


# The Refined Middle-Range Theory on Women's Leadership in Asian Culture

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Eun-Ok Im, PhD, MPH, RN, CNS, FAAN<sup>1</sup>, Hsiu-Hung Wang, PhD, RN, FAAN<sup>2</sup>,  
Hsiu-Min Tsai, PhD, RN, FAAN<sup>3</sup>, Reiko Sakashita, PhD, RN<sup>4</sup>,  
Eui Geum Oh, PhD, RN, FAAN<sup>5</sup>, Chia Chin Lin, PhD, RN, FAAN<sup>6</sup>,  
Wipada Kunaviktikul, PhD, RN, FAAN<sup>7</sup>, Jillian Inouye, PhD, RN, FAAN<sup>8</sup>,  
Lian-Hua Huang, RN, PhD, FAAN<sup>9</sup>, and Marion E. Broome, PhD, RN, FAAN<sup>10</sup>

## Abstract

**Introduction:** Because virtually no theories were available to explain unique characteristics of Asian women's leadership in nursing, a middle-range theory on women's leadership in Asian culture was previously published. To reflect recent political and social changes in different countries, there is a necessity to refine the theory. The purpose of this article is to present the refined middle-range theory on Asian women's leadership in nursing. **Methodology:** Using an integrative approach, the theory was further developed based on two major sources: literature reviews and exemplars/cases from six different countries. **Results:** The Refined Middle-Range Theory on Women's Leadership in Asian Culture has two main domains: (a) leadership frames and (b) leadership contexts. The domain of leadership contexts has been extended with two additional main concepts including demographic contexts and health workforce/system contexts. **Discussion:** The refined theory is expected to guide Asian women's leadership in nursing across the globe.

## Keywords

Asia, leadership, women, nurse, middle-range theory

The world gets closer than ever with advances in transportation and communication technologies. With these advances, nursing communities across the globe frequently interact and collaborate in many aspects of nursing fields (Jones & Sherwood, 2014). Despite these interactions and collaboration, existing knowledge on leadership in nursing primarily reflects the values of North America (Broome & Marshall, 2017). Thus, underlying assumptions about nursing leadership may frustrate and lead to challenges to leadership principles and knowledge from the Western point of view.

At a university in the United States, two workshops were held to address the unique aspects and needs of Asian women's leadership in nursing and to provide future directions for nursing leadership. A total of 13 leaders from five countries including the United States (four leaders), South Korea (two leaders), Taiwan (three leaders), Japan (one leader), and Thailand (two leaders) met in person or through Web-Ex conference calls and had in-depth discussions on Asian women's leadership. Based on the collaborative works, the leaders developed an emerging middle-range theory of Asian women's leadership in nursing (Im et al., 2018).

In August 2019, leaders from six countries including the United States, Taiwan, South Korea, Japan, Hong Kong, and Thailand regathered at an international conference in Taiwan

and discussed current trends in nursing and changes in Asian women's leadership in their own countries (Asian American/Pacific Islander Nurses Association & Taiwan Nurses Association, 2019). Based on that discussion, the middle-range theory was further developed to reflect the current trends in nursing and changes in Asian women's leadership in six countries, using an integrated approach (Im, 2005).

The purpose of this article is to present the refined middle-range theory on Asian women's leadership in nursing based

<sup>1</sup>Emory University, Atlanta, GA, USA

<sup>2</sup>Kaohsiung Medical University, Kaohsiung, Taiwan

<sup>3</sup>Chang Gung University of Science and Technology, Taoyuan City, Taiwan

<sup>4</sup>University of Hyogo, Hyogo, Japan

<sup>5</sup>Yonsei University, Seoul, South Korea

<sup>6</sup>University of Hong Kong, Hong Kong, SAR, China

<sup>7</sup>Chiang Mai University, Chiang Mai, Thailand

<sup>8</sup>University of Hawaii, Manoa, HI, USA

<sup>9</sup>China Medical University, Taichung, Taiwan

<sup>10</sup>Duke University, Durham, NC, USA

## Corresponding Author:

Eun-Ok Im, PhD, MPH, RN, FAAN, Professor & Edith Folsom Honeycutt Chair, Emory University, Nell Hodgson Woodruff School of Nursing, 1520 Clifton Road, Atlanta, GA 30322, USA.

