
▪ **Basic Research**

Paradoxical Leadership and its Effect on Burnout among Staff Nurses

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Abstract

Background: paradoxical leadership is a leader behavior, which refers to seemingly competing yet interrelated behaviors to simultaneously and over time meet structural and follower demands that are competing yet interrelated and could affect staff nurses' behaviors. **Aim:** Assessing staff nurses' perception level regarding paradoxical leadership behavior, assessing level of staff nurses' burnout and finding out the effect of perceived paradoxical leadership behavior on burnout among staff nurses. **Research design:** A descriptive correlational study design was used. **Setting:** The study was conducted at Nasser Institute Hospital. **Subjects:** The study included all staff nurses (500 nurses). **Tools of data collection:** Data were collected by using paradoxical leadership scale and Maslach burnout inventory. **Results:** More than half (53%) of the studied staff nurses had low perception levels of paradoxical leadership, and only (16.2%) of them had high-level of paradoxical leadership. Moreover, more than three quarters (77.7%) of the studied staff nurses had low burnout level, and only (3.1%) of them had high-level of burnout. **Conclusion:** There was a highly significant statistically negative correlation between total paradoxical leadership perception and total burnout among staff nurses. **Recommendations:** Nursing staff that experience paradoxical leadership must be counselled to adept their behavior to deal with this type of leadership, and create a productive and happy work atmosphere to decrease burnout.

Keywords: paradoxical leadership, burnout, staff nurses.

Introduction

In today's healthcare environment that is complex, competitive and volatile, healthcare organizations are required to provide high-level and specialized services in terms of service type and quality. By resolving conflicts at work that arise, such as those between enacting change and maintaining stability and between short-term profitability and long-term sustainable development, nurses continue to play the most crucial role in an organization's success (**Brook et al. 2021**) [5]. Existed contradictory needs are actually interdependent; resulting in a phenomenon known as a “paradox”, these paradoxes and conflicts proved to be “new normal and inevitable” in the current uncertain healthcare environment (**Li 2020**) [16].

In order to overcome obstacles and successfully fulfil organizational requirements and staff nurses' demands, which appear to be competing but are connected, nursing leaders must adopt various conflicting roles and modify paradoxical behaviors. Being intimate and maintaining a distance, treating subordinates equally and without discrimination and allowing individuation, having a strict work requirement while maintaining flexibility, upholding decision control while allowing independence are all traits that paradoxical leadership appears to exhibit (**Li et al. 2018**) [17].

Leading paradoxically means acting in a way that simultaneously satisfies conflicting needs at work and appears to be competitive but is really connected. Based on the dual meanings of meeting the structural needs of the organization and the individual needs of subordinates, (**Zhang et al. 2015**) [33] presented five dimensions of paradoxical leadership to describe "both-and" traits as follows: combining self-centeredness with other-centeredness; maintaining both distance and closeness; treating subordinates uniformly, while allowing individualization; enforcing work requirements, while allowing flexibility; and maintaining both distance and closeness. For instance, a company must constantly create new goods and enhance its old ones; workers must be expected to work independently and to build teamwork; managers must be more authoritative and to tighten control. The standard ether or management approach won't work in the face of these complicated paradoxical difficulties, but paradoxical leadership, which emphasizes the peaceful coexistence of competing parts, may completely realize the organization's potential (**Peng et al., 2020**) [19].

Nursing staff in particular have greater risk for burnout, which is a serious issue that has to be taken into mind on a clinical level. Burnout is a term used to describe how poorly people see their workplaces and is frequently associated with decisions to quit an organization or the nursing profession. As of, **Brook et al.(2021)** [5] Burnout is a symptom of emotional weariness and cynicism that is regularly observed in people who are employed and can result in ineptitude and low productivity at work. Burnout is a sense of being emotionally

spent, pressured, and annoyed after dealing with people all day is known as. A condition called depersonalization, poor personal accomplishment, and emotional weariness characterize it. Loss of care for the people with whom one is working is referred to as burnout. **(Lopez, Pedrotti& Snyder, 2019)** [18].

All types and specializations of nurses are susceptible to burnout. Numerous variables play a part in the burnout that many nurses suffer. Personal, emotional, and social sides of their lives are a few of these things, not to mention the obligations that come with their line of work. Over time, stressors including juggling heavy workloads, lengthy shifts, emotionally difficult situations, and leadership style can have an impact on a nurse. In addition to the nursing shortage, nurses must also manage their personal lives, including family obligations and leisure activities, while they are not working. Because of all these considerations, nurse burnout is the main reason nurses tend to quit the field **(Isa et al., 2019)** [13]. Paradoxical leadership and nursing burnout can lead to many problems. The psychological problems include dissatisfaction, role conflict, role ambiguity, excessive demand, time pressure, overload, inability to do one's job, absenteeism, lack of motivation and support in addition to potential conflict with colleagues and supervisors. On the other hand, physical symptoms of burnout might include headaches, muscular soreness, irritation, fatigue, hypertension, and myocardial infarction **(Havaei et al., 2020)** [13].

Significance of the Study

Paradoxical leadership behavior may enlighten practitioners. Managers may benefit from using a paradox-based perspective to better understand how to handle growing uncertainties, which frequently include conflicting managerial options. Not unexpectedly, managing paradoxes is a talent that leaders at different organizational levels need to have **(Li, 2020)** [16].

Because of their impression of paradoxical leadership behavior, staff nurses are now more likely to consider contextually and select a course of action based on organizational settings or subordinates' characteristics. Leaders can deal with short-term demands for the status quo thanks to such contingency thinking, but they should also be taught to think about long-term behavioral techniques for dealing with seemingly contradictory viewpoints **(Zhu et al., 2019)** [34].

Theorists agree that job-related burnout is the outcome of continuous stress in the workplace, which can cause high levels of anxiety, depression, strained family relationships, somatic symptoms, and even suicide **(Courtney, 2019)** [9].

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Moreover, it is noticed that there are few studies conducted about the effect of paradoxical leadership perception on burnout among staff nurses **(Brook et al. 2021)** [5], **(Khosravi et al. 2021)** [14], and **(Yang et al. 2021)** [32]. The impact of paradoxical leadership

perspective on staff nurses' burnout has also received little research attention. (Brook et al., 2021) [5]

Aim of the Study:

This study aimed at assessing staff nurses' perception of paradoxical leadership and its influence on their burnout through:

- 1- Assessing staff nurses' perception level regarding paradoxical leadership.
- 2- Assessing level of burnout among staff nurses.
- 3- Finding out the influence of perceived paradoxical leadership on burnout among staff nurses.

