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 in which the leader combines high discipline with the compassion of the father figure and ethical integrity in a personal atmosphere 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: All 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 head nurses’ paternalistic leadership 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 more than 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 compared 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 are the most dominant in number and have the most direct contact with patients and families. 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 affected by all of the positive or negative variables of their working environment e.g. they require environment that promote superior performance in terms of physical, social, and psychological aspects, as well as the ability to connect them to the profession and institution.\(^{(3)}\) 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.\(^{(4)}\)

A nurse leader is the most important person able to strengthen the quality of healthcare in healthcare institutions. The ability to direct others to achieve desired outcomes, goals, and objectives is referred to as leadership\(^{(5,6)}\). Paternalistic leaders are those who have a strong influence on their subordinates, give them the opportunity to explain their own ideas, allow co-decision procedures, establish control over subordinates, and encourage them to be innovative. Beyond being a leadership style, paternalism represents social-cultural characteristics.\(^{(7)}\)

Authoritarianism, benevolence, and morality are the three dimensions of paternalistic leadership behaviors. Authoritarian leadership refers to the exercise of absolute authority by a leader. They control over subordinates and expect unquestioning obedience from them. Benevolent leadership is a behavior that demonstrates an individualized concern for personal or familial well-being outside of work relationships. A benevolent nurse leader invests time and energy in taking care of their subordinates, showing concern and encouraging them when they face challenges. Moral leadership is
exemplifies superior personal virtue, self-discipline, and selflessness. Moral nurse leadership has been identified as a type of leadership that upholds high ethical standards. (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 disillusionment. It is also associated with disdain, disgust, and distrust. As a result, cynicism is recognized as a growing issue in the workplace that necessitates immediate and comprehensive 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 associated with negative emotions such as disrespect, anger, pain, and embarrassment. 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)

Job performance is the effectiveness with which nurses perform activities. It contributes to the hospital's technical core either directly by implementing a part of its technological process or indirectly by providing it with needed materials or services. Also, contextual activities are important because they contribute to hospital effectiveness in ways that shape the organizational, social, and psychological context. All these serve as the catalysts for task activities and processes. Hospitals need high-performing
nurses in order to meet their goals, deliver nursing services, and achieve competitive advantage. Performance is also important for nurses because accomplishing tasks and performing at a high level can be a source of satisfaction.\(^9\) Because hospitals are in the service sector, they must be able to manage available human resources as efficiently as possible in order to accomplish specified goals and acquire a competitive edge.\(^{17}\)

**Significance of study**

A nursing service is a one-of-a-kind service that is provided 24 hours a day, seven days a week, and has a distinct advantage compared to other services. As a result, the hospital must continue to keep an eye on 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 impact on the success of the organization.\(^{20, 21}\) So, the aim of this study is to determine influence of head nurses’ paternalistic leadership on 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 describe, compare, and investigate differences in variables between two or more groups that occur in a setting at a specific point in time.\(^{22}\)

**Setting**

This study was conducted 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**
All available nurses (n= 596) in the hospitals mentioned above incorporated in this study; Tanta Main University Hospitals 'ICUs (n=295) and EL-Mehalla General Hospital (n=301).

**Tools**
Three tools were used to gather data of the study.

1- **Paternalistic leadership scale**
This tool is reliant on Bor-Shiuan Cheng et al. (2004) (23) to assess to what extent staff nurses perceive their head nurses as paternalistic leaders. It consisted of two parts, as follows;

**Part (1):** Personal characteristics of nurses 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 included 26 items and categorized into three dimensions, benevolent leadership (11 items), moral leadership (6 items), and authoritarian leadership (9 items). Nurses’ responses were measured on 3-points Likert Scaling varying from (1-3) 1= disagree, 2= neutral, 3= agree. Levels of paternalistic leadership represented statistically based on the cut off value into ≥75% as high level, <75%-60% as moderate level and low <60%. A higher score denoted that the staff nurses perceived that 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 are interpreted statistically based on the cut off value into three levels ≥75% as high level, <75%-
60% as moderate level and <60% as low level.

