more share of family and child responsibilities, sometimes they prefer family to their managerial job, placing women at a weaker status over men and can be one of the factors to ignore them in important positions (16).

Abalkhail in 2017 showed that women face several challenges preventing them from achieving equitable representation in leadership positions in Saudi. Recruitment and Selection, Gender Segregation, Discriminatory Practices, Lack of Professional Development are some of the challenges that women managers face in this country (17).

Kokkaliali in an article in 2017 discussed women's representation as leaders in strategic positions, the challenges of affirmative action regulation and the cultural barriers they face in Indonesia and Greece. Women in Indonesia

and Greece still face cultural barriers such as stereotypes, marginalization and sub-ordination for participating in strategic positions. These barriers can be overcome by having political education that provides skills and gender sensitivity on leadership to men and women, informal and informal institutions such as family and community (18).

Roth and e al., in 2016, provided empirical insights into the influences affecting women physicians' decision to participate in leadership. The authors found that they often exclude themselves because the costs of leadership outweigh the benefits. Potential barriers unique to healthcare include the undervaluing of leadership by physician peers and the perceived lack of support by nursing (19).

Choge in 2015 investigated challenges facing women's leadership development in primary schools' management in Kenya. The challenges facing female teachers in leadership were identified as; lack of promotion since most of them had never been promoted, unequal advancement opportunities, motherhood responsibilities, and career immobility due to geographical immobility due to family responsibilities, lack of role models, the dominance of males in the leadership network and lack of self-esteem to seek the administrative posts aggressively (20).

Schueller-Weidekamm in 2012 mentioned women's leadership in medicine is still disproportionately small, which might be due to the barriers of combining work and family (21).

McCullough in 2011 showed, despite overall gains, women are still underrepresented in leadership positions in science, technology, engineering, and mathematics (STEM) fields. Data in the US suggest around one quarter of deans and department heads are women; in science, this drops to nearly one in twenty. Part of this problem of under-representation stems from the population pool: only 33% of science and engineering doctorate holders employed in academia are women. Other issues include well-known problems of women's participation in STEM fields: lack of role models, unconscious biases, discrimination, and unwelcoming climates (22). Carnes in 2008 makes the case that deeply embedded unconscious gender-based biases and assumptions underpin the stalled advancement of women on both fronts (23).

In addition, the influence of various facilitating factors on female leadership is studied. In this study, moral competence and purpose are identified as self-control. Consistent with our research, Schueller-Weidekamm and others found that work-family enrichment has a positive spillover effect, which can spread positive energy and help balance the relationship between work and life. For each individual, the allocation and interaction of different resources such as time, money, decision-making scope, and physical, emotional, and social resources are essential to maintain a personal work-life balance (21).

Regarding the challenges of leadership caused by the ethics of care, it can be argued that education requires a lot of patience and the presence of old and popular attitudes on the inability of women for leadership and the presence of patriarchy in society have negatively affected women's performance. According to the public, women's emotional performance and inability to attract budget may challenge leadership in the ethics of care. Also, there are negative effects of events on nurses' personal lives, sometimes resulting in intense face-to-face challenges and conversations. Furthermore, there are differences between the attitudes, thoughts, and personalities of individuals while nursing is no exception to this rule. Recognizing the nursing process and standards of care, and also the fact that nurses deal with the human spirit and should be accountable to it challenges women's leadership increasingly in the ethics of care. The women with a work conscience can overcome the above-mentioned challenges by building mutual trust, strengthening empathy, defending patients' rights, and motivating individuals.

Despite criticizing and mentioning the challenges of leadership due to the ethics of care in Kermanshah hospitals, we consider it as a human value that goes beyond gender and men and women should consider it as ideal ethics instead of assuming the ethics of care as a female ethic

and comparing it with the male ethics which is based on law. There will no longer be a necessity for special female ethics.

Ultimately, it can be acknowledged that modern hospitals require professional educational supervisors who can manage complicated ethical conflicts. Awareness of educational supervisors on professional values is necessary for preparing for leadership challenges due to ethics of care based on ethical and professional methods. Finally, female educational supervisors should become more familiar with the dimensions of professional and ethical values of nursing care by taking some measures and also be encouraged to implement leadership ethics based on such values with the necessity of internalizing the above-mentioned values and promoting the professional performance. In addition, it is suggested to use the results of this study in the development of educational goals and programs for supervisors.

