

Women's educational supervisors' experiences of leadership challenges due to care ethics in Kermanshah hospitals

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ABSTRACT

Ethics of care does not accept general moral rules and emphasizes the influence of the moral agent and emotions on moral judgment. Given the impact of emotions on judgment, the present study aimed to analyze the experiences of female educational supervisors of leadership challenges in hospitals in Kermanshah. The present study approach was qualitative, and its strategy was Antenarrative. Data were collected through semi-structured interviews and analyzed through content analysis. Based on interviews, 7 Axial codes were: Educational Leadership, Organizational Culture, and climate Management, Career Growth and Professional Development, Ability to Communicate, Develop, Supervise and Evaluate Educational Programs, Leadership Challenges Due to Care Ethics and Top characteristics of women's leadership. Five of the seven core codes include educational leadership, organizational culture and climate management, career growth and professional development, the ability to communicate, compile, monitor, and evaluate training programs indicate the experience of female educational supervisors from leadership ethics challenges in Kermanshah hospitals. This also called functional identifiers. According to moral and professional methods, educational supervisors about professional values for preparing to remove leadership challenges arising from care ethics is necessary. Therefore, by adopting measures, female educational supervisors should become more familiar with the dimensions of professional and moral values of nursing care. The necessity of internalizing these values and promoting professional performance by implementing the leadership of care ethics based on these values should be encouraged.

Keywords: Leadership, Women, Challenges, Kermanshah

Introduction

Complex, volatile, and uncertain environments have made the need for leaders as essential needs. Leaders facilitate the achievement of organizational goals by influencing employees' self-confidence and desire. Building trust in the organization increases success and effectiveness Majidipour&etal,2021Studies on the relationship between individual characteristics and leadership style have shown conflicting results. These results

indicate that some individual characteristics of some managers affect their chosen leadership style [1]. Some Gender Also, managers' level of education and age affect their choice of leadership style [2, 3].

Achieving equal opportunities for women requires improving participation in leadership roles and positions of power and influence in organizations. the most important obstacle to women's management is a stereotype, which shows management as being a man. This stereotype leads to bias in women's employment in managerial positions, advancement, and educational decisions. Research in 41 countries shows that in countries such as Australia, Germany, Greece, Peru, and Singapore, between 20-30% of managerial positions are held by women [4]. Robinson's study's emerging themes include race and gender, family care, flexibility and spirituality, training and moving up, counseling and networking, effective communication and positive work relationships, child support, and social participation [5]. The ability to inspire others and

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charisma were the hallmarks of a leader in Volta *et al.*'s points of view [6].

Leadership is one of the main tasks of nursing managers, which is very important in advancing the goals of health care services. In addition to influencing group performance, it determines the success and failure of services [7]. Knowledge of women's leadership in nursing has great importance and value due to its global impact on nursing careers. Gender composition in the nursing profession and gender expectations affect nursing leadership approaches in different countries [8].

Excellent patient care with a high standard and professional and human behavior is the ultimate goal of any educational and medical center [9].

Since women make up a large part of society's population and research results show the impact of gender on many leadership issues and the value of leadership studies in nursing. Our study tries to research the experience of female supervisors on managerial challenges. In the educational hospitals of Kermanshah in the field of education in the context of Iranian culture, so that by using the results of the research, it can take a step towards solving the problems of women in the field of leadership.

Materials and Methods

Research design

This study was qualitative and Antenarrative. In this research, a qualitative approach by using narrative research to investigate the stories and contextual statements of nurses, experiences are analyzed with the stories they narrate. The strategy was Antenarrative, and the method of micro-storytelling was based on persi pragmatic science [10]. The question that guided the narrator was the question of leadership experience. After retelling the original narrative, additional questions were explored to clarify those parts that were inadequate. Finally, there was the assessment phase, in which the interviewer was asked questions about the theoretical interpretation of what happened and the assessment of the story. Data analysis was performed in the context of rhizomatic analysis, which searches to define the prospective meaning to expand the scope of antenarratives to other antenarratives and narratives of individual life [11].

Participants

The statistical population included all female nurses working in educational centers in Kermanshah who had leadership experience in supervisor positions. Target sampling was performed. Data saturation determined the sample size. Data saturation occurred in the ninth person, and three more interviews were conducted to validate the data, and 12 people participated in this study.

Data collection

In this study, all-female nurses of Kermanshah educational centers, who had a history of educational leadership, were considered the statistical population. Sampling was targeted. Sampling continued until data saturation. Information through the semi-constructed interviews was collected. The interview was divided into three main categories: structured interview, semi-structured interview, and open or non-structured interview.

