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Leadership in Nursing in Korea

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Abstract

Nurses are the largest workforce that impacts the health of the people. As the life expectancy and the number of people with chronic diseases increases in Asia, it is important for Asian nursing professionals to play a pivotal role in improving health status and quality of life by demonstrating their leadership.

This article focuses on nursing leadership in Korea. Leadership exemplars were described in detail to show how successful nursing leaders set goals and challenged to meet these goals, despite numerous obstacles that exist in male-oriented society of Korea. And three essential elements that future nurse leaders should consider were suggested. First, awareness was emphasized as the first step to becoming a leader. Clear awareness about women and nursing would help nursing leaders reduce or eliminate gender biases that can undermine nurses' achievements and limit their advancement. Second, challenge was stressed as nursing leaders must challenge and expand the horizon of nursing by facing their situations and problems with courage. Lastly, transformation was highlighted, as the ultimate role of a leader is to make the world better. Four leadership frames—structural frame, human resource frame, political frame, and symbolic frame—were introduced to help guide their leadership journey to change the world.

The results of this study would help nurses innovate with excellent leadership by efficiently managing nursing resources and by helping nursing organizations to adjust to changing demands in health care.

Keywords: nursing, leadership, women, Korea, feminism, awareness

Interpersonal Relationships and Leadership in South Korea

South Korea (hereafter, Korea) is one of the world's most ethnically homogeneous countries, maintaining a unique national identity through at least 2,000 years of history. Korea is well known for its spectacular economic growth, often referred to as the Miracle on the Han River (Kleiner, 2001). After the Korean War, between 1950 and 1953, gross national income per capita increased rapidly, from US\$ 67 in the early 1950s to US\$ 22,670 in 2012 (The World Bank, 2017). Korea's rigorous education system and a highly motivated and educated populace are largely responsible for this rapid economic development. Korea is one of the most densely populated countries with 51.2 million people in 2016. It is also experiencing a rapid change in population structure; the proportion of the people aged 65 and above has sharply risen from 9.8% in 2007 to 13.8% in 2017 and is expected to be as high as 24.5% in 2030 (Statistics Korea, 2017).

Confucianism, which dominated Korean culture for over 500 years during the Joseon dynasty between 1392 and 1910, still influences the way of life among Koreans, especially in human relationships.

It emphasizes the importance of family and social harmony (Park & Cho, 1995; Slezziak, 2014). The Five Principles on human relationships prescribe specific duties to each of the participants in five sets of relationships: ruler to the ruled; father to sons; husband to wife; elders to younger; and friends among themselves (M. Y. Kim, 2007). Confucian family ethics provide basic rules for both men and women. Sam-Jong-Ji-Do, the Three Obediences, prescribes the virtues for women that has been the basis for women's identity through their three stages of life (M. Y. Kim, 2007). A virtuous woman was supposed to obey the wishes of males in each stage. She has to obey her father before marriage, her husband after it, and her son after the death of her husband. In addition, a Korean woman was expected to look after her family's

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interests, supporting her husband and sons. Another womanly virtue is Hyeon-Mo-Yang-Cheo, or “wise mother and good wife” (E.-K. Kim, 2007); a woman must be wise for her children and good to her husband. As one can note that the role as a mother is listed before the role as a wife, Confucian family ethics emphasizes the mother’s role as active, tenacious, and tough. Thus, Korean mothers are often a powerful force in raising and educating their children, as well as in managing and controlling their family finances. While these dual values are emphasized, their roles and influence were restricted inside their families. These kinds of patriarchal and family-oriented norms still govern contemporary Korean women, discouraging them from seeking active roles for leadership outside the family.

