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PERCEPTIONS OF FEMALE LEADERS IN HOSPITAL ADMINISTRATION: ANALYSIS OF PROFILE, COMPETENCIES, CHALLENGES, PERSPECTIVES AND LEADERSHIP STYLES IN A PRIVATE HOSPITAL IN CURITIBA, PARANÁ

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Abstract: The aim of this study was to analyze the profile, competencies, leadership styles, challenges and perspectives of female leaders in the administrative sector of a hospital in Curitiba, Paraná. A descriptive study was carried out, with qualitative and quantitative analysis using a questionnaire with 12 women in leadership positions, with a total of 24 questions. The literature review highlights women in leadership in the hospital sector and Eagly and Linda's (2007) labyrinth theory, which addresses the difficulties faced by women when seeking leadership positions, coming up against various challenges, but which can be overcome. The results showed that women leaders face various difficulties, but they believe that training and self-worth are the way to overcome these barriers. When asked about the barriers they face and their career prospects in the hospital over the next few years. The respondents highlighted the constant need to prove their competence in order to be recognized, the prejudice that still exists about women occupying executive positions and the difficulty of reconciling professional and personal life.

Keywords: Female leadership. Perceptions. Hospital administration.

INTRODUCTION

The constant improvement of health-related processes has been a concern for the government, administrators and national and international researchers (Ribeiro, 2017) since health is the main concern of people, taking second place in some countries only to basic survival issues, and this scenario is worrying when in Brazil there is popular dissatisfaction with health services in general, causing hospital management to gain focus, and representing a set of complex challenges for public and private hospitals (Lorenzetti *et al.*; 2014).

Seixas and Melo (2004) state that hospitals need to be seen as modern companies, and for this they need effective hospital administration to provide for the organization's growth. They also identify that the manager's role is to coordinate activities to achieve the objectives set by the hospital, and the success of this task depends on the way the hospital is managed, as well as the technological resources available.

A study carried out by Brito *et al.* (2015) highlighted the importance of the female presence in the strategic management of a hospital in Minas Gerais and its impact on humanizing healthcare, adopting empathetic practices centered on the well-being of the patient, causing a rupture in relation to traditional management practices, previously adopted in rigid models. This opens up space to reflect on the role of women in hospital management and their perceptions of their leadership positions. Although the data indicates that the presence of women in leadership positions is still limited, this reality has changed significantly.

In this context, despite the various achievements of women in recent decades, which have increased their participation in leadership positions, the stereotype persists that this role is suited to men. In this way, female authority is less accepted than male authority, since the role of leader is easily associated with men, as it has characteristics such as confidence and determination, compared to characteristics such as politeness and flexibility associated with the social role of women (Martinez-Leon *et al.*, 2020). Breaking old paradigms is an arduous task; it's not just about changing behaviors, but the way people see the world, the opportunities and the potential that women bring to the table.

Granez, Bortoluzzi and Bissani (2016) analyzed, by means of a bibliographical survey, the profile of the leader and their relationship with the success of organizations, dividing the theories of leadership into three

large groups, the trait theory, the behavioral theory and the situational theory, which show, respectively, who the leader is, what the leader does and how they act. Based on these theories, it was shown that the profile of the modern leader is focused on responsibility, both towards themselves and their team, being in a constant process of learning, as well as providing an ethical working environment.

In addition, the study by the authors Kuchak, Rocha and Rocha (2021) dealt with the styles of female leadership in organizations, seeking to demonstrate the importance of women occupying management positions, through a bibliographic and documentary research, the authors report that the research had leadership as its theme, as this is an essential factor in the success of organizations, and despite the growing role of women in this environment, there are still many challenges in the search for gender equality, because:

[...] there is still a significant discriminatory process that takes the form of prejudice. In order to succeed in an executive career, they have to invest more in their work, expend more effort and be more committed than men. In addition to technical competence, they face the challenge of having to internalize attributes that men value, as this universe is still predominantly male (Lima *et al.*, 2014, p.77).

