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Constructing the Professional Meaning of Nursing in Iran's Leadership Discourse: A Qualitative Content Analysis of Professional Values, Occupational Challenges, Ethical Foundations, and Policy Expectations

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Research Article

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Abstract

Background

Professional identity and ethical practice in nursing are shaped not only by education and workplace conditions, but also by broader leadership narratives that influence health policy and societal expectations. At the national level, leadership discourses can play a significant role in framing how nursing is understood, valued, and governed. Despite this influence, such discourses have received limited attention in nursing scholarship This study aimed to examine how the nursing profession is represented within national leadership discourses in Iran, with particular attention to professional essence, occupational challenges, ethical dimensions, and policy-related expectations.

Methods

A qualitative study was conducted using conventional content analysis based on the Graneheim and Lundman framework. Official speeches and messages that explicitly addressed nursing and were delivered by Iran's national leader between 1989 and 2021 were retrieved from publicly accessible and authoritative archives. Fourteen texts met the inclusion criteria. Data analysis involved repeated reading of texts, identification of meaning units, coding, categorization, and abstraction to capture both manifest and latent content

Results

Four main themes emerged: (1) Ontological Essence and Societal Value, emphasizing nursing as a life-preserving, security-enhancing, and care-integrating profession; (2) Occupational Burdens and Sacrifices, including emotional labor, moral pressure, and crisis-related stress; (3) Ethical Foundations and Exemplars, highlighting moral intention, compassion, and exemplary role models; and (4 Policy and Organizational Imperatives, such as fair compensation, workforce adequacy, job security, and organizational support. Together, these themes depict nursing as a profession requiring both moral excellence and systemic backing.

Conclusion

National leadership discourses portray nursing as a morally grounded and socially vital profession whose sustainability depends on balanced attention to ethical development and structural reform. Translating these discourses into concrete policies and supportive work environments may reduce burnout, strengthen professional identity, and improve quality of care.

Introduction

Nurses, as the largest active group in the healthcare system, play a significant role in improving the effectiveness of healthcare through a comprehensive approach to care (1). This impact leads to enhanced health, disease prevention, treatment, and optimal care for individuals, communities, and the entire population. Therefore, investment in nursing and the elevation of its status have an undeniable effect on economic growth and societal development (2). As a key member of the healthcare team, the nurse, equipped with up-to-date knowledge and skills, is capable of providing nursing care across various levels of prevention (3). Nurses, through diverse roles such as education, research, communication, counseling, management, support, and care, have demonstrated their importance within the healthcare team. This position enables nurses to effectively respond to challenges facing the health system, including childhood obesity epidemics, migration, emerging and re-emerging diseases, bioterrorism, unemployment, homelessness, and violence (4)

In Iran, following the victory of the Islamic Revolution and the establishment of the Supreme Council of the Cultural Revolution, fundamental transformations occurred in various sectors, including nursing. These changes aimed to enhance the status and role of nurses in the healthcare system and improve care quality, leading to significant structural and educational reforms. In 1986, with the enactment of the law establishing the Ministry of Health, Treatment, and Medical Education, “nursing schools” and midwifery institutes were merged into “Schools of Nursing and Midwifery.” (5) This move marked a milestone in nursing education, providing a foundation for academic training and the preparation of skilled and competent nurses. Additionally, the activities of nurses within the Educational Department of the Ministry of Health, Treatment, and Medical Education, across various aspects of planning, expansion, evaluation, and retraining, took on a new form and played a significant role in the development and advancement of the nursing profession. These changes not only improved nursing education quality but also enhanced nurses’ status in the healthcare system and increased their participation in policymaking and decision-making processes (6, 7)

The Supreme Leader of the Islamic Republic of Iran, as the head of the system, has always paid special attention to nursing and shown favor to nurses. Over the years, he has repeatedly met with nurses and consistently spoken about the importance and status of nursing. His speeches and guidance can play a crucial role in advancing nursing. These directives can provide motivation and direction for stakeholders by setting macro-level visions for the healthcare system and emphasizing the significance of nurses in delivering quality care. Additionally, these speeches highlight existing challenges and opportunities in the nursing field, thereby facilitating effective policymaking and appropriate resource allocation. While nursing policy in Iran has evolved, no study has systematically analyzed Supreme Leadership discourses for thematic insights into professional essence and policy demands. Accordingly, the present study was conducted to analyze the speeches and guidance of the Supreme Leader in the field of nursing in Iran, aiming to identify the challenges and proposed solutions he has highlighted.