3- Nurses’ Job Performance Observational Checklist

This tool was developed by Mahmoud (2019) 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 ≥ 80 % of total score and unsatisfactory <80% of total score.

Method

Validity and reliability:

The tools were translated into the Arabic Language to be clear for all nurses' education levels and back-translated to ensure accuracy. A panel of five experts was invited to review the questionnaire from the nursing administration specialty to assess the face and content validity, as well as to check the fidelity. Based on this revision, necessary modifications were made. The content validity was 95.8%, 91.5%, and 98.2% for tools I, II, and III, respectively. The Cronbach coefficient Alpha test was drawn on to find out the tools' internal consistency. The test outcome was viewed as satisfactory as the questionnaires had high inner consistency, 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) selected randomly from the previous mentioned settings and excluded from the subjects to recognize the complexities and problems that may be encountered during data collection and to estimate the required time for filling out the questionnaires.

Field work:

The questionnaires were distributed to the nurses at their units individually. The
needed time to complete the questionnaires was about 20-30 minutes for tool I and II. 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 collected over a period of six months, from January to the end of July 2021.

**Ethical considerations:**
The researchers obtained approval from the administrators at two hospitals before starting the data collection. Informed consent was obtained from the nurses after clarifying the purpose of the research, and they were told that their answers would be kept confidential. The nature of the study will not cause any harm to the entire sample.

**Data analysis:**
The IBM SPSS software package version 20.0 was used to analyze the data fed into the computer. IBM Corporation, Armonk, New York. Numbers and percentages were used to describe qualitative data. The Kolmogorov-Smirnov test was used to verify the normality of the distribution. Quantitative data was described using range (minimum and maximum), mean, standard deviation, and median. The significance of the obtained results was judged at the 5% level. The used tests were; Chi-square test, Fisher’s Exact or Monte Carlo correction, Pearson coefficient, and Mann Whitney test.

**Results**

**Table 1:** compares the nurses' characteristics 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. More than 90% of nurses in both hospitals 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 presented a statistically significant difference 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 nurses 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 nurses 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≤ 0.001) at both hospitals. Also, there was a statistically significant positive correlation between overall head nurses’ paternalistic leadership and nurses’ job performance (p≤ 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 characteristics. At Tanta Main University Hospitals, there was a statistically
significant relationship between nurses’ perception of head nurses’ paternalistic leadership and their unit (p ≤ 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 ≤ 0.05) at El-Mahalla General Hospital.
Table (1): Comparison between nurses’ characteristics at Tanta Main University Hospitals and El-Mahalla General Hospital

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

\( \chi^2 \): Chi square test \quad SD: Standard deviation

p: p value for comparing between the studied groups

*: Statistically significant at p ≤ 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

<table>
<thead>
<tr>
<th>Paternalistic leadership</th>
<th>Total (n = 596)</th>
<th>Tanta (n = 295)</th>
<th>El – Mahalla (n = 301)</th>
<th>$\chi^2$</th>
<th>P</th>
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<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
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<td>Benevolent leadership</td>
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<td></td>
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<tr>
<td>Low &lt;60%</td>
<td>231</td>
<td>38.8</td>
<td>49</td>
<td>16.6</td>
<td>182</td>
</tr>
<tr>
<td>Moderate 60% -&lt;75%</td>
<td>127</td>
<td>21.3</td>
<td>68</td>
<td>23.1</td>
<td>59</td>
</tr>
<tr>
<td>High ≥75%</td>
<td>238</td>
<td>39.9</td>
<td>178</td>
<td>60.3</td>
<td>60</td>
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<tr>
<td>Moral leadership2</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low &lt;60%</td>
<td>207</td>
<td>34.7</td>
<td>26</td>
<td>8.8</td>
<td>181</td>
</tr>
<tr>
<td>Moderate 60% -&lt;75%</td>
<td>124</td>
<td>20.8</td>
<td>62</td>
<td>21.0</td>
<td>62</td>
</tr>
<tr>
<td>High ≥75%</td>
<td>265</td>
<td>44.5</td>
<td>207</td>
<td>70.2</td>
<td>58</td>
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<td>Authoritarian leadership</td>
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<tr>
<td>Low &lt;60%</td>
<td>334</td>
<td>56.0</td>
<td>127</td>
<td>43.1</td>
<td>207</td>
</tr>
<tr>
<td>Moderate 60% -&lt;75%</td>
<td>105</td>
<td>17.6</td>
<td>11</td>
<td>3.7</td>
<td>94</td>
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<tr>
<td>High ≥75%</td>
<td>157</td>
<td>26.3</td>
<td>157</td>
<td>53.2</td>
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</table>

