

Examining the Relation between Paternalistic Leadership Style, Organizational Trust and Quality of Professional Life among hospital nurses

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Abstract

Paternalistic leadership communication skills helps maintain the direct organizational relationship among nurses as well as enhance the organizational trust and quality of professional nursing life.. **Aim of the study:** This study examines the relation between paternalistic leadership style, organizational trust and quality of professional life among hospital nurses. **Method:** Cross-sectional analytical research design was utilized to conduct this study. **Setting:** the study was conducted in kidney diseases, urology hospitals & cardio thoracic university hospitals affiliated to Minia university, Minia City, Egypt **Subjects:** A convenient sample is used in the current study; their total numbers were 222 nurses. **Tools:** paternalistic leadership style practices, Organizational Trust Scale, and The Professional Quality of Life Scale. **Results:** showed that the studied nurses had high paternalistic leadership style(80.2%), moderate organizational trust (63.5%), and all of them had positive professional quality of life. **Conclusion:** paternalistic leadership management positively affects the quality of professional life through the gained trust among their staff nurses and it also acts as a predictor for healthy relationship that conveyed good professional quality of life. **Recommendation:** Provide insight for managers, nurses, and human resource practitioners to help build high trust relationships in a health care setting, and hospital administrators should concentrate on building positive interdepartmental relations.

Keywords: Leadership Style, Organizational Trust, Paternalistic Leadership, Quality of Professional Life.

Introduction:

Leadership is considered one of the most important critical factors for the success of the hospital's future development (*Harlianto & Rudi, 2018*). Competent 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 (P.L.) is one of the leadership styles deriving from a specific cultural context and is a leadership style that "combines strong discipline and authority with fatherly benevolence and moral integrity" (*Ko & Kang, 2019*).

Paternalism is a father-like leadership style that includes authority with consideration and concern. Paternalism does not imply "authoritarianism," but rather, this form of leadership demonstrates care and protection. Paternalism is viewed differently because the benevolent aspect of paternalism is underappreciated (*Dedahanov et al., 2019*) leadership communication skills are required as part of the process of influencing others to help them achieve a common goal by maximizing

efforts of and promoting their good quality of professional life (*Kruse, 2013; Northouse, 2015*).

Paternalistic leadership can influence follower 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 (*Luthans & Youssef-Morgan, 2017*).

Researchers were explained that paternalistic leadership communication skills help in maintaining the organizational trust that had a direct relationship to nurse quality of professional life, as when nursing supervisors exert their energy to taking care of staff nurses, give them freedom and opportunity in their jobs, employees tend to be feel trusted, empowered by feeling autonomy in performing their jobs and the meaning of their work. Eventually, with this gained trust, employees tend to create new ideas and have a good professional life quality (*Ünler & Kılıç, 2019 & Rhee et al., 2017*).

Organizational trust and the quality of professional life for nurses that are providing care is a topic of growing interest over the past twenty-five years in many researchers and associated with characteristics of the work environment, the individual's personal characteristics, and the individual's exposure to primary and secondary trauma in the work setting. Professional quality of life incorporates two aspects: the positive (Compassion Satisfaction) and the negative (Compassion Fatigue) (*Bastug et al., 2016*).

It was considered as the most important entraining factor for organizational success, and in addition to the leadership style is important to factor in work engagement and trust that employees have in their organization, it gained through promoting a high level of nurses participation that occurs in interpersonal relationships and providing them with different characteristics and skills together necessary for providing the trust feeling in an organization and between the members of the organization (*Fard & Karimi, 2015*).

Significance of the study

Today's there are dramatic changes in health care environment structures, using a paternalistic style of leadership that focuses on generating and sustaining a positive organizational culture and organizational trust, the organizationally trusted employers is increasingly important elements in determining employee performance, work engagement as a predictor for the professional nursing quality of life (*Elewa & El Banan, 2019*).

Paternalistic leadership, good communication skills, treat the staff and supervisor communication disruption, poor involvement in decision making, poor support and encourage their advocacy in the work place some of the essential psychosocial work environment factors that are concerned with staff nurses' empowerment and wellbeing, this reflects on their performance and productivity of any health care organization and indicates for the professional quality of life. There are few studies on applying paternalistic leadership style communication skills and its impact on nurses' quality of professional life (*Lin, Li & Roelfsema, 2018*).

So that the researcher was conduct this study to examines the relation between

paternalistic leadership style, organizational trust, and quality of professional life in the pre-mentioned setting to determine if head nurses leadership practice indicated the presence of paternalistic style or absence and investigate their relation to the organizational trust and quality of nursing professional life.

Aim of the study

This study examines the relation between paternalistic leadership style, organizational trust, and quality of professional life among hospital nurses.