Research Questions:

1. What is the level of paradoxical leadership as perceived by staff nurses?
2. What is the level of burnout among staff nurses?
3. Is there an influence of paradoxical leadership perception on burnout among staff nurses?

Subjects and Methods:

Research design

This study was carried out using a descriptive-correlational design. Descriptive research is research that is used to provide a picture of the existing situation. When attempting to forecast future occurrences based on current information, correlational study and research are often utilized (Walters, 2019) [30].

Setting

The study was conducted in " Nasser Institute Hospital" that is one of general secretariat hospitals, affiliated to " Egyptian Ministry of Health" that serves all citizens across the country. The study was performed at all hospital units including; outpatient clinics (n =12), emergency unit (n = 20), medical unit (n =69), surgical unit(n=30), operative rooms(n=35) intensive care units (n =200), cardiology unit (n=18), neurology unit (n=10), kidney dialysis units(n=20), obstetric unit (n=20), pediatric unit (n=18) and ophthalmology unit (n=22), GAMA NIFE unit(n=30).

Subjects of the study:

The study subjects consisted of all (500) staff nurses in the selected hospital; including staff nurses of both genders with at least one year of experience in the current hospital setting. And excluded those who had attended any previous training on paradoxical leadership and nursing burnout.

Researchers excluded (119) staff nurses who had less than one year of experience. All staff nurses with the required inclusion criteria were accepted to participate in the study and there was no drop-out.

Staff nurses having less than one year of experience were not included in the study (119). There were no drop-outs and all staff nurses who met the criteria for inclusion were given the opportunity to take part.

Data collection tools:

Paradoxical Leadership scale and Maslach Burnout Inventory were used to collect data for this study.

First tool: Paradoxical Leadership Scale (PLS): It was aimed to assess paradoxical leadership perception level among staff nurses. The scale developed by (Zhang et al. 2015) [33]. and it consisted of two parts:

Part I: In this part, data were collected on the participants in the study's personal and professional characteristics, such as their age, gender, marital status, number of years of nursing experience, degree of nursing education, and hospital work unit.

Part II: It included (22) items divided into five dimensions include: Treating subordinates uniformly while allowing individualization (5 items), combining self-centeredness with other centeredness (5 items), maintaining decision control while allowing autonomy (4 items), enforcing work requirements while allowing flexibility (4 items), and maintaining both distance and closeness (4 items).

Scoring system: The answers from the subject were graded and scored on a five-point Likert scale from zero to five: extremely (5), a lot (4), very (3), somewhat (2), barely (1), and not at all (zero). These ratings were added up and transformed into a % rating. If the final score was less than 60%, the study respondents' paradoxical leadership perception level was deemed poor. While it was deemed moderate if the overall score fell between 60 and 75%, and high if it exceeded 75% *Bashir, (2021)* [4]

Second tool: Maslach Burnout Inventory (MBI): The aim was to evaluate the amount of burnout among the staff nurses. It was created by (Maslach, Jackson, and Leiter1996) and used in (Elsisy 2016) [10]. It had 22 things total, separated into three categories: emotional weariness (which had 9) items, depersonalization (which had 5) items, and personal accomplishment (which had 8) items).

Scoring system: The subject's answers to this section were graded on a seven-point Likert scale from zero to six; everyday (score of six), a few times per week (five), once per week (four), a few times per month (three), once per month (two), a few times a year or fewer (1), and never (score of zero). In contrast, one's own achievements received a negative score. A % score was created by adding up these scores.

If the final score was less than 60%, the research respondents' level of burnout was deemed low. While it was deemed moderate if the overall score fell between 60 and 75%, and high if it exceeded 75% (El Sisy, 2016) [10].

Tools validity: A jury group panel evaluated the tools' validity in terms of their face and substance. Three professors from the Nursing Faculty at Ain Shams University, Tanta University, and Modern University for Technology and Information made up this committee. They were experts in nursing administration and psychiatric health nursing. To evaluate the instruments' precision, thoroughness, and clarity, the jury group thoroughly studied them. Regarding the design, elements, and scoring system of the instrument, their comments were sought out.

Tools Reliability: By calculating the internal consistency of the data gathering instruments using the Cronbach's Alpha Coefficient test, their dependability was evaluated. The results for the Maslach Burnout Inventory and the Paradoxical Leadership Scale were both (0.88) and (0.99) respectively.

Pilot study: A pilot study included fifty staff nurses representing (10%) of the entire study population. The purpose of the pilot research was to examine the tools' application, linguistic clarity, practicality, and appropriateness. Additionally, it calculates the length of time each subject will need to spend filling out the forms and lists any potential challenges that could arise when gathering the data. It took around 25 to 30 minutes to fill the tools. In September 2022, a pilot study was completed. The study participants from the pilot were included in the larger research sample with no alterations made.

Fieldwork: The study's data collection began from September 2022 to February 2023. The researchers introduce themselves to the staff nurses at work, describe the purpose of the study and the elements of the questionnaires, distribute the sheets to the staff nurses in their work settings at various times, and remain present while the staff nurses fill out the questionnaires to address any questions and clarify any ambiguity. Data were gathered twice a week throughout various shifts. Every week, the researchers gathered between 12 and 16 pages. Each completed document was reviewed by researchers to guarantee accuracy.

Administrative design and ethical considerations: Before conducting the study, an approval was taken from the relevant authorities. Before beginning the study, the researchers briefed the hospital's medical and nursing directors on the purpose of the study and its ramifications in order to obtain their consent and request their assistance. The hospital director also provided his approval, as well. The researchers next spoke with the chief nurses of each unit to explain the purpose of the study, the anticipated outcomes, and to get their agreement and support. The study's purpose and the subjects' rights to join,

decline, or withdraw at any time and without providing a reason were explained to them. The information gathered was kept private and utilized exclusively for research.

Statistical Design: Data for this study were analyzed using means, standard deviations (+SD), and range for parametric numerical data, and frequencies and percentages for non-numerical data, both of which were included in the statistical package for social sciences (SPSS) version 24.0. To determine the instruments' dependability by gauging internal consistency, the Cronbach's Alpha coefficient test was computed. In order to study the association between two variables, the chi square test was also performed, but when the predicted count was less than 5 in more than 20% of the cells, the best-fitting multiple linear regression model was applied. Correlation matrix was conducted using Pearson's correlation coefficient test (r). At P-value 0.05 and P-value 0.001, statistical significance was examined, and P-value 0.001 was regarded highly statistically significant.

