

**Influence of Head Nurses' Paternalistic Leadership on Hospital Cynicism and Job Performance
among Intensive Care Nurses: A Comparative Study**

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Abstract

Background: Paternalistic leadership is a style of leadership in which the leader merges strict discipline with the empathy of a paternal figure and moral character in a personalized climate to enable nurses perform more effectively and efficiently and help them reduce cynical behaviour toward the hospital. **Aim of the study:** Compare influence of head nurses' paternalistic leadership on hospital cynicism and job performance among intensive care nurses at Tanta Main University Hospitals and EL-Mehalla General Hospital. **Subjects and Method: Research design:** A descriptive, comparative, via cross-sectional research design was used. **Subjects:** Available nurses working at Tanta Main University Hospitals' ICUs (n=295) and EL-Mehalla General Hospital (n=301). **Tools:** Three tools were used for data collection: Paternalistic Leadership Scale, Organizational Cynicism Scale and Nurses' job Performance Observational Checklist. **Results:** The majority of nurses perceived a high level of paternalistic leadership from the head nurses at Tanta Main Hospital compared to the minority of nurses at El-Mahalla General Hospital. The majority of nurses perceived a low level of hospital cynicism at Tanta Main Hospital, while above half of nurses perceived a moderate level at El-Mahalla General Hospital. The majority of nurses at Tanta Main Hospital had a satisfactory level of job performance contrary to slightly more than half of nurses at El-Mahalla General Hospital. **Conclusion:** There was a significant influence of head nurses' paternalistic leadership on hospital cynicism at both setting (Tanta Main and El-Mahalla General Hospital). Also, head nurses' paternalistic leadership affects nurses' job performance at Tanta Main Hospital. However, there was no relation between head nurses' paternalistic leadership and nurses' job performance at El-Mahalla General Hospital. **Recommendation:** Develop training program for head nurses to improve leadership practices in order to reduce cynicism and improve staff performance.

Key Words: Nurses' Performance, Organizational Cynicism, Paternalistic leader

Introduction

The hospital is a complex organization that provides health care to people through a team of trained nurses who are considered the backbone of hospitals. ⁽¹⁾ Nurses' roles are greatly important, especially in intensive care units where they are responsible for closely monitoring and reporting changes in patients' health and wellbeing. They always need positive interaction and effective communication to conduct their jobs effectively. ⁽²⁾

Nurses in intensive care units are directly impacted by all factors, positive or negative, in their workplace. For example, They require an atmosphere that promotes outstanding physical, social, and psychological competence, as well as the capacity to link them to the profession and organization. ⁽³⁾ Head nurses are seen as the first line leaders and their leadership practices is an important issue in building and maintaining a healthy work environment, as well as maximizing staff satisfaction and patient outcomes. ⁽⁴⁾

The most crucial individual who can improve the standard of care in medical facilities is a nurse leader. The ability to direct others to achieve desired outcomes, goals, and objectives is referred to as leadership ^(5,6) Paternalistic leaders are those who exert significant control over their subordinates, give them the chance to express their own opinions, permit group decision-making, and motivate them to be creative. Beyond being a leadership style, paternalism represents social-cultural characteristics. ⁽⁷⁾

The facets of paternalistic leadership characteristics are authoritarianism, benevolence, and morality. Authoritarian leadership refers to the exercise of absolute authority by a leader. They exert control over their subordinates and expect compliance from them. Leadership that is benevolent involves actions that show an individual's concern for their own or their family's well-being outside of the context of the workplace. A benevolent nurse leader invests time and effort in looking after their

subordinates, showing concern and encouraging them when they face challenges. Moral leadership demonstrates exceptional personal virtue, self-discipline, and selflessness. A style of leadership that upholds high ethical standards has been identified as moral nurse leadership.^(8,9)

Paternalist nurse leaders strive to create a family atmosphere within their organizations. They approach their subordinates in a 'benevolent' and 'fatherly' manner.^(10, 11) Nurses who do not believe they are receiving adequate leadership support may develop negative feelings toward the healthcare system as a whole. Organizational cynicism is one of these attitudes. Organizational cynicism is defined as staff's behavioral reaction to adversity in the workplace.⁽¹²⁾ Cynicism is characterized by feelings of hopelessness, frustration, and disappointment. It is also coupled with hate and distrust. As a result, It is acknowledged that cynicism in the workplace is a problem that needs immediate and thorough attention⁽¹³⁾

Cynicism is a pessimistic attitude defined by three dimensions developed by nurses for their hospitals. The cognitive dimension is a lack of genuineness and veracity in the hospital. The emotional reaction to the hospital is the affective dimension. It is connected to unpleasant feelings including contempt, rage, suffering, and shame. The behavioral dimension refers to negative attitudes and, more specifically, humiliating tendencies.⁽¹⁴⁾

A cynic is someone who doubts the sincerity and goodness of human motives and behaviors. It is not an innate personality trait, but rather the result of experiences such as distrust in superiors, negative leadership behaviors, role conflicts at work, and negative working conditions such as long working hours and an excessive work. Nurses suffer as a result of organizational cynicism, resulting in poor performance.^(15, 16)

The efficiency with which nurses carry out their duties is referred to as job performance. By implementing a portion of the hospital's

technological process or by indirectly providing it with the materials or services it requires, it supports the hospital's technical foundation. Furthermore, contextual activities are crucial because they influence the organizational, social, and psychological setting in ways that improve hospital efficiency. All of them act as task-related catalysts for processes and activities. In order to accomplish their objectives, provide nursing services, and gain a competitive advantage, hospitals require high-performing nurses. For nurses, performance is crucial since it can be gratifying to complete duties and perform at a high level.⁽⁹⁾ Hospitals are in the service industry, thus in order to fulfil specific objectives and gain a competitive edge, they must be able to manage available human resources as effectively as possible⁽¹⁷⁾

Significance of study

When compared to other services, a nursing service is unique in that it is offered around-the-clock, every day of the week. As a result, the hospital must continue to supervise nurses' performance.⁽¹⁸⁾ In addition,

hospitals have higher expectations of their nurses, and nurses have higher expectations of their hospitals.⁽¹⁹⁾ Head nurses play a critical role in meeting both hospitals' and nurses' expectations. Through their leadership styles in health care organizations, they play a critical role in determining whether nurses exhibit positive or negative organizational behaviors that can have a direct effect on the organization's success.^{(20,}
²¹⁾ As a result, the goal of this research is to determine how paternalistic leadership by head nurses affects hospital cynicism and job performance among intensive care nurses.