Research questions

- What are the levels of paternalistic leadership style, organizational trust and quality of professional life among hospital nurses?
- Is there a relation between paternalistic leadership style, organizational trust and quality of professional life among hospital nurses?

Subjects and Method

Research design:

An analytical cross-sectional research design was utilized to conduct this study. An analytical cross-sectional study is a type of quantitative, non-experimental research design. This design is about collecting variables at the same point of time(time of data collection).

Setting

The setting was selected randomly; the study was being conducted in different hospitals, kidney diseases, urology hospitals & cardio thoracic university hospitals affiliated to Minia university, Minia City, Egypt. Minia kidney Disease and urology hospital provides services for the care of dialysis and kidney diseases and urology cases and includes emergency department, hemodialysis positive C virus, HIV, and negative, renal disease's, urology surgery, intensive care unit, operating rooms and outpatient clinics for all cases. While Minia cardio-thoracic university hospital provides services for open heart, thoracic, cancer surgery, coronary care unit, Echo, stress ECG for a cardiac

patient, endoscopy, isolation of positive corona cases, and included emergency department, open heart operation room, ward for suspected and also positive isolation ward, and isolation intensive care unit.

Subjects:

A convenient sample is used in the current study. It includes all staff nurses working in Minia cardio-thoracic, and kidney disease, and urology university hospital during the period of data collection. Their total numbers were (222) nurses and are classified as follows: (Minia cardio-thoracic university hospital (111 nurses) and kidney disease and urology (111 nurses).

Data collection tools:

The first tool: paternalistic leadership style practices:

It consists of two parts:

Part I: Personal characteristics data to collect data about nurses; age, gender, marital status, educational level, years of experience, and area.

Part II: Paternalistic leadership style practices: scale. This tool was developed by *Cheng, Zhao, and Fan, (2000)*, and adopted by the researcher to assess perception of nurses regarding paternalistic leadership style practices. It consists of 21 items as (provide advice to employees like a senior family member, create a family environment in the workplace, Feel responsible for employees as if they are their children, and protect employees from outside criticisms, etc.....). These items was evaluated by using three -points Likert scale (2 = usually done, 1=sometimes done, 0=never done) (with minimum score 21 and maximum 42) and categorized into the presence of paternalistic skill practices equal or more than 60% and absence of paternalistic skill practices less than 60%.

The Second Tool: Organizational Trust Scale:

This tool was developed by *Dirks & Ferrin (2002)* and adopted by the researcher to assess organizational trust among nurses. It consisted of 27 items, were divided into three subscales, nine unique items for each subscale as follow: trust in the supervisors (9 items); trust in co-workers (9items), and trust in the organization

management(9 items). Each item was measured by 5 point Likert scale ranged as: (Strongly agree= 5, Agree= 4, Neutral =3, D is agree= 2, Strongly disagree=1). So the scoring system ranged from 27 to 135 in a centralized decision and from 27 to 135 and divided into three levels as low organizational trust ranged from 27 to 63; moderate from 64 to 99 and high from 100 to 135.

The third tool: The Professional Quality of Life Scale (ProQOL):

The Professional Quality of Life Scale (ProQOL) was developed by *Stamm (2009)* and adopted by the researcher to measure the positive and negative effects of working with people who have experienced extremely stressful events. It consisted of 30 statements, as feeling happy in their work, feeling overwhelmed because the case [work] load seems endless, believing in making a difference through the work, avoidance of activities or situations that had frightening experiences of the people I [help]. Each item was measured by 5 points Likert scale ranging as (1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often) Agree= 3, neutral =2 and disagree = 1). So the scoring system ranged from 30 to 150 and was divided into two levels as negative professional quality of life ranged from 30 to 60; and positive professional quality of life from 60 to 150.

Tools validity and reliability

The tools were tested by a team of five nursing administration nursing experts from faculty of nursing at Minia, University which affirmed its validity. Modifications to the tools were done based on the panel's evaluation of the content's appropriateness and item sequence accuracy. Cronbach's alpha test was used to determine the degree to which the items of the tools (tool I part two, II, III) test the same concept and correlate with one another. The internal consistency was 0.85, 0.92, and 0.95, respectively.

Pilot Study:

After developing the tools and beginning the initial data collection, 22 staff nurses participated in a pilot study. The pilot study aimed to test whether the study was feasible, as well as the order in which the items were presented and the preliminary tool's consistency and applicability. It

was also used to measure the period to complete the questionnaire, which came to 20 minutes and was included with the key research participants. The process of the pilot study took two weeks (from 1 to 15/1) in March 2019.

Ethical consideration:

The ethical study committee of Minia University's faculty of nursing provided their initial approval in writing. The researcher met with the directors to introduce and discuss the study's aim, then met with the head nurses in each department to introduce and discuss the study's aim and decide the best time to meet the study participants and collect data. Nurses were told that any details gathered would be kept private and would not bear their professional evaluation.

