

Paternalistic Leadership and Its Relation to Staff Nurses Collaborative Attitude and Work Productivity

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Abstract: Background: Paternalistic leadership can serve as a catalyst for improving both team dynamics and overall performance in healthcare settings. Paternalistic leaders serve as mentors to nurses, providing guidance and emotional support that help reduce stress and improve work productivity. **Design:** A descriptive correlational research design. **Setting:** The study was conducted in intensive care units at Menoufia University Hospital. **Sample:** 320 staff nurses. **Data collection Instruments:** Instrument I: paternalistic leadership scale, instrument II: collaboration attitude questionnaire and instrument III: nursing productivity questionnaire. **Results:** Nearly half (47.2%) of the staff nurses reported a moderate level of paternalistic leadership. Furthermore, the majority (96.25%) of staff nurses had a positive attitude toward collaborative practice. Moreover, more than three quarters (83.5%) of staff nurses reported high level of work productivity. **Conclusion:** There was a highly statistically significant positive correlation between paternalistic leadership, collaborative attitude and work productivity. **Recommendations:** Staff nurses should be encouraged to actively participate in interdisciplinary collaboration, enhances their communication skills, and fosters a culture of mutual respect and shared responsibility to improve team efficiency and productivity.

Keywords: Collaborative Attitude, Paternalistic Leadership, Staff Nurses, Work Productivity.

Introduction:

In the ever-evolving landscape of healthcare, nurse leaders play a pivotal role in elevating the standards of care within healthcare facilities. Leadership, broadly defined as the ability to guide and influence others toward the

achievement of shared goals and objectives, is an essential component of effective healthcare management. Strong leadership not only directs organizational outcomes but also shapes institutional culture and

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enhances staff productivity (Silva, 2025).

Among the various leadership styles, paternalistic leadership stands out for its distinctive combination of authoritative direction and benevolent support. This approach fosters mutual respect, trust, and loyalty between leaders and subordinates, thereby strengthening team cohesion and commitment. Paternalism transcends mere managerial technique it embodies deeply rooted social and cultural values that emphasize guidance, protection, and mutual responsibility. Paternalistic leaders maintain significant authority while simultaneously empowering subordinates to voice their opinions, participate in decision-making, and engage in creative problem-solving. Such leaders act not only as supervisors but also as mentors, nurturing both professional growth and emotional well-being among their teams (Elewa, 2021).

Paternalistic leaders serve as mentors to nurses, assisting them in reducing stress and improving their performance. This would also improve patients' care because nurses would be able to perform more efficiently. There is a strong bond between supervisors and subordinates, as employees demonstrate loyalty and obedience in response to their leaders' protection and care. This reciprocal relationship fosters trust and commitment within the team. This leadership style was credited with reducing organizational tension and making the work environment more predictable and manageable, thus enabling employees to adapt better and allowing those in power to exercise

authority more effectively. Paternalistic leaders positively influence their followers' job-related outcomes, including job satisfaction, reduced turnover intention, creativity, self-efficacy, organizational citizenship behavior, and organizational commitment (Peng et al., 2024).

Collaboration is fundamental to ensuring quality, equity, justice, and safety in healthcare. Engaging a diverse group of healthcare professionals with varied backgrounds and perspectives enhances the likelihood of generating innovative solutions to complex clinical challenges. It has become a cornerstone of comprehensive care, particularly for conditions that require multidisciplinary involvement. In nursing, collaboration fosters a positive work environment, supports manageable workloads, and reduces complexity ultimately improving nurses' quality of life, productivity, and job satisfaction (White-Williams et al., 2022).

Currently, significant emphasis is placed on enhancing collaboration among healthcare providers to improve patient care quality and minimize medical errors. Collaborative practice is particularly vital among nurses, as work in critical care units is complex and demanding. Nurses must be prepared to manage patients experiencing significant hemodynamic changes at any time, which requires specialized knowledge, sound clinical judgment, and advanced decision-making skills. Therefore, critical care nurses must adopt a comprehensive approach that integrates clinical experience with scientific and technical

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expertise. Nursing, by its very nature, is a profession grounded in teamwork aimed at achieving optimal patient outcomes (Chugh et al., 2022).

In healthcare, collaborative practice is often defined as a dynamic and ongoing partnership among professionals from diverse backgrounds and organizations who work together to deliver optimal services to patients. Such collaboration relies on strong interpersonal relationships, effective communication, coordination, conflict resolution, standardized processes, and a high level of professionalism (Bag et al., 2023).