Aim of the study

This study envisioned to compare influence of head nurses' paternalistic leadership on hospital cynicism and job performance among intensive care nurses at Tanta Main University Hospitals and EL-Mehalla General Hospital

Research question

Are there differences between Tanta Main University hospital and EL-Mehalla General Hospital regarding paternalistic leadership

levels, nurses' hospital cynicism levels, and nurses' job performance levels?

Subjects and Method

Study design

The research design was descriptive, comparative, and cross-sectional. This design is used to explain, contrast, and explore variations in variables that occur in an environment at a certain point in time between two or more groups. ⁽²²⁾

Setting

The research was carried out in all intensive care units (ICUs), including: Medical, Pediatric, Neurological, Cardiac, Ophthalmology anesthesia, chest and neonate ICUs at Tanta Main University Hospitals which is affiliated with the Minister of Higher Education and Scientific Research. As well as neonates ICU, medical ICU, surgical ICU, and pediatric ICU at EL-Mehalla General Hospital which is affiliated with the Ministry of Health and Population in Al-Gharbia Governorate .

Subjects

Available nurses (n=596) from the above-mentioned hospitals were included in this study: Tanta Main University Hospitals' ICUs (n=295) and EL-Mehalla General Hospital (n=301).

Tools

The study's data was gathered using three tools.

1-Paternalistic leadership scale

This tool is reliant on Bor-Shiuan Cheng et al. (2004) ⁽²³⁾ to determine the magnitude upon which staff nurses regard their head nurses as paternalistic leaders. It was divided into two parts, as follows;

Part (1): Nurses' personal characteristics included hospital name, gender, age, marital status, ICU name, qualifications, years of experience and if attended any training courses.

Part (2): Paternalistic leadership assessment scale consisted of 26 items divided into three aspects; benevolent leadership (11 items), moral leadership (6 items), and authoritarian leadership (9 items).The responses of nurses were measured on 3-points Likert Scaling

varying from (1-3) 1= disagree 2= neutral, 3= agree. Levels of paternalistic Leadership is statistically represented as 75% high level, 75%-60% moderate level, and low 60% depending on the cut off value. A higher score indicated that staff nurses viewed their head nurses as paternalistic leaders.

2- Organizational Cynicism Scale

Organizational Cynicism scale developed by Seher et al. (2018) ⁽²⁴⁾ and modified by the researchers to assess nurses' hospital cynicism. It consisted of 15 items and classified into three dimensions; cognitive dimension, affective dimension, and behavioral dimension (5 items for each dimension). Nurses' responses were evaluated against a 3-points Likert Scale, ranging from (1-3) 1 = disagree, 2 = neutral, and 3 = agree. Levels of nurses' Hospital cynicism is statistically classified into three degrees according to the cut off value: 75% as high, 75%-60% as moderate, and 60% as low.

3- Nurses' Job Performance Observational Checklist

This tool was developed by Mahmoud (2019) ⁽²⁵⁾ and modified by the researchers. It is designed to assess the nurses' job performance. It contained of 54 items classified into eight dimensions; work habits (7 items), staff relations and communication(6 items), communication with patients(7 items), nursing care plan activities(7 items), material planning and coordination(2 items), safety measures and patient safety(7 items), documentation(9 items), and keeping up-to-date technically(5 items).

Nurses' job performance assessed by using a three point Likert Scale ranging from (0 to 2). 0 for not done, 1 for incompletely done and 2 for completely done. Total score categorized into two levels as the following satisfactory $\geq 80\%$ of total score and unsatisfactory $<80\%$ of total score.

Method

Validity and reliability:

The tools were back-translated into Arabic to ensure correctness and clarity for all levels of nursing education. A panel of five nursing

administration specialists was asked to evaluate the questionnaire's face and content validity, along with its faithfulness. The appropriate changes were made based on this revision. The content validity was 95.8%, 91.5%, and 98.2% for tools I, II, and III, respectively. The Cronbach coefficient Alpha test was used to determine the internal consistency of the tools. The test result was deemed satisfactory because the questionnaires had a high level of inner consistency, with the paternalistic leadership assessment scale = 0.987, the organizational cynicism scale = 0.911, and the nurses' job performance observation checklist = 0.862.

Pilot study:

A pilot study was conducted on 10% of ICU nurses (n = 60) chosen at random from the aforementioned settings and omitted from the subjects in order to identify the complexities and problems that may be encountered during data collection and to guesstimate the required time for completing the questionnaires.

Field work:

Individual questionnaires were delivered to the nurses in their respective units. For tool I and II, the time required to complete the questionnaires was approximately 20-30 minutes. Nurses' performance observation checklist tool was collected via the researchers' observation during the working hours. Each nurse was observed three times during different shifts, and an average was calculated for each. In addition, the researchers use three trained qualified nurses from a training unit in each of the two hospitals to assist them in the observation of nurses. The data was gathered over a period of six months, from January to the end of July 2021.

Ethical considerations:

Before beginning data collecting, the researchers got permission from authorities at two hospitals. After explaining the goal of the study, the nurses gave their informed consent and were told that their responses would be kept anonymous. The study's design will not endanger the entire sample.

Data analysis:

The data supplied into the computer was analysed using the IBM SPSS software package version 20.0. Armonk, New York-based IBM Corporation To describe qualitative data, numbers and percentages were used. The Kolmogorov-Smirnov test was employed to confirm the distribution's normality. Range (minimum and maximum), mean, standard deviation, and median were used to characterize quantitative data. The obtained results were declared significant at the 5% level. Chi-square test, Fisher's Exact or Monte Carlo correction, Pearson coefficient, and Mann Whitney test were utilized.

Results

Table 1: compares the nurses' personal data at Tanta Main University Hospitals and El-Mahalla General Hospital. It demonstrates that more than half of the nurses at both hospitals were aged 30–40, with a mean age of 34.56 ± 6.28 . Across both hospitals, more than 90% of the nurses were female and most (79.5%) of them were married. At

Tanta University's main hospitals, 30.2% and 17.3% of nurses worked in neonatal and neurological ICUs, respectively, while 35.2% and 32.9% of nurses worked in medical and neonatal ICUs, respectively. As regard to qualification level, more than two thirds (72.5, 77.7%) of nurses at Tanta Main University Hospitals and El-Mahalla General Hospital had bachelor's degrees, and less than half (40.0, 42.9%) of them had less than ten years of experience. 71.9% of nurses at Tanta Main University Hospitals attended training courses, compared to 58.8% of nurses at El-Mahalla General Hospital.