Data collection procedure:

Official permissions were gained from Minia cardio-thoracic University's medical and nursing administration and kidney diseases and urology. Before collecting data, the dean of post-graduate studies and research at Minia University's Faculty of Nursing issued a formal letter, along with the ethical committee's approval, to the medical and nursing administrations, as well as the heads of the units, requesting their permission and assistance in conducting the study. The data required for the investigation was also included in the letters. In addition, each participant signed a permission form. The nature, aim, procedures, and expected advantages of the research were described to the nurses before their participation. The researchers made it clear that participation is entirely optional and that participants could quit for any reason.

Before distributing the questionnaires, the researchers met with the participants at a time established by the head of each department, introduced herself, and discussed the research aim and the components of the tools to the participants in the study environment. The researchers next distributed the data gathering tools to each participant at their workplace. The questionnaire form took roughly 20 minutes to complete. Data collection took two months from the beginning of February to the end of March 2019, and data were collected in the morning and evening shifts.

Statistical design:

The Statistical Package for the Social Sciences (SPSS 25.0). At the coding and data entering phases, quality control was performed. Descriptive statistics in the form of frequencies and percentages were used for qualitative variables, whereas, for quantitative data, mean and standard deviation (S.D.) were used. The paternalistic leadership practices scale, organizational trust, and quality of professional life were tested using a correlation coefficient test, with statistical significance set at $P < 0.05$.

Results

Table (1): presented that 36.9% of the studied sample aged between 30- 35 years, 74.3% was female, 59.5% was married, 32.0% their year of experiences ranged between 11- 15 year, 41.0% of them had diploma nursing degree, and 83.8% of them worked in general word.

Table (2): showed that 80.2% of the studied sample had paternalistic leadership style, 63.5% had moderate organizational trust, and all of them had positive professional quality of life.

Figure (1): illustrates that 80.2% of the studied sample had paternalistic leadership style, and 19.8% hadn't paternalistic leadership style among the studied sample.

Figure (2): presents that 63.5% of the studied sample had moderate organizational trust, 35.0% had high organizational trust, and 0.9% of them had low organizational trust among the studied sample

Figure (3): presents that 66.6% of the studied sample had moderate trust in the organization management, 62.6% had moderate trust in the co-workers, 54.1% of them had trust in the supervisors.

Table (3): no relation between demographic characteristics of the studied sample and total paternalistic leadership style levels .

Table (4): no relation between demographic characteristics of the studied sample and total organizational trust levels except 46.8% of the studied sample worked at kidney disease and urology hospital had high organizational trust which $P \text{ value} < 0.002$.

Table (5): mean scores of total paternalistic leadership, total organizational trust, professional quality, trust in the supervisor, trust in the

organizational management, and professional quality of life among the studied sample in the kidney disease and urology hospital than the studied sample in the cardio-thoracic disease hospital which p-value < 0.006, 0.015, 0.0001& 0.0001respectively.

Table (6): evidenced fair positive association between organizational trust and professional quality of life among the studied sample in the kidney disease and urology and cardiothoracic diseases hospitals ($r=0.349$, P -value < 0.0001& $r=0.374$, P -value < 0.0001 respectively)

Table (1): Frequency distribution of the demographic characteristics among the studied sample (n = 222)

Demographic characteristics	Total	
	No.	%
Age/ years		
25 - <30	44	19.8
30 - < 35	82	36.9
35 - < 40	52	23.4
40 - < 45	30	13.5
45- 50	14	6.4
Gender		
Male	57	25.7
Female	165	74.3
Marital status		
Single	58	26.1
Married	132	59.5
Divorced	22	9.9
Widow	10	4.5
Years of experience		
1-5	17	7.7
6- 10	60	27.0
11 – 15	71	32.0
16- 20	46	20.7
21- 25	19	8.6
25- 30	9	4.0
Nurses' qualifications		
Diploma	91	41.0
Clinical institute	68	30.6
Bachelor	63	28.4
Area		
General ward	186	83.8
Critical ward	36	16.2

Table (2): Frequency distribution of the total paternalistic leadership style, Organizational trust, and professional quality of life levels among the studied sample (n = 222)

Items	No.	%
Paternalistic leadership style		
Absence	44	19.8
Presence	178	80.2
Organizational trust		
Low	2	0.9
Moderate	141	63.5
High	79	35.5
Professional quality of life		
Positive	222	100.0