Email: eun.ok.im@emory.edu/

on the outcome of those meetings. First, current changes in nursing across the countries are briefly described, and the methods used to develop the middle-range theory are described. Then, with supporting evidence from the literature and cases/examples from each country, the refined major domains and concepts of the theory are presented. Finally, this article concludes with suggestions for future theoretical development.

### **Background of Theory Refinement: Changes in Nursing Across the Countries**

Nurses have recently experienced alterations due to changes in many aspects of their countries from demographic changes to policy and regulation changes, which have subsequently influenced nursing leadership across the globe. Despite large influences of these recent changes on nursing leadership, the middle-range theory of Asian women's leadership in nursing (Im et al., 2018) has rarely considered these changes during its development process.

One of the prominent changes in nursing in recent years across the globe is an increasing emphasis on community and primary health elderly care and palliative and end-of-life care due to an increasing aging population. For example, Japan has a rapidly aging population with a declining net population due to their low birth rate (one of the world's lowest rates), which creates severe labor shortages for its vast economy (The Japan Institute for Labour Policy and Training, 2016). Japan is currently the world's oldest country, and it is getting even older (World Population Review, 2019). Aging of the U.S. population also happens with a greater burden of acute and chronic health conditions as well (Dall et al., 2013). In Hong Kong, over 85% of nursing clients in the community are elderly (Food and Health Bureau of the Government of the Hong Kong Special Administrative Region, 2018). Subsequently, the number of geriatric day care places such as ambulatory care facilities has drastically increased in recent years, requiring different leadership skills.

Another prominent change across the globe is increasing diversity and globalization. In South Korea, the number of foreign patients has accumulated 2.26 million in 2017, exceeding 2 million in 10 years (Patients Beyond Borders, n.d.). Also, over the past ten years, a set of measures to promote medical tourism by aiding hospitals in their marketing and by easing regulations have been initiated (Patients Beyond Borders, n.d.). The South Korean government is also pushing to simplify the process of issuing visas for overseas patients, especially those from Asian nations (Patients Beyond Borders, n.d.). In Japan, with the low birth rate and rapidly aging population, loud calls for immigrants have been made, and there has been a huge influx of immigrants in recent years (The Japan Institute for Labour Policy and Training, 2016). Since Japan has been a homogenous state with practically no ethnic, cultural, or linguistic diversity, the

influx of immigrants has made the nation experience changes in many aspects, including health care systems (Chapple, 2009).

Advances in IT technology also brought drastic changes in nursing practice across the globe. For instance, in South Korea, medical billing systems were popularized in the 1980s (Park & Shin, 2017). The order communication system was integrated with the computerized physician order entry, billing systems, and simplified patient management systems in the 1990s (Park & Shin, 2017). Electronic health records and picture archiving and communication systems were implemented in the 2000s (Park & Shin, 2017). A clinical data warehouse was also established in the 2010s (Park & Shin, 2017). In Hong Kong, the Clinical Management System was adopted in 1995, and electronic patient record systems have been in place since 2002 (Cheung et al., 2016). Also, the nursing staff duty rostering system (SRS) was adopted in 2002, and the electronic patient record system is being shared with private sectors since 2006 (Cheung et al., 2016). Furthermore, mobile apps such as the e-Patient assessment system have been used in nursing care since 2009 (Cheung et al., 2016).

Across the countries, an increasing emphasis has been given to individualized and personalized care as well as population health. In 2000, Japan introduced a long-term care system that would provide long-term care services using the support of the entire society (Ministry of Health, Labour and Welfare of Japan, 2019b). At the center of this system were care managers (long-term care support specialists) who checked on the situation of each elderly person and created a care plan that combined various health and welfare services to match their needs (Ministry of Health, Labour and Welfare of Japan, 2019b). This process is known as "individualized care management." At the same time, Japan has placed their efforts to reduce risky health behaviors such as unhealthy diets and tobacco smoking to improve population health (Ministry of Health, Labour and Welfare of Japan, 2019a). In Hong Kong, primary nursing care has focused on individualized care by primary nurses from hospital admission to discharge from 2012 (Food and Health Bureau of the Government of the Hong Kong Special Administrative Region, 2018). At the same time, the 2025 strategy and action plans of Hong Kong include targeting to prevent and control noncommunicable diseases at the population level (Food and Health Bureau of the Government of the Hong Kong Special Administrative Region, 2018). In the United States, while emphasizing precision health to include not just genomic profiles but also social determinants of health, population health is also a focus in nursing research and practice. Indeed, community-based experiences and home health ambulatory care roles for BSN-prepared nurses are increasing over time (Frank et al., 2005). Transitions of care from hospital to community care unit and/or home are the focus of health care and have recently been emphasized in educational programs (Naylor et al., 2011). Subsequently, community-based experiences, home health,

and ambulatory care roles for BSN-prepared nurses are expected to increase over time (Frank et al., 2005).