Results: Table (1) illustrates the personal characteristics of studied staff nurses. The age of staff nurses ranged from twenty to less than forty years; with mean age (4.92 ± 3.10). More than half (50.4%) of staff nurses aged from 25 to less than 30 years. Also, less than two thirds of them (62.2%) were females, and (60%) were married. In relation to their educational qualifications, more than two thirds of them (68.8%) were graduated from technical nursing institute, and about (44.4%) have years of experience from 1 to less than 5 years with mean (4.92 ± 3.10). regarding their hospital work units, two fifth of them work in intensive care units, while the minority 2.4% work in outpatients' clinics.

Table (2) identifies more than two fifths of studied staff nurses (40.8%) had high perception level regarding treating subordinates uniformly while allowing individualization dimension of paradoxical leadership behaviors. While, more than one third of them (38.2%) had moderate level. Moreover, slightly more than one fifth (21%) of them had low level of treating subordinates uniformly while allowing individualization dimension with mean (16.07 ± 4.00).

Table (3) describes that more than half of studied staff nurses (59.8%) had high perception level regarding combining self-centeredness with others centeredness dimension of paradoxical leadership behaviors. While, more than one quarter of them (26.2%) had moderate perception level. Moreover, low percent (14%) of them had low perception level of combining self-centeredness with others centeredness dimension with mean (15.45 ± 4.64).

Table (4) demonstrates that less than two thirds of studied staff nurses (64%) had high perception level regarding maintaining decision control while allowing autonomy dimension of paradoxical leadership behaviors. While, less than one quarter of them (23.2%) had moderate perception level. Additionally, low percent (12.8%) of them had low perception level of maintaining decision control while allowing autonomy dimension with mean (15.14 ± 4.43).

Table (5) reveals that less than half (46.4%) of studied staff nurses had high level of perception regarding enforcing work requirements while allowing flexibility dimension of paradoxical leadership behaviors, while more than one third (36.4%) had moderate perception level and less than one fifth (17.2%) had low perception level with mean (15.22±4.43).

Table (6) describes that more than two thirds (66.8%) of studied staff nurses had high level of perception regarding maintaining both distance and closeness dimension of paradoxical leadership behaviors, while less than one fifth (16.8% &16.4%) had moderate and low perception levels respectively with mean (15.04±4.44).

Table (7) and figure (1) concludes that more than half (55.6%) of studied staff nurses had high total level of perception regarding paradoxical leadership behavior, and more than quarter (28.2%) had moderate level, while less than one fifth (16.2%) had low level with mean (15.04± 4.44). Additionally, staff nurses' perception regarding paradoxical leadership behavior was at the highest level (66.8%) at maintaining both distance and closeness dimension with mean (15.22±4.43), and at the moderate level less than two fifth (38.2%) had moderate perception level regarding treating subordinates uniformly while allowing individualization dimension with mean (16.07±4.00). While at the low level, less than one fifth (17.2%) had low perception level regarding enforcing work requirements while allowing flexibility dimension with mean (15.22±4.23).

Table (8) describes that more than two thirds (37.8%) had high level of emotional exhaustion dimension of burnout, and more than one fifth (21.4%) of them had moderate level, while more than two fifth (40.8%) of them had low level with mean (14.67± 8.19).

Table (9) identifies that low percent (14%) had high level of depersonalization dimension of burnout, and more than quarter (26.2%) of them had moderate level, while more than half (59.8%) of them had low level with mean (16.26± 8.16).

Table (10) illustrates that low percent (16.2%) had high level of personal accomplishment dimension of burnout, and less than quarter (24%) of them had moderate level, while more than half (59.8%) of them had low level with mean (16.58± 8.16).

Table (11) and figure (2) shows that less than quarter (22.6%) had high total level of burnout, and less than quarter (23.8%) of them had moderate level, while more than half (53.6%) of them had low level of burnout with mean (15.83± 8.17).

Table (12) validates that there were highly statistically significant negative correlations between total level of perception of paradoxical leadership among staff nurses and their burnout dimensions.

Table (13): Demonstrates that there was highly statistically significant negative correlation between total level of staff nurses' perception of paradoxical leadership and their total level of burnout.

Table (14) clarifies that there was high significant statistical positive predictor from age, level of education in nursing, and years of experience in nursing at ($p = <0.01$).

Table (15) reveals that there was high significant statistical positive predictor from age, level of education in nursing and hospital work units on total level of burnout at ($p = <0.01$). Also, there was significant statistical positive predictor from gender, years of experience in nursing, and marital status based on total burnout at ($p = <0.05$).

Table (1): Personal data of studied staff nurses (n= 500).

Personal data items	No.	%
Age \ year		
20<25	120	24%
25<30	252	50.4%
30<35	80	16%
35<40	48	9.6%
Mean±SD	25.48±4.67	
Gender		
Male	189	37.8%
Female	311	62.2%
Level of education in nursing		
Technical nursing institute	344	68.8%
Bachelor degree	149	29.8%
High qualified post graduate studies	7	1.4%
Years of experience in nursing		
1<5	222	44.4%
5 ≤10	170	34%
>10	108	21.6%
Mean±SD	4.92±3.10	
Marital status		
Single	190	38%
Married	300	60%
Divorced	7	1.4%
Widow	3	0.6%
Hospital work units		
Outpatients' Clinics	12	2.4%
Emergency unit	22	4.4%
Medical Unit	40	8%
Surgical Unit	40	8%
operative Rooms	35	7%
Intensive care Units	200	40%
Cardiology Unit	18	3.6%
Neurology Unit	19	3.8%
Kidney Dialysis Unit	20	4%
Obstetric Unit	20	4%
Pediatric Unit	28	5.6%
Ophthalmology Unit	22	4.4%
GAMA NIFE Unit	30	6%

Table (2): Percentage distribution of staff nurses' perception level of treating subordinates uniformly while allowing individualization dimension of paradoxical leadership behaviors (n= 500).

