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Paternalistic Leadership, Organizational Cynicism and its Relation with Organizational Pride among Staff Nurses at Main Mansoura University Hospital

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Background: Paternalistic leadership is style of leadership that leader merges strict system with the empathy of a paternal figure and moral character in a personalized climate that empower nurses accomplish more excellently and proficiently and assistance nurses to condense cynical behavior to hospital and improve pride feeling. Aim: Examine paternalistic leadership, organizational cynicism and its relation with organizational pride at Main Mansoura University Hospital. Method: Descriptive correlational design utilized as well as the study was done on 180 staff nurses working at all inpatient units. Used three tools for collect data; Paternalistic Leadership Questionnaire, Organizational Cynicism Questionnaire and Organizational Pride Questionnaire. Results: Highly statistically significant relationship among paternalistic leadership and overall items of organizational pride excepting managerially authoritarian dimension was no statistically significant. As well as, negative statistically significant relationship amongst organizational cynicism and overall items of organizational pride. In addition, 87.8% and 70.6 of nurses' apparent moderate level of paternalistic leadership and organizational cynicism, while, 66.1% of them reported high level of organizational pride. Conclusion: Paternalistic leadership style improves organizational pride and organizational pride decrease organizational cynicism. Recommendations: Establishing stress management and emotional intelligence training programs for nurses in reducing hospital cynicism and ultimately improved organizational pride.

Keywords: Organizational Cynicism, Organizational Pride, Main Mansoura University Hospital & Paternalistic Leadership, Staff Nurse.

Introduction

Leadership styles are critical feature in evolving attitudes and behaviors toward nurses to an organization. It is necessary to have the ability to guide and stimulus all of his followers in greatest way, in order to remain leader. Paternalistic leadership (PL) is one of the management styles that have recently expanded attention in recent year (Bektas, et al., 2021). PL practices are appropriate to decrease conditions which destructively impact the organizational environment, as the wish to leave one's profession or cynicism, creating work conditions where nurses sense of secure and are reinforced that lead to nurses' pride in their organization (Brosi, et al., 2018).

Paternalistic leadership acknowledged upward interest from administrative investigators around world in the past two decades (Sungura, et al., **2019).** Paternalistic leaders act similar father taking care of their nurses in their off job exists and help to expand welfare of nurses. In coming back, nurses demonstrate their voluntary loyalty, obedience, and compliance with their paternalistic. PL is defined as "a style that combines strong discipline and authority

with fatherly benevolence and moral integrity" (Sözbilir, 2020).

Paternalistic leadership characteristics that leader produces climate and domestic atmosphere in organizations, deliver basis for formation of close relationships among individual and embraces nurses as whole with their lives in and outside work (Bektas, et al., 2021). Likewise, Paternalistic leaders serve as mentors to help with family and personal issues difficulties among nurses also reassure them harmony, friendship, and unity, later falling workplace conflicts between employees and their families, isolation at work, and allowing nurses to participate fully in their work (Ugurluoglu, et al., 2018).

Paternalistic leadership behaviors classified into three dimensions: authoritarianism, benevolence and morality. Authoritarian leadership denotes toward leaders' behavior which declares complete authority and control over subordinate and demands absolute obedience from subordinates (Hou, et al., 2019). Benevolent leadership discusses towards leadership behavior which establish personalized concern for personal or familial welfare elsewhere work relationships. Also, benevolent leader dedicates

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energy that take care, expression anxiety and inspire nurses when they meeting difficulties (Ugurluoglu, et al., 2018).

Concerning moral leadership mentions among leadership behavior which determine greater individual virtue, self-discipline and kindness. Furthermore, it determined as leadership behavior has offer high ethical standards. Very moral leader aid as a special role model and exhibits self-control and altruistic actions. This kind of leadership motivates nurses to go above and beyond official contracts, which in turn boosts nurses' trust in leaders' decisions. Additionally, a moral leader exhibits veracity and prioritizes good of the group over their own interests, which lessens organizational cynicism (Ağalday, & Dağlı, 2021).

Cynicism is "the salient concepts that have emerged in the field of organizational behavior in recent years". Organizational cynicism (OC) spoken as "the negative attitudes the nurses has established towards the knitting". This attitude has three dimensions as cognitive dimension, affective dimension and behavioral dimension. First dimension of OC is cognitive (belief) dimension. It is belief in organizations' deficiency of honesty. It's contains of belief that the organizations' practices were lacking about justice, goodness, and genuineness (Fiernaningsih, et al., 2019).