Conclusion

This study reveals the challenges and facilitators of effective female leadership at Kermanshah Hospital. Understanding these challenges and facilitating factors may help improve leadership and subsequent hospital performance. Lack of self-confidence and the influence of professional role conflicts and family preferences are considered the most important challenges faced by nurses. In this study, patience and moral ability were identified as facilitating factors (self-control). Therefore, the results of this study may benefit decision-makers, human resource managers, education planners, and leaders at all health system levels.

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Conflict of interest

The authors declare that they have no competing interests.

References

1.Megheirkouni M, Mejheirkouni A. Leadership development trends and challenges in the twenty-first century: rethinking the priorities. J Manag Dev. 2020;39(1): 97-124
2.Rhode DL. Women and leadership.Oxford University Press. 2017.
3.Choi SB, Kim K, Kang S-W. Effects of transformational and shared leadership styles on employees' perception of team effectiveness. Soc Behav Pers. 2017;45(3):377-86.
4.Peters P, Den Dulk L, De Ruijter J. may i work from home?views of the employment relationship reflected in line managers telework attitudes in six financial sector organizations.Equality, diversity and inclusion:An international journal. Emerald Article. 2010;29(5):517-31.
5.Robinson AD. A phenomenological study of the lived experiences of African American female school leaders in suburban school districts. The University of Alabama at Birmingham. 2013.
6.Offermann LR, Thomas KR, Lanzo LA, Smith LN. Achieving leadership and success: A 28-year follow-up of college women leaders. Leadersh Q. 2020;31(4):101345.
7.Dhatt R, Theobald S, Buzuzi S, Ros B, Vong S, Muraya K, et al. The role of women's leadership and gender equity in leadership and health system strengthening. Glob Health Epidemiol Genom. 2017;2:1-9. doi:10.1017/gheg.2016.22
8.Downs JA, Reif MLK, Hokororo A, Fitzgerald DW. Increasing women in leadership in global health. Acad Med. 2014;89(8):1103.
9.Atwijuka S, Caldwell C. Authentic leadership and the ethic of care. J Manag Dev. 2017;36(8):00-00 DOI:10.1108/JMD-12-2016-0331
10.Nicholson J, Kurucz E. Relational leadership for sustainability: Building an ethical framework from the moral theory of 'ethics of care'. J Bus Ethics. 2019;156(1):25-43.
11.Ciulla JB. Leadership and the Ethics of Care. J Bus Ethics. 2009;88(1):3-4.
12.Speziale HS, Streubert HJ, Carpenter DR. Qualitative research in nursing: Advancing the humanistic imperative. Lippincott Williams & Wilkins. 2011.
13.Hewison A, Morrell K. Leadership development in the English National Health Service: A counter narrative to inform policy. Int J Nurs Stud. 2014;51(4):677-88.
14.Al-Sawai A. Leadership of healthcare professionals: where do we stand? Oman Med J. 2013;28(4):285.
15.Kwamie A, van Dijk H, Agyepong IA. Advancing the application of systems thinking in health: realist evaluation of the Leadership Development Programme for district manager decision-making in Ghana. Health Res Po l Syst. 2014;12(1):29.
16.Zarghamifard M, Behboudi MR. The Glass Cliff Phenomenon: Women Experiences and Challenges in Leadership Position. J Organ Cult Manag. 2014;12(2):191-211.
17.Abalkhail JM. Women and leadership: Challenges and opportunities in Saudi higher education. Career Dev Int. 2017;22(2): 165-183 doi.org/10.1108/CDI-03-2016-0029

18.KOKKALIALI LKK, Nurhaeni IDA. Women Leadership: A Comparative Study between Indonesia and Greece. JSP. 2017;8(4):514-35.
19.Roth VR, Theriault A, Clement C, Worthington J. Women physicians as healthcare leaders: a qualitative study. J Health Organ Manag. 2016; 30(4): 648-65.doi: 10.1108/JHOM-09-2014-0164.
20.Choge JR. Gender Factor in Decision Making: Challenges Facing Women Leadership Development in Primary Schools' Managemnt in Kenya. 2015;6(12):30-37
21.Schueller-Weidekamm C, Kautzky-Willer A. Challenges of work–life balance for women physicians/ mothers working in leadership positions. Gend Med. 2012;9(4):244-50.
22.McCullough L, editor Women's Leadership in Science, Technology, Engineering and Mathematics: Barriers to Participation. Forum on Public Policy Online. 2011;2011(2):EJ94419923.
23.Carnes M, Morrissey C, Geller SE. Women's health and women's leadership in academic medicine: hitting the same glass ceiling? J Womens Health. 2008;17(9):1453-62.