Methods

This research is qualitative in nature and employs a conceptual analysis approach, utilizing qualitative content analysis.

Data Source and Sampling

The research corpus consisted of all official speeches, messages, and statements addressing the nursing profession delivered by the national leader of Iran between 1989 and 2021. These texts were retrieved from the official website of the Office for the Preservation and Publication of the Leader's Works. Inclusion criteria were explicit reference to nursing or nurses and official publication status. Fourteen speeches met the inclusion criteria. (Table1)

Data Collection and Analysis

Data were collected through document review by referring to the official website of the Office for the Preservation and Publication of the Supreme Leader's Works, messages, and official statements published on occasions related to nursing.

For data analysis, Graneheim and Landman's content analysis method was employed, which includes steps such as transcribing speeches word by word, repeatedly reading them to obtain a general sense, dividing the text into condensed meaning units, abstracting and coding the condensed meaning units, categorizing codes into sub-themes by comparing similarities and differences, and organizing themes as indicators of the latent content of the text (8).

Trustworthiness

To enhance credibility, data were derived from authoritative and publicly accessible sources. Prolonged engagement with the data, peer discussion of codes and categories, and comparison of findings with existing nursing literature were undertaken. Dependability and confirmability were supported through transparent documentation of analytic steps and careful citation of original texts.

Ethical Considerations

The study adhered to principles of academic integrity and ethical scholarship. All quotations were reported faithfully, without selective interpretation or contextual distortion. Sources were accurately cited.

Table 1
Leader’s Statements Regarding Nursing

Date of Statement	Title of Statement	Statement Code
1989/12/06	Meeting with various segments of the public and a group of nurses and social workers	1s
1990/09/01	Meeting with a group of Basijis, nurses, and naval personnel	2s
1991/11/13	Meeting with various segments of the public and a group of nurses and social workers	3s
1992/11/03	Meeting with students, teachers, and nurses	4s
1994/10/12	Statements in a meeting with a group of nurses	5s
1995/10/04	Statements in a meeting with a group of nurses	6s
1997/09/10	Statements in a meeting with a group of nurses	7s
2001/07/25	Statements in a meeting with a group of nurses	8s
2004/06/24	Statements in a meeting with a group of nurses	9s
2009/04/29	Statements in a meeting with teachers, nurses, and workers	10s
2010/04/21	Statements in a meeting with exemplary nurses of the country	11s
2019/01/01	Statements in a meeting with nurses from across the country	12s
2020/12/20	Television speech on the occasion of the birth of Lady Zainab (S) and Nurse Day	13s
2021/12/11	Statements in a meeting with nurses and families of health martyrs	14s

Results

Analysis of the leadership discourses yielded four main themes and multiple subthemes. (Table2)

Table 2
main themes and subthemes

Main Category	Subcategories	Examples of Key Concepts
1. Ontological Essence and Societal Value	Angel of mercy and reviver. Complementary to treatment Combination of science and compassion Source of societal security	The nurse is a savior and “reviver” of life in moments of patient loneliness. Even the best medical treatments cannot succeed without nursing services. Nursing is a blend of “mercy and kindness” with “knowledge and skill. “The presence of the nurse provides reassurance to the patient, their family, and society as a whole.
2.Occupational Burdens and Sacrifices	Mental and emotional pressure, Patience in the face of harshness, Personal sacrifices, Struggle during crises	The difficulty of this work goes beyond physical capacity and requires the investment of spirit and emotions. The nurse must endure the harshness of the patient and their relatives with “ironclad patience. “Working on holidays, at night, and being away from family are permanent challenges of this profession. The selflessness of nurses during the Sacred Defense and in response to COVID-19 represents a struggle against oppression.
3.Ethical Foundations and Exemplars	Lady Zainab (S); Comprehensive Role Model Intention for divine reward Ethical charter	She embodies steadfastness, wisdom, and is the “nurse of the spirit of Islam. “Every act, smile, and effort of the nurse is recorded as a 'good deed' in the divine register. It is necessary to draft, teach, and implement the “Nursing Code of Ethics” as a moral duty.
4.Policy and Organizational Imperatives	Laws and payment system, Provision of human resources, Job security, Care for nurses	Immediate implementation of the “Nursing Services Tariff Law” and adherence to fairness in payments. Addressing nurse shortages according to hospital bed capacity and the necessity of recruitment. Rejecting the view of the nurse as a “seasonal worker” and ensuring job stability. Managers must provide physical and mental care for nurses to prevent burnout.

