

Paternalistic Leadership as Perceived by Staff Nurses

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Abstract

Background: Effective leadership is very important to each organization for its success, but considered as an asset for the agency they belong to. Paternalistic leadership is one of the advanced leadership styles deriving from a specific cultural context and combines strong discipline and authority with fatherly benevolent and moral integrity. **Aim:** This study aimed to assess staff nurses perception regarding paternalistic leadership. **Research design:** Descriptive exploratory design was utilized in this study. **Sample:** The study sample consisted of 161 out from 274 staff nurses. **Setting:** The study was conducted at El Sadat central hospital which affiliated to Ministry of health, Egypt. **Tool of data collection:** Data were collected by using, Paternalistic Leadership Scale. **Results:** 77% of the studied staff nurses had high perception level regarding paternalistic leadership, while 11.2% of them had low perception level regarding paternalistic leadership. Also, 80.7 %, 76.4% and 75.8% had high perception level regarding "Moral Leadership", "Benevolent Leadership" and "Authoritarian Leadership" respectively. **Conclusion:** more than three quarters of the staff nurses had high perception regarding paternalistic leadership. **Recommendations:** Provide nursing education programs to prepare the new and inexperienced nursing managers to raise their perception about paternalistic leadership style. Cultivating an environment where staff nurses feel valued, respected, and empowered by encouraging them to engage in decision-making and activities that support nursing decisions.

Key words: *Leadership, Paternalistic Leadership & Staff Nurses perception*

Introduction

Leadership is one of the key determinants associated with the success and failure of any organization (Yilmaz, 2023). The role of leadership in an organization is crucial in terms of creating a vision, mission, determination and establishment of objectives, designing strategies, policies, and methods to achieve the organizational objectives effectively and efficiently along with directing and coordinating the efforts and organizational activities top quality leadership is essential to achieve the mission and vision along with coping with the changes occurring in the external environment (Peng et al., 2024).

In current time, many organizations are facing problems related to unethical practices, high labor turnover, poor financial performance, etc. This may be due to the lack of effective leadership. Effective leadership plays a pivotal role in shaping organizational culture and staff empowerment. Paternalistic leadership is an advanced style stands out for its unique blend of authoritarian guidance and benevolent support,

often fostering strong bonds and loyalty within teams (Mortensen et al., 2023)

Paternalistic leadership is deriving from a specific cultural context and is a leadership style that "combines strong discipline and authority with fatherly benevolence and moral integrity". (Chaudhary et al., 2023).

A paternalistic leader exerts significant influence over their followers, encourages them to express their own opinions, facilitates collaborative decision-making, maintains control over them, and fosters their creativity. Paternalism is more than just a leadership style; it's a symbol of social and cultural values. The three main dimensions of paternalistic leadership are Authoritarian leadership, Benevolent leadership, and moral leadership (Elgharb et al., 2024).

Authoritarian leadership refers to the exercise of all authority by a leader, who demands complete compliance from subordinates. Also, Authoritarian leadership

refers to the leadership behavior of asserting a strong sense of authority and control over subordinates and demanding absolute obedience from them. A kind nursing leader devotes time and effort to tending to their colleagues, demonstrating concern and providing support at difficult times (Lee et al., 2023).

Benevolent leadership refers to the leadership qualities that demonstrate individualized, holistic concern for subordinates' personal and familial well-being, similar to that shown by a father-like figure.

Moral leadership embodies exceptional character, self-control, and altruism. It has been recognized that moral nurse leadership upholds high ethical standards. The goal of paternalist nursing leaders is to foster a family-like environment in their healthcare organization (Liu, 2023).

Paternalistic leadership, characterized by a leader's concern for both the task at hand and the well-being of their subordinates, has garnered attention for its potential to enhance staff nurses' motivation, satisfaction, and overall empowerment. Within the healthcare sector, where teamwork, communication, and morale are paramount, understanding the effects of such leadership approaches becomes increasingly significant. Head nurses, positioned at the forefront of healthcare units, serve as pivotal figures in translating organizational goals into actionable strategies while nurturing a supportive work environment and optimizing patient outcomes and staff empowerment (Mortensen et al., 2023).

Competent paternalistic leaders can motivate, encourage and identify with their staff to promote the completion of their job and the achievement of the required objectives. Paternalistic leadership can influence followers' performance, especially through the "positive emotions" and "social support" through some practices of leaders as show caring and nurturing behaviors; they are likely to induce positive feelings among their followers who experience high levels of trust, emotional bonding, warm feelings, comfort, and identification with the leader to continue the positive cycle (Çivit., & Göncü-Köse, 2024).