Second dimension of OC is "affective (emotional) dimension" it consists of durable emotional responses to organization. Last dimension is behavioral dimension it discusses as damaging inclinations and mainly humbling attitude. It contains undesirable and frequently life-threatening attitude (Mousa, 2018). Hence, OC may incline to make pessimistic forecasts about future activities in organization. Organizational pride can play dominant part in approximately harmful organizational variables as turnover, job stress and organizational cynicism (Durrah, et al., 2019).

Accordingly, organizational cynicism as "an attitude consisting of the futility of change along with negative attributions of change facilitators with this thought, we can move frontward and can relate organizational cynicism with organizational change". This negative thought and feeling principal to mismanaged, misdirected, unfluctuating denied pride. Consequently, cynicism fill gap left where pride either must have flourished or lessened by way of expectations was not resigned with reality. Nurse with these deprived of pride will develop an emotional gap that creates unintended that help negative stance as nurse ideas away from constructive thinking (**Rehan**, et al., 2017).

The notions of organizational pride have concerned attention of two practitioners and management

researchers due to of rank as driver of constructive job behavior and main discriminator about competition. Organizational pride (OP) has getting attention due to improved acknowledgement of its possible and a critical feature to organizational achievement. OP is mentioned "an encouraging constructive work environment that needs high social recognition with the organization". It comprises of feeling of admiration, reputation, and worth created on appraisals of status caused by nurses (Mohamed, et al., 2022).

Organizational pride energies nurses' affective commitment to the organization and motivates to bring more above predictable in name of working rigid, taking resourcefulness, and overwhelming obstacles (**Brosi**, et al., 2018). There are two types of organizational pride: emotional pride and attitudinal pride. Emotional pride means pride that durable however isolated. Likewise labeled as a short-lived mental experience. Attitudinal organizational pride on extra side is strong and can be learned. In contrast emotional pride, organizational pride in attitude is collective, consequential from nurses eager to fit in organization (**Durrah**, et al., 2019).

Significance of the study:

Nurses are important person in the health sector because fact of human labor is actual powerful and level of specialization was high. For this reason, job satisfaction should be confirmed and inspired to work excellently and proficiently. Occasionally organizational distortion root nurses to lose motivation, job satisfaction, and nurse can exhibit some negative attitudes toward work as not coming to work, neglecting work, and leaving it. One of these undesirable behaviors is cynical behavior. Such behavior in health organizations may reason quality of service decline, or even to result in unwanted bad event. The maximum important persons who may stop such undesirable behavior within organization are the managers. The manager uses paternalistic leadership style that makes leaders generate family environment in which nurses feel happy and gratified with their jobs (Bektas, et al., 2021). They evaluate the environment that they fit to as appropriate for them; herewith, their confidence and well-being are improved and reinforced that lead nurses feel pride with the organization as driver to constructive work behavior and an essential element for success (Nal, 2019). So, study aims to examine paternalistic leadership, organizational cynicism and its relation with organizational pride among staff nurses at Main Mansoura University Hospital.

Aim of the study:

Examine the paternalistic leadership, organizational cynicism and its relation to organizational pride among staff nurses at Main Mansoura University Hospital is study aim.

Research questions:

- Q1: What are levels of paternalistic leadership as perceived by staff nurses at Main Mansoura University Hospital?
- **Q2:** What are levels of organizational cynicism as perceived by staff nurses Main Mansoura University Hospital?
- Q3: What are levels of organizational pride as perceived by staff nurses Main Mansoura University Hospital?
- **Q4:** Are there relations between paternalistic leadership, organizational cynicism and organizational pride among staff nurses at Main Mansoura University Hospital?

Methods

Design:

Study design was employed a descriptive correlational design.

Setting:

This study was conducted at Main Mansoura University Hospital. This hospital offers extensive range of health facility at Delta Region. It contains general medical surgical, chest and heart, orthopedic, obstetrics, gynecology, antenatal care, psychiatry, fertilization, knee-joint, neurology, radiology and blood bank unit. Also, provides health care for all patients, by total bed size (1860).

Participants:

Convenience sample of (180) participants was used for data collection with one year of experience at least and accepted to share in study at time of data collection.

Tools of data collection

Three tools were utilized for data gathering as follow; Paternalistic Leadership Questionnaire, Organizational Cynicism Questionnaire and Organizational Pride Questionnaire.