One of the characteristics of leadership in Korea is family-orientedness. It applies to corporate management as well. Korean businesses are often managed as family-oriented conglomerates, called Chaebol, such as the Samsung and Hyundai corporate groups (Kim, 1996; Kim & Park, 2003). Another important factor of leadership is personal connections. Since social harmony is highly valued, leadership leans heavily on human relationships, rather than on individuals’ capability or competence. Lastly, education, especially same-school relations, is a key factor of leadership in Korea (Lee & Brinton, 1996). Often, friendships are formed while attending the same schools, which signifies the importance of schools they attend in their current and future relationships.

Also, gender is an important factor for leadership in the highly male-oriented society of Korea (Kim, 1996; Kim & Park, 2003). Patriarchal norms inhibit women’s leadership, disempowering and even denigrating women (Sung, 2003). There is a generally shared perspective in Korea that women need to stay home and take care of their families. Thus, working women face many difficult and paradoxical situations. Currently, most Korean young women receive higher education; the percentage of female students in colleges is higher than that of males. However, after graduation, they are not supported to become leaders in society because most Koreans believe that women belong to their families, not outside.

Women in leadership roles have been very rare in Korea. For example, 2012 was the year when a woman was appointed as CEO in Korea’s top-100 companies for the first time; there are still very few women CEOs in Korea. In the university in which I work, the percentage of women faculty members is

only 14.9%. This has increased from 10.6% in 2006 after the Equal Employment Opportunity Policy took effect at the university. Currently, about 10% of women faculty members are appointed to decision-making positions. However, no women faculty members are appointed in high-level positions in the ten most prestigious universities located in Seoul (Daily UNN News, 2017).

For women’s leadership in Korea, age is also a significant factor (Kim, 1996; Kim & Park, 2003). Because young people are expected to respect their elders, young women tend to experience more barriers for leadership opportunities. They are expected to follow not only older males in their families, but also older people, often males, in social groups or organizations.

Still another factor impacting women’s ability to be leaders in Korea is the one-sided leadership style. Koreans tend to be passive with their superiors; this is even true in educational settings. There is much influence of Confucian values here. Students are taught to be passive. As prescribed by Confucian norms, they are expected to follow their teachers and professors. No equal relationship exists between teachers and students. This one-sided cultural norm inhibits women, much more than men, in many ways, from expressing their opinions about overcoming complex situations, and in solving problems.

Western values were introduced to modern Korea but the Confucian values are still powerful. Nowadays, the Korean government tries to support women who want or need to work. Despite this support, many working women still experience difficulties inside as well as outside the families, and they often have to leave their jobs after marriage. This is true even if they hold professional jobs, such as nursing. Today, about half of the women with nursing licenses are not working at all, because of the difficulty in balancing the family and work.

Health Care and Nursing in Korea

Health care in Korea has improved dramatically during the last few decades. The Korean National Health Insurance was established in 1989. With the universal health care coverage and growing health knowledge and technologies, the quality of care in Korea has drastically improved. Especially, the development of information technology infrastructure and accumulation of health care data have contributed to this improvement (OECD, 2012). Currently, life expectancy at birth in Korea is 82.3 (World Health Organization, 2017), one of the highest in the world.

Korea is also continuously making efforts to advance health care by investing in health care infrastructure. For example, the World Health Organization (2017) reported that Korea spent 0.51% of gross domestic product on R&D in health and medical sciences, ranking as the number one in the world. However, the Korean health care system faces a major challenge to meet the growing demand for treatment of chronic diseases and health promotion (OECD, 2012). Traditionally, the Korean health care system has focused on specialized acute services based on large hospitals. However, it must reorient its focus from the specialized acute care to primary care to meet these demands. More effective primary care is needed to monitor people at risk of developing chronic diseases and to promote comprehensive, continuous, and coordinate care for patients with complex health care needs. Nursing has to fulfill these responsibilities with other health care professionals and health policy makers.