Effective collaboration among staff nurses and within healthcare organizations is essential for delivering safe, professional care and achieving high-quality, productive patient outcomes. Nurses are required to work collaboratively with patients, coworkers, individuals of the healthcare group, not as it were for the good thing of patients, but also for the fulfillment of health-care provider's needs. Furthermore, enhancing nurse collaboration can help reduce medication errors and improve patient care, thereby increasing patient safety. Strengthening teamwork not only promotes a safe working environment but also boosts motivation, recognizes high performance, and positively influences nurses' quality of life, job satisfaction, and overall productivity (Al-Ajarmeh et al., 2022).

Productivity is a multifaceted concept closely linked to both effectiveness and efficiency, with human factors playing a central role. A healthy and balanced work environment helps minimize

burnout and job-related stress, thereby improving service quality and overall productivity. Given its significance, workforce productivity is considered a key indicator of organizational success, making its assessment a priority for organizational development. Consequently, one of the major challenges for healthcare systems is to deliver high-quality services while enhancing the quality of life and productivity of healthcare workers (Paresashvili et al., 2024).

Nurses' productivity is a complex concept, both in definition and measurement, often described as the ratio of output such as patient care hours per patient day to input, including salaries and benefits. According to the literature, multiple factors influence healthcare workers' and nurses' productivity, including management styles and leadership, organizational culture and justice, collaborative practice, professional attitudes, work-related stress, and quality of work life (Carlos, 2024).

To a large extent, individual productivity is influenced by organizational culture, structure, and processes, including a positive work environment, manageable workload, access to resources, and the use of evidence-based practice. However, individual-specific factors also play a significant role, as some employees may thrive where others struggle. These factors include productivity-enhancing characteristics such as education, clinical experience, knowledge, and clinical judgment, which can be assessed by examining variability in productivity among

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individuals within the same organization (Nzuva & Kimanzi, 2022).

As a result, employees operating within a supportive and cooperative environment are more engaged, motivated, and committed to their tasks. Clear communication; reduce internal friction, and collective problem-solving drive efficiency and performance. Moreover, when team members feel both secure in their roles and empowered to contribute, the workplace becomes a high-functioning system where productivity is not just an outcome but a sustained organizational trait (Zhenjing et al., 2022).

Significance of the study

In the health care sector, effective paternalistic leadership plays a significant role in achieving desired goals where patients demand and service delivery expectations from nurses are quite high. Paternalistic leadership has been studied as a leader-centered approach, highlighting how a leader's behavior and conduct influence followers' actions, collaborative practices, and overall productivity. Given the interplay of psychological and environmental factors affecting healthcare workers, particularly nurses, it is important to examine this leadership style in relation to multiple outcomes (Safdar et al., 2024).

Furthermore, nursing collaboration enhances practice effectiveness and efficiency, ultimately improving patient outcomes. It involves clear communication and understanding of each team member's roles, skills,

knowledge, trust, and contributions to clinical decision-making and patient care. Patients' and families' values and preferences are also incorporated into this collaborative process. Collaboration has garnered interest not only from researchers but also from clinicians, healthcare professionals, and policymakers, as it demonstrates potential benefits for both care quality and economic efficiency (Al-Ajarmeh et al., 2022). Moreover, nurses' work productivity is a critical factor in the overall efficiency and quality of healthcare systems. A productive nursing staff contributes to higher patient satisfaction, reduced hospital readmission rates, and improved health outcomes. In resource-limited settings, such as public hospitals, maximizing nurse productivity is essential not only for institutional performance but also for ensuring patient safety and achieving healthcare objectives (Eliyana & Anwar, 2022).

From our clinical experiences at Menoufia University Hospital, we observed a noticeable gap in effective leadership practices, particularly a lack of consistent application of paternalistic leadership, which balances authority with support and personal care. In many cases, nurses struggled to work as a cohesive team, especially under high-pressure conditions, which negatively impacted patient care. Despite these challenges, there is limited research within the hospital context examining how paternalistic leadership might enhance collaborative attitude and staff productivity. So, the purpose of this research is to explore paternalistic leadership and its relation

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to staff nurses' collaborative attitude and work productivity at Menoufia University Hospital.