The same view is reflected by Santos, Tanure and Carvalho Neto (2014) who analyzed the difficulty of women's growth in organizations through descriptive and qualitative research with 47 executives, based on the Glassceiling Theory. This theory translates as a subtle barrier, because it is not explicit in organizations, but strong enough to become permanent and prevent hierarchical ascension in the company. The research reported that the glass ceiling phenomenon mainly affects women who are developing and growing in companies, while women who already hold senior management positions are hardly affected. Another

noteworthy point was the fact that the few women interviewed who occupy the highest hierarchical positions in the sample believe that such barriers do not exist in organizations. However, as the authors describe "[...] the need for these Brazilian executives to ignore the prejudices and difficulties encountered by other women in organizations became clear" (Santos, Tanure and Carvalho Neto, 2014), given that the barriers can easily be reflected in the number of women occupying high hierarchical positions in companies. Although the glass ceiling theory is widely used to address inequalities in relation to position in the job market, the theory used in this study is Eagly and Linda's (2007) labyrinth theory, which differs from the aforementioned theory, which presents a single, invisible barrier that prevents women from rising in the job market, because unlike the idea of "breaking" or "breaking through" this glass ceiling, the labyrinth represents a metaphor in which the woman remains an active figure, constantly on the move, seeking and fighting to achieve her goals. It is worth pointing out that these challenges occur from the moment a woman enters the job market and continue even after she has risen to leadership positions, demonstrating the need to continually overcome obstacles.

The presence of women in leadership positions shows that barriers are being overcome, although there are facts that negatively surprise and hinder the rise of women to leadership positions, it is necessary to identify the reasons, the barriers that must be overcome by women who seek leadership, in this context we intend to answer the following question: What are the challenges, perspectives, competencies and leadership style of female leaders in a private hospital in Curitiba, Paraná?

It should be noted that women still face a number of challenges in order to occupy leadership positions, and this research searches the literature and questions them about lea-

dership and perceptions about the careers of female leaders, as well as contributing to studies on genders and offering subsidies to ensure a more inclusive and equitable workplace.

Thus, the article presents the general objective of the research: To analyze the profile, challenges, perspectives, competencies and leadership style of female leaders in a private hospital in Curitiba, Paraná.

Through specific objectives aimed at identifying the women who occupy leadership positions in the hospital's administrative sector, as well as the profiles and specific skills required to work in senior management positions; understanding the predominant leadership styles among them; understanding the main challenges they face and exploring their perspectives in the sector, although they are in greater numbers of professionals in the health area, women are in the minority in many leadership positions, despite their management having a positive impact, through a humanized and democratic approach.

In addition, as presented in the study by Lorenzetti *et. al*; (2014) there is a consensus among the managers surveyed that there is a lack of qualified professionals in the management of the Unified Health System (SUS), since these professionals do not receive adequate training to act as managers, in many cases with discontinued training, in addition to the high staff turnover used in centralized, hierarchical and bureaucratic management models.

Thus, this work is justified by the need to examine the gap in a given region and existing society, about the profile, competencies, challenges and perspectives faced by female leaders in the administrative sector of a hospital in Curitiba Paraná. By achieving these objectives, the research will provide a clear overview of female leaders in the administrative sector of this hospital, the work they perform, possible challenges they face and the opportunities that are presented in the professional landscape.

This information is fundamental to the creation of practices and policies that contribute to the development of an inclusive and productive work environment for women in leadership positions in the hospital sector.

As for the originality of the proposal, the idea was based on the study by Paes and Nascimento (2023) which sought to analyze the opportunities and challenges of female leaders in Mato Grosso. However, this study is limited to the area of corporate governance, in the administrative sector of a hospital in Curitiba, Paraná, focusing on female leaders in senior management positions, with an emphasis on the variables of profiles, competencies, challenges, leadership styles and future prospects.