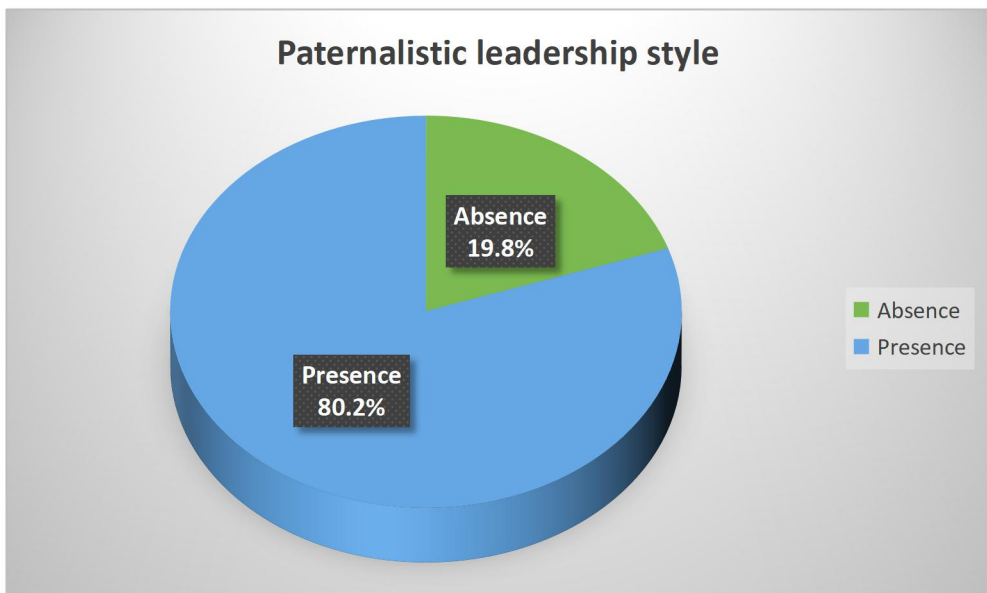


Figure (1): Frequency distribution of the total paternalistic leadership style levels among the studied sample (n = 222)

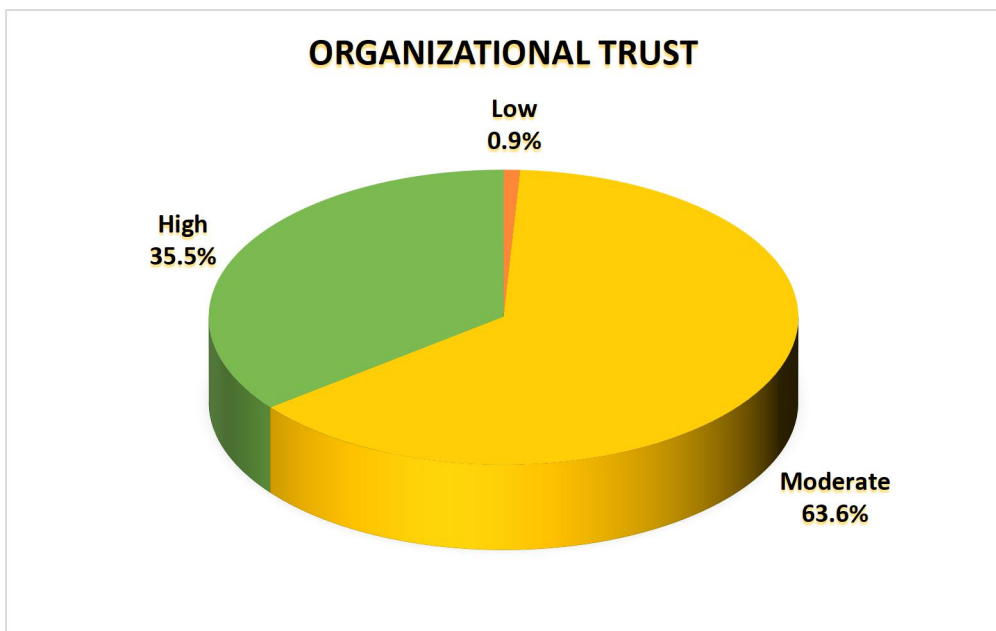


Figure (2): Frequency distribution of the total organizational trust levels among the studied sample (n = 222)