Purpose of the study

Explore paternalistic leadership and its relation to staff nurses' collaborative attitude and work productivity.

Research Questions

- What is the perceived level of paternalistic leadership among staff nurses?
- What is the level of collaborative attitude among staff nurses?
- What is the level of work productivity among staff nurses?
- What is the relation between paternalistic leadership, staff nurse collaborative attitude and work productivity?

Method

Study design

A descriptive correlational research design was used in conducting this study.

Study Setting:

This study was conducted in all intensive care units at Menoufia University Hospital at Shebin Elkom. The intensive care units is three main units (Emergency Intensive Care Units (ICUs) 1, 2 and Anesthesia ICUs) that contain 87 beds.

Sample:

A convenience sample of staff nurses currently working in the intensive care units at Menoufia University Hospital, Shebin Elkom, was recruited for the study.

Sample size:

A convenience sample of staff nurses (320) who are working in the above-mentioned study setting. Eighty nurses are working at Emergency ICUs 1, eighty nine of them working at Emergency ICUs 2 and one hundred fifty one of them working at Anesthesia ICUs. Those have at least one year of work experience, be present during the study period, and provide informed consent to participate after the study's purpose was explained.

Instruments of data collection

Three instruments were used for data collection:

Instrument I: Paternalistic Leadership Scale

It was divided into two parts as follows:

- **Part one: Personal characteristics**
It included self-reported information form was designed to collect nurses' personal characteristics such as: age, sex, marital status, educational qualifications, work unit, and years of nursing experience in the hospital.
- **Part two: paternalistic leadership scale** This instrument was developed by Cheng and Jiang (2000) to determine the level of paternalistic leadership from staff nurses perspectives. It contained 26 items and three dimensions: authoritarian leadership contained 9 items, benevolent leadership contained 11 items and moral leadership contained 6 items.

Scoring system

Nursing personnel responses were assessed using 5 points likert scale with

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1= strongly disagree 2= disagree, 3= neutral, 4= agree and 5=strongly disagree. Levels of paternalistic leadership were categorized as high $\geq 75\%$, moderate 60–74%, and low $<60\%$. Higher scores indicated that staff nurses perceived their head nurses as exhibiting stronger paternalistic leadership behaviors (Mahmoud & Shaheen, 2022).

Instrument II: Collaboration Attitude Questionnaire

A structured questionnaire developed by Abo El-Naga et al. (2024). The instrument was used to assess nursing staff attitudes toward workplace collaboration. It comprised 33 items grouped into four dimensions: responsibilities 7 items, job satisfaction 9 items, cooperation and coordination 7 items, and role conflict 10 items.

Scoring system

Nursing personnel responses were measured using a 5-point Likert scale, where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree. The total possible score was 99, with a cut-off point of 60%. Attitude scores were categorized as positive ($>60\%$, corresponding to 60–99 points) or negative ($<60\%$, corresponding to 1–59 points) (Abo El-Naga et al., 2024).

Instrument III: Nursing Productivity Questionnaire

A structured questionnaire developed by Abo El-Naga et al. (2024) was used to assess work productivity from the perspective of nursing personnel. It consisted of 25 items divided into seven

dimensions: job satisfaction (5 items), professional skills (3 items), nursing skills (6 items), interpersonal communication (2 items), problem-solving (3 items), teamwork (2 items), and leadership (4 items).

Scoring system

Nursing personnel responses were measured using a 5-point Likert scale, where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree. The total possible score was 75, with a cut-off point set at 60%. Scores were classified as high ($>57\%$, corresponding to 57–75 points), moderate (45–56 points), and low ($<60\%$, corresponding to 1–44 points) (Abo El-Naga et al., 2024).

Validity of instruments:

The instruments of data collection were original instruments and valid for immediate usage.

Reliability of instruments:

The instruments' reliability was assessed using Cronbach's alpha to estimate internal consistency. Internal consistency of paternalistic leadership scale was 0.91 (Cheng & Jiang, 2000), collaboration attitude questionnaire was 0.92 (Abo El-Naga et al., 2024), and nursing productivity questionnaire was 0.93 (Abo El-Naga et al., 2024), indicating high reliability for all measures.

Pilot study:

The researchers conducted a pilot study before administering the final questionnaire. The purpose of the pilot study was to ascertain clarity, relevance, feasibility and applicability

of the study instruments and to determine obstacles that may be encountered during data collection. It also helped to estimate the time needed to fill the questionnaire. The pilot study was carried on 32 staff nurses who presented 10% of sample size and included in the main sample size since there was no required modifications done.