A unique aspect of nursing in Asian countries is nursing workforce changes. In the United States, aging of the nursing workforce has been a big issue as many nurses are retiring; about 1 million registered nurses are over 50 years old, which means that over 30% of the nursing workforce would be retiring in the coming decade (Haddad & Toney-Butler, 2019). In contrast, in South Korea, the average number of nurses per 1,000 people has increased to 19.2, which is higher than the average number in the Organisation for Economic Co-operation and Development member countries (Hong & Cho, 2017).

Finally, across the countries, changes in policies and regulations related to nursing have been made as well. For instance, in the United States, 21 states now allow Advanced Practice Registered Nurses (APRNs) to practice to the full scope of their authority, and the U.S. nursing community expects that a projected shortage of physicians in primary care would mandate more utilization of APRNs in the future (Pohl et al., 2018). In South Korea, the Advanced Practice Nurse (APN) system has been established in 2003, and legal regulations on the scope of practice of APN will be activated in 2020 (Y. S. Jung, 2018). In Japan, several reforms have been adopted in the past two decades in order to meet the challenges posed by demographic changes (Iwagami & Tamiya, 2019). For instance, from 2006, a comprehensive system (the Integrated Community Care system) has been in place at the community level, which integrates prevention, medical services, and long-term care and also provides living arrangements and social care (Tsutsui, 2014).

## Theory Development Method

To refine the original middle-range theory, we used the integrative approach suggested by Im (2005). We used only inductive approaches in this refinement though. Using induction, we further developed the theory based on the findings from literature reviews in each country and the exemplars/cases from the leaders' own leadership experience in their countries.