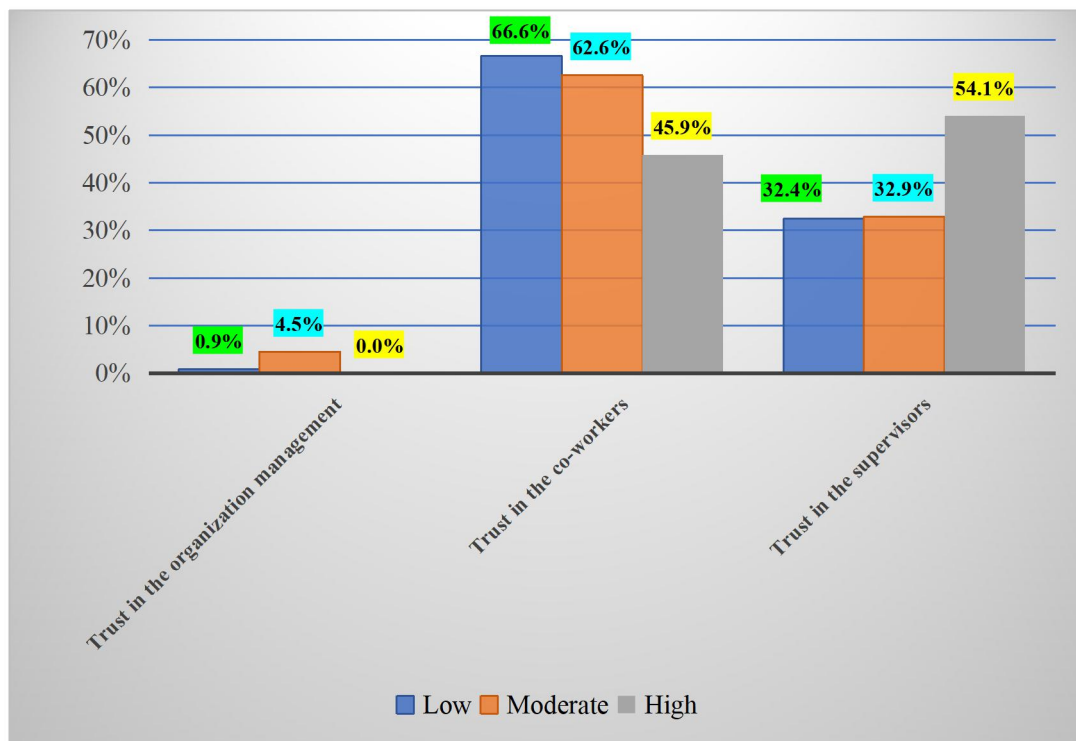


Figure (3): Frequency distribution of the organizational trust domains levels among the studied sample (n = 222)

Table (3): Relation between total Paternalistic leadership style levels and demographic characteristics of the studied sample (n = 222).

Demographic characteristics	Total	Paternalistic leadership style				Test of significance	
		Absence (n= 44)		Presence (n= 178)		X ²	P value
		No.	%	No.	%		
Age/ years							
25 - <30	44	8	18.2	36	81.8	4.607	0.330
30 - < 35	82	14	17.1	68	82.9		
35 - < 40	52	13	25.0	39	75.0		
40 - < 45	30	9	30.0	21	70.0		
45- 50	14	0	0.0	14	100.0		
Gender						1.615	0.204
Male	57	8	14.0	49	86.0		
Female	165	36	21.8	129	78.2		
Marital status						2.607	0.456
Single	58	13	22.4	45	77.6		
Married	132	28	21.2	104	78.8		
Divorced	22	2	9.1	20	90.9		
Widow	10	1	10.0	9	90.0		
Years of experience						8.363	0.079
1-5	17	2	11.8	15	88.2		
6- 10	60	12	20.0	48	80.0		
11 – 15	71	13	18.3	58	81.7		
16- 20	46	15	30.6	31	63.3		
21- 25	19	2	10.5	17	89.5		
25- 30	9	0	0.0	9	100.0		

Demographic characteristics	Total	Paternalistic leadership style				Test of significance	
		Absence (n= 44)		Presence (n= 178)		X ²	P value
		No.	%	No.	%		
Nurses' qualifications							
Diploma	91	20	22.0	71	78.0	0.509	0.775
Clinical institute	68	13	19.1	55	80.9		
Bachelor	63	11	17.5	52	82.5		
Area							
General ward	186	34	18.3	152	81.7	1.712	0.191
Critical ward	36	10	27.8	26	72.2		
Hospitals							
Kidney disease and urology hospital	111	23	20.7	88	79.3	0.113	0.736
Cardio-thoracic disease hospital	111	21	18.9	90	81.1		

Table (4): Relation between total organizational trust levels and demographic characteristics of the studied sample (n = 222).