$\chi^2$: Chi square test  
*: Statistically significant at p ≤ 0.05

Table (2): Characteristics of ICU nurses (N=300)

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 nurses' hospital cynicism levels at Tanta Main University Hospitals and El-Mahalla General Hospital

<table>
<thead>
<tr>
<th>Nurses' hospital cynicism</th>
<th>Total (n = 596)</th>
<th>Tanta (n = 295)</th>
<th>El–Mahalla (n = 301)</th>
<th>( \chi^2 )</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Cognitive Cynicism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low &lt;60%</td>
<td>311</td>
<td>52.2</td>
<td>216</td>
<td>73.2</td>
<td>95</td>
</tr>
<tr>
<td>Moderate 60% -&lt;75%</td>
<td>98</td>
<td>16.4</td>
<td>16</td>
<td>5.4</td>
<td>82</td>
</tr>
<tr>
<td>High ≥75%</td>
<td>187</td>
<td>31.4</td>
<td>63</td>
<td>21.4</td>
<td>124</td>
</tr>
<tr>
<td>Affective Cynicism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low &lt;60%</td>
<td>203</td>
<td>34.1</td>
<td>171</td>
<td>58.0</td>
<td>32</td>
</tr>
<tr>
<td>Moderate 60% -&lt;75%</td>
<td>248</td>
<td>41.6</td>
<td>100</td>
<td>33.9</td>
<td>148</td>
</tr>
<tr>
<td>High ≥75%</td>
<td>145</td>
<td>24.3</td>
<td>24</td>
<td>8.1</td>
<td>121</td>
</tr>
<tr>
<td>Behavioral Cynicism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low &lt;60%</td>
<td>247</td>
<td>41.4</td>
<td>205</td>
<td>69.5</td>
<td>42</td>
</tr>
<tr>
<td>Moderate 60% -&lt;75%</td>
<td>225</td>
<td>37.8</td>
<td>62</td>
<td>21.0</td>
<td>163</td>
</tr>
<tr>
<td>High ≥75%</td>
<td>124</td>
<td>20.8</td>
<td>28</td>
<td>9.5</td>
<td>96</td>
</tr>
</tbody>
</table>

\( \chi^2 \): Chi square test
p: p value for comparing between the studied groups
*: Statistically significant at p ≤ 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.