Ethical considerations:

The study was conducted in accordance with established ethical standards to protect the rights of participants and was approved by the relevant Ethical and Research Committee. Prior to data collection, official approval was obtained from the Dean of the Nursing College to conduct the study in the specified setting, and written permission was secured from the Director of Menoufia University Hospital for access to the targeted sample. These approval letters included the study title, aim, and methods of data collection.

Participants' rights were safeguarded through voluntary participation, with informed consent obtained after explaining the study's purpose, procedures, duration, and potential benefits. Confidentiality was strictly maintained, and participants' anonymity was ensured, as no personal identifiers such as names were collected. All procedures for data collection, analysis, and reporting were designed to protect participants' privacy and uphold ethical research standards.

Data collection procedure:

Data collection was conducted across all shifts: morning, afternoon, and night, to ensure representation of nurses from different working hours. On average, data was collected from 10 to 16 staff nurses per day, depending on their availability and workload. The researchers scheduled data collection primarily during cold days to minimize clinical pressure and ensure nurses could focus while completing the questionnaire. Data collection took place 5 days a week (excluding weekends), and each shift had a set time for data collection to avoid interfering with patient care duties. The estimated time to complete each questionnaire was 30 to 45 minutes, and the researchers remained present throughout the process to clarify any questions and ensure complete responses. The data collection period extended over one month, from 2nd June to 1st July, 2025.

Data Analysis:

The collected data were organized, tabulated, and analyzed using SPSS software (version 22). For quantitative variables, means and standard deviations were calculated, while qualitative variables were summarized using frequencies and percentages. Graphical representations were created using Microsoft Excel. The relationships between variables were assessed using Pearson's correlation coefficient (r). Statistical significance was set at $P < 0.05$, while highly significant results were considered at $P < 0.001$.

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Results:

Table 1 presents the frequency distribution of staff nurses' personal characteristics. The majority of participants were female (90.9%) and married (74.4%). Over two-fifths held an associate degree in nursing (41.9%) and were aged 31–40 years (43.8%). More than one-third (33.1%) had 11–15 years of work experience, while nearly half (47.2%) were employed in Anesthesia ICUs.

Table 2 shows the correlation between study variables among staff nurses. A highly statistically significant positive correlation was observed between paternalistic leadership, collaborative attitude, and work productivity.

Figure 1 reflects total levels of paternalistic leadership from staff nurses' point of view. It indicated that

nearly half (47.2%) of staff nurses reported moderate level of paternalistic leadership while nearly one third (31.2%) of them reported high level of paternalistic leadership. But nearly one quarter (21.6%) of them reported low level of paternalistic leadership.

Figure 2 represents total levels of collaborative attitude as reported by staff nurses. It indicated that the majority (96.25%) of staff nurses had a positive attitude toward collaborative attitude while the minority (3.75%) reported negative attitude.