Table 2: illustrates head nurses' paternalistic leadership levels as perceived by nurses at Tanta Main University Hospitals and El-Mahalla General Hospital. It was noticed that head nurses' paternalistic leadership's benevolent, moral, and authoritarian dimensions were shown to be a statistically significant at $p \leq 0.05$ between the two hospitals. Whereas, 60.3% and 70.2% of nurses at Tanta Main University Hospitals viewed their head nurses as highly

benevolent and morale, respectively, only 19.9% and 19.3% of nurses at El-Mahalla General Hospital did. Also, more than half (53.2%) of nurses at Tanta Hospital perceived their head nurses as highly authoritarian compared to none of the nurses at El-Mahalla Hospital.

Figure 1: demonstrates the levels of the overall head nurses' paternalistic leadership as perceived by nurses at Tanta Main University Hospitals and El-Mahalla General Hospital. More than half (55.6%) of nurses at Tanta Main University Hospitals had a high perception level of overall head nurses' paternalistic leadership compared to only 12% of nurses at El-Mahalla General Hospital.

Table 3: compares hospital cynicism levels at Tanta Main University Hospitals and El-Mahalla General Hospital. It shows that there was a statistically significant difference between nurses' perception level of hospital cynicism at Tanta Main and El-Mahalla Hospital. More than two thirds (73.2%) of nurses had low perception levels of cognitive

cynicism at Tanta Main University Hospitals compared to only one third (31.6%) at El-Mahalla Hospital. More than half (58.0, 69.5) of nurses at Tanta Main University Hospitals had low perception levels of affective and behavioral cynicism. Meanwhile, 49.2 and 54.2% of nurses at El-Mahalla Hospital had moderate perception levels of affective and behavioral cynicism, respectively.

Figure 2: shows overall hospital cynicism levels at Tanta Main University Hospitals and El-Mahalla General Hospital. As noticed in the figure, the majority (84.1) of nurses at Tanta Main University Hospitals had a low perception level of overall hospital cynicism. More than half (59.8%) of nurses had a moderate perception level of overall hospital cynicism at El-Mahalla General Hospital.

Table 4: demonstrates the comparison between the levels of nurses' job performance at Tanta Main University Hospitals and El-Mahalla General Hospital. There was a statistically significant difference between the levels of nurses' job

performance at Tanta Main University Hospitals and El-Mahalla General Hospital. The majority (94.6, 91.9, 89.8, 89.2, 84.1, 83.1, 79.3%) of nurses at Tanta Main University Hospitals had a satisfactory level of job performance regarding safety measures and patient safety, documentation, communication with patients, nursing care plan activities, staff relations and communication, keeping up-to-date technically and material planning and coordination, compared to half or more than half (50.2, 53.5, 57.1, 57.8, 59.5, 60.5%) of nurses at El-Mahalla general Hospital had an unsatisfactory level of all job performance dimensions respectively.

Figure 3: illustrates the levels of nurses' overall job performance at Tanta Main University Hospitals and El-Mahalla General Hospital. It can be noticed that ,91.8% of nurses at Tanta Main University Hospitals had a satisfactory level of overall job performance, compared to 51.5% of nurses at El-Mahalla General Hospital.

Table 5: illuminates the correlation between overall head nurses' paternalistic leadership, hospital cynicism, and nurses' job performance at Tanta Main University Hospitals and El-Mahalla General Hospital. There was a statistically significant negative correlation between overall head nurses' paternalistic leadership and hospital cynicism ($p \leq 0.001$) at both hospitals. Also, there was a statistically significant positive correlation between overall head nurses' paternalistic leadership and nurses' job performance ($p \leq 0.001$) at Tanta Main University Hospitals. While at El-Mahalla General Hospital, there was no correlation between overall head nurses' paternalistic leadership and nurses' job performance.

Table 6: presents relations between overall head nurses' paternalistic leadership and nurses' personal data. At Tanta Main University Hospitals, there was a statistically significant relationship between nurses' perception of head nurses' paternalistic leadership and their unit ($p \leq 0.05$) at Tanta Main University Hospitals . Also, there was a statistically significant relationship between nurses' perception of head nurses' paternalistic leadership and their years of

experience ($p \leq 0.05$) at El-Mahalla General Hospital.

Table (1): Comparison between nurses' personal data at Tanta Main University Hospitals and El-Mahalla General Hospital