1. Ontological Essence and Societal Value

From the Leader of the Revolution’s perspective, nursing is a profession of paramount importance for maintaining community health. Even if the best physicians perform their duties, without competent nursing, patient recovery would be difficult or impossible. The nurse is, in fact, a “reviver” and an “angelic” being whose role in restoring patients’ health is equivalent to that of a skilled physician. This profession represents a unique combination of “scientific knowledge and skill” with “human mercy and compassion,” since technical expertise alone is insufficient; it is the delicate spirit and sense of responsibility that gives meaning to the nurse’s knowledge. Moreover, the presence of the nurse at the patient’s bedside provides “reassurance” not only to the patient but also to their family and society at large, alleviating heavy moral burdens and general anxieties (s7, s8, s9, s10, s13, s14).

2. Occupational Burdens and Sacrifices

Nursing is among the most demanding professions due to the “mental, physical, and emotional” pressures it entails. Unlike some occupations that rely solely on physical labor, nurses must respond to the harshness and irritability of suffering patients and the complaints of their companions with “ironclad patience,” tolerance, and good ethics. In addition to enduring the bitter realities of illness and mortality, they are deprived of the comfort of being with their families during holidays, nights, and festive days. Their “heroic” experiences during the Sacred Defense under bombings and on battlefields, as well as their selflessness during the critical COVID-19 period despite personal risk, highlight the extreme sacrifices and challenges of this profession (s8, s9, s14, s13).

3. Ethical Foundations and Exemplars

The exemplary model of this profession is Lady Zainab (S), who embodies patience, wisdom, and prudence, and through her steadfastness against cruelty, cared for the “spirit of Islam” in nursing. From an ethical standpoint, nurses must act with “intention for divine reward,” as in the divine calculations, even a smile or a spiritual touch for a patient counts as a significant good deed and is never wasted. Adherence to “nursing ethics” is regarded as a religious obligation and duty, since patients need care and kindness even more than medicine. In this regard, drafting and teaching the “Nursing Code of Ethics” is essential for understanding the magnitude of the work and upholding the professional covenant (s8, s6, s12, s14).

4. Policy and Organizational Imperatives

Health system management is obligated to treat nursing as a “priority” and, through careful planning, prevent fatigue and discouragement among nurses. The primary and genuine demand of nurses is the implementation of the “Nursing Services Tariff Law,” which has been delayed for years and must be enacted to ensure fairness in payments. Additionally, addressing “workforce shortages” according to hospital bed needs and providing “job security” to prevent nurses from being regarded as “seasonal workers” are essential managerial requirements. Authorities must provide mental and physical care for nurses (especially female nurses) to ensure they can serve with vitality and peace of mind (s12, s14, s13, s9).

Discussion

A systematic analysis of the Leader of the Revolution’s statements alongside scientific findings indicates that nursing goes beyond a technical specialty; it constitutes a system of moral virtues and governance necessities. This discussion is organized around four main axes: the Leader of the Revolution refers to the nurse as an “angel of mercy” and a “reviver,” whose presence during a patient’s moments of loneliness provides security (s10, s13). This view aligns with the postmodern ethical approach in nursing, which emphasizes a “relational narrative” and a holistic perspective (9, 10). In fact, nursing services not only complement the physician’s treatment but, from the perspective of modern knowledge, enhancing professional commitment and organizational identity among nurses directly impacts care quality and reduces medical errors. Essentially, the nurse, through a combination of knowledge and

compassion, maintains the integrity of the healthcare system (11). Studies by Molaei (2022) and Mahdieh (2019) confirm that adherence to postmodern ethical principles (such as attention to the patient's narrative) and Islamic values directly improves the quality of nursing services (9, 12) These findings are fully consistent with the Leader's emphasis on "spiritual nurturing of the patient" and "intention for divine reward" (s14)