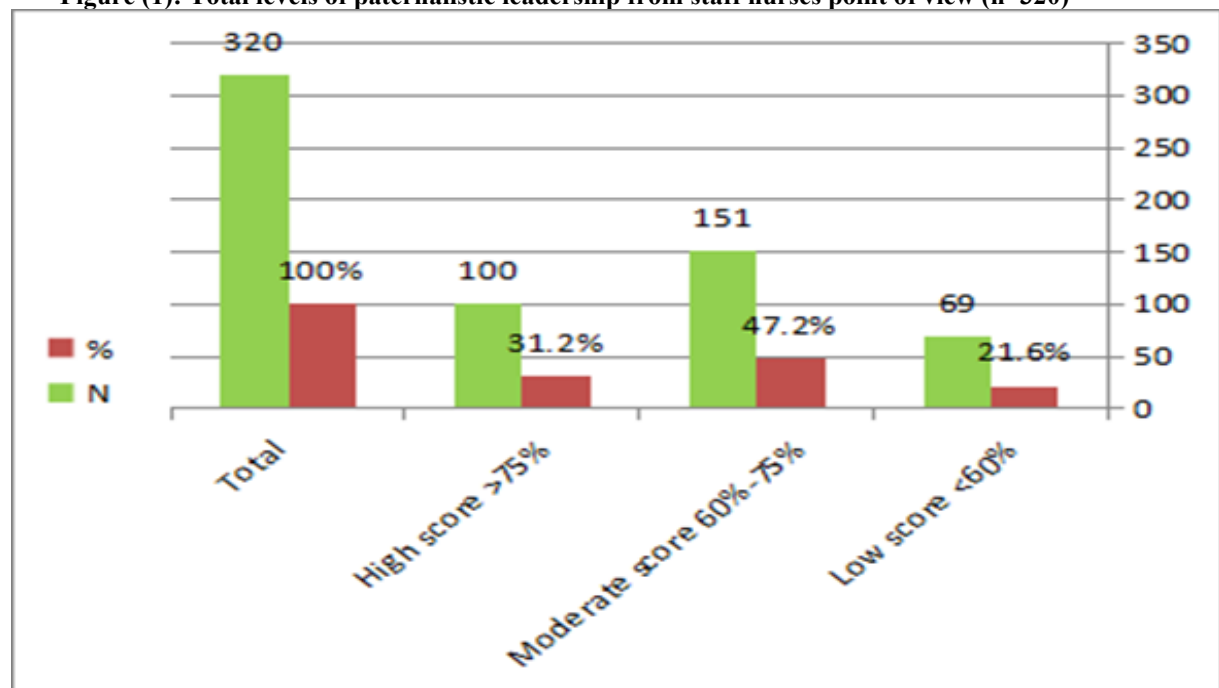
Figure 3 illustrates total levels of work productivity as reported by staff nurses. It indicated that more than four fifth (83.5%) of staff nurses reported high work productivity level while less than one fifth (16.5%) reported moderate work productivity level.

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Table (1): Frequency distribution of staff nurses regarding their personal characteristics (n=320)

Personal characteristics	No	%
Age		
20-30	100	31.2
31-40	140	43.8
More than 40	80	25
Mean ±SD	35.26±6.15	
Sex		
Male	29	9.1
Female	291	90.9
Educational qualifications		
Technical Diploma in nursing	50	15.6
Associate Degree in nursing	134	41.9
Bachelor degree in nursing	121	37.8
Post studies	15	4.7
Marital status		
Married	238	74.4
Unmarried	82	25.6
Years of nursing experience		
1-5	69	21.6
6-10	63	19.7
11-15	106	33.1
more than15	82	25.6
Mean ±SD	10.10±4.77	
Work unit		
Emergency ICUs 1	80	25
Emergency ICUs 2	89	27.8
Anesthesia ICUs	151	47.2

Figure (1): Total levels of paternalistic leadership from staff nurses point of view (n=320)



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Figure (2): Total levels of collaborative attitude as reported by staff nurses (n=320)