As in most Western countries, nursing has been a women's profession in Korea. Since the introduction of nursing to Korea by Western missionaries in 1890s, the first nursing school was established in 1906, and nursing was one of the few disciplines in which women can be educated to work during the early twentieth century. After the Korean government was established in 1948, the principle of equal educational opportunity for men and women was enacted. Nursing, regarded as a profession for women, has developed further in practice, research, and education since then. Recently, nursing education was required to expand to four years of education. Previously, there were three-year schools as well as four-year schools, but all of them were expanded to four-year systems in 2015. A consolidated educational system will help nursing profession become a more powerful profession. Furthermore, nurse shortages resulting from the increasing aging population in Korea will encourage more women to attend nursing schools. Currently, more than 23,000 students graduate annually from about 204 nursing schools nationwide. Also, recently, the number of male nurses slightly increased.

Nursing in Korea, however, faces several challenges. One of them is the nurse shortage as previously mentioned. Currently, about 160,000 registered nurses are working nationwide with half working in hospital settings. The number of practicing nurses per 1,000 of the population is 5.9 in 2015, increased from 3.8 in 2005 (Ministry of Health and Welfare, 2017a). This is much less than the average of 9.5, among the OECD countries (Ministry of Health

and Welfare, 2017b). The number of nurses needs to be increased in the future; more students must be admitted to nursing schools and nurse turnover rates need to be decreased. Nursing leaders must play a pivotal role in these endeavors. Another problem that Korean nursing faces is legislations about advanced practice nurses (APNs). APN's qualifications were specified in the medical laws to meet specialized nursing care needs in 2000, and the programs began at the level of graduate schools in 2003. Currently, about 14,000 APNs are licensed, but most of their roles have not been legislated. There exist no established institutional regulations related to APNs, which prevents them from adequately performing to the full extent of their professional roles (Seol et al., 2017).

Nursing as a women-dominated profession still has a relatively low social status in Korea. Nurses are regarded by the public as aides to physicians, rather than as partners for healthcare. This public view partly comes from the powerful patriarchal norms that still govern Korea. A recent study indicated that even among nursing students, 35% of the students viewed nurses as assistants rather than as independent professionals (Park & Park, 2014).

In this male-oriented society, the contribution of nursing to patient outcomes is not adequately recognized by patients, physicians, hospitals, or the general public. Instead, the credit for most of the nursing contributions goes to physicians and hospitals. In a very paternalistic hospital and healthcare environment, nursing, as a women-dominated discipline, is still regarded as inferior to male-dominated jobs or professions, such as medicine. Even when nurses themselves recognize their contributions, they cannot be assertive and show their impact on patient outcomes to others. Thus, nurses' work still remains relatively invisible to patients and other healthcare workers. In fact, physicians and hospitals have hegemony in health care settings. Physicians are in charge of hiring and promoting nurses in most hospitals. The image of nursing as a woman's job and medicine as a man's job is deeply engrained and guides their attitudes and behaviors.

When Korean nurses started to recognize their lack of power, they established a political organization, Korean Nurses Political Society (KNPS), in 1991, with the aim to empower nurses in the political sphere (www.nursepower.or.kr). This movement began when Mo-Im Kim, a nurse and university professor, was admitted to the National Assembly of Korea in 1981. She served as the president of the Korean Nurses Association from 1978 to 1981

and, later, also as the president of the International Council of Nurses (ICN) from 1989 to 1993. Later on, she was appointed as the Minister of Health and Welfare in Korea in 1998, which was the first time a nurse was appointed in that position. The KNPS's mission—to improve health and quality of life, with a vision to empower nurses' political influences—had a major success when a past president of KNPS, Hwa-Joong Kim, became a member of the National Assembly and was appointed as the Minister of Health and Welfare in 2003. Both successfully directed and supervised public officials in the Ministry to promote health and welfare nationwide.