| Nurses' characteristics | Total (n = 596) | | Tanta (n = 295) | | El – Mahalla (n = 301) | | Test of sig. | p |
|--|--------------------|------|--------------------|------|---------------------------|------|-------------------|---------|
| | No. | % | No. | % | No. | % | | |
| Gender | | | | | | | | |
| Male | 49 | 8.2 | 29 | 9.8 | 20 | 6.7 | $\chi^2=0.048$ | 0.826 |
| Female | 547 | 91.8 | 266 | 90.2 | 281 | 93.3 | | |
| Age | | | | | | | | |
| <30 | 119 | 20.0 | 60 | 20.3 | 59 | 19.6 | $\chi^2=0.100$ | 0.992 |
| 30-<40 | 337 | 56.5 | 167 | 56.6 | 170 | 56.5 | | |
| 40-<50 | 128 | 21.5 | 62 | 21.0 | 66 | 21.9 | | |
| ≥ 50 | 12 | 2.0 | 6 | 2.0 | 6 | 2.0 | | |
| Min. – Max. | 24.0 – 58.0 | | 24.0 – 58.0 | | 24.0 – 58.0 | | U= 43506.5 | 0.671 |
| Mean \pm SD. | 34.56 \pm 6.28 | | 34.45 \pm 6.29 | | 34.67 \pm 6.28 | | | |
| Median | 33.0 | | 33.0 | | 33.0 | | | |
| Marital status | | | | | | | | |
| Not married | 109 | 18.3 | 60 | 20.3 | 49 | 16.3 | $\chi^2=0.048$ | 0.826 |
| Married | 487 | 81.7 | 235 | 79.7 | 252 | 83.7 | | |
| ICU name | | | | | | | | |
| Chest | 29 | 4.9 | 29 | 9.8 | 0 | 0.0 | $\chi^2=408.51^*$ | <0.001* |
| Cardiac | 26 | 4.4 | 26 | 8.8 | 0 | 0.0 | | |
| Pediatric | 41 | 6.9 | 41 | 13.9 | 0 | 0.0 | | |
| Neonatal | 188 | 31.5 | 89 | 30.2 | 99 | 32.9 | | |
| Neurological | 51 | 8.6 | 51 | 17.3 | 0 | 0.0 | | |
| General medical | 34 | 5.7 | 34 | 11.5 | 0 | 0.0 | | |
| Ophthalmology anesthesia | 25 | 4.2 | 25 | 8.5 | 0 | 0.0 | | |
| Surgical | 31 | 5.2 | 0 | 0.0 | 31 | 10.3 | | |
| Medical | 106 | 17.8 | 0 | 0.0 | 106 | 35.2 | | |
| Pediatric | 65 | 10.9 | 0 | 0.0 | 65 | 21.6 | | |
| Qualification | | | | | | | | |
| Diploma | 55 | 9.2 | 28 | 9.5 | 27 | 9.0 | $\chi^2=2.667$ | 0.263 |
| Bachelor | 448 | 75.2 | 214 | 72.5 | 234 | 77.7 | | |
| Associate | 93 | 15.6 | 53 | 18.0 | 40 | 13.3 | | |
| Years of experience | | | | | | | | |
| <10 | 247 | 41.5 | 118 | 40.0 | 129 | 42.9 | $\chi^2=0.044$ | 0.998 |
| 10-<15 | 127 | 21.3 | 73 | 24.7 | 54 | 17.9 | | |
| 15-<20 | 142 | 23.8 | 75 | 25.4 | 67 | 22.3 | | |
| ≥ 20 | 80 | 13.4 | 29 | 9.8 | 51 | 16.9 | | |
| Min. – Max. | 3.0 – 30.0 | | 3.0 – 30.0 | | 3.0 – 30.0 | | U= 43.869.5 | 0.801 |
| Mean \pm SD. | 12.30 \pm 5.46 | | 12.25 \pm 5.48 | | 12.35 \pm 5.44 | | | |
| Median | 13.0 | | 13.0 | | 13.0 | | | |
| If attended any training courses about paternalistic leadership | | | | | | | | |
| No | 207 | 34.7 | 83 | 28.1 | 124 | 41.2 | $\chi^2=11.21^*$ | 0.001* |
| Yes | 389 | 65.3 | 212 | 71.9 | 177 | 58.8 | | |

χ^2 : Chi square test SD: Standard deviation

p: p value for comparing between the studied groups

*: Statistically significant at $p \leq 0.05$

Table (2): Comparison between head nurses’ paternalistic leadership levels as perceived by nurses at Tanta Main University Hospitals and El- Mahalla General Hospital

| Paternalistic leadership | Total (n = 596) | | Tanta (n = 295) | | El – Mahalla (n = 301) | | χ^2 | p |
|---------------------------------|--------------------|------|--------------------|------|---------------------------|------|----------|---------|
| | No. | % | No. | % | No. | % | | |
| Benevolent leadership | | | | | | | | |
| Low <60% | 231 | 38.8 | 49 | 16.6 | 182 | 60.5 | 135.671* | <0.001* |
| Moderate 60% -<75% | 127 | 21.3 | 68 | 23.1 | 59 | 19.6 | | |
| High \geq 75% | 238 | 39.9 | 178 | 60.3 | 60 | 19.9 | | |
| Moral leadership2 | | | | | | | | |
| Low <60% | 207 | 34.7 | 26 | 8.8 | 181 | 60.1 | 199.800* | <0.001* |
| Moderate 60% -<75% | 124 | 20.8 | 62 | 21.0 | 62 | 20.6 | | |
| High \geq 75% | 265 | 44.5 | 207 | 70.2 | 58 | 19.3 | | |
| Authoritarian leadership | | | | | | | | |
| Low <60% | 334 | 56.0 | 127 | 43.1 | 207 | 68.8 | 241.735* | <0.001* |
| Moderate 60% -<75% | 105 | 17.6 | 11 | 3.7 | 94 | 31.2 | | |
| High \geq 75% | 157 | 26.3 | 157 | 53.2 | 0 | 0.0 | | |

χ^2 : Chi square test

p: p value for comparing between the studied groups

*: Statistically significant at $p \leq 0.05$.

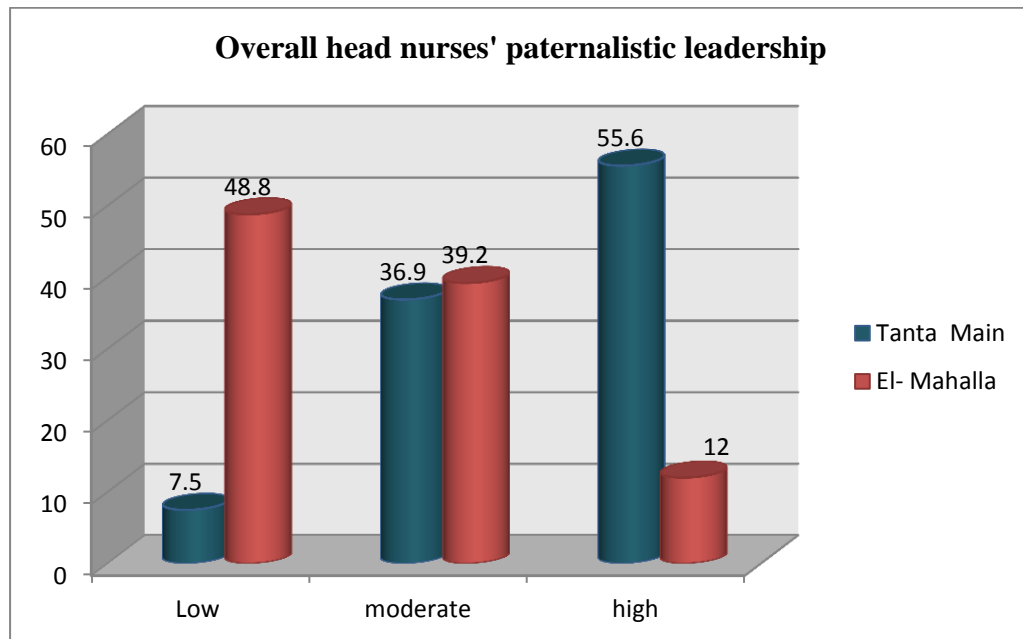


Figure (1): Levels of the overall head nurses’ paternalistic leadership as perceived by nurses at Tanta Main University Hospitals and El- Mahalla General Hospital.

