

Effect of Paternalistic Leadership Educational Program For Head Nurses on Staff Nurses' psychological Empowerment

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Abstract

Background: Paternalistic leadership plays a pivotal role in fostering a supportive, growth-oriented culture within healthcare organizations, thereby influencing the psychological empowerment of staff nurses to excel and deliver exceptional care amidst evolving healthcare dynamics. **The study aimed** to assess the effect of paternalistic leadership educational program for head nurses on staff nurses psychological empowerment. **Design:** A quasi-experimental design was utilized. **Setting:** The study was conducted in all inpatient units at the medical and surgical buildings at Benha University Hospital. **Subjects:** All 77 head nurses and 300 staff nurses who were available in the previously mentioned setting during the time of data collection. **Tools:** Three tools were used for data collection; (1) Paternalistic leadership knowledge questionnaire, (2) Paternalistic leadership skills self-report and (3) nurses' psychological empowerment scale. **The study results:** Showed that more than three-quarters (76.6%) of head nurses had poor knowledge level related to paternalistic leadership dimensions at pre-program phase, which it improved to be the majority (80.5%) of them had good knowledge level at post program phase with slightly decrease to be 76.6% at follow up phase. The majority (89.6% & 85.5%) of head nurses had high paternalistic leadership skills at immediate post program and follow up phases respectively compared to none of them at pre-program phase. The most (85.2% and 83.1%) of staff nurses had high psychological empowerment level at immediate post program and follow up phases respectively compared to pre-program phase (10.5%). **The study concluded:** that there was a highly statistically significant positive correlation among head nurses knowledge, and skills regarding paternalistic leadership and psychological empowerment at immediate post and follow up program phases. **The study recommended:** Conducting training in effective paternalistic leadership for aspiring head nurses prior to their appointments to managerial and administrative roles to effectively lead and empower their staff nurses while maintaining a supportive and empowering environment.

Keywords: Educational program, Head nurses, Paternalistic leadership, Psychological empowerment, Staff nurses.

1. Introduction

In the ever-evolving landscape of healthcare, effective leadership plays a pivotal role in shaping organizational culture and staff empowerment. Among various leadership styles, paternalistic leadership stands out for its unique blend of authoritarian guidance and benevolent support, often fostering strong bonds and loyalty within teams [23].

A paternalistic leader exerts significant influence over their followers, encourages them to express their own opinions, facilitates collaborative decision-making, maintains control over them, and fosters their creativity. Paternalism is more than just a leadership style; it's a symbol of social and cultural values. The three key facets of paternalistic leadership are authoritarianism, kindness, and morality [24].

Authoritarian leadership refers to the exercise of all authority by a leader, who demands complete compliance from subordinates. A kind nursing leader devotes time and effort to tending to their colleagues, demonstrating concern and providing support at difficult times. Moral leadership embodies exceptional character, self-control, and altruism. It has been recognized that moral nurse leadership upholds high ethical standards [15].

The goal of paternalist nursing leaders is to foster a family-like environment in their healthcare organization [2].

Paternalistic leadership, characterized by a leader's concern for both the task at hand and the well-being of

their subordinates, has garnered attention for its potential to enhance staff nurses' motivation, satisfaction, and overall empowerment. Within the healthcare sector, where teamwork, communication, and morale are paramount, understanding the effects of such leadership approaches becomes increasingly significant [16].

Head nurses, positioned at the forefront of healthcare units, serve as pivotal figures in translating organizational goals into actionable strategies while nurturing a supportive work environment and optimizing patient outcomes and staff empowerment [24].

Psychological empowerment, encompassing feelings of competence, autonomy, impact, and meaningfulness in the workplace, serves as a vital metric in assessing staff nurses' engagement and satisfaction levels. Understanding how paternalistic leadership education for head nurses impacts staff nurses' psychological empowerment can shed light on the effectiveness of leadership development initiatives in fostering a conducive work environment within healthcare settings.

2. Significance of the 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. In addition, hospitals have higher

expectations of their nurses, and nurses have higher expectations of their hospitals [9].