At the end of the interview, the interviewees were returned to validate. The data were textual. One person conducted the interviews. The resulting data were then coded and analyzed.

Data analysis

The content analysis method was used to analyze the data. Due to the interpretive nature of the content analysis, more attention should be paid to its validity and reliability. This requires independent coding and thematic analysis to require more accuracy and time to compare with other qualitative methods.

Content analysis evaluation criteria

The present study returned the interviews to the interviewees for validation. Also, coding was done three times by three people separately. And the final coding was the result of summing up these three coding times.

Results and Discussion

After collecting the data, they were analyzed in a descriptive-comparative process with thematic coding. Finding of this study shows that 41% of participant age was between 35-45 year old. 33% of participant was between 45-55 year old. 26% was between 55-70 year old. 17% has between 5-10 years experience . 33% has between 10-20 years experience . 50% has more than 20 years experience .

Question 1: In the nurses' point of view, what is the meaning of educational leadership for a woman who has reached the position of leader, and what structures or sections or dimensions does this mean?

According to the results of the interviews, there are many cases of experiences of female educational supervisors of leadership challenges caused by caring ethics that have been identified in hospitals in Kermanshah. Based on the interviews, seven key codes include educational leadership, organizational culture and climate management, career growth and professional development, communication, compiling, monitoring, evaluating educational programs, and leadership challenges due to ethics of care and characteristics. The superiority of women's leadership can be separated.

Five of the seven core codes include educational leadership, culture management, and organizational climate, career growth and career development, the ability to communicate, compile, monitor, and evaluate educational programs, referred to the

experiences of female educational supervisors of leadership ethics challenges in Kermanshah hospitals and is also called applied identities.

Educational leadership

Talking to the participants, most of the narration was about educational leadership, which causes Female educational supervisors to express Leadership challenges arising from care ethics in Kermanshah hospitals.

For example, they have mentioned the following: management of the teaching-learning process in the hospital, contingency management, systematic educational needs assessment, prioritization of educational needs, development of training programs to meet educational needs, nursing families, and maintaining respect and self-esteem.

Excerpts from interviews related to educational leadership code

"The process of leadership and nursing management in the field we work in includes first management of the teaching-learning process in the hospital, and then a needs assessment of the staff, which is separate from the personnel and, in turn, from the department officials in the separate training committees. It is done, and all of this is summed up by the educational supervisor, and those ahead in terms of importance and those in terms of the number of people who like to meet these needs are prioritized (interview 6).

- "Based on the fact that every center, every position needs management, even education includes leadership that requires different groups that come to us, our clients are learners who are in different categories, what? Nursing, whether laboratory, radiology, etc., goes back to medical students and even higher levels such as heart assistants and even anesthesia and internal medicine and those who sometimes come here; "It needs contingency management to give coherence to this educational process." (Interviewer 1).

Question 2: By re-reading the proposals of female leaders in hospital settings, what characteristics can be considered for female leaders that make their work different from men's?

Top characteristics of women's leadership

One of the women's "special" educational supervisors was the superior characteristics of women's leadership. The codes used in this regard are as follows:

Intelligence and speed of action in work, establishing a more intimate and better relationship, creating better and more progress, more women's fairness and compassion, considering human rights, women's moral insight based on love, thinking of new measures to reduce stress, more control over women Self-discipline at work, paying attention to the subtleties of work,

having a sense of humanity and kindness, establishing meritocracy, more empowerment of women than men, and having sensitive and feminine management.

Excerpts from interviews related to the core code of leadership challenges in caring ethics

- "I think intelligence and speed of action are much more important for a woman than for a man. "Because women can do several things at the same time, this is the case that has been proven and is not seen in men." (Interview 5).
- "I think that if higher-level managers are chosen from women, it might be better for them to be able to communicate more ... For example, our previous group director was a woman. Perhaps our relationship is more intimate and better, and things are easier. "Sometimes, if the system or maybe the government has a greater view of women and uses women in big management, maybe a lot of progress will be better and more." (Interview 9).

Question 3: What factors lead to the advancement or emergence of women's leadership, and what challenges and obstacles can be imagined in this way?

Leadership challenges arising from care ethics

The events in the hospitals and medical centers of Kermanshah, the female educational supervisors of these centers have faced many challenges and unpleasant experiences. They have led them out of their daily duties and responsibilities. In-depth interviews, the following codes were obtained:

The need for patience in the field of education, the existence of old and popular views on women's inability to lead in women, the existence of patriarchy in society, women's emotional functioning, the negative impact of events in personal life, inability to attract funding, challenges and Intense face-to-face conversations, differences of opinion, thinking and personality of people, nursing process and standards of care, dealing with human soul and psyche, accountability, building mutual trust, strengthening mutual understanding, defending patients' rights, motivating people, having work conscience.