Female Korean leaders are influenced by paternalistic leadership models, even within nursing. Nurses themselves in leadership roles tend to be very authoritarian towards their subordinates in academic settings as well as in hospital settings. There are a few factors known to influence who may be chosen as leaders in a very competitive environment among nurses. First, leaders typically are selected among the graduates of high-ranked universities. Indeed, this practice is closely related to Korea's extremely competitive educational system. To be a leader in Korea, one must be a graduate of one of the best schools, because the names of schools are regarded as a guarantee for personal ability or competence. Second, personal connections with those in leadership positions strongly influence their future opportunities for promotion and leadership. To become a leader or a manager, nurses need to cultivate good relationships with those in power, especially with physicians, who hold the ultimate power in their careers in hospital settings.

My Personal Experience as a Nursing Leader in Korea

As a leader who experienced these difficulties but gradually overcame them, I would like to describe my own experience. I myself was a typical Korean woman: passive and inactive. When I was admitted to a nursing school, the decision was not my own. When the time came that I could go to a college, my high school teacher suggested to my father that a nursing school would be good for me. Considering several aspects, including a relatively poor economic situation of my family at that time, my father suggested I go to a nursing school and I decided to do so without considering other potential choices. It was only natural that I accepted it; Confucian norms inhibited me from self-directing my career. Thus, I entered the school of nursing at one of the elite universities in the 1970s.

Although the university itself was prestigious, I myself was not happy during the school years. I felt at that time that the scope of nursing seemed to be very limited and shallow, and the teaching style of professors was very authoritarian. Another reason that I was not satisfied was that the nursing profession itself lacked social prestige at that time. Because of these factors, I spent my school years just thinking about my future marriage and family, instead of dreaming about becoming a leader in nursing. My social passivity continued after graduation as I worked as a nurse in hospitals for several years. After marriage, my family moved to the United States so that my husband could pursue his graduate degrees. While I worked as an RN at hospitals in the United States, during the 1980s, I was not happy with the hospital working environment. I could not have any vision, confidence, or passion in nursing until I fulfilled my “womanly virtue,” that is, “wise mother and good wife.” Traditional Confucian norms dominated my attitudes and behaviors until I felt I fulfilled the duties.

During the several years I spent in the United States, I gradually realized that my broader self, namely, my potential, was bigger than my family-oriented self-image. I decided to pursue a second dream. However, I was not sure what kind of dream I wanted to pursue. Before I went to the United States, I had briefly enjoyed teaching as an instructor at a school of nursing, so I decided to pursue graduate degrees in nursing with an ambitious goal of becoming a professor in the future. Yet, at that time, I was still psychologically dependent on my husband, following the Confucian norms for women. Fortunately, my family provided me with abundant support and encouragement so that I could raise two young children while seeking my graduate degrees. In those days, most Korean women in similar situations would not receive support or encouragement from their family members. I can say that family support was a key factor that helped me successfully pursue my second dream.

During my graduate school years in the United States, I felt like I was in a new world. My graduate education at the school of nursing provided broader perspectives not only on nursing but also on life itself. Learning and studying became a distinct pleasure for me. That was the first time in my life when I was doing what I liked to do. My dissertation topic was on the adjustment of Korean nurses to the U.S. hospital settings, and I used a grounded theory method that was very new to nursing in Korea at that time (Yi & Jezewski, 2000). My advisor was a professor who applied ethnographic methods in her research. When I finished my doctoral dissertation, I

returned to Korea and became a professor at my alma mater.

After I got appointed as an assistant professor in Korea, I was independent and free to pursue my professional career. I chose to focus on oncology nursing because cancer was a primary cause of death in Korea (Statistics Korea, 2018). Also, I was determined to disseminate qualitative methods that I learned in my graduate studies. During the early 1990s, qualitative methods were still relatively unknown in Korea. During my early years as a faculty member, senior professors in my school became my role model. I saw, firsthand, their passion and dedication to nursing. They successfully made several major achievements in nursing profession during the period. One notable effort was to make the College of Nursing a separate administrative unit in the university in 1992. Without the influences from the College of Medicine, the school of nursing could make their own decisions in teaching and research, as well as in administration. I appreciated my senior professors' efforts, vision, and passion for the school and nursing. Their vision was an inspiration for me.