I. Treating subordinates uniformly while allowing individualization dimension items	High >75		Moderate 60-75%		Low <60 %		Mean	SD
	No.	%	No.	%	No.	%		
My leader:								
1. Uses a fair approach to treat all subordinates uniformly, but also treats them as individuals.	185	37	176	53.2	139	27.8	16.38	3.93
2. Puts all subordinates on an equal footing, but considers their individual traits or personalities.	200	40	185	37	115	23	17.48	2.78
3. Communicates with subordinates uniformly without discrimination, but varies his or her communication styles depending on their individual characteristics or needs.	220	44	198	39.6	82	16.4	17.49	4.68
4. Manages subordinates uniformly, but considers their individualized needs.	195	39	195	39	110	22	14.60	3.78
5. Assigns equal workloads, but considers individual strengths and capabilities to handle different tasks.	222	44.4	200	40	78	15.6	14.40	4.87
Total	204	40.8	191	38.2	105	21	16.07	4.00

Table (3): Percentage distribution of staff nurses' perception level of combining self-centeredness with others centeredness dimension of paradoxical leadership behaviors (n= 500).

II. Combining self-centeredness with others centeredness dimension items	High >75		Moderate 60-75%		Low <60 %		Mean	SD
	No.	%	No.	%	No.	%		
My leader:								
6. Shows a desire to lead, but allows others to share the leadership role.	250	50	150	30	100	20	17.49	4.68
7. Likes to be the center of attention, but allows others to share the spotlight as well.	225	45	160	32	115	23	14.20	3.82
8. Insists on getting respect, but also shows respect toward others.	320	64	120	24	60	12	15.25	3.81
9. Has a high self-opinion, but shows awareness of personal imperfection and the value of other people.	330	66	119	23.8	51	10.2	15.55	4.55
10. Is confident regarding personal ideas and beliefs, but acknowledges that he or she can learn from others.	370	74	105	21	25	5	14.50	3.55
Total	299	59.8	131	26.2	70	14	15.45	4.64

Table (4): Percentage distribution of staff nurses' perception level of maintaining decision control while allowing autonomy dimension of paradoxical leadership behaviors (n= 500).

III. Maintaining decision control while allowing autonomy dimension items	High >75		Moderate 60-75%		Low <60 %		Mean	SD
	No.	%	No.	%	No.	%		
My leader:								
11. Controls important work issues, but allows subordinates to handle details.	310	62	120	24	70	14	14.25	4.78
12. Makes final decisions for subordinates, but allows subordinates to control specific work processes.	320	64	135	27	45	9	14.55	5.71
13. Makes decisions about big issues, but delegates lesser issues to subordinates.	300	60	100	20	100	20	15.28	3.59
14. Maintains overall control, but gives subordinates appropriate autonomy.	350	70	110	22	40	8	16.50	3.64
Total	320	64	116	23.2	64	12.8	15.14	4.43

Table (5): Percentage distribution of staff nurses' perception level of enforcing work requirements while allowing flexibility dimension of paradoxical leadership behaviors (n= 500).

IV. Enforcing work requirements while allowing flexibility dimension items	High >75		Moderate 60-75%		Low <60 %		Mean	SD
	No.	%	No.	%	No.	%		
My leader:								
15. Stresses conformity in task performance, but allows for exceptions.	170	34	200	40	130	26	14.25	4.78
16. Clarifies work requirements, but does not micromanage work.	250	50	180	36	70	14	14.55	5.71
17. Is highly demanding regarding work performance, but is not hypercritical.	230	46	195	39	75	15	15.58	3.59
18. Has high requirements, but allows subordinates to make mistakes.	280	56	150	30	70	14	16.50	3.64
Total	232	46.4	182	36.4	86	17.2	15.22	4.43

Table (6): Percentage distribution of staff nurses' perception level of maintaining both distance and closeness dimension of paradoxical leadership behaviors (n= 500).

V. Maintaining both distance and closeness dimension items	High >75		Moderate 60-75%		Low <60 %		Mean	SD
	No.	%	No.	%	No.	%		
	My leader:							
19. Recognizes the distinction between supervisors and subordinates, but does not act superior in the leadership role.	350	70	97	19.4	53	10.6	14.55	5.71
20. Keeps distance from subordinates, but does not remain aloof.	370	74	84	16.8	46	9.2	15.58	3.59
21. Maintains position differences, but upholds subordinates' dignity.	280	56	79	15.8	141	28.2	16.50	3.64
22. Maintains distance from subordinates at work, but is also amiable toward them.	335	67	77	15.4	88	17.6	13.53	4.64
Total	334	66.8	84	16.8	82	16.4	15.04	4.44

Table (7): Percentage distribution of staff nurses' perception level of total paradoxical leadership behaviors (n= 500).

paradoxical leadership behaviors dimensions items	High >75		Moderate 60-75%		Low <60 %		Mean	SD
	No.	%	No.	%	No.	%		
1. Treating subordinates uniformly while allowing individualization.	204	40.8	191	38.2	105	21	16.07	4.00
2. Combining self-centeredness with other-centeredness.	299	59.8	131	26.2	70	14	15.45	4.64
3. Maintaining decision control while allowing autonomy.	320	64	116	23.2	64	12.8	15.14	4.43
4. Enforcing work requirements while allowing flexibility.	232	46.4	182	36.4	86	17.2	15.22	4.43
5. Maintaining both distance and closeness.	334	66.8	84	16.8	82	16.4	15.04	4.44
Total	278	55.6	141	28.2	81	16.2	15.38	4.35