Paternalistic leadership style is one of the essential psychosocial work environment factors that are concerned with staff nurses empowerment and wellbeing, this reflects on their performance and productivity of any health care organization. The previous international study of [8] who assess the impact of paternalistic leadership style on psychological empowerment of nurses and found that the paternalistic leadership styles have positive impact on psychological empowerment of nurses. However, there is a lack of studies in Egypt on determining the impact of paternalistic leadership style on staff nurses' psychological empowerment only without implementation of educational program. While, there is no studies carried out at Benha University Hospitals.

So, the aim of this study is to determine the effect of paternalistic leadership educational program for head nurses on staff nurses' psychological empowerment.

3. Aim of the study

The study aimed to assess the effect of paternalistic leadership educational program for head nurses on staff nurses' psychological empowerment.

4. Research Hypotheses

- 1- Head nurses' knowledge and regarding paternalistic leadership style will be improved after implementing the educational program.
- 2- Psychological empowerment level of the staff nurses will be improved after implementing the educational program of paternalistic leadership.

5. Subjects and methods

The methodology of the current study that presented according to the following categories: technical design, operational design, administrative design, and statistical design.

I. Technical design

The technical design involves a description of the study design, study setting, subjects of the study, and tools of data collection.

Study design

Quasi-experimental design with pre-test, immediate post-test, and follow-up (three months later) assessment was adopted to achieve the aim of the current study.

Study setting.

The current study was conducted in all surgical and medical departments at Benha University Hospital. This hospital contained **34 medical units** (6) general medical, (3) pediatric medical, (2) dialysis, (1) chest, (11) critical care units (intensive care, intermediate care, pediatric intensive care, neonatal intensive care, chest intensive care, cardiothoracic surgical care, cardiac catheterization care, coronary care, medical intensive care, stroke intensive care, hepatic intensive care), (1) neurology and psychiatric, (1) dermatological, (2) hepatic, (1) laparoscope, (2) cardiac, (2) cardiothoracic, (1) rheumatism and (1) dentist units and **21 surgical units**; (2) general surgical, (1) neurosurgery, (1) ear, nose and throat (ENT), (1) orthopedic, (2) urological,

(1) surgical laparoscope (ER), (1) obstetric, (5) emergency (ER), (1) anesthesiology, (3) emergency care and (3) operation (OR) units.

Subjects

All 77 head nurses and 300 staff nurses were available in the previously mentioned setting during the time of data collection.

Data collection tools

Three tools were used:

I. The first one: Paternalistic leadership knowledge questionnaire which was developed by the researcher after reviewing related literature [5]. It consisted of two parts:

Part (1): Personal characteristics of head nurses including; age, sex, marital status, educational qualifications, years of experience, and attended previous training courses in paternalistic leadership.

Part (2): Included 30 questions to assess study subjects' knowledge regarding paternalistic leadership in the form of multiple choice and true or false questions.

Scoring system:

The head nurses' answers were compared with a model key answer and scored as "one" for correct and "zero" for incorrect. So, the total scores are 30 and cut off point was set at 60% that equals 18 points. In this respect the level of head nurses' knowledge was categorized as the following; Good knowledge level $\geq 80\%$ that equals ≥ 24 points, average level from 60% to less than 80% that equals $18 < 24$ points and poor knowledge level $< 60\%$ that equals < 18 .

II. paternalistic leadership skills self report which was developed by [5] to assess head nurses' paternalistic leadership skills. It consisted of 17 items divided into 3 domains namely; Benevolent leadership (5 items), moral leadership (4 items), authoritarian leadership (8 items).

Scoring system

The head nurses' responses were estimated by a three-point Likert scale as follows; (3) always, (2) sometimes and (1) never. The score range is 17-51. Cut off point was set at 60% equals 31 points. Accordingly, head nurses' paternalistic leadership skills level were categorized as the following; High level $\geq 80\%$ equals ≥ 41 points, moderate level from 60% to less than 80% that equals $31 < 41$ points and low level $< 60\%$ that equals < 31 points.