Table (3): Comparison between hospital cynicism levels at Tanta Main University Hospitals and El- Mahalla General Hospital

| Hospital cynicism | Total (n = 596) | | Tanta (n = 295) | | El – Mahalla (n = 301) | | χ^2 | p |
|----------------------------|--------------------|------|--------------------|------|---------------------------|------|--------------|----------|
| | No. | % | No. | % | No. | % | | |
| Cognitive Cynicism | | | | | | | | |
| Low <60% | 311 | 52.2 | 216 | 73.2 | 95 | 31.6 | 111.375 * | <0.001 * |
| Moderate 60% -<75% | 98 | 16.4 | 16 | 5.4 | 82 | 27.2 | | |
| High \geq 75% | 187 | 31.4 | 63 | 21.4 | 124 | 41.2 | | |
| Affective Cynicism | | | | | | | | |
| Low <60% | 203 | 34.1 | 171 | 58.0 | 32 | 10.6 | 169.314 * | <0.001 * |
| Moderate 60% -<75% | 248 | 41.6 | 100 | 33.9 | 148 | 49.2 | | |
| High \geq 75% | 145 | 24.3 | 24 | 8.1 | 121 | 40.2 | | |
| Behavioral Cynicism | | | | | | | | |
| Low <60% | 247 | 41.4 | 205 | 69.5 | 42 | 14.0 | 190.154 * | <0.001 * |
| Moderate 60% -<75% | 225 | 37.8 | 62 | 21.0 | 163 | 54.2 | | |
| High \geq 75% | 124 | 20.8 | 28 | 9.5 | 96 | 31.9 | | |

χ^2 : Chi square test

p: p value for comparing between the studied groups

*: Statistically significant at $p \leq 0.05$

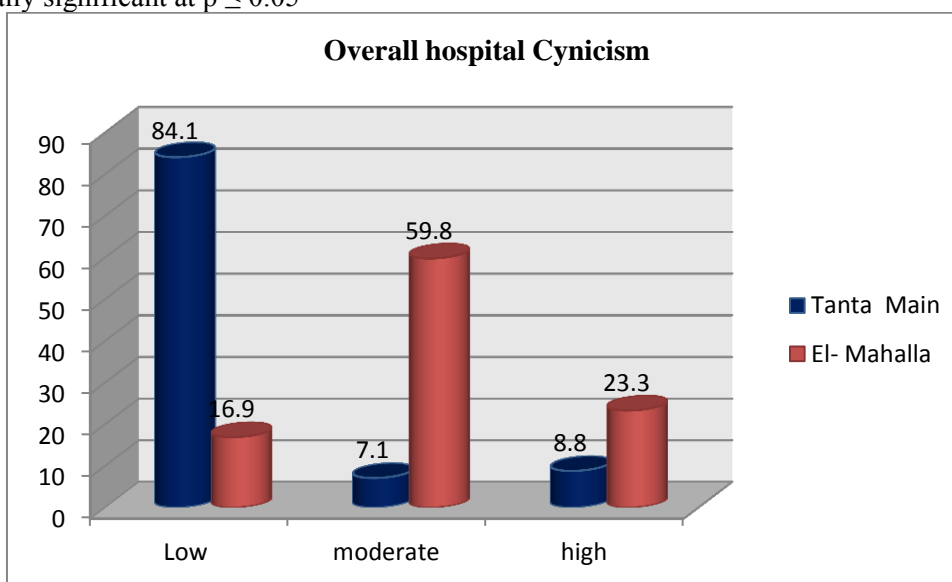


Figure (2): Levels of the overall hospital cynicism at Tanta Main University Hospitals and El- Mahalla General Hospital as perceived by nurses.

Table (4): Comparison between nurses' job performance levels at Tanta Main University Hospitals and El- Mahalla General Hospital.

| Nurses' job performance observation checklist | Total (n = 596) | | Tanta (n = 295) | | El – Mahalla (n = 301) | | χ^2 | p |
|---|-----------------|------|-----------------|------|------------------------|------|----------|---------|
| | No. | % | No. | % | No. | % | | |
| Work habits | | | | | | | | |
| Unsatisfactory <80% | 178 | 29.9 | 32 | 10.8 | 151 | 50.2 | 100.865* | <0.001* |
| Satisfactory \geq 80 % | 418 | 70.1 | 263 | 89.2 | 150 | 49.8 | | |
| Staff relations & communication | | | | | | | | |
| Unsatisfactory <80% | 232 | 38.9 | 50 | 16.9 | 182 | 60.5 | 118.670* | <0.001* |
| Satisfactory \geq 80 % | 364 | 61.1 | 245 | 83.1 | 119 | 39.5 | | |
| Communication with patients | | | | | | | | |
| Unsatisfactory <80% | 202 | 33.9 | 30 | 10.2 | 172 | 57.1 | 146.720* | <0.001* |
| Satisfactory \geq 80 % | 394 | 66.1 | 265 | 89.8 | 129 | 42.9 | | |
| Nursing care plan activities | | | | | | | | |
| Unsatisfactory <80% | 226 | 37.9 | 47 | 15.9 | 179 | 59.5 | 119.957* | <0.001* |
| satisfactory \geq 80 % | 370 | 62.1 | 248 | 84.1 | 122 | 40.5 | | |
| Material planning and coordination | | | | | | | | |
| Unsatisfactory <80% | 243 | 40.8 | 61 | 20.7 | 182 | 60.5 | 97.665* | <0.001* |
| satisfactory \geq 80 % | 353 | 59.2 | 234 | 79.3 | 119 | 39.5 | | |
| Safety measures and patient safety | | | | | | | | |
| Unsatisfactory <80% | 167 | 28.0 | 16 | 5.4 | 151 | 50.2 | 147.877* | <0.001* |
| satisfactory \geq 80 % | 429 | 72.0 | 279 | 94.6 | 150 | 49.8 | | |
| Documentation | | | | | | | | |
| Unsatisfactory <80% | 185 | 31.0 | 24 | 8.1 | 161 | 53.5 | 143.162* | <0.001* |
| satisfactory \geq 80 % | 411 | 69.0 | 271 | 91.9 | 140 | 46.5 | | |
| Keeping up-to-date technically | | | | | | | | |
| Unsatisfactory <80% | 224 | 37.6 | 50 | 16.9 | 174 | 57.8 | 106.023* | <0.001* |
| satisfactory \geq 80 % | 372 | 62.4 | 245 | 83.1 | 127 | 42.2 | | |