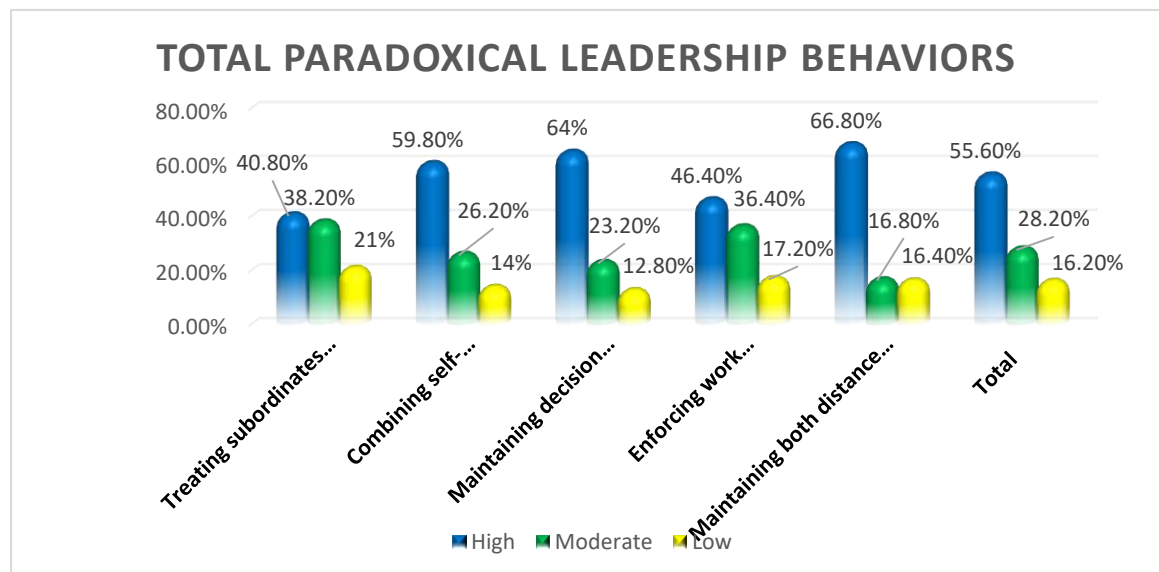
**Figure (1): Total level of staff nurses' perception of paradoxical leadership behaviors (n= 500).**

Table (8): Burnout level among studied staff nurses' regarding emotional exhaustion dimension (n=500).

Emotional exhaustion dimension items	High >75		Moderate 60-75%		Low <60 %		Mean	SD
	No.	%	No.	%	No.	%		
1. I feel emotionally drained	176	53.2	139	27.8	185	37	17.48	8.17
2. I feel used up at the end of the day	185	37	115	23	200	40	16.21	8.41
3. I feel fatigued when I get up in the morning and have to face another day on the job	198	39.6	82	16.4	220	44	16.40	7.92
4. working directly with people all day is really a strain for me	195	39	110	22	195	39	12.63	6.39
5. I feel burned out from my work	200	40	78	15.6	222	44.4	19.21	8.36
6. I feel I frustrated by my job	176	53.2	105	21	219	43.8	19.14	9.97
7. I feel I am working too hard on my job	185	37	139	27.8	176	35.2	17.48	8.17
8. working directly with people puts too much stress on me	198	39.6	115	23	187	37.4	16.21	8.41
9. I feel like I am at the end of my rope	195	39	82	16.4	223	44.6	16.40	7.92
Total	189	37.8	107	21.4	204	40.8	14.67	8.19

Table (9): Burnout level among staff nurses' regarding depersonalization dimension (n=500).

Depersonalization dimension items	High >75		Moderate 60-75%		Low <60 %		Mean	SD
	No.	%	No.	%	No.	%		
	1.I feel I treat some patients as if they were impersonal "objects"	100	20	150	30	250		
2.I have become more callous towards people since I took this job	115	23	160	32	225	45	16.30	9.06
3. I worry that this job is hardening me emotionally	60	12	120	24	320	64	18.04	7.33
4. I don't really care what happens to some patients	51	10.2	119	23.8	330	66	15.44	8.32
5. I feel patients blame me for some their problems.	25	5	105	21	370	74	15.58	8.10
Total	70	14	131	26.2	299	59.8	16.26	8.16

Table (10): Burnout level among staff nurses' regarding personal accomplishment dimension (n=500).

Personal accomplishment dimension items	High >75		Moderate 60-75%		Low <60 %		Mean	SD
	No.	%	No.	%	No.	%		
1.I can easily understand how my patients feel about things	105	21	191	38.2	204	40.8	16.30	9.06
2. I deal very efficiently how my patients feel about things	70	14	131	26.2	299	59.8	18.04	7.33
3. I feel I 'm positively influencing other people's lives through my work	64	12.8	116	23.2	320	64	15.44	8.32
4. I feel very energetic	86	17.2	182	36.4	232	46.4	15.58	8.10
5. I can easily create a relaxed atmosphere with my patients	53	10.6	97	19.4	350	70	19.36	8.20
6. I feel exhilarated after working closely with my patients	46	9.2	84	16.8	370	74	13.64	7.40
7. I have accomplished many worthwhile things in this job	141	28.2	79	15.8	280	56	16.30	9.06
8. In my work I deal with emotional problems very calmly	88	17.6	77	15.4	335	67	18.04	7.33
Total	81	16.2	120	24	299	59.8	16.58	8.16

Table (11): Total burnout level dimensions among staff nurses (n=500).

Burnout dimensions	High >75		Moderate 60-75%		Low <60 %		Mean	SD
	No.	%	No.	%	No.	%		
1. Emotional exhaustion	189	37.8	107	21.4	204	40.8	14.67	8.19
2. Depersonalization	70	14	131	26.2	299	59.8	16.26	8.16
3. Personal accomplishment	81	16.2	120	24	299	59.8	16.58	8.16
Total	113	22.6	119	23.8	268	53.6	15.83	8.17

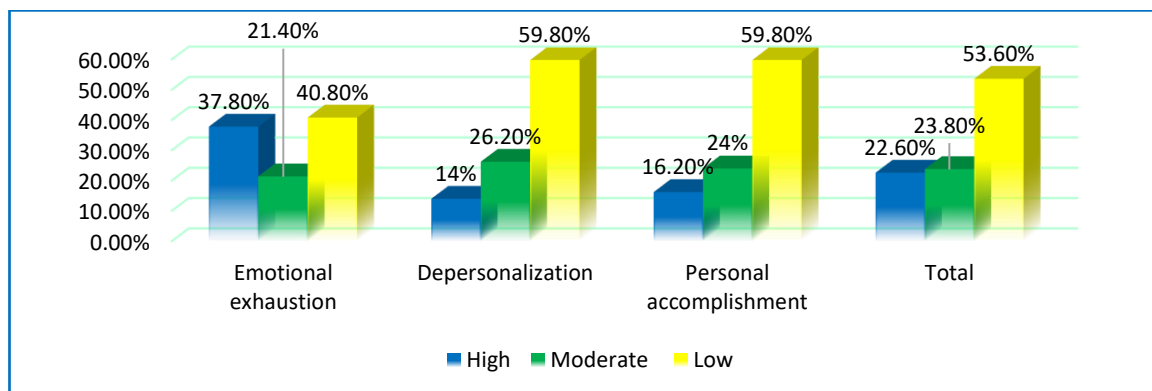


Figure (2): Total burnout level dimensions among staff nurses (n=500).