<table>
<thead>
<tr>
<th>Nurses’ job performance observation checklist</th>
<th>Total (n = 596)</th>
<th>Tanta (n = 295)</th>
<th>El – Mahalla (n = 301)</th>
<th>$\chi^2$</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory &lt;80%</td>
<td>178 (29.9)</td>
<td>32 (10.8)</td>
<td>151 (50.2)</td>
<td>100.865*</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Satisfactory ≥ 80 %</td>
<td>418 (70.1)</td>
<td>263 (89.2)</td>
<td>150 (49.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff relations &amp; communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory &lt;80%</td>
<td>232 (38.9)</td>
<td>50 (16.9)</td>
<td>182 (60.5)</td>
<td>118.670*</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Satisfactory ≥ 80 %</td>
<td>364 (61.1)</td>
<td>245 (83.1)</td>
<td>119 (39.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory &lt;80%</td>
<td>202 (33.9)</td>
<td>30 (10.2)</td>
<td>172 (57.1)</td>
<td>146.720*</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Satisfactory ≥ 80 %</td>
<td>394 (66.1)</td>
<td>265 (89.8)</td>
<td>129 (42.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing care plan activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory &lt;80%</td>
<td>226 (37.9)</td>
<td>47 (15.9)</td>
<td>179 (59.5)</td>
<td>119.957*</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Satisfactory ≥ 80 %</td>
<td>370 (62.1)</td>
<td>248 (84.1)</td>
<td>122 (40.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Material planning and coordination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory &lt;80%</td>
<td>243 (40.8)</td>
<td>61 (20.7)</td>
<td>182 (60.5)</td>
<td>97.665*</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Satisfactory ≥ 80 %</td>
<td>353 (59.2)</td>
<td>234 (79.3)</td>
<td>119 (39.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety measures and patient safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory &lt;80%</td>
<td>167 (28.0)</td>
<td>16 (5.4)</td>
<td>151 (50.2)</td>
<td>147.877*</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Satisfactory ≥ 80 %</td>
<td>429 (72.0)</td>
<td>279 (94.6)</td>
<td>150 (49.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory &lt;80%</td>
<td>185 (31.0)</td>
<td>24 (8.1)</td>
<td>161 (53.5)</td>
<td>143.162*</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Satisfactory ≥ 80 %</td>
<td>411 (69.0)</td>
<td>271 (91.9)</td>
<td>140 (46.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keeping up-to-date technically</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory &lt;80%</td>
<td>224 (37.6)</td>
<td>50 (16.9)</td>
<td>174 (57.8)</td>
<td>106.023*</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Satisfactory ≥ 80 %</td>
<td>372 (62.4)</td>
<td>245 (83.1)</td>
<td>127 (42.2)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$\chi^2$: Chi square test

p: p value for comparing between the studied groups

*: Statistically significant at p ≤ 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

<table>
<thead>
<tr>
<th>Head nurses’ paternalistic leadership</th>
<th>Overall head nurses’ paternalistic leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses’ hospital cynicism &amp; nurses job performance</td>
<td>Tanta (n = 295)</td>
</tr>
<tr>
<td>Nurses’ hospital cynicism</td>
<td>r</td>
</tr>
<tr>
<td></td>
<td>p</td>
</tr>
<tr>
<td>Nurses’ job performance</td>
<td>r</td>
</tr>
<tr>
<td></td>
<td>p</td>
</tr>
</tbody>
</table>

r: Pearson coefficient
*: Statistically significant at p ≤ 0.05
Table (6): Relation between overall head nurses’ paternalistic leadership and nurses’ personal characteristics