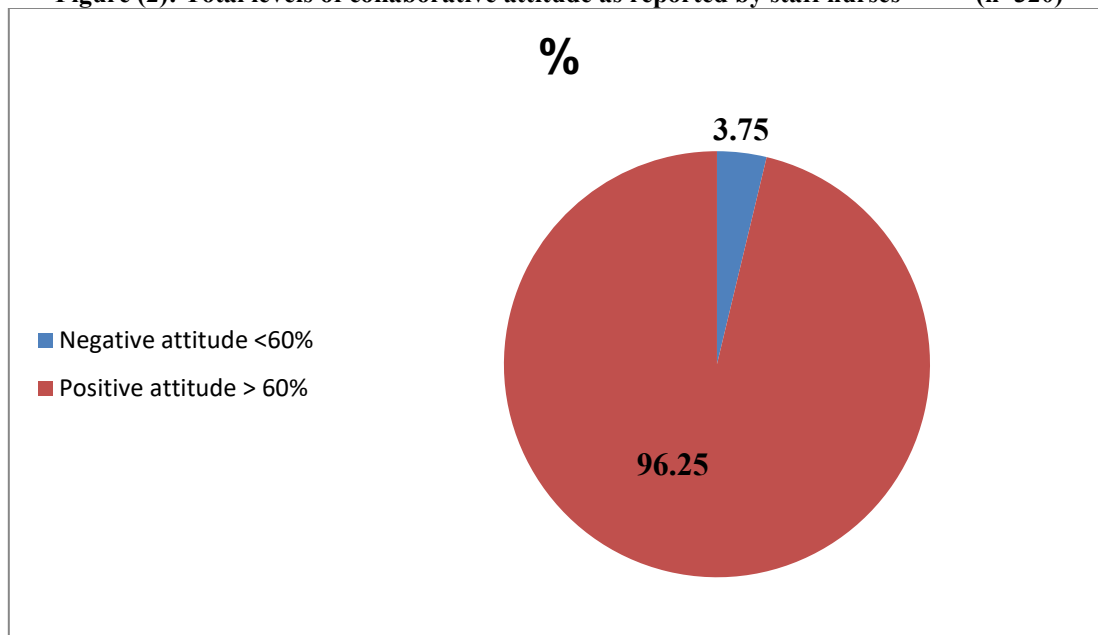
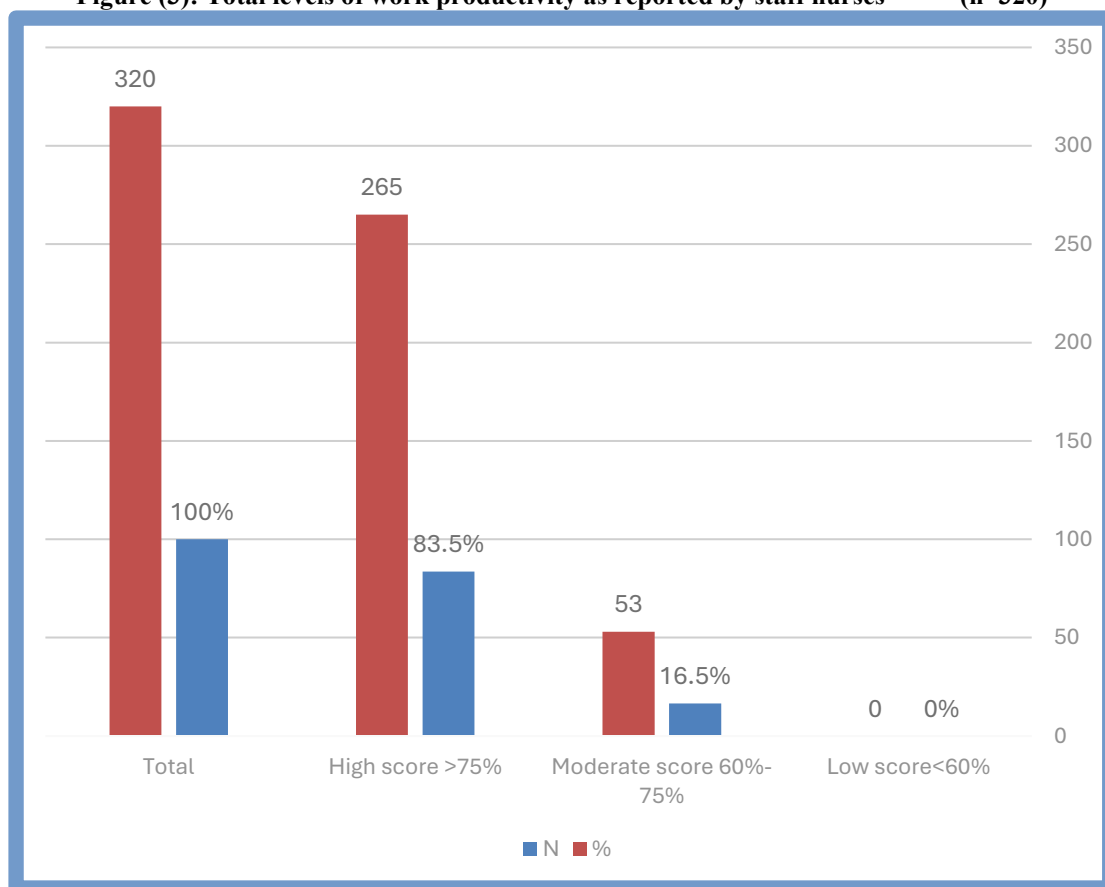


Figure (3): Total levels of work productivity as reported by staff nurses (n=320)



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Table (2): Correlation between study variables among staff nurses (n=320)