 χ^2 : Chi square test

p: p value for comparing between the studied groups

*: Statistically significant at $p \leq 0.05$

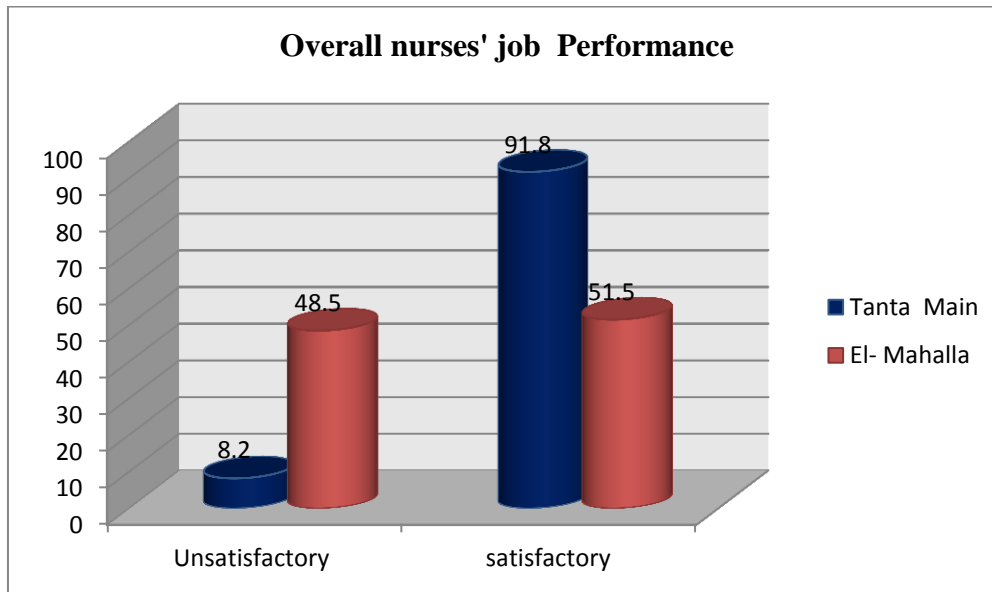


Figure (3): Levels of overall nurses' job performance at Tanta Main University Hospitals and El- Mahalla General Hospital.

Table (5): Correlation between overall head nurses' paternalistic leadership, Hospital Cynicism and nurses' job performance at Tanta Main University Hospitals and El- Mahalla General Hospital.

| Head nurses' paternalistic leadership Hospital cynicism & nurses' job performance | | Overall head nurses' paternalistic leadership | |
|--|---|---|------------------------|
| | | Tanta (n = 295) | El – Mahalla (n = 301) |
| Hospital cynicism | r | -0.524* | -0.151* |
| | p | <0.001* | 0.009* |
| Nurses' job performance | r | 0.152* | 0.042 |
| | p | 0.008* | 0.467 |

r: Pearson coefficient

***: Statistically significant at $p \leq 0.05$**

Table (6): Relation between overall head nurses' paternalistic leadership and nurses' personal data.

| Nurses' personal data | Overall head nurses' paternalistic leadership | | | |
|----------------------------------|---|--------|------------------------|--------|
| | Tanta (n = 295) | | El – Mahalla (n = 301) | |
| | Mean ± SD | Median | Mean ± SD | Median |
| Gender | | | | |
| Male | 81.17 ± 12.95 | 82.69 | 59.68 ± 12.57 | 57.69 |
| Female | 80.80 ± 14.84 | 82.69 | 60.86 ± 12.45 | 61.54 |
| U (p) | 3790.50 (0.877) | | 3699.50 (0.780) | |
| Age (years) | | | | |
| <30 | 79.74 ± 12.90 | 78.85 | 60.66 ± 11.53 | 57.69 |
| 30–<40 | 79.92 ± 15.23 | 82.69 | 60.10 ± 12.53 | 60.58 |
| 40–<50 | 84.09 ± 14.86 | 82.69 | 61.92 ± 13.07 | 63.46 |
| ≥50 | 83.66 ± 8.23 | 80.77 | 67.31 ± 11.41 | 68.27 |
| H (p) | 3.452 (0.327) | | 2.713 (0.438) | |
| Marital status | | | | |
| Not married | 81.35 ± 13.68 | 82.69 | 61.15 ± 14.82 | 61.54 |
| Married | 80.73 ± 14.86 | 82.69 | 60.68 ± 11.96 | 61.54 |
| U (p) | 5918.0 (0.702) | | 6019.0 (0.781) | |
| ICU name | | | | |
| Chest | 86.87 ± 11.81 | 82.69 | – | – |
| Cardiac | 77.66 ± 9.94 | 82.69 | – | – |
| Pediatric | 84.24 ± 14.55 | 88.46 | – | – |
| Neonatal | 77.25 ± 17.53 | 73.08 | 61.56 ± 10.78 | 61.54 |
| Neurological | 77.60 ± 14.00 | 73.08 | – | – |
| General medical | 85.52 ± 11.36 | 82.69 | – | – |
| Ophthalmology anesthesia | 84.54 ± 10.38 | 82.69 | – | – |
| Surgical | – | – | 63.59 ± 12.64 | 61.54 |
| Medical | – | – | 58.36 ± 12.86 | 57.69 |
| Pediatric | – | – | 62.07 ± 13.61 | 61.54 |
| H (p) | 23.523* (0.001*) | | 5.624 (0.131) | |
| Qualification | | | | |
| Diploma | 80.43 ± 12.98 | 82.69 | 62.18 ± 10.33 | 61.54 |
| Bachelor | 81.78 ± 14.59 | 82.69 | 60.65 ± 13.01 | 61.54 |
| Associate | 77.25 ± 15.39 | 73.08 | 60.38 ± 10.30 | 59.62 |
| H (p) | 3.471 (0.176) | | 0.309 (0.857) | |
| Years of experience | | | | |
| <10 | 81.11 ± 13.09 | 82.69 | 59.55 ± 13.05 | 57.69 |
| 10–<15 | 79.64 ± 14.93 | 78.85 | 59.20 ± 11.92 | 57.69 |
| 15–<20 | 80.54 ± 16.85 | 78.85 | 61.24 ± 12.18 | 61.54 |
| ≥20 | 83.49 ± 14.19 | 82.69 | 67.87 ± 9.59 | 69.23 |
| H (p) | 1.580 (0.664) | | 14.159* (0.003*) | |
| If attended any training courses | | | | |
| No | 80.93 ± 15.02 | 78.85 | 61.40 ± 12.75 | 61.54 |
| Yes | 80.80 ± 14.54 | 82.69 | 60.30 ± 12.23 | 59.62 |
| U (p) | 8687.0 (0.864) | | 10436.50 (0.469) | |