Demographic characteristics	Total	Organizational trust						Test of significance	
		Low (n= 2)		Moderate (n= 141)		High (n = 79)		X ²	P value
		No.	%	No.	%	No.	%		
Age/ years									
25 - <30	44	1	2.3	29	65.9	14	31.8	0.485	0.975
30 - < 35	82	1	1.2	50	61.0	31	37.8		
35 - < 40	52	0	0.0	34	65.4	18	34.6		
40 - < 45	30	0	0.0	19	63.3	11	36.7		
45- 50	14	0	0.0	9	64.3	5	35.7		
Gender									
Male	57	1	1.8	40	70.2	16	28.0	2.373	0.305
Female	165	1	0.6	101	61.2	63	38.2		
Marital status									
Single	58	1	1.7	42	72.4	15	25.9	3.636	0.303
Married	132	0	0.0	80	60.6	52	39.4		
Divorced	22	1	4.5	12	54.5	9	41.0		
Widow	10	0	0.0	7	70.0	3	30.0		
Years of experience									
1-5	17	0	0.0	13	76.5	4	23.5	3.268	0.514
6- 10	60	1	1.7	33	55.0	26	43.3		
11 – 15	71	1	1.4	45	63.4	25	35.2		
16- 20	46	0	0.0	30	65.2	16	34.8		
21- 25	19	0	0.0	15	78.9	4	21.1		
25- 30	9	0	0.0	5	55.6	4	44.4		
Nurses' qualifications									
Diploma	91	1	1.1	61	67.0	29	31.9	1.051	0.591
Clinical institute	68	1	1.5	42	61.8	25	36.8		
Bachelor	63	0	0.0	38	60.3	25	39.7		
Area									
General ward	186	2	1.1	120	64.5	64	34.4	1.477	0.478
Critical ward	36	0	0.0	21	58.3	15	41.7		
Hospitals									
Kidney disease and urology hospital	111	0	0.0	59	53.2	52	46.8	12.359	0.002**
Cardio-thoracic disease hospital	111	2	1.8	82	73.9	27	24.3		

**Highly statistically significance < 0.01

Table (5): Mean scores of total paternalistic leadership, organizational trust, professional quality of life among the studied sample in the kidney disease and urology and cardiothoracic diseases hospitals (n = 222)

	Kidney disease and urology hospital	Cardio-thoracic disease hospital	t-test	P-value
Paternalistic leadership style	29.9 ± 6.1	30.5 ± 6.1	0.725	0.469
Organizational trust	96.7 ± 11.0	92.9 ± 9.4	2.753	0.006**
Trust in the Supervisor	34.2 ± 3.6	33.0 ± 3.9	2.451	0.015*
Trust in the Co-worker	30.1 ± 6.1	31.0 ± 4.8	1.191	0.235
Trust in the organizational Management	32.4 ± 4.6	28.9 ± 4.6	5.524	0.0001**
Professional quality of life	101.3 ± 8.7	111.3 ± 8.7	8.598	0.0001**

*Statistically significance differences < 0.05 ** Highly statistically significance differences < 0.01

Table (6): Correlation matrix between Paternalistic Leadership, Organizational Trust, Professional Quality of life among the studied sample in the kidney disease and urology and cardiothoracic diseases hospitals (n = 222).

			Paternalistic leadership	Organizational trust
Kidney disease and urology hospital	Paternalistic Leadership	r		
		P-value		
	Organizational Trust	r	0.094	
		P - value	0.327	
	Professional Quality	r	0.146	0.349
		P - value	0.127	0.0001**
Cardio-thoracic disease hospital	Paternalistic Leadership	r		
		P-value		
	Organizational Trust	r	0.035	
		P - value	0.716	
	Professional Quality	r	0.130	0.374
		P - value	0.175	0.0001**

**Correlation is significant at the 0.01 level

Discussion:

Paternalistic leadership practices would affect job satisfaction, perceived organizational politics, and organizational trust employees' sense of self-esteem, all of which further contribute to their mental health, work-family balance, and overall wellbeing as indicators for the professional quality (Kalshoven & Boon 2012). So that management of health in care institutions should always work for a better and healthy work setting that is well respected and trusted by employers; who are satisfied with their working in a positive communication setting are going to be successful and having a good professional quality in their work life. Enhancing their quality of life is crucial to keeping the administrative system motivated, trusted, efficient, and stable.

The current study finding showed that 80.2% of the studied sample had paternalistic leadership style, 63.5% had moderate organizational trust, and all of them had positive professional quality of life.

The current study finding is agreed with the study of McCabe & Sambrook (2014) about the antecedents, attributes, and consequences of trust among nurses and nurse managers, and illustrated that trust is formed within the immediate ward environment and is significantly influenced by the line manager's paternalistic leadership practices. Other positively influencing factors include professionalism, professional quality of life, and commitment to the nursing profession. These form the basis for the teamwork, delegation, support, open communication systems,

confidentiality, all of these considered as benefit from PL and its essential to delivering quality patient care.

The current study finding is in the same line with **Hiller, Ponnappalli, & Ozgen (2019)**, who reported that 152 studies in fourteen countries demonstrate a consistent P.L. is presumed to be more prevalent acceptable, helps in gaining trust in organization management. The benevolence dimension of PL demonstrates consistently positive relationships with leader effectiveness and follower performance, attitudes, and behaviors. Conversely, the strong control (authoritarianism) dimension is consistently negatively related to task performance, citizenship behaviors, creativity, attitudes towards the leader, and job attitudes. Managers who are empathetic and supervisors provide positive support and have positive emotional reactions among their followers, leading to increased positive job attitudes and professional quality of life.