In terms of organization, the research is divided into an introduction, theoretical framework, methodological aspects, discussion of results and final considerations. The introduction provides a brief contextualization of the subject, highlighting the justification for the study, the problems and the objectives. The theoretical framework presents the context of women in leadership in the hospital sector, the labyrinth theory and previous studies. The methodological aspects detail the approaches and techniques used to carry out the research, explaining the procedures adopted to collect and analyze the data. The discussion of the results presents the results and analysis obtained in the research, followed by the final considerations, summarizing the main conclusions of the study, highlighting the implications of the results and suggesting possible directions for future research or practice.

THEORETICAL FRAMEWORK

In particular, women occupying positions that deserve recognition for their dedication and discipline in the health sector, which requires wisdom in decisions and cannot waver, as they are human beings.

WOMEN IN HOSPITAL LEADERSHIP

The participation of women in leadership positions has been growing significantly in the most varied spheres of the organizational context, mainly because women are naturally able to adapt to change, while carrying out various tasks and actively participating in the construction and dynamization of the globalized world.

Historically, women have been indispensable, but it was during World War I and II that the labor market movement gained prominence and breadth, because during and after this period, when labor became scarce, women felt obliged to take on the projects and positions previously occupied by their loved ones (Fonseca, 2013). From this context, it is notable that women have conquered their space, as the issue being discussed is no longer whether to allow or doubt women's place in the job market, but rather to question how far they can go by stripping away the restraints that society disseminates and assuming their role as leaders in organizations.

It's worth pointing out that leadership, despite the various theories that exist, is in the simplest sense about influencing and motivating people in order to achieve goals for the common good (Hunter, 2009), achieving results with them, teaching what you know, practicing what you teach and always asking what everyone around you ignores (Fonseca, 2013). Thus, it is clear that authoritarian leadership, where decision-making is centralized in the figure of the leader, no longer has space in this new market, since it is necessary to focus on interpersonal relationships, a point where female leadership stands out and consolidates its place in the professional space, demonstrating the ability to make quick and assertive decisions, armed with flexibility and adaptability, seeing people as a whole, and not just for what they can offer in the workplace (Silva; Rodrigues, 2022).

According to the article *Protagonismo feminino na saúde: mulheres são a maioria nos serviços e na gestão do SUS* (Female protagonism in health: women are the majority in SUS services and management) (CONDSEF, 2020), women represent around 65% of the more than six million workers in the public and private health sectors and are directly involved in care in hospitals and primary care.

Faced with this reality, the influence and professionalism of women has been understood in the administration of public and private hospitals, where they face several daily challenges in order to prove themselves capable of their duties, the machismo of colleagues, the double working day, motherhood and acceptance by the people around them (Travisan; Albuquerque, 2018). After 2019, with the COVID-19 pandemic, social isolation became one of the most effective tools in combating the pandemic, with emphasis on various diseases, such as anxiety, depression and rigorous stress, not only for professionals working on the front line, but for the entire organizational staff, causing damage and new challenges to the quality of life of employees, which went beyond loss of sleep, dealing with the sight of constant deaths and their own impotence in the face of the situation (Brito *et al.*, 2015).

THE GLASS CEILING OR LABYRINTH THEORY

The term glass ceiling was first used in 1984 in *Adweek* magazine about Gay Bryant, then editor of *Working Woman* magazine, who referred to the situation in which women, despite being qualified and representing the majority of the workforce, were stagnating in the corporate hierarchy at an intermediate stage, visualizing the top, but without being able to reach it, due to the glass ceiling (Body, 2012). For Eagly and Linda (2007), the metaphor of the glass ceiling no longer fits. Therefore, it is just

as important to diagnose the problem as it is to solve it, because there is not just one barrier for women who reach intermediate positions of power, but countless along the way, which is why the correct metaphor to use is that of the labyrinth, which more effectively portrays the complexity and variety of the challenges that women face, by conveying a path of twists and turns, obstacles and challenges, which, despite being complex, are achievable.