### Literature Reviews

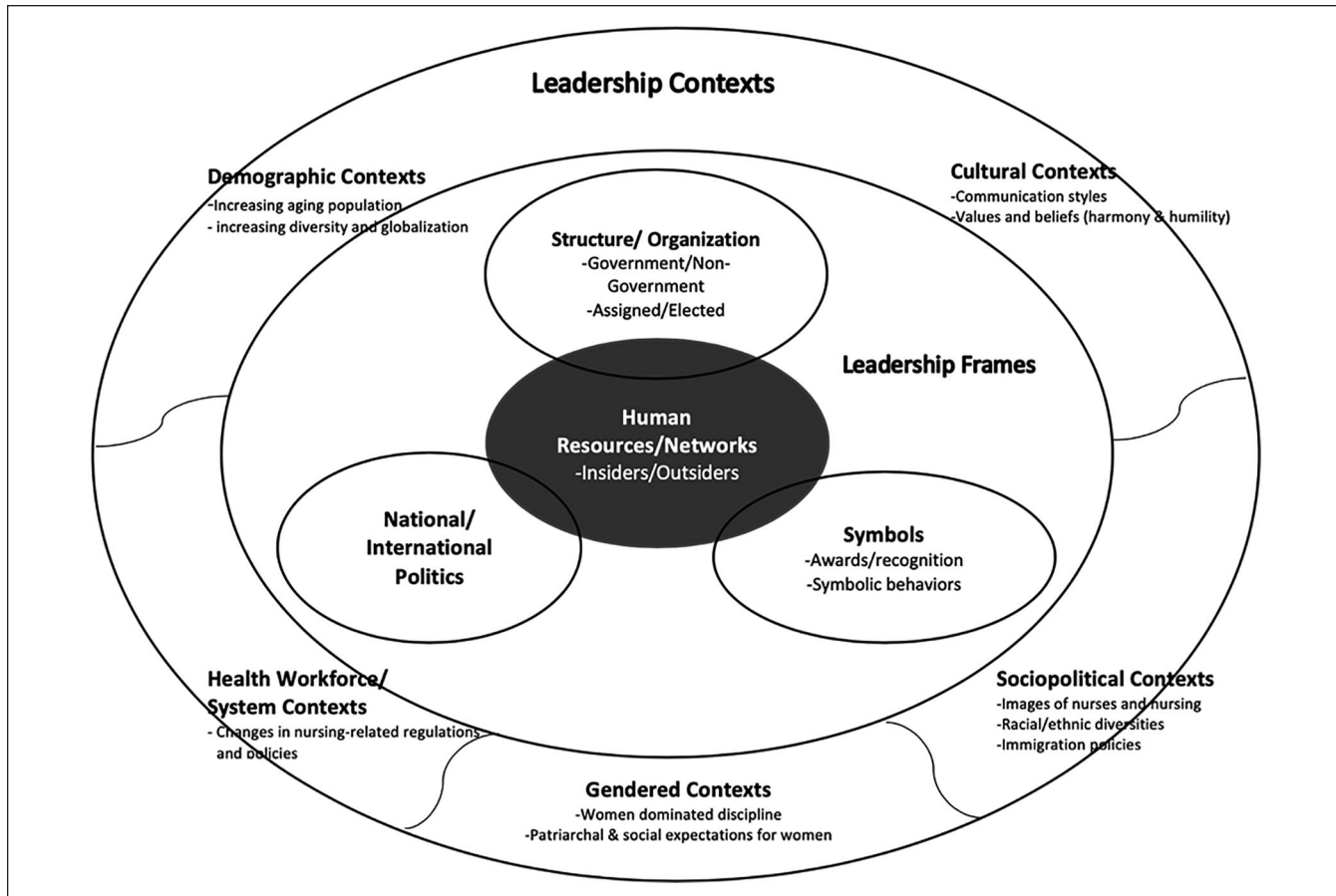
All the authors of this refined theory conducted individual literature reviews on changes in nursing and subsequent changes in nursing leadership in their own countries. All of them conducted individual analyses of the literature and incorporated the findings from the analyses into the theorizing process. Subsequently, the literature reviews included articles and materials in English and non-English (i.e., Mandarin Chinese, Korean, Japanese, or Thai). The literature retrieval process used combined sets of key words, including culture, changes, health, nursing, women, and leadership.

Since individual countries used different databases, no standardized approaches were used for the literature reviews. Thus, the total number of articles could not be exactly determined, but each individual review covered 20 to 50 articles in each country. Then, the authors brought the findings to the workshops and the conference leadership forum that were described above.

### Exemplars/Cases From Experiences

As reported in the original article on the middle-range theory of Asian women's leadership in nursing, a 2-day workshop was arranged at a university in the United States among 12 leaders from five countries including the United States, South Korea, Taiwan, Japan, and Thailand. The leaders participated in person or through Web-Ex conference calls for the first workshop. The leaders were chosen to represent one of the four major areas, including academia, hospitals, organizations, and governmental agencies, by their positions (e.g., presidents, deans, department heads, directors, etc.). For the workshop, individual leaders wrote papers on nursing leadership in their countries and shared their own experience in leadership development and implementation. Then, at the workshop, individual authors made presentations on their leadership development and implementation experience, and all of them provided their inputs on individual authors' papers. On the second day, commonalities and differences in individual leadership experience were discussed with specific examples/cases. Then, the leaders were given 1 month to reflect on their leadership experience and asked to provide exemplars/cases from their experience in a table. Finally, the collected tables were used to develop the original middle-range theory.

Through the second workshop in the United States and the third leadership forum at an international conference in Taiwan, six leaders from six countries including the United States, South Korea, Taiwan, Japan, Hong Kong, and Thailand gathered again and provided their presentations on current changes in nursing in their own countries and subsequent changes in nursing leadership in their countries. After the forum presentations, the leaders were also given a month to reflect on changes in nursing, changes in nursing leadership, and future directions for nursing leadership in their countries. Then, they were asked to compile and provide a table explaining the changes in nursing, changes in nursing leadership, and future directions for nursing leadership in their own countries. The compiled tables as well as their PowerPoint presentations (presented at the conference leadership forum) were shared among the leaders, and the examples/cases from the tables were used to refine the middle-range theory. After the initial theoretical refinement was done, the theory was discussed among the leaders. On agreement between all the leaders, the theory was finalized to present in this article.