Variables		Total paternalistic leadership	Total work productivity	Total collaborative attitude
Total paternalistic leadership	r		.449	.289
	p		.000**	.000**
Total work productivity	r	.449		.391
	p	.000**		.000**
Total collaborative attitude	r	.289	.391	
	p	.000**	.000**	

r = Pearson Correlation, ** highly statistically significance $p < 0.001$

Discussion: -

Paternalistic leadership is a leadership style characterized by a leader who acts as a guiding parent figure, combining authority with care, protection, and concern for the well-being of subordinates. In the context of nursing, this leadership approach can positively influence staff nurses' collaborative practice by fostering a supportive and respectful work environment where nurses feel valued and motivated to cooperate with one another (Lee et al., 2024). When nurse leaders demonstrate genuine care, clear direction, and consistent support, it encourages open communication and trust among staff, enhancing teamwork and collaboration. This, in turn, contributes to increased work productivity, as nurses are more likely to engage effectively in patient care, share responsibilities efficiently, and maintain high levels of job satisfaction and commitment. Thus, paternalistic leadership can serve as a catalyst for improving both team dynamics and overall work productivity in healthcare settings (Al-Dhafiri et al., 2024). Therefore, the present study was conducted to explore paternalistic leadership and its relation

to staff nurse collaborative attitude and work productivity.

Regarding personal characteristics of staff nurses, the results of the present study showed that the majority of staff nurses' were female and nearly three quarters of them were married. Also nearly half of them had associate degrees in nursing and aged from thirty-one to forty years old respectively and more than one third had twelve to fifteen years of experience while nearly half of them worked at Anesthesia ICUs.

Regarding staff nurses' perceptions of paternalistic leadership, the findings revealed that nearly half reported a moderate level, approximately one-third reported a high level, and nearly one-quarter reported a low level of paternalistic leadership. From the researchers' point of view, this may reflect leadership behaviors that are supportive and directive without being overly controlled, allowing nurses to feel both guided and respected in their professional roles.

The current study's findings are consistent with those of Abd El Salam et al. (2024), who reported that more than three-quarters of nurses exhibited

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a moderate level of paternalistic leadership in their study, “Paternalistic Leadership, Organizational Cynicism, and Its Relation with Organizational Pride among Staff Nurses at Main Mansoura University Hospital.” Similarly, Abdelhamed et al. (2023), in their study on “Paternalistic Leadership and Intention to Quit among Staff Nurses,” found that over half of the participants perceived moderate levels of paternalistic leadership. Additionally, Mohamed (2025), in the study “The Relationship between Paternalistic Leadership, Work Polychronicity, and Organizational Pride among Nursing Personnel,” reported that nearly three-fifths of nursing personnel demonstrated a moderate perception of paternalistic leadership.

Conversely, the present study findings contrast with those of Elgharb et al. (2024), who conducted a study in Egypt titled “Effect of Paternalistic Leadership Educational Program for Head Nurses on Staff Nurses’ Psychological Empowerment.” Their results indicated that the majority of the studied sample demonstrated a low level of paternalistic leadership.

Regarding staff nurses levels of collaborative attitude at Menoufia University Hospital, the present study findings revealed that the majority of staff nurses had a positive attitude toward collaborative practice while the minority reported negative attitude. From the researchers’ point of view, this may be due to most nurses recognize the value and importance of working closely with their colleagues and other healthcare professionals. This

positive attitude may be attributed to an increasing awareness of the benefits of collaboration in improving patient care outcomes, enhancing job satisfaction, and reducing workplace stress. Nurses with supportive leadership, strong communication channels, and a team-oriented environment are more likely to feel empowered and motivated to engage in collaborative efforts.

The result of the present study was consistent with Gregoriou et al. (2025) who conducted a study about; “Attitudes of Physicians and Nurses toward Interprofessional Collaboration: a Systematic Literature Review.” showed that nurses generally exhibit more favorable attitudes towards interprofessional collaboration. In agreement with the present study findings, Hafaz and Eman (2022) study about; “Impact of collaboration behavior among staff nurses on their quality of work life and job satisfaction.” showed that around two-thirds of the participants had a positive attitude toward collaborative behavior.

Additionally, the findings are supported by Awad et al. (2024), who reported that more than half of the studied nurses had a high level of perception regarding overall nurse–physician collaboration. Similarly, Shalaby et al. (2022), in their study “Staff Nurses’ Perception of Inter-Professional Collaboration versus Patient Safety Climate,” found that staff nurses demonstrated a high level of collaborative perception.