1sttool: Paternalistic Leadership Questionnaire: Includes two parts as:

1st part: Contains personal and job characteristics of staff nurses such as age, gender, marital status, level of education, experience years, and department name.

2nd part: Paternalistic Leadership Questionnaire: It adopted via Ugurluoglu, et al., (2018). It aims to assess paternalistic leadership as perceived by nurses. It consisted of 23 items categorize into four dimensions named as; benevolent (11), moral (3), behaviorally authoritarian (6) and managerially authoritarian (3). The given items were measured on 5-point Likert scale ranged from (1) strongly disagree to (5) strongly agree.

Scoring system:

Statistics depend on cutoff points 50% categories degrees of paternalistic leadership among nurses as, low (<50%), moderate (50 %-75%), and high (>75 %) **2nd tool: Organizational Cynicism Questionnaire:** This adopted to **Durrah, et al., (2019).** To assess organizational cynicism as perceived by nurses. Consists of 12 statements which divided into three dimensions; cognitive cynicism, affective cynicism, and behavioral cynicism. Each dimension has four items. The items were calculated on 5-point Likert scale ranged from (1) strongly disagree to (5) strongly agree.

Scoring system:

Statistics based cutoff points 50% categories degrees of organizational cynicism among nurses as, low (<50%), moderate (50 %-75%), and high (>75 %)

3rd tool: Organizational Pride Questionnaire: This was adopted by Durrah, Chaudhary, & Gharib, (2019). It aims to assess organizational pride as perceived by nurses. Includes seven items categorized into two dimensions as emotional pride (4 items) and attitudinal pride (3 items). Items were measured on 5-point Likert scale ranged from (1) strongly disagree to (5) strongly agree.

Scoring system:

Statistics based cutoff points 50% categories the degrees of organizational pride among nurses as, low (<50%), moderate (50 %-75%), and high (>75 %)

Validity and reliability:

Face and content validity of tools verified on five experts in field of academic nursing administration to appraise items as well whole instruments as being relevant, comprehensive and appropriate to test what they wanted to measure and alteration were done. Three tools paternalistic leadership questionnaire, organizational cynicism questionnaire and organizational pride questionnaire were tested to measure reliability via Cronbach's alpha test were 0.909, 0.879 to and 0.952 to three questionnaires respectively.

Pilot study:

10% (20 nurses) on studied participant (200) was useful to examine clarity and applicability of tools and determine needed time to fill in questions. These participants were excluded from total participants.

Data collection:

The actual field work started from the beginning of April to the end of June 2024. Data gathered throughout meeting the staff nurses in morning and afternoon shifts in working units, then clarifies the study aim to them. Distributed Questionnaire for all nurses at end of morning and afternoon shifts. Researchers existing at the time of filling to explain any uncertainty as well as answer any questions, in addition to check each questionnaire filling and

ensuring its completeness. Also, self-administered questionnaire (1, 2, and 3) utilized for collecting the data, and 25 to 30 minutes time needed of nurses to answer questionnaire.

Ethical consideration:

Before beginning the study ethical approval was from the Research Ethical Committee of Faculty of Nursing, Mansoura University. (Ethical approval No.0564) on March 10,2024. Obtained written informed agreement to participate from all staff nurses in the study. Conduct an official permission was achieved from responsible administrator of hospital comprised in study. Knowledgeable of all participants were that study was voluntary, and have right to withdraw from study at any time. Also, all participants were safe about confidentiality of collected data and privacy of participants were guaranteed.

Statistical analysis:

The collected data were prepared, tabulated and statistically analyzed using SPSS, version 26. Familiarity supposition was acknowledged. So, unconditional variable was denoted as frequency and percentage. Continuous variables were denoted as mean, and standard deviation. Independent t-test was used to test the difference between two means of continuous variables. ANOVA-test were utilized to test difference between more than two means of constant variables, Chi-square directed to test the connotation among two categorical variables. Pearson correlation coefficient showed to test connotation among two continuous variables. Multiple linear regression was used to discover independent variables of organizational pride. Statistically noteworthy were measured as (p-value $\leq 0.05 \& 0.01$).