Consequently, authors Eagly and Linda (2007) mention five main barriers: prejudice; resistance to female leadership; leadership style; demands of family life and social capital. These barriers cover women's personal and professional lives, as well as the culturally nurtured and widespread view in society, where characteristics such as assertiveness and control are linked to the male figure, while empathy is the responsibility of the female figure who is subject to harsh judgment, where acting in a friendly manner is a weakness, just as much as acting in a harsh manner. Leadership styles are then addressed, indicating that women tend to approach a transformational style marked by encouragement, support and collaboration, but it is the demands of family life that have disproportionately imbalanced women's opportunities, according to the perception of the environment, and social capital joins in acting as an impacting factor, as women, having more household tasks, have little time to socialize and perpetuate a network of contacts.

Some solutions are pointed out by Eagly and Linda (2007) with the aim of intervening in the management of companies, through practices and actions that can minimize the problem faced, by increasing people's awareness of the psychological factors of prejudice against female leaders and working to dispel these perceptions, changing the norms of long hours by focusing on production delivered, reducing subjectivity in performance evaluation when dealing with promotions, using

open recruitment tools such as advertising and employment agencies rather than relying on informal social networks and referrals to fill vacancies, ensuring a critical mass of women in executive positions, not just one or two women, in order to avoid the problems that come with symbolism and building a team with just one woman, and preparing them for line management with appropriately demanding tasks.

PREVIOUS STUDIES

The article *The experience of women in leadership positions working to combat COVID-19 in a hospital institution* (Pinto; Vieira; Da Silva, 2022) aimed to analyze the challenges experienced by women in leadership positions who have worked to combat the COVID-19 pandemic. Through a qualitative study, it was possible to identify the presence of discrimination in the workplace, the difference between male and female leadership within the hospital environment, leveraged by salary differences and the constant questioning of female competence.

Nevertheless, these leaders had to move away from friends and family, which resulted in pain and suffering, but despite this, the challenge of women to carry out their duties with professionalism and extreme dedication in an unstable scenario was noted as never before, overcome with patience and persistence on the part of the managers who proved their high adaptability in their respective roles (Pinto; Vieira; Da Silva, 2022).

The study *Women in hospital management: signifying managerial work in a public hospital* (Brito *et. al.*, 2015) aimed to analyze the managerial practices of women in strategic positions in a public hospital through semi-structured interviews with nine respondents. *al*, 2015) aimed to analyze the managerial practices of women in strategic positions in a public hospital through semi-structured

interviews with nine respondents, who had a profile of 28 to 49 years of age, and a professional rise linked to the diversification of the category of professionals and the increase in qualifications over the course of their careers, in addition to this, the managers demonstrated a flexible, sensitive and accessible attitude to the work environment and their way of leading, as well as characteristics such as determination, curiosity, organization, concern and dedication.

Another point of note in this study was the hospital's stance on formulating new cultural paradigms, being willing to break the chains that bound them to patriarchal notions and take on a modern proposal when hiring for management positions (Brito *et. al*, 2015).

Finally, the work Women and leadership: a study of the barriers faced in their careers in private hospitals in Maringá (Travisian, Augusto; 2018) sought to understand how women position themselves in relation to the barriers faced throughout their careers in the search for leadership positions, through qualitative research with fifteen women, it was identified that the interviewees were aged between 31 and 70 years, the majority married, with children and completed higher education, when asked about their leadership styles, communication and cooperation were mentioned characteristics, in addition, most of the respondents stated that they had great concern for their teams, often involving them in decision making.

As for the barriers faced, the double working day and the machismo present in the hospital environment were the main responses, and these challenges were met by demonstrating the competence and ability of the women who occupy leadership positions in private hospitals in Maringá (Travisian, Augusto; 2018).