Excerpts from interviews related to the core code of leadership challenges in caring ethics

- "The ability of the patience, as well as the need for a lot of patience in the field of education, is very important in what way she wants to behave; Is she behaving

aggressively, is she repressive, or does she not have all the words to say that she is not perfect?" (Interview 8).

"One of the things I saw in the environment was that, unfortunately, most of us went to hospitals during this time, and most of the people had old and popular views on women's inability to lead. The thing that colleagues criticize is that their tolerance is low, and they cannot handle some of the problems more than they can handle, such as a female manager, causing them to become upset and unable to manage that time. Behaviors that are not acceptable to a female manager" (Interview 2).

Question 4: How do female educational leaders work in the educational and administrative fields, and how do they act if they face a challenge or an opportunity?

Ability to communicate

One of the concerns of female supervisors at Kermanshah hospitals was the ability to communicate with patients and other colleagues in the medical staff. In each case, they have seized it, despite obstacles we can scarcely imagine. "

Accompanying people with themselves, understanding people's problems, establishing good social relationships with other people, and increasing interactions.

Excerpts from the ability to communicate

- "We have tried to have a friendly educational relationship with all medical and non-therapeutic departments and to have a codified program of a defined process for children, to have staff and to have careful planning and accurate implementation and accurate evaluation after program implementation, but the principle It interacts with sections and accompanies individuals." (Interview 4).
- "When it came to understanding people's problems, one thing that stuck in my mind was that one of our residents had come and brought a dead patient, and she had to write a certificate because she had to go to work." She had written a death certificate stating that another deceased family had come later and complained that why did you write a certificate? You killed the patient, and this resident was very depressed; we followed up on her work and talked to the police officer who sent it and what was done. I think the first assistant was very depressed and very upset. "It could have dragged on with her family, it could have been a problem for her, she was gradually getting into the business process, and she calmed down a bit." (Interview 1).

Job growth and professional development

In a conversation with the participants, there were some narrations about job growth and professional development in hospitals in Kermanshah, which are mentioned below:

Responsibility of individuals, updating science in nursing leadership, mastering one's profession, having confidence and creativity at work, the importance of work experience, and the importance of science and awareness and expertise.

Parts of the career growth and professional development

- "Yes, the responsibility that people have in their field is ours, our subject is nursing and having worked in shifts, the problem of a nurse in shifts understands that tomorrow I am the power of this lady or gentleman when "I'm going to talk to him about what happened in the shift, he understands my pain, and he understands me, and he can do something for me." (Interview 10).

"As for the educational management of women, I think that if I am an educator, I, who want to work in this field, will strengthen myself along with updating science in nursing leadership, learn different methods and models, and in terms of literacy level. And to learn the models skillfully in other centers, whether I see it or search, I want to examine those audiences and the feedback that I have in different populations at all, the audiences from previous periods, from them. I think that mastering my profession helps me have a better program and management in my work, which results in Better a poor horse than no horse at all." (Interview 9).

Question 5: What are nurses' criticisms of women's educational leadership?

Organizational culture and climate management

In this article, there has been a lot of talk about managing organizational culture and climate in hospitals in Kermanshah, which are listed below:

Time management, stress management, holding in-house conferences, and preparing wall newspapers and brochures.

Excerpts from interviews related to the core code of organizational culture and climate management:

- "Honestly, nursing is a bit more special than all other fields because you have a few special conditions in nursing. If you have time management and stress management, all of this together will help a patient do the right thing. Therefore, nursing is nothing but nursing management, is a combination of different types of leadership and management that finds a manifestation of nursing" (Interview 5).
- "To improve the organizational climate in this regard, we should use cases such as wall newspapers and brochures and such programs, and in general in different ways that

people are educated and become more familiar with organizational culture in this area" (Interview 10).

Develop, monitor and evaluate training programs

Another important component of female educational supervisors was developing, monitoring, and evaluating educational programs to establish leadership resulting from the ethics of care in Kermanshah hospitals. They point to the following:

Conducting class exams and face-to-face training, having coherence in educational programs, knowing educational barriers, identifying educational goals, improving people's educational level, forming an educational-research committee in nursing, and monitoring and evaluating the facilities and educational conditions in the medical center.