Paternalistic leadership support staff nurses to promote their autonomy by improving their skills, abilities, and practices that preserve their autonomy. Nursing autonomy does not only refer to decisions at the bedside about the care of an individual patient, but also on ward or unit level to decisions about what care the nursing staff delivers and what that care looks like (Yılmaz, 2023).

Significance of the study

The researcher noticed that head nurses in different departments at study setting provides advices to their staff with little kindness approach, places more importance to loyalty than performance in evaluating employees and not trying to create supportive work climate which affected nurses autonomous practice and building trust in the clinical setting by supporting nursing actions that may be risky, but safe Paternalistic tone of people in positions of authority allowing staff to provide input and participate in some operations.

Aim of the Study

This study aimed to assess staff nurses perception regarding paternalistic leadership.

Research Question:

What is the perception of staff nurses regarding paternalistic leadership?

1. Research Design

A descriptive exploratory design was utilized in this study.

Study Setting

The study was conducted at El Sadat central hospital which affiliated to Ministry of health, Egypt. This hospital serves different specialists and it consists of one building contains 3 critical and 5 noncritical units. Its total bed capacity is 120 beds. distributed into 3 floors.

Study Subjects

The subjects of this study were included 161 out from 274 staff nurses working in the above-mentioned setting.

Sample size:

The sample was selected by simple random technique. And the sample size of this study 161 of 274 staff nurses calculated by this equation:

$$N = \frac{N \times P (1-p)}{[N-1(d^2/z^2)] p(1-p)}$$

The inclusion criteria of the study subject were staff nurses who had at least one year experience and working full time in the current job.

Tool of Data Collection

Data was collected by using **Paternalistic Leadership Scale:**

This tool aimed at assessing staff nurses' perception regarding paternalistic leadership. It contained two parts:

Part 1: This part intended to collect data related to personal data & job characteristics of the study sample including age, gender, level of education, marital status, years of experience and work department.

Part 2: It was developed by **Cheng et al. (2004)** and modified by the researcher. It consisted of 26 items, which categorized into three dimensions as follows: Benevolent leadership (11 items), Moral leadership (6 items) and authoritarian leadership (9 items).

Scoring system:

Subjects' responses were measured on a six-points Likert scale, ranging from: 1 (Strongly disagree) to 6 (Strongly agree) respectively. The total score was calculated and converted into present score. High perception level was above 75% and moderate level if the participant had total score from 60 to 75% and low level if the

subject had total score less than 60% (**Cheng et al., 2014**).

II- Operational Design

The operational design includes preparatory phase, pilot study, and field work.

A) The Preparatory Phase:

In this phase the researcher reviewed the current available related local and international literature and knowledge aspect of the study using books, articles, journals and internet to be acquainted with research topic.

B) Validity of the tool:

Two types of tool validity were used face and content validity. It ascertained by a jury group of a seven-teaching staff specialized in Nursing Administration from two Universities; three assistant professors and two professors from Ain Shams University, two professors from Menoufia University. This phase took about two weeks from 2nd half of October 2023.

Face validity:

The jury opinions were elicited regarding the tool format layout, parts and scoring system. The responses were agree, disagree and comments.

Content validity:

Content validity was conducted to determine the appropriateness of each item to be included in the questionnaire were agree, disagree and comment Based on the jury recommendations, corrections, addition and /or omission of some items were done.

C) Reliability of the tool:

Reliability of the tool was tested using Cronbach's alpha coefficient to determine the extent to which the questionnaire items were related to each other. It was .943 for paternalistic leadership scale.

D) Pilot Study:

The pilot study was carried out after development of the tool and before starting the actual data collection. The pilot study was conducted on 10% (17 staff nurses) of the total staff nurses who participated in the study. The aim of the pilot study was to determine clarity, applicability of the tool and to estimate the time required for fulfilling the questionnaire. The total time needed to complete the questionnaire ranged between 10-15 minutes and took one week the first week of January 2024. Those participants in the pilot study were excluded from the main study sample.