**Figure 1.** The refined middle-range theory on Asian women's leadership in nursing.

## The Refined Middle-Range Theory on Asian Women's Leadership in Nursing

The Refined Middle-Range Theory on Women's Leadership in Asian Culture has two main domains with several additional concepts (see Figure 1): (a) leadership frames and (b) leadership contexts. Each major concept is presented under each domain as follows.

### The Domain of Leadership Frames

**Human Resources/Networks.** As discussed in the original theory, the framework of human resources was viewed as ideal for Asian cultures based on Confucianism, Buddhism, Taoism, and Shamanism (Spector, 2012). Asian cultures emphasize harmonious relationships. Indeed, all the leaders from the workshops and forum emphasized human relationships as key in their leadership experience and implementation. For instance, the goal of a leader in Japanese culture was to maintain peaceful human relations (Hasegawa, 2011). In Asian cultures across the countries, organizations were considered as extended families, and human resources/networks were regarded as the major key for successful leadership.

**Structure and Organization.** The structural leadership frame was also a major leadership frame in Asian cultures across the countries. As in the original theory, structural leadership was noted in universities, hospitals, and professional organizations. Again, in this refinement process, it was noted that the structural frame was clearly used in decision-making processes to achieve the goals set specifically by the governments and/or nongovernment organizations. For instance, in Japan, under the Regional Healthcare Vision implemented in 2014, the Ministry of Health, Labour and Welfare required each prefectural government to create a region-specific vision, specifically requesting the prefectures to estimate future supplies and demands for their health care and create region-specific health care systems by 2025 (Tsutsui, 2014). Subsequently, nursing leadership needed to be changed to the direction given by this regulation.

Leaders from South Korea, Taiwan, Thailand, Hong Kong, and Japan also agreed on structured and patriarchal leadership in nongovernmental organizations. They still mentioned gender bias and/or discrimination in nongovernmental organizations, but the situations were getting better in recent years. For instance, in Japan, with the Act on Promotion of Women's Participation and Advancement in



the Workplace enacted in 2015, the Japanese government has encouraged fostering of female leaders in individual organizations (Gender Equality Bureau, Cabinet Office, Government of Japan, 2019). The Japanese government's target is to have about 30% females in leadership positions by 2020 (Gender Equality Bureau, Cabinet Office, Government of Japan, 2019). The subconcept of "assigned versus elected" leadership is still retained since there has been no change related to this subconcept.

**National and International Politics.** The concept of national and international politics based on the political frame was still considered a very important perspective for Asian women's leadership in nursing. The political leadership framework was still considered as negative in Asian culture because its strategies (e.g., compromise, negotiation, coercion, and coalition) could be potential barriers to harmony. Due to its negative nuance, Asian women leaders were hesitant to use this leadership style. However, all the leaders agreed that political activism had recently increased in nursing leadership across the countries, which actually helped improve nursing care and nursing profession in a way. For instance, in Taiwan, a number of nursing leaders were heavily involved in policy making to improve nursing workforce. More than 10 nursing leaders conducted numerous nationwide grant projects funded by the National Health Research Institutes and the Ministry of Health and Welfare (Taiwan Nurses Association, 2019). Examples of these projects were (a) a project on economic and social impacts of nursing workforce and (b) a prospective strategic plan project for the 2030 nursing workforce development (Taiwan Nurses Association, 2019).

**Symbols.** The concept of symbolic leadership in the original theory was also retained in this refined theory. As presented in the original theory, the symbolic frame has foci on rituals, culture, stories, ceremonies, and heroes, which actually fits well with Asian women's leadership in nursing. Asian culture often uses symbolism. As described in the original theory, a major symbol in Asian cultures is "face" (Han, 2016). "Face" is shared by people in their networks (Han, 2016) and guides the behaviors of leaders (Han, 2016). Asian leaders were responsible for the behaviors of their organizations in addition to their own individual behaviors. For instance, in Korean culture, leaders would resign from their positions when they lost their "face" due to some misbehaviors of their subordinates (J. R. Jung, 2018; Lee, 2019) as opposed to leadership behaviors in the United States under similar circumstances.

Two subconcepts of "awards/recognition" and "symbolic behaviors" were retained in this refinement because leaders from all the countries still emphasized the importance of awards/recognitions, which could be symbols of recognition and support during their leadership career. They also perceived the awards/recognitions as a tool/facilitator in

implementing their leadership. For instance, a leader from the United States talked about her usages of awards to promote leadership of emerging leaders. Also, another leader from the United States talked about her usages of symbols (e.g., good luck charms) as an incentive to promote certain behaviors of members.