Karasel et al. (2018) supported creating and enhancing the feeling of trust and concluded that working with paternalist administrators had positive communications with supervisors, management, and peers. Finally, with a high percentage, paternalist administrators were found to be quite qualified in establishing organizational trust. It can be said that administrators with paternal leadership qualities are qualified in creating organizational trust; therefore, it was important to train administrators in developing their paternal leadership styles.

However, **Huang, Feng, Gengzhong, et al.(2019)** explores the association between P.L. and quality of life in a Chinese context and investigates how burnout plays a mediating role. P.L. style is characterized by paternalistic authority, strict supervision and control, high moral standards, and benevolent superiors who influence the private lives of their subordinates through maintaining trust with peers, supervisor, and their organization (**Zhang et al. 2015; Chen et al. 2014**).

This is in line with **Chen et al.'s (2018)** argument that A.L. has an indirect influence on individuals' subjective wellbeing, as well as **He et al.'s (2019)** finding that A.L. affects the perceived quality of life, but only through their collective self-conception and resonate with social exchange

theory (**Lee et al. 2018**), in that the emotional bonding and reciprocity of relationships provided by B.L. and ML encouraged subordinates' morale, enhancing their satisfaction over their work environment and increasing satisfaction with their overall life. This finding explained hospital management with their all levels demonstrating paternalistic leadership practices to develop their relationship with their nurses as they being empowered, participated reflect a higher degree of trust among their peers, supervisors, and organization management, all of the predictors for well-being quality professional life.

In the same line with **Dahinten et al., (2016)** explained paternalistic leadership and management style emphasized empowerment as a prelude for creating organizational trust and commitment and continuous professional development and enrichment, positive attitude in nurses (**Yang et al., 2014; Ouyang et al., 2015; & Connolly et al., 2018**) and trusted in managers and the organizations (**Oyer, 2011**). P.L. empowers nurses by providing opportunities, support, information, and resources, these factors causes promotion, confidence, productivity, trust, and organizational commitment among nurses and, consequently, the improvement of nursing services and patient safety. As a result, they perform more than what the job expects them to do officially as the official determining duties.

This is explained by nursing being psychologically empowered by improving the profession's image and is called the white army. On the other side, the government paid more attention to nurses and exerted more effort by improving their finances through the application of professional nursing Kaders, job satisfaction, wellbeing in many countries that had effect relationships wellbeing and quality of professional life. In addition, management systems using a leadership style that provides participation, trust, social support, particularly from supervisors and co-workers, were associated with all nurses' wellbeing and more favorable work/organizational outcomes.

The current study finding presents that 66.6% of the studied sample had moderate trust in the organization management, 62.6% had moderate trust in the co-workers, 54.1% of them had trust in the supervisors.

The current study also is accorded to **Altuntas & Baykal (2010)** about the relationship between nurses' organizational trust levels and their organizational citizenship behaviors and showed that nurses had a higher than average level of trust in their managers and co-workers, and they trusted more in their managers and co-workers than their institutions. An analysis of relationships between nurses' level of organizational trust and their organizational citizenship behaviors revealed that nurses who trust in their managers, institutions, and co-workers demonstrated higher organizational citizenship behaviors of conscientiousness, civic virtue, courtesy, and altruism more as indicators for a high quality of professional life among their nurses.

The current study finding is accorded to **Ahmed et al., (2014)** study of the relationship between organizational justice and trust among nurses in Assiut University Hospital, and revealed that there was a significant positive relationship between organizational justice and trust as he nurses' perception of organizational justice was significantly correlated with organizational trust. They also reported that more attention had been paid to the issue of organizational justice; these can achieve through using P.L. by their managements and its impacts on organizational outcomes to understanding a wide range of human behavior in the organizational setting as organizational trust, job satisfaction, work motivation

The findings of this study are congruent with the study conducted on Iran by **Gholami & Hossein. (2019)** about Nurses' perception of empowerment and its relationship with organizational commitment and trust in teaching hospitals and revealed moderate organizational trust for the subjects, and in other studies, the nurses did not show a high rate of organizational trust in their managers. Considering the results, the vital role of nursing managers was highlighted in developing trust as a low level of organizational trust forced the nurses to leave their work. This is supported by **Cevat Celeb & Ozge Eler Yilmazturk (2012)**, who explained that if employees feel psychologically and physically safe in their work environment, they could have a higher level of perceived organizational support and have trusting

relationships with their colleagues, managers, supervisors, and organization

Reasons for positive relationships developed between them and their managers and co-workers, resulting in trust. These include the facts that the nurses in the present study worked within the same environment with their immediate managers both of the two hospitals was related to university this means all follow the same rules, regulation, policies and thus were able to find the opportunity to get familiar not only with their co-workers but also with their managers. They also had more in common and shared more experiences in the unit, which led to more positive relationships and, therefore, higher trust in co-workers and managers