I spent the following years building my own leadership role to meet the expectations of my peers, namely senior professors, and my students. I found I could be assertive and I was confident with my knowledge and experience, although the cultural environment of the school was still paternalistic and authoritarian. I used to write daily memos to reflect on my work and outside situations to overcome those obstacles. Soon, I began to be recognized as an expert in qualitative research and oncology nursing. I published over 150 studies using both qualitative and quantitative methods and authored or coauthored about 40 books. I founded the Korean Association for Qualitative Research (KAQR) in 2002 and served as the president for 12 years. My expert knowledge and experience played a key role in being a recognized leader in nursing. As the president, I had a clear vision: to support and empower the members to carry out qualitative research and to disseminate qualitative research methods, including grounded theory, phenomenology, and ethnography. Also, by working with experts in other disciplines, such as linguistics and phenomenology, I introduced numerous methodologies, such as narrative analysis, conversation analysis, discourse analysis, and hermeneutics to medicine and other social welfare disciplines as well as to nursing. Since the literature was not abundant on qualitative methods in Korean, we translated 12 books to Korean. We also formed many research groups, where a knowledgeable member in a discipline would lead the study. Now, this organization has become one

of the most important organizations for qualitative research in Korea.

I was also elected as the president of the Korean Oncology Nursing Society (KONS). I set up the vision to develop oncology nursing further. I expanded the organization by recruiting nursing leaders in cancer centers or hospitals nationwide and also by recruiting the directors of advanced practice nurse programs in graduate schools nationwide. I also organized a multidisciplinary international cancer conference, called the Global Breast Cancer Conference, in 2007, along with the leaders of three organizations: the Korean Breast Cancer Society, the Korea Breast Cancer Foundation, and the School of Public Health at Johns Hopkins University. This multidisciplinary conference has become one of the well-known breast cancer conferences in Asia.

Despite all these successes, I had a hard time working with physicians. Even though nurses and physicians work together for patients, it is still the physicians who get the credit for care from patients and the public. For example, with my nursing colleagues, I worked with physicians to help establish a self-help group for women with breast cancer. However, when it was established, nursing faculty members were often excluded from major decision-making processes and not given appropriate recognitions, which disappointed us. Later, I decided to establish a separate program for women with breast cancer with the support of the Korea Breast Cancer Foundation. The purpose of this new program was to train women with breast cancer to become instructors and teach self-examination of breasts to healthy women in Korea. Since breast cancer awareness is very low in Korea, it could have an impact on prevention and early detection of breast cancer. My goal was to instill confidence to cancer survivors in themselves so that they could become strong advocates for prevention of their secondary breast cancer. Second, I wanted them to integrate their personal illness experience during their teaching (e.g., how they discovered and treated their own breast cancer) so that the teaching class could be more effective. During the past 15 years since its establishment, it has proven to be effective for women with breast cancer not only in self-efficacy on breast self-examination but also in relieving depression with post-traumatic growth (Yi, Cha, & Ryu, 2014; Yi, Ryu, & Cha, 2014). The participants regained their confidence in themselves. Now, they are regarded as role models for other women with breast cancer in Korea. This program has also proven to be effective for young healthy women participating in the classes, improving their

self-efficacy as well as knowledge and skills of breast self-examination (Yi & Park, 2012).

By working with professionals in other disciplines, such as communication and psychiatry, I played key roles in establishing two academic societies, the Korean Academy on Communication in Healthcare and the Korean Psycho-Oncology Society. My various roles included those as a vision maker, a role model, and a catalyst. With my values and principles based on self-awareness and a clear vision for each of these organizations, I think I have influenced other leaders and overall society in a positive manner.

In my leadership role, my age was a tremendous help in working and communicating with others from nursing and other disciplines, although the society itself is male oriented. I had advantages since I was older than my colleagues, including men. It is worthy to emphasize how much age matters in interpersonal relationships in Korea. For example, because I am older than my colleagues from other disciplines, young male colleagues used to call me “big elder sister,” and I positioned myself accordingly as an elder in the groups.