E) Fieldwork

It started at the second half of January to the end of February 2024 after getting official permissions to conduct the study using authorized channels. Then, the researcher met the nurse managers to know the suitable time for data collection from staff nurses, explained to them the aim of the study. Those who gave their written consent to participate were given the data collection tool and instructed in how to fill it in. The appropriate time for data collection was determined according to staff nurses' work schedule and workload in each department; sometimes it was in the middle of the morning or afternoon shifts and other times before the end of the afternoon shift. Questionnaire form was distributed to the staff nurses at their workplace. Then the filled sheets were collected by the researcher on the same or next day. The filled forms were revised by the researcher to ensure their completeness. The return rate was 100%.

Ethical Considerations:

Before conducting the study, the ethical approvals were obtained from the scientific research and ethical committee in the Faculty of Nursing Ain Shams University. The researcher visited the study setting, met the medical and nursing directors of the hospital to explain the aim of the study, and get their approval and cooperation. An informed consent was obtained from the staff nurses to participate in the study after explaining the purpose of the study. Confidentiality of the information would be guaranteed through coding questionnaires, &

they were informed that they had the rights to voluntarily participate and or withdrawn from the study at any time during data collection period without any harmful during the study period, and their collected responses used only for a study purpose.

Ethical code: 25.01.495

III- Administrative Design :

To carry out the study, official letters were issued from Faculty of Nursing/ Ain shams University to El Sadat central hospital medical and nursing directors to obtain their approval to conduct this study. This letter included the aim of the study for obtaining permission.

IV. Statistical design:

Data entry and statistical analysis were done by using (SPSS) Version 26. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables. Means and standard deviation and range of quantitative variables. Chi-square (X^2) test of significance was used in order to comparisons between paternalistic leadership and personal characteristics among staff nurses. Statistical significance was considered at p-value <0.05 and highly significant at p-value <0.001. Simple linear regression was used to estimate the relationship between the variables.

Results:

Table (1): Illustrated that nearly half of the studied staff nurses 49.7% had aged from 30 to 40 years old, more than half of them 57.1% were females and more than one third of them 34.7% had bachelor degree in nursing. In addition, more than half of them 57.1% were married, 64.6% had 5 to 10 years of experience and more than half of them 57.1% worked at non-critical care department

Table (2): Illustrated that more than four fifth of the studied staff nurses 80.7% had high perception level regarding " Moral Leadership:".

Figure (1): Showed that more than three quarters of the studied staff nurses 77% had high perception level regarding paternalistic leadership, while 11.8% of them had moderate level and 11.2% of them had low perception level regarding paternalistic leadership.

Table (3): Showed that there was statistically significant relation between the total studied staff nurses paternalistic leadership perception level and their age, gender,

educational level, marital status and years experiences in nursing at ($P < 0.05$).

Table (4): Displayed that, there was statistically significant predictions between the total studied staff nurses' perception of paternalistic leadership and their age, marital status, experience in nursing and work place. However, the model explained only 41% of the variation in this score.

Table (1): frequency & percentage distribution of personal characteristics of staff nurses in study sample (n=161)

Items	Frequency	Percent %
Age (years)		
< 30	39	24.2 %
30-40	80	49.7 %
> 40	42	26.1 %
Gender		
Male	69	42.9 %
Female	92	57.1 %
Educational level		
Nursing school diploma	50	31.1 %
High-average degree	55	34.2 %
Bachelor degree in nursing	56	34.7 %
Other	-	-
Marital status		
Married	92	57.1 %
Unmarried	69	42.9 %
Years experiences in nursing		
< 5	40	24.8 %
5-10	104	64.6 %
> 10	17	10.6 %
Type of work unit		
Critical care department	69	42.9 %
Non-critical care department	92	57.1 %

Table (2): Total dimensions of Paternalistic Leadership as perceived by staff nurses (n=161)

Paternalistic leadership dimensions	Perception level					
	Low < 60%		Moderate 60-75%		High >75%	
	No	%	No	%	No	%
Benevolent Leadership	18	11.2%	20	12.4%	123	76.4%
Moral Leadership:	13	8.1%	18	11.2%	130	80.7%
Authoritarian Leadership:	20	12.4%	19	11.8%	122	75.8%