METHODOLOGY

This research took a descriptive approach to its objectives, with the aim of observing, recording, analyzing, classifying and interpreting the facts without the interference of the researcher (Andrade, 2002).

The survey study was used in terms of the type of procedures, characterized by the direct questioning of a sample of people, whose knowledge is to be known, limiting itself to the perception that people have of themselves (Gil, 2019).

In defining the segment studied, we sought to research female leadership in a private hospital, due to the relevance and impact of health professionals on society, analyzing the profile, skills, leadership styles, challenges and perspectives, through a quantitative approach to the problem, using statistical instruments in the collection and processing of data (Beuren, 2008) and qualitative analyzing the study carried out in depth (Beuren, 2008), helping to understand the behavior of individuals

In the search for data collection, a Google Forms questionnaire was developed as an instrument, inspired by the article by Paes and Nascimento (2023), structured on a likert scale of agreement, with 22 closed questions and 2 open questions, all questions sent via the whatsapp application, applied virtually with women in leadership positions in a private hospital in the city of Curitiba, Paraná between January 27 and 31, 2025, coding them as follows: 1- Strongly disagree, 2- Disagree, 3- Neither agree nor disagree, 4- Agree and 5- Strongly agree.

The pre-test was carried out with 5 people who were aware of the research objectives, in order to highlight possible flaws or ambiguities in the questionnaire, as guided by Martins (2009). The results showed that the questionnaire was clear, with the suggestion of changing a single word in objective D, question 3.

In the organization of the questionnaire, section 1 “Identifying the profile of the survey respondents” with 8 questions aims to collect demographic and academic information from the participants, such as age, level of education, marital status, hierarchical position, how long they have held a leadership position and the people they directly lead.

Section 2 “Identifying competencies” with 5 questions seeks to assess the perception of leaders in relation to communication skills and transformational leadership, decision-making, emotional intelligence, team management and planning and strategy.

Section 3 “Leadership Styles” with 4 questions investigates the perception of leadership styles developed through democratic leadership, situational leadership, people-focused leadership and strategic leadership.

Section 4 “Challenges faced” with 5 questions includes questions regarding challenges related to gender, work-life balance, organizational culture and inclusion and access to growth opportunities.

Finally, section 5 “Perspectives” with 2 open questions seeks to understand what challenges they face in order to grow professionally, how to deal with them and their feelings about their career prospects in the coming years.

The quantitative data was analyzed using descriptive statistics to understand the patterns of responses by calculating mode, mean, standard deviation, variance and frequency. The qualitative data was analyzed by content, identifying similarities in the responses.

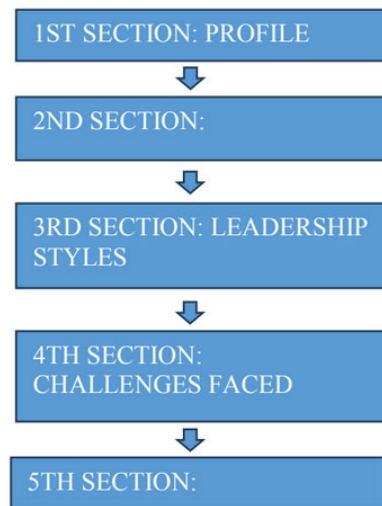


Figure 1: Analysis scheme and organization of the questionnaire sections

Source: Research data

LIMITATIONS OF THE STUDY

The study had some limitations when it came to the representativeness and triangulation of the data, as the sample of respondents referred to administrative positions, not including operational positions such as doctors and nurses, and also did not present the triangulation of the data in relation to the subordinates of these leaders, showing only the triangulation between the leaders of the hierarchical sectors.