The third one; Nurses' psychological empowerment scale: It was adopted from [11] to identify staff nurses' psychological empowerment as reported by staff nurses. It involved two parts:

Part (1): Characteristics of staff nurses including; age, sex, marital status, educational qualification, and years of experience.

Part(2):Involved 12 items grouped into 4 domains, namely; Potency(3items),meaningfulness (3items), autonomy(3items), impact (3 items).

Scoring system

The responses of the subjects were determined by using a three-point Likert scale as follow; (3), (2) and (1) referring to always, sometimes and never , respectively. Each one of the staff had chosen only one best answer. Finally, the answer was assigned in numerical values. Range of scores is from 12 to 36. Cut off point was done at 60% equals 22 points. Accordingly, staff nurses' psychological empowerment scale was classified as; High psychological empowerment scale $\geq 75\%$ equal ≥ 27 points, moderate psychological empowerment scale $60\% - < 75\%$ that $22 - < 27$ points and low critical thinking level $< 60\%$ that equal < 22 points.

Reliability of tools

It was examined by using the Chronbach's Alpha Coefficient test to measure the internal consistency for all tools; self-management knowledge was 0.92, self-report regarding self-management skills was 0.76.

Administrative design

An official approval was obtained from the Dean of the Faculty of Nursing at Benha University and the hospital director of Benha University Hospital.

Operational design

The study went through three phases: preparatory phase, pilot study, and field work.

Preparatory phase

During the months of November to December 2022, various sources including journals, periodicals, textbooks, and the internet were reviewed to collect data for the study. The review focused on national and international literature related to the topic of the study. Theoretical knowledge was also utilized to develop the necessary tools for data collection. This phase of the study took approximately two months to complete.

Validity of the tools

The study tools underwent revision and were verified by five experts from various nursing faculties who specialize in nursing administration. The panel of experts included one professor and one assistant professor from Ain Shams University, one professor from Minia University, one assistant professor from Tanta University, and one assistant professor from Mansoura University.

Pilot Study

In March, 2023 a pilot study was conducted on eight head nurses and thirty from staff nurses , who represent around 10% of the study subjects mentioned earlier. The purpose of this pilot study was to test the applicability and clarity of the constructed tools, as well as to identify any obstacles or problems that may be encountered during data collection. The study also aimed to estimate

the time required to fill out the data collection tools. No modifications were made after the pilot study, and the first-line nurse managers involved in the pilot study were included as part of the main study subjects.

Field Work

The following phases were adopted to achieve the aim of the current study. These phases took eight months; started from April , 2023 to the end of December, 2023.

Ethical considerations

Before conducting the study, we obtained ethical approval from the scientific research committee at the Faculty of Nursing, Benha University. We conducted the study with utmost care and attention to ethical standards, ensuring that the rights of the participants were protected.

Statistical design

The data was double-checked before being entered into a computer. We used the Statistical Package for Social Sciences (SPSS version 25.0) to analyze and organize the data. For quantitative data, we applied descriptive statistics such as mean, standard deviation, and frequency. We used the percentage (χ^2) test to compare the percentage between the studied variables. The standard deviation is a measure of how results vary around the mean for a quantitative variable. We used a Pearson correlation (r) test to assess the association between total scores. We considered a non-significant level value when $p > 0.05$, a significant level value when $p < 0.05$, and a highly significant level value when $p < 0.001$.

6. Results

Table (2): Illustrates that, slightly more than quarter of them 74.5% of staff nurses were female ;half of them 50% had Bachelor degree.

Table (3):Indicates that, there was highly statistically significant improvement of head nurse stotal knowledge scores regarding paternalistic leadership at immediate post and follow up program phases than pre-program phase.

Table (4):Illustrates that, there was highly statistically significant improvement of head nurses scores regarding paternalistic leadership skillsat immediate post and follow up program phasescompared with pre-program phase.

Table(5):Revealed highly significant progression of staff nurses scores regarding psychological empowerment at prompt post and follow up program phases compared with pre-program phase.