U: Mann Whitney test**H: H for Kruskal Wallis test***: Statistically significant at $p \leq 0.05$

Discussion

Nursing leadership techniques have a significant impact on many organisational outcomes. In hospitals where human life-saving services are consistently accessible under all conditions, nursing leaders directly affect nurses' output.⁽⁴⁾ So, constructive and powerful nurses leaders as "paternalistic leadership" aware of nurses' needs are essential to enabling them to deliver competent service and more effective performance while minimizing or reducing negative situations like hospital cynicism. Therefore, the current study aimed to identify influence of head nurses' paternalistic leadership on hospital cynicism and job performance among intensive care nurses.

Regarding nurses' perception of head nurses' paternalistic leadership, the study findings showed that above half of nurses at Tanta Main University Hospitals had a high perception level of head nurses' paternalistic leadership as total compared with nurses at El-Mahalla General Hospital.

Also, benevolent, moral, and authoritarian paternalistic were found to be significant between the two hospitals. These findings may be due to head nurses at Tanta hospital work at teaching hospitals, which offer them more opportunities to receive a management training program that assists them to discover and comprehend efficient leadership techniques than El-Mahalla hospital head nurses. So, head nurses who worked at Tanta hospital looked like family members to their staff nurses, dedicated all their energy to taking care of other health care providers, highly met nurses' needs according to their personal desires, and cared more about the personal lives of nurses than El-Mahalla hospital leaders.

In the same scene, **Sungura (2019)**⁽⁷⁾ found that the nurses' responses to the paternalistic leadership had rather high mean scores. Also, **Ugurluoglu et al. (2018)**⁽⁹⁾, they studied staff at a university hospital and came to the conclusion that participants' perceptions of paternalistic leadership were

moderate across all subdimensions. Additionally, **Nal and Tarm (2017)** ⁽²⁶⁾ found that the average score on the paternalistic leadership for healthcare workers was moderate. While **Saygili et al. (2020)** ⁽¹⁷⁾ contradicted the current findings and revealed that health care workers' perceptions of paternalistic leadership were low.

Because paternalistic leadership is based on a sense of selflessness, love, and protection that necessitates decisions for the benefit of others rather than the leader's desires and interests, nurses' positive perceptions of head nurses' paternalistic leadership will contribute to their commitment to the hospital. **Nal and Tarim (2017)** ⁽²⁶⁾ revealed that the job satisfaction of healthcare staff is much higher when paternalistic leadership is present. Also, **Hawass (2017)** ⁽²⁷⁾ has been demonstrated that paternalistic leadership raises levels of self-efficacy and attentiveness in an organisation, as well as input from units and liability.

The present findings explain that more than half of the nurses at Tanta Hospital perceive their head nurses as highly authoritarian, compared with none of the nurses at El-Mahalla Hospital. This findings may be attributable to the fact that In contrast to public hospitals, university hospitals have strong structures and mechanisms that encourage top-down management and allow Tanta Hospital head nurses to exercise autocratic control. Therefore, Tanta Hospital head nurses were seeking to control their staff's work by means of authority through applying inflexible routines, rules, and policies to get things done in a work setting. But, head nurses use these actions to persuade nurses to go beyond formal agreements, which boosts nurses' confidence in their judgments. This finding is supported by the positive correlation between head nurses' paternalistic leadership and nurses' job performance at Tanta Hospital rather than at El-Mahalla Hospital, where there is no correlation detected.

Wanga et al. (2018) ⁽²⁸⁾ agreed with these conclusions and advanced a fresh typology of paternalistic leadership based on how leaders exhibit authoritarianism and compassion as the two essential elements of this style of leadership. Additionally, they discovered a substantial correlation between benevolence-dominant paternalistic leadership and performance, as well as a good association between conventional paternalistic leadership and subordinate performance.. While **Gao et al. (2014)** ⁽²⁹⁾ discovered that authoritarianism has a negative influence on team performance in their study of the impact of paternalistic leadership on team performance.

Regarding nurses' perception of hospital cynicism, it was concluded from the study results that there were significant differences among the nurses at two hospitals. Confirming that the majority of nurses at Tanta Hospital had a low perception level of overall hospital cynicism compared with over half of nurses at El-Mahalla Hospital who had a moderate level.

This finding could be attributed to nurses at Tanta Hospital having more advantages because they work at a university hospital, which provides them with more opportunities for continuous training and education, higher salaries and opportunities for advancement. Furthermore, nurses at Tanta Hospital reported a high perception level of head nurses' paternalistic leadership. This nature of relationship between leaders and nurses has been reflected to have a positive impact on the institutions as it promotes nurses' dedication to their jobs, social loyalty, and sense of duty to others The same result was found by **Sungura (2019)** ⁽⁷⁾, who discovered that nurses had a low perception of organisational cynicism. Contradictory to these results, **Aly et al. (2016)** ⁽³⁰⁾ who found higher levels of cynicism among nurses.