These finding contrasts with Mohamed et al. (2021), who reported that approximately two-fifths of nurses had

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a low level of perception regarding nurse–physician collaboration, while less than one-quarter demonstrated a high level of collaborative perception. Similarly, the current study’s results differ from those of Kaya and Karatepe (2022), who found that about two-thirds of nurses experienced poor collaboration with leaders and team members due to negative leadership styles.

Regarding overall work productivity, the present study found that more than three-quarters of staff nurses at Menoufia University Hospital reported a high level of productivity, while less than one-fifth reported a moderate level. From the researchers’ perspective, these results may be attributed to a generally supportive work environment and a positive organizational culture that fosters motivation, teamwork, and accountability. Furthermore, the high level of productivity among the majority of staff nurses may be linked to strong leadership and effective management practices within the hospital. Supportive supervision, clear communication of expectations, and recognition of individual and team efforts can significantly impact nurses’ willingness to perform at their best. Additionally, the presence of sufficient staffing levels, availability of resources, and access to continuing education and training may contribute to the ability of nurses to carry out their duties efficiently and effectively, further boosting their productivity levels.

In agreement with the present study, Mahmoud et al. (2024) reported that

more than one-third of participants had a moderate level of work productivity, while less than two-thirds exhibited a high level of productivity. In a similar vein, Hermansyah, et al. (2022) discovered that hospital nurse productivity was deemed good. Also, Bastani et al. (2023) in their study about; “Association between the nurses productivity and quality of work life in Covid-19 referral hospital: evidence from Iran.” reported that the productivity of the studied nurses was evaluated at a good level.

Conversely, the present study’s findings differ from those of Olanmi et al. (2021), who reported that only a minority of the studied sample demonstrated a high level of productivity, one-quarter had a low level, and the majority exhibited an average level of productivity.

Regarding the relation between paternalistic leadership, staff nurse collaborative attitude and work productivity at Menoufia University Hospital, the present study findings revealed that; there was a highly statistically significant positive correlation between paternalistic leadership, collaborative attitude and work productivity. From the researchers’ point of view, this suggests that the presence of paternalistic leadership likely fosters an atmosphere of trust and mutual respect, where staff nurses feel psychologically safe to express their opinions, collaborate with colleagues, and engage in shared decision-making. This environment supports stronger interpersonal relationships and more effective communication among team members,

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which are critical elements of successful collaborative practice. Furthermore, when nurse leaders balance authority with empathy setting clear expectations while also supporting their staff emotionally and professionally nurses are more likely to take ownership of their responsibilities, work efficiently, and strive for high performance.

This result is confirmed to Abo El-Naga et al. (2024) study about; “Enhancing Nursing Personnel-physicians' Communication and Collaboration: Its Effect on Nursing Productivity.” which demonstrated a statistically significant positive correlation between nursing personnel–physician collaboration and nursing productivity. In a similar vein, Aly et al. (2022) confirmed that the application of effective leadership styles is essential in nursing practice to enhance nurse productivity. Consistent with the findings of the present study, Han et al. (2025) reported that destructive leadership was strongly correlated with negative attitude and bad collaboration; reduce engagement, loyalty, lower satisfaction and negative productivity and outcome.

Conclusion

In light of the present study findings, it can be concluded that nearly half of the staff nurses reported a moderate level of paternalistic leadership, while nearly one-third reported a high level. Additionally, the majority of staff nurses demonstrated a positive attitude toward collaboration, and more than three-quarters reported a high level of work productivity. Importantly, a

highly statistically significant positive correlation was observed between paternalistic leadership, collaborative attitude, and work productivity.

Recommendations:

Considering the outcomes of the present research, it is recommended that healthcare institutions implement targeted leadership training to enhance paternalistic leadership qualities among nurse leaders, with a focus on communication, emotional support, and inclusive decision-making. Staff nurses should be encouraged to actively participate in interdisciplinary collaboration, enhances their communication skills, and foster a culture of mutual respect and shared responsibility to improve team efficiency and productivity. Hospital administrators should ensure consistent access to adequate staffing, resources, and support systems, while also utilizing regular feedback mechanisms and team-building activities to strengthen collaborative practice. In education, nursing programs must incorporate comprehensive leadership and collaboration training, along with continuous professional development on clinical updates and productivity tools. Finally, further research is needed with larger and more diverse samples to validate findings, explore the influence of organizational culture, autonomy, and emotional intelligence, and compare collaborative practices across departments to identify effective, context-specific strategies.

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