Table (12): Correlatin matrix between staff nurses’ perception level of paradoxical leadership and burnout dimensions (n=500).

Variables	Pea rso	Em otio nal	De per son	Per son al	Total burnout
1.Treating subordinates uniformly while allowing individualization.	r	-0.34	-0.66	-0.25	-0.40
	P	0.002	0.000**	0.000**	0.001**
2.Combining self-centeredness with other-centeredness.	r	- 0.54	-0.96	-0.34	-0.43
	P	0.000**	0.000**	0.000**	0.001**
3.Maintaining decision control while allowing autonomy.	r	-0.44	- 0.91	-0.35	-0.69
	P	0.000**	0.000**	0.000**	0.001**
4.Enforcing work requirements while allowing flexibility.	r	-0.37	-0.89	-0.37	-0.82
	P	0.000**	0.005*	0.000**	0.000**
5. Maintaining both distance and closeness.	r	-0.35	-0.65	-0.41	-0.49
	P	0.001**	0.000**	0.000**	0.000**
Total paradoxical leadership	r	-0.46	-0.82	-0.43	-0.40
	P	0.000**	0.000**	0.001**	0.000**

r Pearson Correlation

* Statistically significant at P≤0.05

** Highly statistically significant at P≤0.01

Table (13): Correlation between total staff nurses' perception level of paradoxical leadership and their total level of burnout

Items	Total burnout
Total paradoxical leadership behaviors	r= - 0.639**

(**) highly significant at $p < 0.01$.

Table (14): Best fitting multiple linear regression model for studied staff nurses' perception level of paradoxical leadership behaviors and their personal data (n=500).

Personal data	Unstandardized Coefficients		standardized Coefficients	T	P. value
	B	Std. error	B		
Age/ year	0.131	0.103	0.179	1.275	0.003*
Gender	0.264	0.077	0.205	0.047	0.829
Level of education in nursing	0.254	0.151	0.215	2.684	0.009**
Years of experience in nursing	0.233	0.078	0.183	2.973	0.003**
Marital status	0.353	0.061	0.342	0.034	0.85
Hospital work units	0.264	0.077	0.227	2.15	0.14
Model summary					
Model	Df	R square	Model Anova	P. value	
Regression	5	0.667	10.19	.000**	

a. Dependent Variable: staff nurses' perception level of paradoxical leadership behaviors.

b. Predictors: (constant): Age, gender, level of education in nursing, Years of experience in nursing, marital status and hospital work units.

Table (15): Best fitting multiple linear regression model for studied staff nurses' level of burnout and their personal data (n=500).

Personal data	Unstandardized Coefficients		standardized Coefficients	T	P. value
	B	Std. error	B		
Age/ year	0.161	0.085	0.227	1.894	0.039*
Gender	0.362	0.068	0.291	5.354	0.000**
Level of education in nursing	0.347	0.139	0.303	2.492	0.007**
Years of experience in nursing	0.255	0.040	0.274	1.373	0.041*
Marital status	0.297	0.053	0.307	5.647	0.000**
Hospital work units	0.161	0.085	0.227	1.894	0.039*
Model summary					
Model	Df	R square	Model Anova	P. value	
Regression	5	.622	16.38	.000**	

a. Dependent Variable: level of staff nurses' burnout.

b. Predictors: (constant): Age, gender, level of education in nursing, Years of experience in nursing, marital status and hospital work units.

Discussion:

Paradoxical leadership is defined as the utilization of two behaviors that are mutually exclusive, dependent upon, and complimentary by a leader to meet both structural and personal demands. When leaders cope with organizational paradoxes associated with balancing short- and long-term goals, this form of leadership is most effective *Abedi-Gilavandi et al. (2019)*[1].

For example, Positive outcomes might include, for instance, increased employee competence, adaptability, proactivity, voice, creativity, ambidexterity, resilience, in-role and innovative performance behavior, team perspective-taking, and innovative performance, as well as increased organizational creativity, ambidextrous innovation, and strategic agility. Research has shown the benefits of paradoxical leadership for individuals, teams, and organizations. Nevertheless, little is known about the effect of paradoxical leadership on burnout among staff nurses (**Lopez, Pedrotti& Snyder, 2019**) [18].

The present study found that more than two-fifths of studied staff nurses (40.8%) had a high perception level regarding treating subordinates uniformly. This finding improves internal client satisfaction, Increases the loyalty of nurses to the workplace, Feeling the concept of

uniform work distribution would create a positive culture of justice among nurses, enhances their performance, and ensures reducing the workload perceived by them. (*Chen et.al.,2021*) [7] in their study titled " Does Paradoxical Leadership Facilitate Leaders' Task Performance? A Perspective of Self-Regulation Theory " supported present study results and declared that less than half (47%) of studied nurses had high level of perception of treating subordinates uniformly dimension of paradoxical leadership. In addition to (*Zhang et al., 2021*) [34] who shows that when a leader strikes a balance between uniformity and individualization, such as by giving out the same workloads while also dividing up the work according to people's skills or interests, they are treating their subordinates fairly while allowing for individualization.

The current study revealed that more than half of the studied staff nurses (59.8%) had a high perception level regarding combining self-centeredness with the others-centeredness dimension of paradoxical leadership behaviors. A person who can combine self-centeredness with others-centeredness may be able to achieve personal well-being and social well-being at the same time. According to *Zhang et al., 2015* [33], paradoxical leadership is characterized by the combination of self-centeredness with others centeredness. This means that leaders are able to balance their own needs and interests with those of their subordinates, creating a win-win situation for both parties. (*Chen et.al.,2021*) [7] supported present study results and found that more than two thirds (66.3%) had a high perception level regarding combining self-centeredness with the others-centeredness dimension of paradoxical leadership behavior.

The present study demonstrates that less than two-thirds of studied staff nurses (64%) had a high perception level regarding maintaining decision control while allowing the autonomy dimension of paradoxical leadership behaviors. By maintaining decision control, leaders can ensure alignment, consistency, and accountability among subordinates. By allowing autonomy, leaders can foster creativity, initiative, and ownership among subordinates. Research has suggested that this paradoxical behavior can enhance leaders' task performance by increasing their efficiency, effectiveness, and adaptability *He & Yun, (2022)* [12]. Moreover, this behavior can also facilitate subordinates' task performance by increasing their proficiency, adaptivity, and proactivity. Therefore, maintaining decision control while allowing autonomy can be a beneficial paradoxical leadership behavior for both leaders and subordinates (*Li, She & Yang, 2018*) [15]. (*Chen et.al.,2021*) [7] supported present study results and found that (61%) of studied cases had a high perception level regarding maintaining decision control while allowing the autonomy dimension of paradoxical leadership behaviors.