Table (6):Illustrates that, there was a positive highly statistically significant correlation between total knowledge and total skill scores regarding paternalistic leadership among head nurses at preprogram, immediate post program and follow up program phases.

Table (1) Distribution of data of the studied head nurses (n=77)

characteristic items	No.	%
Age (years)		
25 - < 35	26	33.8
35-< 45	40	51.9
≥ 45	11	14.3
Mean ± SD	35.81 ± 0.67	
Range	(25 - 49)	
Sex		
Male	8	10.4
Female	69	89.6
Marital status		
Married	50	64.9
unmarried	27	35.1
Educational qualification		
Diploma	10	13.0
Associated Degree of Nursing	26	33.8
Bachelor of Nursing Science	38	49.4
Others	3	3.8
Years of nursing experience		
5- < 10	34	44.2
10- < 15	32	41.6
≥ 15	11	14.2
Mean ± SD	9.70 ± 0.70	
Range	(5-19)	
Attended previous courses in paternalistic leadership		
Yes	21	27.3
No	56	72.7

Table (1): Illustrates that, more than half (51.9%) of head nurses were aged from 35 to less than 45 years old with mean score 35.81 ± 0.67 , the majority (89.6%) of them were female, and about two-thirds (64.9%) of them were married. As far as, educational qualification nearly half (49.4%) of head nurses had Bachelor of Nursing Science, their experience of 5 to less than 10 years with mean score 9.70 ± 0.70 , and nearly three-quarters (72.7%) of them hadn't attended previous courses in paternalistic leadership

Table (2) Distribution of characteristics of the studied staff nurses(n=300)

Characteristic items	No.	
Age (years)		
25 - < 35	100	33.3
35-< 45	130	43.3
≥ 45	70	23.3
Mean ± SD	39.67± 7.27	
Range	(28 - 57)	
Sex		
Male	50	16.7
Female	250	83.3
Marital status		
Married	220	73.3
unmarried	80	26.7
Educational qualification		
Diploma	70	23.3
Associated Degree of Nursing	70	23.3
Bachelor of Nursing Science	150	50
Others	10	3.4
Years of nursing experience		
5- < 10	150	50
10- < 15	100	33.3
≥ 15	50	16.6
Mean ± SD	12.37± 5.82	
Range	(8-30)	

Table (3) Mean scores of first head nurses regarding total paternalistic leadership knowledge through the program phases (n=77)

Paternalistic leadership knowledge dimensions	Range of Possible Scores	Pre-Program	Immediately Post-Program	Follow-up Program	Paired t1 P- value	Paired t2 P- value
		Mean ± SD	Mean ± SD	Mean ± SD		
Basic of paternalistic leadership	0-6	3.07 ± 1.33	5.12 ± 0.73	4.87 ± 0.74	22.70 0.000**	18.21 0.000**
Theory of paternalistic leadership	0-5	2.84 ± 1.18	4.02 ± 0.93	3.92 ± 0.91	18.66 0.000**	19.69 0.000**
Models of paternalistic leadership	0-10	5.25 ± 1.03	7.88 ± 1.33	7.77 ± 1.30	32.52 0.000**	34.49 0.000**
Description of subordinate responses of PL	0-1	0.46 ± 0.50	0.89 ± 0.30	0.83 ± 0.37	7.55 0.000**	6.59 0.000**
Effects of paternalistic leadership at individual, team, and organizational level.	0-8	4.87 ± 1.00	7.00 ± 0.95	6.80 ± 1.00	42.49 0.000**	57.29 0.000**
Total knowledge	0-30	16.51 ± 4.72	24.93 ± 3.95	24.20 ± 4.05	55.46 0.000**	55.94 0.000**

(** A highly statistically significant difference $P \leq 0.001$)

t1 between pre and post program

t2 between pre and follow up program

Table (4) Mean scores of head nurses regarding total paternalistic leadership skills through the program phases (n=77)