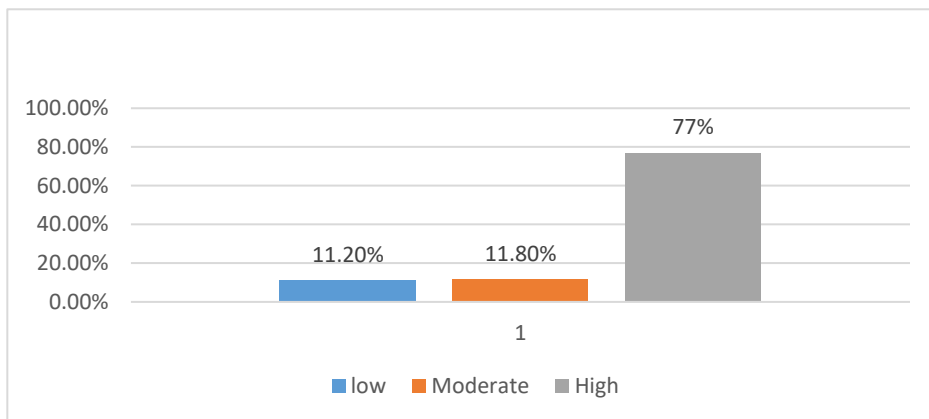


Figure (1): Total staff nurses perception regarding paternalistic leadership

Table (3): Relation between paternalistic leadership staff nurses perception level and their personal characteristics (n=161)

Personal and job characteristics	Perception level of staff nurses regarding paternalistic leadership						Chi-square	P-value
	Low		moderate		High			
	N	%	N	%	N	%		
Age(years)								
< 30	18	11.2	19	11.8	2	1.2	64.04	0.000**
30-40	10	6.2	10	6.2	60	37.3		
> 40	2	1.2	2	1.2	38	23.6		
Gender								
Male	18	11.2	19	11.8	32	19.9	8.750	0.058*
Female	1	0.6	1	0.6	90	55.9		
Educational level								
Nursing school diploma	18	11.2	9	5.6	23	14.3	94.01	0.000**
Above average degree in nursing	1	0.6	4	2.5	50	31		
Bachelor degree in nursing	4	2.5	13	5.1	39	24.2		
Other	-	-	-	-	-	-	-	-
Marital status								
Married	18	11.2	19	11.8	55	34.2	36.03	0.000**
Unmarried	4	2.5	5	3.1	60	37.3		
Years experiences in nursing								
< 5	18	11.2	19	11.8	3	1.9	145.02	0.002**
5-10	0	0	0	0	104	64.5		
> 10	0	0	0	0	17	10.6		
Type of work unit								
Critical care department	18	11.2	19	11.8	32	19.9	55.508	2.18
Non critical care department	0	0	0	0	92	57.1		

(*) statistically significant at $p < 0.05$ (**) high statistically significant at $p < 0.001$

Table (4): Best fitting multiple linear regression model for paternalistic leadership staff nurses perception level.

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.029	.125		8.205	.000
Age	.389	.107	.412	3.641	.000
educational level	-.015-	.039	-.022-	-.373-	.710
marital status	-.358-	.112	-.265-	-3.192-	.002
experiences years in nursing	.478	.113	.412	4.232	.000
Workplace	.318	.119	.235	2.667	.008
R square .410 Model ANOVA 12.410 p value .001**					
a. Dependent Variable: total paternalistic leadership					
b. Predictors: (Constant), age, educational level, marital status, experiences years in nursing, workplace					
c. Excluded criteria (gender)					

Discussion

A paternalistic leader exerts significant influence over their followers, encourages them to express their own opinions, facilitates collaborative decision-making, maintains control over them, and fosters their creativity. Paternalistic leadership, characterized by a leader's concern for both the task at hand and the well-being of their subordinates, has garnered attention for its potential to enhance staff nurses' motivation, satisfaction, and Autonomy (Elgharb et al., 2024).

Therefore, the current study aimed to assess staff nurses perception regarding paternalistic leadership.

Regarding distribution of personal characteristics of staff nurses in study sample the current study illustrated that nearly half of the studied nurses had aged from 30 to 40 years old, more than half of them were females and more than one third of them had bachelor degree in nursing. In addition, more than half of them were married, had 5 to 10 years of experience and more than half of them worked at non-critical care department. From the researcher's point of view this may be due to nursing colleges were accepting females only until recent years and they marry in young ages due to their profession. In addition, staff nurses start the governmental work after completion of faculty education at age of 24 years therefore, they experienced less than 10 years in nursing profession.

These results were supported by **Mohamed et al., (2019)**, who studied (Examining the Relation between Paternalistic Leadership Style, Organizational Trust and Quality of Professional Life among hospital nurses), and presented that about three quarters of the studied staff nurses were females and about two thirds of them were married. Additionally, these results were in the same line with **Mahmoud & Shaheen, (2022)**, they studied (Influence of Head Nurses' Paternalistic Leadership on Hospital Cynicism and Job Performance among Intensive Care Nurses: A Comparative Study), and revealed that most of the studied staff nurses were females, more than half of them aged from 30-40 years old, the majority of them were married, more than one third of them had less than 10 years of experience.