The data collection method, being a questionnaire, can limit the depth of responses, despite having open-ended questions that allow for greater breadth in capturing perception, in this same line of reasoning, there is the possibility of respondent bias in some questions, based on the idea that human beings tend to evaluate themselves positively, as a limiting characteristic regarding the survey research typology, where “perception is subjective, which can result in distorted data, as there is a lot of difference between what people do or feel and what they say about it” (Gil, 2022)

Finally, there is the limitation of generalizing the study, which was applied to a specific group of women leaders, so the findings cannot be replicated to all national and international hospitals, as the organizational culture of different institutions can interfere with the perception of the respondents.

RESULTS/DISCUSSIONS

This stage presents the data, results and analysis obtained from the responses. The data is separated according to the sections of the questionnaire, which remain aligned with the specific objectives of the work.

A BRIEF HISTORY OF THE INSTITUTION

This institution was chosen due to the significant presence of women in leadership positions, in strategic and high-impact positions, in addition to the hospital sector historically being a challenge for female advancement, apart from this, the accessibility and availability of the participants was relevant in determining the location.

The hospital, founded in 1953, is one of the largest health centers in the state and has become a benchmark in Brazil and worldwide for its quality in highly complex clinical and surgical treatments, such as bone marrow and liver transplants

Its initial aim was to provide health care to the sisters and the poor and to serve as a training ground for nursing school students. Today, the hospital has become one of the largest health groups in the country, operating with four other structures, guaranteeing quality care and access to the population through partnerships with the Unified Health System (SUS).

The hospital's vision is to be recognized by 2027 as the leading healthcare choice in the city of Curitiba, accompanied by the values of ethics, social and environmental sustainability, humanization, professional training,

commitment and communication. Below is a partial organization chart, representing the hierarchy starting with the directors, and limited to the supervisor and leader levels; the other functions of the organization chart will not be represented, as they are not dealt with in this research.



Figure 2: Hierarchical administrative organization chart in relation to the interviewees

Source: Research data

The study was attended by 80% of the women who hold leadership positions in administrative positions at the private hospital in Curitiba, and was answered by 3 leaders, 1 supervisor, 4 coordinators, 3 managers and 1 director.

THE PROFILE OF THE RESPONDENTS AND THE RESPONDENTS' SKILLS

At the hospital surveyed, the profile of the leaders reveals that 41.7% of the respondents are between 51 and 60 years old, while 58.3% have a postgraduate degree. In addition, 75% are married and have one or two children. The majority have held leadership positions for 4 to 6 years or more, directly leading more than 20 people

The study by Travan and Albuquerque (2018) showed similar results, although the leaders interviewed were aged between 31 and 70, they were married and postgraduates, all of whom said they were capable of communicating, influencing and motivating their employees, concluding that having knowledge in

a hospital organization is not enough, it is necessary to be an example and an inspiration, because “real leadership ability does not speak of the leader’s personality, their possessions, or charisma, but speaks volumes about who they are as a person. I used to think that leadership was about style, but now I know that leadership is about essence, i.e. character” (Hunter; p. 115, 2009),

In relation to the competencies surveyed, the best evaluated in terms of the respondents’ perception was team management, with 8 leaders totally agreeing that they are able to identify and value the knowledge and interest of their teams, as shown in the table above by the data, mean 4.67, standard deviation 0.49 and variance 0.24. The competency that represented the greatest challenge was emotional intelligence, linked to maintaining calm and emotional control in high-pressure situations, with a mean of 4.25, standard deviation of 0.62 and variance of 0.39.

Overall, the participants rated their leadership competencies at the highest levels within the system, with opportunities for improvement in emotional intelligence. As for the competencies Communication Skills and Transformational Leadership, Decision-Making and Planning and Strategy, they were found with an average of 4.50 and 4.42, all competencies rated well, and with similar, if not equal, results.