Results:

Table (1): Personal characteristics of staff nurses (n=180)

Characteristics	No.	%		
Age years:				
• 20-30	167	92.8		
31-40	13	7.2		
Mean±SD	25.19±3.25			
Gender				
Male	23	12.8		
Female	157	87.2		
Marital status				
Unmarried	68	37.8		
Married	112	62.2		
Level of education				
 Diploma degree 	170	94.4		
 Bachelor degree 	10	5.6		
Experience years:				
< 1 · · · · · · · · · · · · · · · · · ·	11	6.1		
1 -5	107	59.4		
■ 6-10	52	28.9		
■ > 10	10	5.6		
Mean±SD	4.67±3.65			
Department				
 Orthopedic 	33	18.3		
Surgical	60	33.3		
 Neurological 	7	3.9		
 Medical 	80	44.4		

Table (2): Levels of paternalistic leadership, organizational cynicism, and organizational pride as perceived by staff nurses (n=180)

Variables	Levels of the study variables	Score	No.	%
- Paternalistic leadership	• Low (<50%)	23-57	4	2.2
	■ Moderate (50 %-75%)	58-86	158	87.8
	• High (>75 %)	87-115	18	10.0
- Organizational cynicism	■ Low (<50%)	12-29	38	21.1
	■ Moderate (50 %-75%)	30-45	127	70.6
	• High (>75 %)	46-60	15	8.3
- Organizational pride	■ Low (<50%)	7-17	7	3.9
	■ Moderate (50 %-75%)	18-26	54	30.0
	• High (>75 %)	27-35	119	66.1

Table (3): Mean scores of paternalistic leadership, organizational cynicism, and organizational pride as perceived by staff nurses (n=180)

Variables	No of items	Min – Max	Mean±SD	Variables
A. Total paternalistic leadership	23	50.0	101.0	76.84±8.68
1. Benevolent	11	16.0	49.0	34.58±6.39
2. Moral	3	5.0	15.0	12.22±2.28
3. Behaviorally authoritarian	6	12.0	26.0	20.13±2.37
4. Managerially authoritarian	3	4.0	15.0	9.91±1.99
B. Total organizational cynicism	12	17.0	49.0	35.08±6.66
1. Cognitive cynicism	4	4.0	20.0	12.20±2.75
2. Affective cynicism	4	4.0	19.0	10.99±2.64
3. Behavioral cynicism	4	4.0	18.0	11.88±2.56
C. Total organizational pride	7	9.0	35.0	27.05±4.61
1. Emotional pride	4	4.0	20.0	15.22±2.90
2. Attitudinal pride	3	5.0	15.0	11.83±1.96

^{*}percentages are calculated relative to maximum score

Table (4): Paternalistic leadership, organizational cynicism, and organizational pride in relation to personal characteristics of staff nurses (n=180)

Chamatanistics	Paternalistic leadership	organizational cynicism	organizational pride Mean±SD	
Characteristics	Mean±SD	Mean±SD		
Age years:				
■ 20-30	76.88±8.56	34.87±6.6	27.24±4.57	
■ 31-40	76.38±10.55	37.77±7.12	24.62±4.57	
t value / p-value	0.19 / 0.84	1.52 / 0.13	1.99 / 0.04*	
Gender:	•			
■ Male	79.86±10.47	35.48±5.55	27.39±4.67	
■ Female	76.40±8.34	35.02±6.82	27±4.62	
t value / p-value	1.80 / 0.07	0.31 / 0.76	0.38 / 0.71	
Marital status:	•			
Unmarried	75.84±10.57	36.28±6.23	26.84±5.18	
Married	77.45±7.29	34.35±6.83	27.18±4.25	
t value / p-value	1.21 / 0.23	1.90/ 0.06	0.48/0.63	
Level of education:				
 Diploma degree 	76.73±8.83	35.19±6.72	26.91±4.68	
 Bachelor degree 	78.70±5.54	33.2±5.41	29.4±2.41	
t value / p-value	0.69 /0.48	0.92 / 0.36	1.67 /0.09	

Characteristics	Paternalistic leadership	organizational cynicism	organizational pride Mean±SD	
Characteristics	Mean±SD	Mean±SD		
Experience years:				
■ <1	77.54±7.14	33.94±6	27.27±3.73	
1 -5	76.41±9.13	35.23±6.85	26.9±4.12	
■ 6-10	78.46±7.33	33.71±5.47	23.57±8.62	
■ > 10	72.30±10.72	35.55±6.91	27.38±4.8	
F value / p-value	1.64 / 0.18	0.56/0.64	1.52 /0.21	
Department:				
■ Orthopedic	75.51±7.63	33.55±5.28	27.27±6.72	
■ Surgical	76.95±9.91	35.55±6.42	27.17±4.46	
■ Neurological	73.71±5.37	33.98±7	27.25±4.34	
■ Medical	77.58±8.34	37.4±8.38	24.5±4.86	
F value / p-value	0.75 /0.52	1.26 / 0.29	1.09/ 0.36	