<table>
<thead>
<tr>
<th>Nurses’ personal characteristics</th>
<th>Tanta (n = 295)</th>
<th>El – Mahalla (n = 301)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean ± SD</td>
<td>Median</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>81.17 ± 12.95</td>
<td>82.69</td>
</tr>
<tr>
<td>Female</td>
<td>80.80 ± 14.84</td>
<td>82.69</td>
</tr>
<tr>
<td>U (p)</td>
<td>3790.50 (0.877)</td>
<td>3699.50 (0.780)</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;30</td>
<td>79.74 ± 12.90</td>
<td>78.85</td>
</tr>
<tr>
<td>30–&lt;40</td>
<td>79.92 ± 15.23</td>
<td>82.69</td>
</tr>
<tr>
<td>40–&lt;50</td>
<td>84.09 ± 14.86</td>
<td>82.69</td>
</tr>
<tr>
<td>≥50</td>
<td>83.66 ± 8.23</td>
<td>80.77</td>
</tr>
<tr>
<td>H (p)</td>
<td>3.452 (0.327)</td>
<td>2.713 (0.438)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not married</td>
<td>81.35 ± 13.68</td>
<td>82.69</td>
</tr>
<tr>
<td>Married</td>
<td>80.73 ± 14.86</td>
<td>82.69</td>
</tr>
<tr>
<td>U (p)</td>
<td>5918.0 (0.702)</td>
<td>6019.0 (0.781)</td>
</tr>
<tr>
<td>ICU name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest</td>
<td>86.87 ± 11.81</td>
<td>82.69</td>
</tr>
<tr>
<td>Cardiac</td>
<td>77.66 ± 9.94</td>
<td>82.69</td>
</tr>
<tr>
<td>Pediatric</td>
<td>84.24 ± 14.55</td>
<td>88.46</td>
</tr>
<tr>
<td>Neonatal</td>
<td>77.25 ± 17.53</td>
<td>73.08</td>
</tr>
<tr>
<td>Neurological</td>
<td>77.60 ± 14.00</td>
<td>73.08</td>
</tr>
<tr>
<td>General medical</td>
<td>85.52 ± 11.36</td>
<td>82.69</td>
</tr>
<tr>
<td>Ophthalmology anesthesia</td>
<td>84.54 ± 10.38</td>
<td>82.69</td>
</tr>
<tr>
<td>Surgical</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Medical</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Pediatric</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>H (p)</td>
<td>23.523* (0.001)</td>
<td>5.624 (0.131)</td>
</tr>
<tr>
<td>Qualification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>80.43 ± 12.98</td>
<td>82.69</td>
</tr>
<tr>
<td>Bachelor</td>
<td>81.78 ± 14.59</td>
<td>82.69</td>
</tr>
<tr>
<td>Associate</td>
<td>77.25 ± 15.39</td>
<td>73.08</td>
</tr>
<tr>
<td>H (p)</td>
<td>3.471 (0.176)</td>
<td>0.309 (0.857)</td>
</tr>
<tr>
<td>Years of experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;10</td>
<td>81.11 ± 13.09</td>
<td>82.69</td>
</tr>
<tr>
<td>10–&lt;15</td>
<td>79.64 ± 14.93</td>
<td>78.85</td>
</tr>
<tr>
<td>15–&lt;20</td>
<td>80.54 ± 16.85</td>
<td>78.85</td>
</tr>
<tr>
<td>≥20</td>
<td>83.49 ± 14.19</td>
<td>82.69</td>
</tr>
<tr>
<td>H (p)</td>
<td>1.580 (0.664)</td>
<td>14.159* (0.003)</td>
</tr>
<tr>
<td>If attended any training courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>80.93 ± 15.02</td>
<td>78.85</td>
</tr>
<tr>
<td>Yes</td>
<td>80.80 ± 14.54</td>
<td>82.69</td>
</tr>
<tr>
<td>U (p)</td>
<td>8687.0 (0.864)</td>
<td>10436.50 (0.469)</td>
</tr>
</tbody>
</table>

U: Mann Whitney test  H: H for Kruskal Wallis test  *: Statistically significant at p ≤ 0.05
Discussion

In hospitals where services for human life are obtainable continually under all conditions, nursing leadership practices affect many organizational outcomes in terms of attaining goals, especially since they directly affect nurses’ output. Nurses constitute the largest part of the healthcare manpower, and their professional ability plays an important role in the actual operation of healthcare care. So, constructive and powerful nurses leaders as "paternalistic leadership" aware of nurses’ needs are very vital to helping them to provide more efficient performance and qualified service 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 revealed that more than 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, it was observed that benevolent, moral, and authoritarian paternalistic were significant differences 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 learn and understand effective leadership practices 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) determined that the mean scores of the answers given by the nurses to the paternalistic leadership were moderate. Also, Ugurluoglu et al. (2018), who conducted a study on staff working in a university hospital, determined that participants’ perceptions of paternalistic leadership were moderate in terms of the sub-dimensions.
Additionally, Nal and Tarm (2017)\textsuperscript{(26)} found that the average score on the paternalistic leadership for healthcare workers was moderate. While Saygili et al. (2020)\textsuperscript{(17)} contradicted the current findings and determined that paternalistic leadership perceptions of health staff were at a low level.

The high perceptions of nurses about head nurses’ paternalistic leadership will contribute to the additional commitment of nurses to the hospital as paternalistic leadership is based on an understanding of altruism, love, and protection that requires decisions for the benefit of other individuals rather than the leader’s own will and interest.\textsuperscript{(17)} Nal and Tarm (2017)\textsuperscript{(26)} found that paternalistic leadership has a significantly high level of positive impact on the job satisfaction of healthcare workers. Also, Hawass (2017)\textsuperscript{(27)} has been proven that paternalistic leadership increases feedback from units and liability, increases levels of self-efficacy and attentiveness in an organization.