Regarding the perception of the respondents’ leadership style, the one that stood out the most, with 10 answers of totally agree, was leadership focused on people, where it is considered essential to create an inclusive and respectful work environment, with an average of 4.83, standard deviation of 0.39, and variance of 0.15, a result similar to that found in the article by Fabrício and Pereira (2021) where the manager is a transformational leader, because she inspired people and made them believe that the hospital, despite the crises faced, could rise again

In relation to the other data, the lowest average of 4.0 refers to strategic leadership, where planning and communicating long-term objectives with the team can indicate an opportunity for improvement and communication. Overall, the total average of the responses was 4.42, representing a positive perception of the types of leadership surveyed, especially in the inclusion and adaptation of leadership styles, with room for communication of long-term objectives and involvement in decision-making. While democratic leadership and situational leadership had intermediate positions, although both were well evaluated by the respondents, with averages of 4.33 and 4.50.

With regard to the challenges faced, the overall average is 3.37, indicating a relatively neutral position compared to previous positions. The highest mean of 4.42 on equal access to professional opportunities shows that the respondents believe there is equality in professional growth within the hospital, information also shown by the standard deviation of 0.51, mode 4 and variance 0.27. The lowest mean scores of 2.83 and 2.92 refer to challenges related to gender and sociocultural challenges, reflecting the perceived difference in the treatment of women leaders, indicating that there is a feeling of inequality in the way women are viewed in relation to their male colleagues. The mode 2 in these challenges also reiterates that being a woman has an impact on your life and the way you are viewed.

This same challenge has the highest standard deviation of 1.08, the greatest variation in responses, indicating that experience can be subjective and vary according to the position and individual context. In relation to the challenges faced, a greater disparity was noted when analyzing the responses, because although the leaders claim to have equal access to growth opportunities, they still face challenges related to gender and socio-cultural stereotypes, while some women may per-

Competence assessed	Frequency of responses					Average	Fashion	Standard Deviation	Variance
	1	2	3	4	5				
Communication Skills and Transformational Leadership	0	0	0	6	6	4,50	4	0,52	0,27
Decision-making	0	0	0	7	5	4,42	4	0,51	0,27
Emotional Intelligence	0	0	1	7	4	4,25	4	0,62	0,39
Team management	0	0	0	4	8	4,67	5	0,49	0,24
Planning and Strategy	0	0	0	7	5	4,42	4	0,51	0,27

Table 1: Competencies
Source: Prepared by the authors

Rated style	Frequency of responses					Average	Fashion	Standard Deviation	Variance
	1	2	3	4	5				
Democratic Leadership	0	0	0	8	4	4,33	4	0,49	0,24
Situational Leadership	0	0	1	4	7	4,50	5	0,67	0,45
People-Focused Leadership	0	0	0	2	10	4,83	5	0,39	0,15
Strategic Leadership	0	0	1	10	1	4,00	4	0,43	0,18

Table 2: Leadership Styles
Source: Prepared by the authors

Challenges faced	Frequency of responses					Average	Fashion	Standard Deviation	Variance
	1	2	3	4	5				
Challenges related to Gender	0	6	2	3	1	2,92	2	1,08	1,17
Socio-cultural challenges	0	6	3	2	1	2,83	2	1,03	1,06
Organizational Culture and Inclusion	0	4	4	4	0	3,00	4	0,85	0,73
Work-life balance	0	2	2	6	2	3,67	4	0,98	0,97
Organizational Culture and Inclusion	0	0	0	7	5	4,42	4	0,51	0,27

Table 3: Challenges faced
Source: Prepared by the authors

ceive a more egalitarian environment, others feel that unequal treatment continues to be a significant challenge.

With regard to the challenges of organizational culture and inclusion, the respondents feel included and aligned with the hospital's values and mission, with an average score of 3.0. With regard to work-life balance, this was the second biggest challenge faced by the leaders, with an average score of 3.67, because reconciling professional and daily demands requires a constant balance.