^{*} Statistically significant ($p \le 0.05$)

Table (5): Relation between paternalistic leadership, organizational cynicism, and organizational pride perceived by staff nurses (n=180)

Vowishles	Emotional pride		Attitudinal pride		Organizational pride	
Variables	R	р	R	P	r	P
A. Paternalistic leadership	0.42	0.000**	0.43	0.000**	0.45	0.000**
1. Benevolent	0.28	0.000**	0.28	0.000**	0.30	0.000**
2. Moral	0.40	0.000**	0.40	0.000**	0.42	0.000**
3. Behaviorally authoritarian	0.36	0.000**	0.35	0.000**	0.38	0.000**
4. Managerially authoritarian	0.07	0.32	0.08	0.27	0.08	0.27
B. Organizational cynicism	-0.50	0.000**	-0.44	0.000**	-0.50	0.000**
1. Cognitive cynicism	-0.40	0.000**	-0.32	0.000**	-0.39	0.000**
2. Affective cynicism	-0.46	0.000**	-0.41	0.000**	-0.47	0.000**
3. Behavioral cynicism	-0.39	0.000**	-0.38	0.000**	-0.41	0.000**

^{**} *Highly statistically significant (p<0.01)*

Table (1): Shows personal characteristics of staff nurses. The table shows majority of staff nurses (92.8 %) aged from 20-30 years with mean score 25.19±3.25, more than half of them were married (62.2%), (87.2%) were female, (94.4%) of nurses had a diploma degree of nursing, above half (59.4) having experience from 1 to 5 year with mean score 4.67±3.65 and (44.4%) of nurses working in medical department.

Table (2): Illustrates levels of paternalistic leadership, organizational cynicism, and organizational pride as reported by studied staff nurses. The majority (87.8% and 70.6 %) staff nurses reported moderate level of paternalistic leadership organizational cynicism respectively. While, more than half (66.1%) nurses perceived high levels of organizational pride.

Table (3): Shows mean score of paternalistic leadership, organizational cynicism, and organizational pride as perceived by the studied staff nurses. According to this table, the overall mean score was 76.84±8.68 toward paternalistic leadership. The

highest score 34.58±6.39 was for benevolent dimension whereas the lowest 9.91±1.99 managerially authoritarian dimension. Also, the overall mean score 35.08±6.66 was related to organizational cynicism. The highest 12.20±2.75 was for cognitive cynicism, whereas the lowest score 10.99±2.64 for affective cynicism. In addition, the overall mean score related organizational pride was 27.05±4.61. The highest score 15.22±2.90 was for emotional pride, whereas the lowest score 11.83±1.96 for attitudinal pride.

Table (4): Clears paternalistic leadership, organizational cynicism, and organizational pride in related to personal nurses' characteristics. There no statistically significant relationship among paternalistic leadership, organizational cynicism and organizational pride except there statistically significant relationship among organizational pride and their age.

Table (5): Shows relation between paternalistic leadership, organizational cynicism, and organizational pride perceived by staff nurses. This

table discovered there high statistically significant relationship among paternalistic leadership and overall items of organizational pride except managerially authoritarian dimension was no statistically significant. In addition, negative statistically significant relationship among organizational cynicism and overall items of organizational pride.

Discussion:

A vital profession for everyone's health and well-being, nursing is the cornerstone of any nation's healthcare system (Hashish, 2015). According to Eskandari, et al., (2017), most healthcare workers are nurses, additionally their expertise is crucial to the operation of efficient healthcare systems. Healthcare organizations are therefore faced with problem of reducing unfavorable circumstances, including organizational cynicism, by using positive leadership approaches, like paternalistic leadership. In order to increase organizations pride, nurses should be able to deliver more competent and efficient healthcare services.

Examine paternalistic leadership, organizational cynicism and its relation with organizational pride at Main Mansoura University Hospital was the aim of present study.