Moreover, the concept of "moral distress" in Fouladvandi's research (2025) aligns with the Leader's description of the "mental and emotional pressure" experienced by nurses in high-stress environments (13) While the Leader emphasizes the sacred and "angelic" status of the nurse (s8), some research findings, such as Afshani (2019), point to professional powerlessness and the dominance of physician-centered discourse, which may hinder the realization of this ideal status (14). Regarding migration, Shields (2005) highlights the ethical challenges arising from the recruitment of nurses by developed countries (15) further underscoring the necessity of the Leader's demands for improving livelihood and job security to retain the workforce (s13).

The Leader's statements emphasize nurses' "ironclad patience" in facing patients' harshness and additional mental pressure (s9). Research findings link this claim to concepts such as "moral distress" and "occupational burnout." (13) Scientific sources state that factors such as "workplace exclusion" and "defensive silence" lead to deviant behaviors and reduced occupational quality of life (16). Furthermore, nurses' experiences during crises such as COVID-19 (17) and occupational violence in psychiatric wards (18) confirm the accuracy of the Leader's description of nursing as one of the most demanding professions in terms of mental and emotional pressure (s8).

The Leader of the Revolution presents Lady Zainab (S) not only as a role model for nursing but also as the embodiment of "wisdom, prudence, and the struggle for clarification" (s14), emphasizing the necessity of drafting a "Nursing Code of Ethics" (s11). This demand is reflected in scientific literature under the concept of "ethical competence." (19). Findings indicate that when nurses link their work with "intention for divine reward" and spirituality, their resilience against ethical challenges increases, and they distance themselves from feelings of "professional powerlessness." (14). The Leader's explicit demands regarding the "tariffing of nursing services," "job security," and "addressing workforce shortages" (s13, s14) are recognized in scientific sources as critical factors in reducing the "intention to leave the profession." (20) Health system management must avoid viewing nurses as "seasonal workers" (s14) and, through "transformational leadership," create a supportive environment (11) According to sources, the mental and physical care of nurses, along with fair payment practices, is the only way to maintain motivation in this group and prevent "occupational alienation." (20)

Conclusion

The cumulative analysis indicates that, from the Leader's perspective, nursing represents the convergence of "human struggle" and "scientific skill." To achieve an optimal healthcare system, authorities must recognize nursing as an independent professional identity and, by implementing legal

requirements, prevent the burnout of these “angels of salvation” amid the exhausting challenges of the work environment. Generally, leadership discourses position nursing as morally exalted yet structurally vulnerable, urging policy reforms for sustainability.

Limitations

This study has several limitations. First, this is discourse analysis, not endorsement, it focused exclusively on discourses from a single national leadership source, which may not capture the full diversity of policy perspectives. Second, as an interpretive qualitative analysis, findings may reflect researchers’ analytic lenses despite efforts to ensure rigor. Third, the study did not triangulate discourse analysis with empirical data from nurses or managers. Future research should integrate leadership discourse analysis with qualitative interviews and quantitative workforce indicators.

Implications for Practice, Education, and Policy:

For nursing practice, reinforcing compassion-centered and ethically grounded care may enhance psychological resilience, particularly in high-stress settings such as intensive care units. For education, integrating ethical competence and professional identity formation into curricula can align training with nationally articulated values. For management and policy, implementing fair compensation, adequate staffing, and supportive leadership is essential to sustaining the nursing workforce.

Declarations

Ethics approval and consent to participate

Data collection began after receiving the code of ethics (IR.IUMS.REC.1399.976) from the Iran University of Medical Sciences This study was conducted in accordance with the Declaration of Helsinki (2024 revision).

Consent for publication:

Not applicable (no individual person’s data are presented).

Competing interests:

The authors declare that they have no competing interests

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Author Contribution

Conception and design, SHO; Analysis and interpretation: SHO, Data collection: Co-writing the article: SHO, Overall responsibility: SHO

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Availability of data and materials

the dataset generated during this study is not publicly available to protect participant confidentiality but can be requested from the corresponding author upon reasonable request.

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