Parts of the development, monitoring, and evaluation of educational programs

- "First, we do needs assessment, then we plan for our needs, which are in the form of training classes, workshops, if necessary, something practical, such as resuscitation. We set up a workshop. In addition to classes, we have face-to-face training in the departments. In the meantime, it is important to identify educational goals and improve the educational level of individuals" (Interview 9).
- "We work in the field of prevention for everyone, and that is another category ... I mean, I have a separate type of work for each of them, and for this one type, anyone who wants to work in education is a world, which means I have to be completely surrounded by my work.", To the content, I want to teach, how long I want to deliver this content, and what kind of style I want to do for this style I want to do, with the conflicts I have in my current situation, that is, in addition to Having coherence in curricula, I need to know the educational barriers that come with it, because every idea for implementation is not just what you set out to do. The planning I do should be based on these barriers, such as managerial barriers, economic barriers, barriers to promising..." (Interview 2)

Despite criticizing and expressing the challenges of leadership arising from care ethics in hospitals in Kermanshah, instead of assuming that ethics of care is a feminine ethic and contrasting it with masculine ethics based on justice; Let's put it as a human value that goes beyond gender, and men and women should look at it as an ideal morality, there will be no need for special feminine morality.

Finally, it can be acknowledged that today's hospitals have "educational supervisors" who have two or three. These educational supervisors talk about the value of the future in addressing the leadership challenges posed by caring ethics. The

results of this study are in line with the results of the study of Shah Talebi *et al.* (2009) [12]. The results of the study expressed the obstacles to success in 3 main components, including social factors, organizational and individual factors, as well as success factors including a positive attitude of others, personality traits of women, personal attitudes of women, attitudes of society, management and leadership skills, family factors Parents and the environment has been academic and free, which is consistent with the results of the present study. The results of Robinson's study, including family care, flexibility and spirituality, upbringing and training, counseling and networking, effective communication, and positive work relationships, are also consistent with the present study results [5]. In addition to the above, the study results by Folta *et al.* Indicate factors such as the ability to inspire others and charisma consistent with the present study's results [6].

Conclusion

According to the present study results, in the discussion of educational leadership in hospitals in Kermanshah, management of the teaching-learning process in the hospital and its contingency management has been important from participants' perspectives. With systematic educational needs assessment and prioritization of educational needs, educational programs can be developed to meet educational needs. Meanwhile, the families of employed nurses should be considered because nurses are always faced with a high workload and limited human resources. On the other hand, they should play their role as effective family members.

Also, based on the results of this study, the superior characteristics of women's leadership over men can be argued. It will be more successful. In addition to these issues, the existence of greater women's fairness and compassion, consideration of human rights, women's moral insight based on love, thinking of new measures to reduce stress, and more control over women are among the important issues in women's leadership. Women have a high level of discipline and pay more attention to work subtleties. Also, having a sense of humanity, friendship, and kindness in women is more important than men, which has increased women's ability more than men. And having sensitive and feminine management helps women to do things right.

Regarding the management of culture and climate, it can be argued that one of the most important management in nursing is time management and stress in this regard. It is suggested to hold internal conferences and prepare a wall newspaper and a brochure to increase this capability in nurses in Kermanshah hospitals.

Regarding career growth and professional development, it can be acknowledged that with the increasing responsibility of individuals who depend on the importance of work experience and the importance of their knowledge, expertise, career growth and professional development in nursing occurs. Nurses are also encouraged to increase their proficiency by updating

their knowledge in nursing leadership and having confidence in themselves and their creativity at work to be successful in their leadership in this area.

Another important result of women's educational leadership is the ability to communicate. In this regard, it is suggested that people communicate well by understanding others by understanding their problems. Also, establishing good social relations with other people and increasing interactions with them in the field of work between colleagues and patients will increase the success of women's leadership.

To develop, monitor, and evaluate educational programs, it is suggested that they achieve the desired goals in educational leadership by holding class exams and face-to-face training and having coherence in educational programs. To achieve these goals, knowing the educational barriers, identifying the educational goals, and improving the people's educational level can be helpful.

Leadership challenges arising from the ethics of care can be argued. The issue of education requires a lot of patience. The existence of old and popular views on women's inability to lead and patriarchy in society has negatively affected women's performance. Believing that women are emotionally active and incapable of attracting funding may challenge leadership in care ethics. There is also the negative impact of events on nurses' personal lives, sometimes resulting in intense face-to-face challenges and conversations. Working women of conscience can overcome these challenges by building mutual trust, strengthening empathetic relationships, defending patients' rights, and motivating individuals.

Therefore, by adopting measures, female educational supervisors should become more familiar with the integration of professional and ethical values of nursing care and the need to internalize these values and promote professional performance, to implement the leadership of care ethics based on these values. Encourage them. In addition to the above, it should be included in the development of the goals and objectives of the project.

This study has also encountered limitations. The lack of cooperation of some members of the statistical community in completing the research interview at the appointed time (the time required by the researcher) is one of the limitations of this research. Also, the existence of time and cost constraints for the researcher is part of the other limitations of the present study.

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