The finding of current study showed that moderate level of paternalistic leadership. This due to supervisor takes very thoughtful care of subordinates and devotes energy to taking care of them. This was in the similar line with **Sungur**, et al., (2019) who reported that the nurses' responses to the paternalistic leadership were of a moderate level. **Additionally**, et al., (2018) found that, overall, paternalistic leadership was moderate. On the other hand, **He**, et al., (2021) estimated that and found, overall, participant perceptions of paternalistic leadership were low.

Regarding to organizational cynicism, most staff nurses involved in the study indicated a moderate level. This might be because, when we discuss my institution and its nurses, my colleagues and looked at each other meaningfully and think about the company and feel irritated. This finding was in line with that of **Bacaksiz**, et al., (2018), who found hospital nurses had moderate level of organizational cynicism in their study.

Also, in agreement with **Durrah**, **et al.**, (2019), the results showed that there was a moderate level of organizational cynicism among the nurses in the organization. Moreover, this was inconsistent with **Ugurluoglu**, **et al.**, who found that nurses had low perceptions of organizational cynicism.

More than half of nurses in study reported having high level of organizational pride in themselves. This might be because this organization offers something useful to the community. This result was in the same line, Kim, Jung, Noh, & Kang, (2019) mentioned that the nurses in organization and its relevance half of them reported high level to organizational pride. In the same spirit, this study was agreement with Kraemer & Gouthier, (2019) who demonstrated that the prevalence of organizational pride among nurses shown that high level degree in this organization. On the other hand, this result was differed from those of Durrah, et al., (2019) who showed that study's nursing staff at teaching hospital's moderate level of organizational pride.

Present study demonstrated highest mean scores toward benevolent dimension of paternalistic leadership, whereas the lowest for managerially authoritarian dimension. This might be the result of the supervisor's normal concern for my well-being, thoughtful attention to family members, and encouragement in the face of challenging issues. This was confirmed by Lau, et al., (2019) who reported that highest mean scores toward paternalistic leaders' benevolent. Also, Rehman & Afsar, (2021), found highest mean scores toward benevolent leadership, and low level of authoritarian leadership.

On the other side, this study inconsistent with **Siddique**, et al., (2020) who found three dimensions of paternalistic leadership have direct impact on nurses' performance, the benevolent leadership and moral leadership have lowest mean scores, although have highest mean scores effect authoritarian leadership and nurses' performance.

Regarding organizational cynicism nurses reported highest mean score related to cognitive cynicism, whereas lowest for affective cynicism. This could be due to the perception that the organization praises certain behavior while rewarding others or that it says one thing while doing differently toward its nurses. The outcomes were consistent with the findings of Özler & Atalayz (2018), who discovered that dimensions of organizational cynicism's mean score were highest for cognitive cynicism, followed by behavioral and affective cynicism. In the same respect, this result was agreed with Badran et al., (2021) who revealed less than three quarters of nurses had behavioral cynicism had highest mean score followed by cognitive cynicism. Meanwhile, affective cynicism had the lowest mean score. Nevertheless, this study deviates from the findings of Erkutlu & Chafra (2017), who found nurses' assessments of organizational cynicism were low in terms of cognitive cynicism and moderate in terms of affective cynicism in studies that were conducted with nurses. According to overall organizational pride mean score staff nurses reported highest mean scores for emotional pride, whereas the lowest mean scores for attitudinal pride. This result could be related to staff nurses was happy for being a member of this organization as well they proud of the organization's achievements, and organization itself offers something useful to the community. This is supported by **Kraemer & Gouthier**, (2019) stated that highest mean scores for emotional pride, whereas the lowest mean scores for attitudinal pride.

In the same spirit, this result was agreed with **Kashif**, et al., (2017) who found that highest mean scores of the emotional pride dimension of organizational pride, however, it was observed that lowest mean scores of the attitudinal pride. Even though, the current study was disagreement with **Durrah**, et al., (2019) they discovered that, among the organizational pride dimensions, emotional pride had lowest mean score and attitude pride the highest mean score.

The present study's findings demonstrated that organizational pride between staff nurses was statistically related to their age, but not with any other personal traits. This may be due to nurses have a sense of pride when they progress in their jobs, and opportunities to take on more difficult tasks and develop new skills vary depending on position, type of work, level, and age. The findings of **Karakitapoglu-Aygün**, et al., (2020), which confirmed a significant relationship between organizational pride and staff nurses' effort, with a different age grade for men and women.