My educational background and ability to write and speak in English were instrumental in my role as a leader not only in Korea but also across Asia. I was elected as the president of the Asian Oncology Nursing Society (AONS) when it was established in 2013. The aim of the society was to share and collaborate in practice, research, and education for oncology nursing in Asia (Onishi, 2014). Indeed, Asia is the most populous continent in the world, accounting for 60% of the world population, and a half of the global burden of cancer is in Asia. Thus, cancer care and management in Asia became an important global issue (Sankaranarayanan, Ramadas, & Qiao, 2014). Currently, the AONS has representatives from nine countries, including Japan, China, India, and Thailand. I served as the first president for two years and pushed the vision of the society that cancer patients in Asia receive the best-in-class care from oncology nurses who are well prepared to provide high quality and evidence-based care.

Suggestions for Future Women Leaders in Nursing

Leadership can be defined as the ability to establish goals to meet the needs of current situations and lead individuals and groups to accomplish those goals. Towards that end, I would like to suggest three essential elements that future leaders need to consider in their leadership: (a) raising awareness, (b)

challenging, and (c) transforming. Awareness about oneself, nursing, and the world within structural and sociocultural contexts is the first step to becoming a leader. In my own experience, the awareness of myself in the roles of woman, nurse, and mother within the contexts of age, relationships, and other sociocultural factors helped me to broaden my horizon. In particular, during my dissertation work, I realized how heavily traditional Confucian values impacted Korean social patterns, such as paternalistic leadership, hierarchical structures, gender inequality, and collectivism. Soon after, I began to recognize the nature of a male-dominated society and leadership not as a social norm, but as an unfair or unequal playing ground. This view of the world helped me to be active and assertive. This suggests that future leaders need to step back and think about the picture of their own situations and establish and accomplish their own goals. Feminist perspectives will help raise self-awareness on life conditions and situations that could be gender-biased. The awareness needs to be raised not only in schools, but also at home and society in general. Since empowerment comes from oneself and not from others, future nurses need to elevate and expand their own awareness not only about themselves but also about the world. This sense of empowerment will nourish nurse leaders in their effort to claim, fight for, and defend their own rights in health care settings.

The second essential element in nursing leadership is “challenging.” Nurse leaders must challenge and expand the horizon of nursing. They need to face their situations and problems with courage. In order to challenge, they need to identify and foster the strengths of women. Although it is reported that women and men in comparable positions are more alike than different in terms of leadership (Bolman & Deal, 2008), future nursing leaders need to be aware of the differences that exist between men and women. Women tend to be relationship- and harmony-oriented, and have capabilities to nurture. Also, women tend to have diverse views and perspectives. We already live in the so-called Fourth Industrial Revolution society where creativity and innovation are highly valued. Thus, women’s diverse views and insights need to be encouraged and emphasized to contribute to creating a better world.

We also need to identify the weaknesses of women and overcome them. First, women are less self-directed than men—at least in social life. The level of identity resolution, which can be defined as value and concern for self and understanding about own ability (Gould, 1979), tend to be low among

women than men (Kim, Lee & Park, 1998). Thus, women need to be encouraged to break through traditional restraints that oppress them by raising awareness about the conditions that women bear in a given society, and by becoming pioneers to break social norms and stigmas.

With these clear acknowledgments about women's strengths and weaknesses, future nurse leaders will be able to reduce or eliminate gender biases that can undermine nurses' achievements and limit their advancements. Active involvement in organizations and higher education will help challenge these issues, through the acquisition of advanced knowledge and skills, and by being competitive in these fields. In my case, it was in my graduate school years that I was able to see more clearly the unfairness in opportunities and treatment that women needed to endure. During my career as a professor, feminism was a powerful tool in helping me challenge problematic situations. I came to understand that problematic situations would not arise from individuals themselves, but from structural and cultural values. I was also able to see the specific advantages that women bring to nursing and caring. With the clear awareness of structural and cultural situations and expertise in my professional areas, I was able to move forward to improve the environment.