### *The Domain of Leadership Contexts*

**Demographic Contexts.** With demographic changes across the countries, demographic contexts became an important concept for nursing leadership in Asian cultures. As described above, nurses were facing a number of changes due to demographic changes in their countries. Two prominent demographic changes that all the leaders talked about were increasing aging populations and increasing immigrants/foreigners. Because of these changes, they were also experiencing changes in nursing leadership. In Hong Kong, more public hospitals were built and the demand for nursing workforce had increased recently (Hospital Authority, n.d.). Also, with increasing diversity and globalization in South Korea, medical tourism became a major issue in health care systems, and nursing leadership was involved in solving the issue directly and indirectly (Korea Human Resource Development Institute for Health & Welfare, 2019).

**Cultural Contexts.** Cultural contexts were still a major subconcept of leadership contexts across the countries. Two subconcepts of cultural contexts including "communication styles" and "values and beliefs" were retained for this refined theory. As proposed in the original theory, communication styles were still an important factor that influenced Asian women's leadership across the countries, especially in the United States. Asian communication styles with minimal and implicit verbal communication and high values on nonverbal communication (Spector, 2012) were still a barrier in leading the organizations where most of the members expected direct and verbal interactions. Asian American leaders specifically discussed some cases where Asian American leaders were considered as being indifferent to people's emotions or having low emotional intelligence because of their cultural heritages emphasizing minimal and implicit verbal communication. In Asian cultures, silence was golden, and expressions of emotions were viewed as primitive and disrupting the harmony of organizations (Lipson, 1999; Spector, 2012). Those from Western cultures tended to express negative emotions (e.g., disgust, fear, and anger) both alone and in the presence of others, but those from Asian culture tended to do so only while alone (Matsumoto et al., 2008). Furthermore, those from Asian cultures where social cohesion was emphasized tended to suppress their own emotional reactions so that they could firstly evaluate the situation and make appropriate responses (Matsumoto et al., 2008). However, those from Western cultures often perceived these characteristics as lack of interest or emotionally insensitive, which was

often viewed as a discriminative experience by Asian Americans.

The subconcept of cultural values and beliefs was still important under the concept of cultural contexts. For instance, despite the changes in their cultures, leaders from Asian cultures still considered “being a wise mother and good wife” as an important virtue of women, which led to the leaders experiencing challenges in managing all the household tasks and meeting cultural expectations. Leaders from South Korea, Taiwan, and Japan agreed on these cultural influences on their leadership. Another subconcept under the cultural contexts was religion, which was not retained in the refined theory because religion could be incorporated into the subconcept of cultural values and beliefs. Across the countries, the influences of Buddhism were still clearly embedded in the leadership implementation of the leaders. For instance, all the leaders considered that they wanted to make good and peaceful relationships, which could be based on a Buddhist belief to avoid bad karma that could affect the next life. Yet, in reality, this influence was embedded in the cultural beliefs and values of Asian cultures rather than affecting Asian women’s leadership as a separate impact of the specific religion.

*Sociopolitical Contexts.* Sociopolitical contexts also heavily influenced Asian women’s leadership in each country. Three subconcepts under the concept of sociopolitical contexts were retained in this refined theory: “image of nurses and nursing,” “racial/ethnic diversities,” and “immigration policies.” The concept of image of nurses and nursing was still an important challenge for leaders in Asian countries, including South Korea, Taiwan, and Japan. All the leaders from these countries mentioned about their continuous efforts to change the image of nurses by changing the title of nurses to a more professional title. Leaders from South Korea mentioned about recent struggles with the association of nursing assistants in their country, which required strong nursing leadership to avoid the situations and regulation/policy changes that might make the public confused between registered nurses and nursing assistants (Kim, 2019).

The subconcept of racial/ethnic diversities and immigration policies was also retained in this theory. Actually, with recent changes in demographics and diversities in Asian countries, the importance of this concept has increased. All the leaders mentioned increasing numbers of diverse racial/ethnic groups in their health care systems. For instance, leaders from South Korea mentioned medical tourism, which led to an increasing number of foreigners in their health care systems (Patients Beyond Borders, n.d.). Also, Asian American leaders talked about the stereotype of Asian Americans as an ideal immigrant group (hardworking, quiet, and high achiever) that could actually be a barrier in their leadership development process (Fisher, 1993). As in the original theory, the leaders emphasized that this stereotype would be a source for implicit biases and micro aggressions toward Asian Americans.