Furthermore, no statistically significant correlation between organizational cynicism and paternalistic leadership across all personal characteristics. There may be a decline in the nurses' assessments of behavioral, affective, and cognitive cynicism, also their perceptions of paternalistic leadership may be increasing. Additionally, positive leadership models like paternalistic leadership have an impact on nurses' levels of cynicism in healthcare settings. As a result, nurses' positive views of paternalistic leadership will make them less cynical behavior about the institution. The current study, which found no statistically significant relationship between paternalistic leadership and organizational cynicism with personal characteristics, is supported by Ugurluoglu Aldogan, et al., (2018). Conversely, this finding stands in contrast to Liao, Widowati, et al., (2017) assertion that there is positive correlation on nurses' characteristics with paternalist leadership and organizational cynicism.

According to the current investigation, high statistically significant correlation between paternalistic leadership and overall items of organizational pride except managerially authoritarian dimension was no statistically significant. This might be because, contrary to traditional leadership styles, which emphasize sharing duty and responsibility between leaders and followers, paternalistic

leadership bases its roots on the spiritual link that emerges from family atmosphere generated in an organization. Moreover, supervisor meets my needs according to my personal requests, help me when I'm in an emergency, takes acknowledgment of my accomplishments and contributions for these reasons' nurses were happy and proud for organizations' achievement and success.

This result in line with Liao, Widowati, Hu, & (2017) who discovered statistically Tasman. significant relationship between paternalistic leadership and have direct impact on organizational pride, moral and benevolent leadership have positive impact. but authoritarian leadership organizational pride have no statistically significant. Also, Guo, et al., (2018) who provided an explanation for the significant negative serial mediation that exists between authoritative leadership and organizational pride. However, positively relationship between benevolent and moral leadership with organizational pride.

Furthermore, Aslan, (2016) demonstrated negative correlation between organizational pride and paternalistic leadership, which contradicts this result. Likewise, Nal & Tarım, (2017) who showed that in their research on teachers, they found a negative correlation between organizational pride with moral and benevolent leadership. Even so, he discovered a positive correlation between organizational pride and authoritarian leadership.

In addition, there high negative statistically significant correlation between organizational cynicism and overall organizational pride items. This could be the result of an increase in organizational cynicism, which lowers organizational pride when an organization says one thing and does another, demands one thing of its workers but rewards another. As a result, nurses may experience anxiety or anger, which further lessens their sense of organizational pride.

This was consistent with the findings of **Durrah**, **et al.**, (2019), who discovered that organizational cynicism had a statistically negative relationship with a number of variables, including commitment, organizational pride, quality of life, and nurse performance. Moreover, Kim, Jung, **Noh**, & **Kang** (2019) who investigated statistical relationship between organizational pride and organizational cynicism is negative, and discovered increased organizational cynicism has been found to reduce organizational pride. On the other hand, present study was differed from those of **Durrah**, **et al.**, (2021) who investigated that organizational pride has significant direct and positive relation influence on organizational cynicism.

Conclusion:

In light of the study's findings, the majority of nurses at Main Mansoura University Hospital reported high levels of organizational pride while also perceiving moderate levels of paternalistic leadership and organizational cynicism. Furthermore, highly statistically significant relationship was found between paternalistic leadership and all organizational pride items, with the exception of the managerially authoritarian dimension, which showed no statistical significance. Additionally, organizational cynicism and overall organizational pride items had a statistically significant negative relationship.

Recommendations:

For the management of the hospital:

- Constructing regular feedback approaches that emphasize the positive traits of effective leaders as well as the necessary skills and performances.
- Creating programs that train head nurses, especially those with little experience, for positions of leadership.
- Adopting an open-door policy in order to play a bigger and more active role in preventing cynicism.
- Establishing stress management and emotional intelligence training programs for nurses in reducing hospital cynicism and ultimately improved organizational pride.
- Inspiring managers to include attitudinal organizational pride in their annual surveys of nurses, along with to employee satisfaction measures.

Regarding head nurses:

- Adopting a "fatherly" supervision style toward enhance performance and pride among nurses and lessen hospital cynicism.
- Building trust relationship among coworkers and reducing job stress to boost attitude pride and reducing cynicism.
- Advising leaders to prioritize benevolence over behaviors in order to positively influence their subordinates' job performance.
- Arranging acknowledgement activities, unbiased performance evaluations, happy workplace, which increase nurses' pride.
- Further research needed to determine how paternalistic leadership affects both patient and nursing outcomes.

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