REPORT ON THE RESPONDENTS' EXPECTATIONS

In this section, the leaders were asked about the barriers they face and their career prospects in the hospital over the next few years. The main results identified were the constant need to prove their competence in order to be recognized, the subtle but existing prejudice against women occupying executive positions and the difficulty of reconciling professional and personal life, highlighting the need to balance work and studies, since keeping up to date is essential according to the respondents. As shown in the reports below:

Coordinator 1 *“Personal challenges, such as completing a university degree, tasks and commitments outside the work environment make it difficult to resume studies in the search for knowledge and, as a consequence, professional growth.”* Manager 2 and 3 reported: *“Always be prepared, act with confidence and caution, be extremely professional. Keeping up to date.”* and *“I believe that we have to constantly demonstrate our technical skills to the team and management. I believe that constant improvement, not just in the area of training, is fundamental if we want to be sure of how we position ourselves.”*

When asked about their career prospects, not all of the respondents expressed their views. However, we would like to highlight a few excerpts below, in which the interviewees showed themselves to be confident and optimistic, even in the face of the barriers presented, maintaining an active stance in the search for knowledge and new opportunities, suggesting that self-worth and a change in mentality are necessary in order to recognize one's own potential, continuous education and qualification in order to strengthen their professional position and credibility, and a secure, cautious and professional stance.

Manager 2 *“I’m where I’d like to be, I feel confident. I’m sure that the board trusts my work and my professional ability.”* Coordinator 2 *“I’ve been looking for a management position and I’m studying to make it happen.”*

Coordinator 3 *“Comfortable with the challenges of having a focus on change and transformation and technological advancement. Coordinator 1 “My suggestion is to work on changing the mentality of these women, they need to understand how valuable they are and how much their potential can bring growth in all areas.”*

CONCLUSION

This study sought to analyze the profile, competencies, leadership styles, challenges and perspectives of female leaders in the administrative sector of a hospital in Curitiba, Paraná, since the hospital sector is of profound importance in society, as health is one of the areas that deserves special attention, representing if not the greatest concern in the lives of people who seek to live well and with quality of life. Despite this, there is a popular conception that health is neglected in the country, so we can see the constant search for leaders and managers to surpass themselves and prove themselves worthy of occupying their respective leadership positions, in an environment that, although incomplete, makes it possible for them to rise up the hierarchy.

Therefore, the findings are consistent with Eagly and Linda's (2007) labyrinth theory, as women face not just one insurmountable barrier, but several barriers throughout their careers, from their arrival to the end of their career. For this reason, the labyrinth theory best represents the findings and contextualizes this article, by stating that women find themselves in a labyrinth, where there are various obstacles, which extend to multidimensional challenges as demonstrated, involving a different leadership style, adversity in the way they are seen and treated in relation to their colleagues. Maternity, a double working day, the need to keep constantly up to date, taking courses and training while having to reconcile tasks at work and at home, are some of the main barriers, and even with these difficulties it is not impossible to reach the longed-for leadership position, but it must be understood that to reach the top the journey daunting and challenging.

From the data obtained, it was possible to conclude that the profile of women in hospital management is on average 51 to 60 years old, post-graduate, married, with one or two children, working for 4 to 6 years in senior

management positions, leading more than 20 people directly, indicating that they are experienced professionals with a wide range of knowledge, capable of leading a large number of individuals and able to reconcile their personal and professional lives.

In their perception, the best-rated competence was team management, a result that corroborates the various studies already mentioned. In addition to this view, people-focused leadership was also highlighted, affirming the competence of putting people's well-being, development and engagement first, recognizing that the success of management lies in motivating and valuing human beings.

With regard to the outlook for the coming years, the leaders were confident and optimistic about their hierarchical progress, although they are aware of the challenges that remain, reflecting a patriarchal society, they believe that they can face these challenges through study, excellent performance at work and self-worth.

Finally, the study had limitations in terms of data triangulation, since the respondents only held leadership positions. It is therefore suggested that research be carried out which includes the subordinates of these leaders, in order to compare the perception of the two fronts, in addition to the research being carried out in other Brazilian states, in order to check whether the profile of the leaders is different.

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