The third essential element for nursing leadership is "transforming." The ultimate role of a leader is to make the world better. In order to transform the world, it is important to understand what types of leadership roles one needs to perform. The leadership frames suggested by Bolman and Deal (2008) can help guide our leadership journey: structural frame, human resource frame, political frame, and symbolic frame. These cannot apply for all leaders, but they would be useful depending on the situations.

The "structural frame" which focuses on designing and building on effective organization (Bolman & Deal, 2008) is very important especially when nurses need to establish new organizations. For example, I recognized the huge demand for qualitative methods when I became a faculty member in Korea. Structural leadership played a lot in advancing qualitative research in nursing and other health care fields during my time at the KAQR. Another structural leadership role I played as the president of the KONS was introducing a multidisciplinary paradigm into the organization. I organized its conferences that spanned many disciplines, including nursing, medicine, and health policy, and cancer patients. The challenges during my time at AONS is another example of my structural leadership. I helped establish the policies,

procedures, rules, and responsibilities that guide the organization, by collaborating with other executive committee members from nine Asian countries.

The "human resource frame" views organizations as extended families, focusing on individuals' needs, feelings, skills, and limitations (Bolman & Deal, 2008). I utilized a people-friendly leadership style most of the time. I focused on respecting others in the groups to understand their needs or problems. My works on establishing multidisciplinary associations are another good example in harmonizing relationships with researchers in other disciplines.

The "political frame" was a very useful perspective. To become a political leader, nurses need to learn how to bargain, negotiate, coerce, compromise, and cooperate, as Bolman and Deal (2008) indicated. My previous example at the KNPS in Korea is instructive here. Also, Mo-Im Kim and Hwa-Joong Kim have shown strong political leadership among nurses, both in Korea and in the world by building power bases through networking and negotiating compromises.

The "symbolic frame" of leadership can also help in leadership development. This frame focuses on stories, heroes, and myths that group members share. Mo-Im Kim is an example of a role model for the symbolic frame: in 2015, the ICN announced the establishment of the Mo-Im Kim Nursing Innovation and Policy Impact Award for nurses who demonstrated global and national policy innovation and impact. A more personal example is the Excellent Academic and Research Award I was given along with nine other faculty members from more than 2,000 faculty members of my own university. As an awardee, I presented a series of lectures to nursing students and nurses on how I became recognized as a top researcher in the academia. My own award has heightened the perceived value of nursing research in nursing and other academic disciplines. However, even in nursing, women leadership role models are still sorely lacking. Thus, role models for women need to be actively scouted out not only within the country, but also in the world. For example, Sanchia Aranda, the first nurse president of the Union of International Cancer Control (UICC), would be an excellent global role model for the nursing profession.

To promote nursing leadership, we need women-specific leadership programs, considering the three essential elements that were suggested above. Tailored mentor-mentee relationships can help raise awareness in such programs. A good example is empowerment programs for women professors and women students. Such empowerment programs, by

sharing experiences with each other, can help promote the approaches their workplaces have instituted to advance women's leadership roles. Of course, other regular programs focusing on challenging gender-based obstacles and transforming more fair and effective workplace are also greatly needed.

Conclusion

All nurses need to be empowered to realize their potentials and to make the world better. As nursing still remains a women-dominant discipline, nurses need to raise awareness about themselves not only as human beings but also as women in a male-dominant society. Based on the strengths and weaknesses of women, various empowerment programs for future nurse leaders should be established. In addition, nurses who truly excel should be actively sought out as role models, in order to show how they challenged and transformed the world for the better. Political activities to empower nurses must be established and improve nurses' visibility for both health professionals and the public in general. Ultimately, future nursing leaders must demonstrate their impact by significantly enhancing health status and quality of life of people around the world.

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