Staff nurses perception regarding total dimensions of Paternalistic Leadership referring that more than three quarters of the studied staff nurses had high perception level regarding "Moral Leadership". From the researcher's point of view this may be due to leaders' ethical principles and their perception that they are a role model and are imitated by followers, therefore, they act morally.

These results were similar with **Mahmoud & Shaheen, (2022)**, they revealed that about two fifths of the studied staff nurses had high level regarding benevolent and moral leadership. Additionally, these results were in the same line with the study performed by

Sungur et al., (2019), which titled "Paternalistic leadership, organizational cynicism, and intention to quit one's job in nursing" and revealed that less than half of staff nurses had high perception level regarding Moral and Benevolent Leadership.

Concerning total staff nurses perception regarding paternalistic leadership the current study showed that more than three quarters of the studied nurses had high perception level regarding paternalistic leadership, while more than one tenth of them had moderate level and more than one tenth of them had low perception level regarding paternalistic leadership. From the researcher's point of view this may be due to leaders' high moral and good personal relations with staff.

These results were supported by **Mahmoud & Shaheen, (2022)**, they revealed that the majority of staff nurses perceived a high level of head nurses' paternalistic leadership. But these results were contradicted with **Saygili et al. (2020)**, who studied (Paternalistic leadership, ethical climate and performance in health staff), and found that health care workers' perceptions of paternalistic leadership were low.

According to relation between paternalistic leadership staff nurses perception level and personal characteristics the current study showed that there was statistically significant relation between the total studied staff nurses paternalistic leadership and their age, gender, educational level, marital status and years experiences in nursing. While, there was there no statistically significant relation between the total studied staff nurses' paternalistic leadership perception level and their type of work unit. From investigator's point of view, this can be explained by with age the nurses' level of experience increases and their level of education encourage nursing leaders to apply paternalistic leadership practices and avoid the application of autocratic leadership style.

These results were supported by **Sürücü et al., (2018)**, they studied (The relationship between socio-demographic properties and leadership perceptions of employees), and revealed that working period with the current manager are significantly related to the

paternalistic leadership. This result was incompatible with **Mohamed et al., (2019)**, who studied "Examining the Relation between Paternalistic Leadership Style, Organizational Trust and Quality of Professional Life among hospital nurses" they revealed no relation between demographic characteristics of the studied sample (age, gender, marital status and years of experience) and total paternalistic leadership style levels.

Concerning Best fitting multiple linear regression model for paternalistic leadership staff nurses perception level the current study results displayed that, there was statistically significant relation between the total studied nurses' paternalistic leadership and their age, marital status, experience in nursing and work place However, the model explained only forty one percent of the variation in this score. From the researcher's point of view this may be due to with increased age and many years of experience leaders attach more to their staff and organization and good personal relationship developed between them and leaders behave more ethically with their staff.

These results were in agreement with **Mahmoud & Shaheen, (2022)**, who found that there was a statistically significant relationship between nurses' perception of head nurses' regarding paternalistic leadership and their years of experience at El-Mahalla General Hospital. Additionally, these results agreed with **Safdar et al., (2021)**, who studied "A Two-Edged Sword: Paternalistic Leadership and Nurses Performance" who revealed there was statistically significant relation between the studied sample years of experience and total paternalistic leadership style.

Conclusion

The study findings lead to the conclusion that showed that more than three quarters of the studied staff nurses had high perception level regarding paternalistic leadership, while minority of them had moderate level and minority of them had low perception level regarding paternalistic leadership.

Recommendations:

- Administrators should develop nursing education programs to increase the perception of new and inexperienced nursing managers regarding paternalistic leadership style.
- Different motivational strategies should be used by top-level managers to enhance nurses' motivation level
- Cultivating an environment where staff nurses feel valued, respected, and empowered by encouraging them to engage in decision-making and activities that support nursing decisions
- Construct regular feedback approaches that emphasize the positive traits of effective leaders as well as the necessary skills and behaviors to improve workplace atmosphere
- Conduct periodical meeting between hospital managers and staff nurses to discuss the work problem

Further research level

- Measure the connection between paternalistic leadership and nursing outcomes as well as patient outcomes.
- Replicate this study at different hospitals and settings with different sample size through which results can be generalized.

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