The present study revealed that less than half (46.4%) of studied staff nurses had a high level of perception regarding enforcing work requirements while allowing the flexibility

dimension of paradoxical leadership behaviors. Enforcing work requirements while allowing flexibility is an important dimension of paradoxical leadership that can promote employees' adaptability and task performance by triggering their sense-making. By enforcing work requirements while allowing flexibility, paradoxical leaders can create a supportive context in which employees can learn from their leaders how to deal constructively with paradoxical situations and seek a synthesis method to improve outcomes (*Li, She & Yang, 2018*) [15]. (*Chen et al., 2021*) [7] supported present results and found that half of studied cases had a high level of perception regarding enforcing work requirements while allowing the flexibility dimension of paradoxical leadership behaviors.

The current study describes that more than two-thirds (66.8%) of studied staff nurses had a high level of perception regarding maintaining both distance and closeness dimensions of paradoxical leadership behaviors. This dimension is not universally accepted or rejected by existing studies. The effects of this dimension may depend on various contextual factors, such as the type of employee outcome, the level of analysis, the cultural background, and the measurement method. Some studies have agreed with this statement and suggested that maintaining both distance and closeness can have positive effects on employee outcomes. For example, (*Zhang et al., 2015*) [33] found that paradoxical leadership was positively related to employees' proficiency, adaptability, proactivity, voice, creativity, and ambidexterity. They argued that paradoxical leaders can foster a supportive and trusting climate while also setting clear expectations and standards for performance. Similarly, (*Yang et al., 2019*) [32] found that paradoxical leadership was positively related to employees' resilience and in-role and innovative performance behavior. They suggested that paradoxical leaders can enhance employees' psychological capital and sense of meaningfulness by showing both care and challenge.

However, some studies have disagreed with this statement and proposed that maintaining both distance and closeness can have negative effects on employee outcomes. For instance, *Li et al., 2021* [17] found that paradoxical leadership was negatively related to employees' team perspective-taking and innovative performance. They argued that paradoxical leaders can create role ambiguity and confusion for employees by sending mixed signals and inconsistent messages.

The present study concluded that more than half (55.6%) of studied staff nurses had high total level of perception regarding paradoxical leadership behavior. This finding is supported by the findings of *Li et al., 2020* [18], who conducted a survey of 120 leaders and 271 followers from small- and medium-sized Chinese enterprises. They found that less than two-thirds (65.3%) of studied cases had high total level of perception regarding paradoxical leadership behavior.

The authors suggested that paradoxical leadership is an effective way to deal with organizational paradoxes and enhance employee outcomes, especially in dynamic and uncertain environments. They also highlighted the importance of fostering employees' self-efficacy and psychological safety, as well as their promotion focus, to facilitate the benefits of paradoxical leadership.

The present study found that more than two-thirds (37.8%) of studied nurses had a high level of emotional exhaustion dimension of burnout. There have been several studies that have investigated the prevalence of emotional exhaustion among nurses. One study carried out by (**Terry & Woo, 2020**) [29] titled "Burnout, Job Satisfaction, and Work family Conflict among Rural Medical Providers" agreed with our findings and reported that during the COVID-19 pandemic, the overall prevalence of emotional exhaustion among nurses was (34.1%). Another study conducted by (**Brook et al., 2021**) [5] titled " An Intervention to Decrease Burnout and Increase Retention of Early Career Nurses " showed that Emotional exhaustion was observed in a higher percentage of nurses "63.6 %". In addition to **Abedi-Gilavandi et. Al. (2019)** [1] who conducted a study in Iran titled "Burnout Among Nursing Staff in Ziaieian Hospital". They found that (47.4%) of studied staff nurses had severe emotional exhaustion with mean \pm SD (29.25 \pm 12.64).

The present study identifies that a low percentage (14%) of participating nurses had a high level of depersonalization dimension of burnout. Depersonalization is the detachment from and impersonal reaction towards others who are the receivers of one's service, care, treatment, or education. Depersonalization is a result of lack of imagination, failure to learn from mistakes made by nurses, and a lack of collaboration between nurses and doctors. (**Abedi-Gilavandi et. Al. 2019**) [1]. Our study findings agree with a study carried out in China by (**Nantsupawat et al., 2021**) [22] who found that the overall prevalence of depersonalization among nurses was 12.6%. However, a higher percentage was also reported in the Shiraz hospitals study [21] that the prevalence of depersonalization among nurses was 53.3%. Also, (**Abedi-Gilavandi et. Al. 2019**) [1] supported present study results and showed that (35.2%) of studied staff nurses had high individual dysfunction with mean \pm SD (37.3 \pm 7.9).

The present study illustrates that a low percentage (16.2%) of the studied nurses had a high level of personal accomplishment dimension of burnout. This finding agrees with **Galanis et al., 2021** [20] who mentioned that the overall prevalence of lack of personal accomplishment among nurses was (15.2%). Due to their sensitivity and sentiments for COVID-19 patients amid a terrifying scenario that has an influence on everyone's life, such as a pandemic, nurses during the COVID-19 pandemic experienced depersonalization and

a sense of poor personal success. A pandemic may cause nurses to behave compassionately, strengthening their bonds with their patients. Additionally, the successful treatment and care of COVID-19 patients raises nurses' morale and makes them feel capable and successful in their work, (**Abedi-Gilavandi et al. 2019**) [1], on the other hand, opposed the findings of the current investigation and discovered that, with a mean SD (14.7±5.1), 70.2% of subjects showed severe depersonalization.

The present study revealed that less than a quarter (22.6%) of participants in this research had a high overall burnout level, according to the findings. Burnout is more likely to affect nurses who have regular interaction with patients. Higher expectations and more ambitious goal-setting appear to be the driving forces behind increased work efforts and a higher risk of burnout. This conclusion is consistent with a meta-analysis research conducted by **Woo et al. in 2020** [23], however he observed a lower %. The incidence of study symptoms among nurses was reported to be 11.23% in a study that included 61 studies from 49 different countries, with considerable regional and specialty variations.