*Gendered Contexts.* Across the countries, patriarchal cultural heritages were still heavily influencing Asian women’s leadership experience. Subsequently, the concept of gendered contexts was retained in this theory. Two subconcepts were retained: “women-dominated discipline” and “patriarchal and social expectations for women.”

As in the original theory, all the leaders across the countries talked about their advantages to become leaders in nursing because nursing was women-dominated. For instance, leaders from Taiwan mentioned that being a woman was partially advantageous for them to become leaders in nursing, subsequently national leaders in their country. There were two significantly successful cases in Taiwan. Starting in the 2004 national presidential election, nurse leaders of national nursing organizations in Taiwan lobbied to set up a nursing department at the Taiwan Department of Health and to appoint a nurse leader as the Deputy Minister of Health to participate in the national health policy making. Due to the collective voice and power of nurse leaders, the Department of Nursing and Healthcare at the Taiwan Department of Health was established in 2004, and the first nurse leader, Dr. Hsiu-Hung Wang (one of the authors of this article), was appointed as the Deputy Minister of Health from 2004 to 2008 (now the Ministry of Health and Welfare). Also, during the 2016 national presidential election, the leaders of national nursing organizations reused their influence to successfully persuade the two largest political parties to include two nurses on their legislator-at-large lists, respectively. A nurse leader, Dr. Ching-Min Chen, was then assigned by the current ruling party to serve as a legislator-at-large in 2018 to voice for nurses’ rights and people’s health. These cases may have been possible because they were women and nurse leaders, which ironically made them national leaders.

All of the nurse leaders, however, pointed out that men continue to be in more senior positions than women in their organizations. Women leaders in nursing may often be viewed as inferior compared to men leaders in medicine in their countries. This made becoming a leader in the male-dominated health care system challenging. Even leaders from the United States mentioned gender disparities as leaders in their own organizations; although nurses and physicians usually work together, men physicians would be usually senior leaders in their organizations.

The subconcept of patriarchal and social expectations for women was also retained in this theory. As reported in the original theory, women’s activities across the countries were mainly restricted to their home, and women were still the ones who took care of household tasks. For example, even Asian American leaders needed to take care of household tasks although they were also working outside their homes. As reported in the original theory, social support was a necessity for women’s leadership development and implementation in Asian cultures. All the leaders across the countries indicated that they were getting strong supports from their social networks, especially from their husbands.

**Health Workforce/System Contexts.** All the leaders across the countries indicated recent changes in health workforces/systems as well as changes in regulations and policies related to nursing, which heavily influenced their leadership implementation. For example, the changes in the APN system in South Korea prescribed the directions for nursing leadership in the academia (Y. S. Jung, 2018). Also, in Japan, several health system reforms due to demographic changes influenced nursing leadership. For instance, the Integrated Community Care System heavily influenced nursing leadership because this new system needed to integrate prevention, medical services, and long-term care that involved nursing care (Japanese Nursing Association, 2019b).

## Conclusions

Recent changes in nursing across the countries have greatly influenced Asian women's leadership in nursing. While considering these changes, the middle-range theory on Asian women's leadership in nursing (Im et al., 2018) was revisited in this article. This refined middle-range theory is expected to be widely used in various areas of nursing research, education, practice, and policy making. The refined theory is also expected to guide Asian women's leadership in nursing across the globe. Yet this refined theory has some limitations. First, the refined theory would be restricted to only six countries where the participating leaders came from. Also, this theory still needs to be viewed as an evolving theory because it is limited to the current time point and specific countries where the leaders came from. Thus, theory refinement efforts need to be continued with various groups of Asian women leaders in nursing at different time points and/or different Asian countries. Finally, this refined theory needs to be evaluated through actual applications to nursing research, practice, education, and policy making related to Asian women's leadership.

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## ORCID iDs

Eun-Ok Im  <https://orcid.org/0000-0002-7253-7996>

Hsiu-Hung Wang  <https://orcid.org/0000-0001-6055-5401>

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