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 result may be due to teaching hospitals have hierarchies and strong structures that promote a top-down management system rather than governmental hospitals that allow Tanta Hospital head nurses to exercise authoritarian leadership. Therefore, Tanta Hospital head nurses were looking to use power to control their staff's tasks through applying inflexible routines, rules, and policies to get things done in a work setting. But, head nurses use these behaviors to encourage nurses to move beyond obedience with formal agreements, which in turn increases 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 between head nurses’ paternalistic leadership and nurses’ job performance.

Wanga et al. (2018)\textsuperscript{(28)} supported these findings and proposed a novel typology of paternalistic leadership styles based on how leaders show authoritarianism and benevolence as the two vital components of this type of leadership. Also, they found a
positive relationship between classical paternalistic leadership and subordinate performance as strong as that between benevolence-dominant paternalistic leadership and 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 increases nurses’ commitment to work, social loyalty, and responsibility toward others. The same result was found by Sungura (2019) (7), who determined that nurses’ perceptions of organizational cynicism were low. 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, such as long working hours and lack of arrangement of the work schedules and work amplification. 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) who determined that the level of organizational cynicism of subordinates was moderate in their
study conducted with hospital subordinates.

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 illustrated that nurses have the highest point in the affective (emotional) dimension compared to the behavioral and cognitive dimensions of organizational cynicism. 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 found a statistically significant difference between the levels of nurses' performance at two hospitals. The majority of nurses at Tanta Main University Hospitals had a satisfactory level of total performance compared to around half of them at El-Mahalla General Hospital. 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)\(^{(35)}\) revealed that the level of performance among the nurses was 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. Where, the study concluded that paternalistic leadership positively affects nurses’ positive feelings and reliance towards the organization. The nurses who are in a paternalistic relationship with the leader see the hospital as a family environment, track their leaders, admit the leader's authority, and trust that the leader knows what is best for them. Therefore, nurses’ high perceptions of paternalistic leadership will contribute to less cynical behavior toward the institution.

Sungura (2019) \(^{(7)}\) supported the present findings and found that, there were negative and significant relationships between head nurses paternalistic leadership and dimensions of hospital cynicism. As the nurses’ perceptions of paternalistic leadership increased, their perceptions of cognitive, affective, and behavioral cynicism decreased. While GÜLEÇ (2021) \(^{(37)}\) contradicted the present findings and found that there was no meaningful relationship between paternalist leadership and organizational cynicism.

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 contribute to the mental and physical readiness of nurses as well as create positive interactions and synergy between nurses and other workforces. Also, Paternalistic leaders give consideration and guidance to nurses who have poor performance based on pointers of paternalistic leadership style, such as considering nurses who are immature and being too protective of them.

The study of Fing et al. (2021) \(^{(18)}\) supported the current study results and indicated that there is an influence of a paternalistic leadership style on the performance of nurses at the Royal Prima General Hospital Medan. The nurses think that the paternalistic
leadership style of the head of the nursing room is mostly strong with the high performance of the nurses. 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 indicated that paternalistic leadership did not have a significant impact on performance.

Conclusion

According to the study findings, nurses perceived 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 influence 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 correlation between head nurses’ paternalistic leadership and nurses’ job performance.

Recommendations

For the hospital's administration

Construct regular feedback approaches that focus on positive attributes of powerful leaders and required leader abilities and behaviors.

Develop training programs to prepare new and inexperienced head nurses for leadership practices.

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. 

Arrange appreciation programs, provide unbiased performance appraisals, build a positive work experience, and increase nurse’ motivation. Increase nurses’ autonomy and empowerment by forming new working relationships among staff, encouraging nurses to be aware of potential problems that need to be addressed.

**Further research** can be conducted to identify the relationship between paternalistic leadership and nursing outcomes as well as patient outcomes.

**References**


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