A Higher prevalence rate of burnout was reported in a study carried out by **Butera et al., 2021** [24] who performed a cross-sectional study on ICU and emergency nurses in Belgium Using two self-administered online questionnaires distributed just before the pandemic (January 2020, n=422) and during the first peak of the pandemic (April 2020, n=1616), **Butera et al.** cross-sectional study on ICU and emergency nurses in Belgium reported a higher prevalence rate of burnout in 2021 [24]; According to the study, burnout risk was more common overall among emergency nurses than ICU nurses, but it did not differ significantly after the Covid-19 pandemic (from 69.8% to 70.7%, $\chi^2=0.15$, $p=.68$), while it increased significantly among ICU nurses (from 51.2% to 66.7%, $\chi^2=23.64$, $p.01$). Changes in workload and a lack of personal protective equipment were substantially linked to a higher likely of burnout risk during the pandemic, but social support from coworkers, supervisors, and management was strongly linked to a reduced likelihood of burnout risk. ICU and emergency nurses differed in a number of factors that might lead to burnout.

Present study results revealed that there was high significant statistical positive predictor from age, level of education in nursing and hospital work units on total level of burnout at ($p = <0.01$). Also, there was significant statistical positive predictor from gender, years of experience in nursing, and marital status based on total burnout at ($p = <0.05$). (**Abedi-Gilavandi et. Al. 2019**) [1] contrasted present study results in their study conducted in Iran and reported that no significant association existed between sex and working experience and severity of burnout. Also, there was no significant relationship between sex and burnout. But agreed to present study results when found that being married found to be related to a higher risk of burnout.

The present study validates that there were highly statistically significant negative correlations between the total level of perception of paradoxical leadership among staff

nurses and their total burnout scores and the scores of its dimensions as well. From researchers' point of view followers (as victims) experience double-bind situations as emotionally stressful. Those afflicted have a sense of helplessness as a result of having to pick between two unfavorable options. In addition to being unable to thermalize them on a meta-plane, the afflicted individuals are unable to resolve the dilemma. The trap ultimately closes when they believe they are unable to flee the circumstance. The belief that it is difficult to locate another work may be the cause of such a sentiment.

This finding was supported by (Gaim, Clegg, & Cunha 2021) in their study entitled "Managing impressions rather than emissions: Volkswagen and the false mastery of paradox" they found that paradoxical leadership was negatively correlated to burnout. And that burnout was a direct result of impossible events that put people in a difficult position. However, the risk of burnout is virtually always there whenever there is a constant need for more than can be accomplished. Double-bind scenarios, which often occur when requirements are in conflict with one another or the circumstances in which the performance is to be performed, result in work-related stress for people who are affected. The findings of the present study were supported by (Lo et al. 2023), who investigated "the influence of paradoxical leadership and emotional intelligence on nurses' organizational identification and turnover intention." They also asserted that there is a significant negative relationship between staff nurses' turnover intentions and burnout.

Conclusion and Recommendation:

Conclusion: There was a highly significant statistically negative correlation between total paradoxical leadership perception and total burnout among staff nurses.

Recommendations: Based on the study findings, the following recommendations were suggested:

I. Health care organizations should:

- Apply recruitment and selection of the right number and types of employees to fulfill its strategic and operational goals.
- Provide adequate, training to staff nurses about paradoxical leadership and burnout to increase their productivity.
- Ensure that rewards, incentives and promotions are obtained based on practice competencies to meet fairness and equity criteria and reduce burnout.
- Develop organizational climate in which employees are encouraged to develop and utilize their skills to the fullest.

II. Education department of the organization should:

- Periodically assess training needs of staff nurses that relates to perception of paradoxical leadership and burnout.
- Prioritize staff nurses' training needs.

- Design, implement and evaluate training program to fulfill staff nurses' training needs.
- Develop and train staff nurses through periodical refreshing courses, scientific conferences and educational training programs.
- Encourage staff nurses to participate in research activities that is related to nursing practice to reduce burnout.

III. Educational institutions should: include paradoxical leadership in undergraduate curricula.

IV. Further researches needed to investigate the relationship between paradoxical leadership and burnout among nurses.

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الملخص العربي

القيادة المتناقضة وتأثيرها على الإحترق الوظيفي بين الممرضين

تعتبر القيادة المتناقضة نوع من أنواع سلوك القائد، ويشير إلى سلوكيات تبدو متناقضة ولكنها مترابطة لتلبي في وقت واحد ومع مرور الوقت ووجود المطالب الهيكلية والمطالب المتناقضة ولكنها مترابطة يمكن أن يتأثر سلوك الممرضين.

الهدف:

تقييم مستوى إدراك الممرضين لسلوك القيادة المتناقضة، وتقييم مستوى الإحترق الوظيفي لديهم، ومعرفة تأثير سلوك القيادة المتناقضة المدرك على الإحترق الوظيفي بين الممرضين.

تصميم البحث:

تم استخدام تصميم دراسة ارتباطية وصفية.

المكان: أجريت الدراسة في مستشفى معهد ناصر.

المواضيع: شملت الدراسة جميع العاملين بالتمريض (500 ممرض/ ممرضة).

أدوات جمع البيانات: تم جمع البيانات باستخدام مقياس القيادة المتناقض و مقياس الإحترق الوظيفي.

النتائج: كان لدى أكثر من نصف (53%) طاقم التمريض مستوى إدراك منخفض للقيادة المتناقضة ، وكان 16.2% منهم فقط يتمتعون بمستوى عالٍ من القيادة المتناقضة. علاوة على ذلك ، فإن أكثر من 77.7% من الممرضين العاملين الذين شملتهم الدراسة لديهم مستوى منخفض من الإحترق الوظيفي ، و 3.1% فقط منهم كان لديهم مستوى عالٍ من الإحترق الوظيفي.

الخلاصة: توجد علاقة ارتباط سلبية ذات دلالة إحصائية بين الإدراك الكلي للقيادة المتناقضة والإحترق الوظيفي الكلي. التوصيات: مطلوب تقديم المشورة للممرضين عن أسباب القيادة المتناقضة لتغيير سلوكهم وزيادة التعامل مع القيادة المتناقضة تطوير بيئة عمل فعالة وإيجابية بين الممرضين لتقليل الإحترق الوظيفي لديهم.