Conversely, the cynical behaviors of nurses at El-Mahalla Hospital could be a reaction to antagonistic surroundings in the work environment, as excessive working hours

and a lack of work schedule organisation. Additionally, ineffectual management and leadership as lacks trustworthiness, justice, transparency producing inhospitality, annoyance, insecurity, desperateness and mistrust of institutions. **El-liethiey and Atalla (2021)⁽³¹⁾** supported this finding and concluded that the studied nurses perceived moderate organizational cynicism. In addition to, **Bacaksız et al. (2018)⁽³²⁾** they discovered that hospital employees had a modest level of organisational cynicism. The study results illustrated that the highest level of hospital cynicism as perceived by the nurses at El-Mahalla Hospital was related to affective cynicism. This may be due to those nurses who are overwhelmed by a sense of angst and worsening when they think about their hospital with intense negative mental dispositions. Also, they usually complain about the practices of their hospital to individuals outside. This result is supported by **Aly et al. (2016)⁽³⁰⁾**, who shown that nurses have the greatest point in the affective (emotional) dimension of

organisational cynicism as compared to the behavioural and cognitive dimensions. Contradictory, **El-liethiey and Atalla (2021)⁽³¹⁾** and **Archimi et al. (2018)⁽³³⁾**, who found that the lowest mean percent score of organizational cynicism, was related to affective cynicism.

Regarding nurses' job performance, The researchers discovered a statistically significant variation in nurse performance levels across two hospitals. The majority of nurses at Tanta Main University Hospitals had satisfactory total performance, however just around half of those at El- Mahalla General Hospital did. These results may be due to El-Mahalla Hospital nurses had poor working environment, stress, job dissatisfaction, and increased workload. Also, these results could be due to the fact that El- Mahalla Hospital nurses perceived their head nurses as low-paternalistic leaders who did not communicate in a good manner with all staff all the time. Also, they sometimes were unable to assess their ICUs' needs for equipment, materials, and

processing and were unable to apply their safety measures to prevent their staff from hazards effectively. In addition, they may not provide adequate feedback for nurses' performance and use an ineffective sanction system that affects staff morale. These challenges may replicate nurses' creativity in the development of improved methods or approaches to solving work issues.

In the same scene, **Islam et al. (2019)**⁽³⁴⁾ indicated that the level of job performance of clinical nurses was at a moderate level. Moreover, **Ibrahim et al. (2016)**⁽³⁵⁾ demonstrated that nurses' performance levels were relatively low. While, **Al-Makhaita et al. (2014)**⁽³⁶⁾ indicated that more than half of the studied nurses rated good performance scores in primary as well as secondary levels of healthcare.

The study findings found a statistically significant negative correlation between overall head nurses' paternalistic leadership and hospital cynicism at both hospitals. It can be stated that paternalist leadership had an effect on hospital cynicism. According to

the study, paternalistic leadership positively improves nurses' positive attitudes and dependence on the organisation. Nurses who have a paternalistic relationship with the leader regard the hospital as a family environment, follow their leaders, acknowledge the leader's authority, and believe that the leader knows what is best for them. As a result, nurses' positive attitudes toward paternalistic leadership will contribute to less cynical behaviour toward the institution. **Sungura (2019)**⁽⁷⁾ supported the present findings and found that, head nurses' paternalistic leadership and hospital cynicism had negative and significant connections. The nurses' perceptions of cognitive, affective, and behavioural cynicism reduced as their opinions of paternalistic leadership improved. While **GÜLEÇ (2021)**⁽³⁷⁾ contradicted the present findings and discovered no connection between organisational cynicism and paternalist leadership that was significant.

Also, there was a statistically significant positive correlation between overall head

nurses' paternalistic leadership and nurses' job performance at Tanta Main University Hospitals. This means paternalistic leaders cultivate nurses' performance. Paternalistic leadership can help nurses become more mentally and physically prepared as well as foster pleasant relationships and collaboration with other workforce. Additionally, paternalistic leaders take into account and offer advice to nurses who perform poorly based on traits of this leadership style, such as taking care of immature nurses and being too protective of them.

The study of **Fing et al. (2021)** ⁽¹⁸⁾ supported the current study results and indicated that the performance of nurses at the Royal Prima General Hospital in Medan is influenced by a paternalistic leadership style. The nurses believe that the nursing room manager's paternalistic leadership style is largely successful because of the nurses' outstanding performance. Additionally, **Al-Ghazali (2020)** ⁽³⁸⁾ found that nurses maintained their effective levels

of performance for all three consecutive shifts because their leaders had good paternalistic leadership styles. **Tan Zhiying (2017)** ⁽³⁹⁾ contradicted the current findings and shown that performance was unaffected significantly by paternalistic leadership.

Conclusion

According to the study findings, nurses viewed a high level of head nurses' paternalistic leadership at Tanta Main University Hospitals and a low level at El-Mahalla General Hospital. Nurses perceived a low level of hospital cynicism at Tanta Main University Hospitals and a moderate level at El-Mahalla General Hospital. Nurses at Tanta Main University Hospitals performed better than nurses at El-Mahalla General Hospital. Head nurses' paternalistic leadership had a significant impact on hospital cynicism at both hospitals (Tanta Main and El-Mahalla General Hospital). In addition, head nurses' paternalistic leadership has an effect on the performance of nurses at Tanta Main University Hospitals. At El-Mahalla General Hospital,

there was no association between head nurses' paternalistic leadership style and nurses' job performance.

Recommendations

For the hospital's administration

- Construct regular feedback approaches that emphasise the positive traits of effective leaders as well as the necessary skills and behaviours.
- .Prepare new and inexperienced head nurses for leadership roles by developing training programmes.
- Adopt an open-door policy to play a more active and vital role in preventing cynicism especially at El-Mahalla General Hospital.
- Effective training programs for nurses on stress management, and emotional intelligence are helpful in handling stressful situations that can result in reducing hospital cynicism and ultimately improved performance especially at El-Mahalla General Hospital.
- Maintain continuous training and development activities for nurses relating to

staff relation and communications, material planning and coordination, nursing care plan activities and communication with patient and updated skills is necessary especially at El-Mahalla General Hospital.

For head nurses

- Display “fatherly” management styles to nurses that help in reduce hospital cynicism and improve performance especially at El-Mahalla General Hospital.
- Plan appreciation events, offer objective performance reviews, foster a positive work environment, and boost nurses' motivation.
- **Further research** can be done to figurout the connection between paternalistic leadership and nursing outcomes as well as patient outcomes.

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