Gholami & Hossein. (2019) showed significant relationships between the perception of job empowerment and organizational commitment, perception of job empowerment and organizational trust, and organizational trust and organizational commitment, trust toward their institutions, managers, and co-workers had positive effects on the organizational trust and professional quality of life and OCBs

The current study finding presented that mean scores of total paternalistic leadership, total organizational trust, professional quality, trust in the supervisor, trust in the organizational management, and professional quality of life among the studied sample in the kidney disease and urology hospital than the studied sample in the cardio-thoracic disease hospital which p-value < 0.006, 0.015, 0.0001 & 0.0001 respectively.

This study is congruent with **Chen et al. (2014)**, which studied affective trust in Chinese leaders: Linking paternalistic leadership to employee performance theorize the mediating role of affective trust in the relationship between paternalistic leadership and employee in-role extra-role performance in the Chinese organizational context. The benevolence and morality dimensions of paternalistic leadership are positively associated with both in-role and extra-role performance. The current study finding is agreed to the study of **Ötken & Cenkeci (2012)** about The impact of paternalistic leadership on ethical climate: The moderating role of trust in the leader and reported that P.L. is important for employees in following company rules and procedures and showing a sense of responsibility

and care to customers, community, and others in the organization. Moreover, The P.L. had some effect on ethical climate and was found for the moderating effect of trust in the leader on the relationship between P.L. and ethical climate,

In the same line, the current study finding is accorded to **Wu et al. (2012)** examined perceived interactional justice and trust-in-supervisor as mediators for paternalistic leadership in China, showed that perceived interactional justice mediated the effects of moral leadership and benevolent leadership on trust-in-supervisor. However, perceived interactional justice did not mediate the relationship between authoritarian leadership and trust-in-supervisor. In addition, trust-in-supervisor was found to be positively associated with work performance and organizational citizenship behaviors. In addition to **Tang & Naumann's (2015)** studied paternalistic leadership, subordinate perceived leader-member exchange and organizational citizenship behavior revealed that benevolence and moral leadership positively affected organizational citizenship behaviors, whereas authoritarian leadership did not.

The finding of the current study evidenced a fair positive association between organizational trust and professional quality of life among the studied sample in the kidney disease and urology and cardiothoracic diseases hospitals ($r=0.349$, P -value < 0.0001 & $r=0.374$, P -value < 0.0001 , respectively).

The current study supposes that the presence of paternalistic nurses' leadership practices in the workplace helps employee trust gaining in peers, supervisors, and organization management. They try their exerted best effort in their work due to feeling of wellbeing and poses high professional quality of life. Thus supported by **Lau et al. (2019)** through practicing P.L., the nurse manager and leader can achieve a positive alignment and coherence among the three dimensions. Subordinates' trust was found to be critical for paternalistic leaders to be perceived as effective leaders. And **Ugwu, Onyishi, & Rodríguez-Sánchez, (2014)** The role of psychological empowerment maintained by P.L. mentioned that organizational trust and psychological empowerment were predictors of work engagement. There was a moderating effect of empowerment on the relationship between trust

and engagement; as a result of better work engagement, the quality of professional life is improved.

This is in line with **Chen et al., (2018)** argument that A.L. has an indirect influence on individuals' subjective wellbeing, as well as **He et al. (2019)** in that the emotional bonding and reciprocity of relationships provided by B.L. and encourages subordinates' morale, enhancing their satisfaction over their work environment and increasing satisfaction with their overall life. A causal relationship between P.L. and the quality of life among public officials cannot be verified by a single study and need more studies.

Conclusions:

The current study evidenced fair positive association between organizational trust and professional quality of life among the studied sample in the kidney disease and urology and cardiothoracic diseases hospitals ($r=0.349$, P -value < 0.0001 & $r=0.374$, P -value < 0.0001 respectively). So that management of health in care institutions should always be marked by work for the better and healthy work setting that is well respected and trusted by people; that employ satisfied workers working in a positive communication setting are going to be successful and having a good professional quality in their work-life is emphasize the paternalistic leadership style among their employers tried to embedding the roots of trust among their peers, supervisors and their organization.

Recommendation

Provide insight for managers, nurses, and human resource practitioners to help build high trust relationships in a health care context, and hospital administrators should concentrate on building positive interdepartmental relations and interdisciplinary respect within the hospital. Using of paternalistic leadership style that increases levels of trust, commitment, and job satisfaction will be useful in improving the overall organizational performance.

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