Psychological empowerment domains	Range of Possible Scores	Pre-Program	Immediately Post-Program	Follow-up Program	Paired t1 P- value	Paired t2 P- value
		Mean ± SD	Mean ± SD	Mean ± SD		
Potency	3-9	5.92 ± 1.13	8.04 ± 0.91	7.89 ± 0.97	25.07 0.000**	22.24 0.000**
Meaningfulness	3-9	5.85 ± 1.19	8.19 ± 0.81	8.00 ± 0.92	26.61 0.000**	23.82 0.000**
Autonomy	3-9	5.77 ± 1.22	8.31 ± 0.78	8.13 ± 0.88	30.04 0.000**	28.00 0.000**
Impact	3-9	5.47 ± 1.17	8.10 ± 0.98	8.00 ± 1.03	28.46 0.000**	26.01 0.000**
Total self-management skills	17-51	23.01 ± 4.15	32.66 ± 2.97	32.03 ± 3.47	29.92 0.000**	27.71 0.000**

(** A highly statistically significant difference $P \leq 0.001$)

t1 between pre and post program

t2 between pre and follow up program

Table (5) Mean scores of staff nurses regarding total psychological empowerment level through the program phases (n=300)

Psychological empowerment domains	Range of Possible Scores	Pre-Program	Immediately Post-Program	Follow-up Program	Paired t1 P- value	Paired t2 P- value
		Mean ± SD	Mean ± SD	Mean ± SD		
Potency	3-9	5.92 ± 1.13	8.04 ± 0.91	7.89 ± 0.97	25.07 0.000**	22.24 0.000**
Meaningfulness	3-9	5.85 ± 1.19	8.19 ± 0.81	8.00 ± 0.92	26.61 0.000**	23.82 0.000**
Autonomy	3-9	5.77 ± 1.22	8.31 ± 0.78	8.13 ± 0.88	30.04 0.000**	28.00 0.000**
Impact	3-9	5.47 ± 1.17	8.10 ± 0.98	8.00 ± 1.03	28.46 0.000**	26.01 0.000**
Total Psychological empowerment	17-51	23.01 ± 4.15	32.66 ± 2.97	32.03 ± 3.47	29.92 0.000**	27.71 0.000**

(** A highly statistically significant difference $P \leq 0.001$)

t1 between pre and post program

t2 between pre and follow up program

Table (6) Correlation between head nurse s' total knowledge and paternalistic leadership skills through the program phases (n=77)

Variables	The program phases	Paternalistic leadership knowledge	
		r	P value
Paternalistic leadership skills	Preprogram phase	0.394	0.001**
	Immediately past program phase	0.501	0.001**
	Follow up program phase	0.412	0.001**

** Highly Significant at $p \leq 0.001$

7. Discussion

Head nurses play a critical role in meeting hospitals' and nurses' expectations. Their leadership styles significantly influence nurses' organizational behaviors, directly impacting the organization's success. Specifically, the paternalistic leadership style affects staff nurses' empowerment, well-being, productivity, and performance in healthcare settings [17].

This research aimed to assess the effect of paternalistic leadership educational program for head nurses on staff nurses' psychological empowerment at Benha University Hospital. The Discussion of the current study findings covered five main areas:

The first part; concerns with elaborates head nurses' knowledge regarding paternalistic leadership.

The second part; concerns with elaborates head nurses' skills regarding paternalistic leadership.

The third part; focuses on staff nurses psychological empowerment.

The fourth part; Correlation between head nurses' knowledge and skills regarding paternalistic leadership level.

I: Head nurses' knowledge regarding paternalistic leadership

The study showed that, the most head nurses had poor knowledge level regarding paternalistic leadership at pre program phase.

The study finding congruent with [7] who discovered that significant improvement in head nurses' knowledge regarding paternalistic leadership style after implementing the program.

Also [21] there was highly statistically significant improvement in head nurses 'knowledge regarding paternalistic leadership styles items in the post intervention phase. Additionally, [22] who found that statistically significant improvement in head nurses' regarding paternalistic leadership styles items in the post intervention.

This current study result disagreed with [10] who found that there wasn't statistically significant improvement in headnurses' knowledge regarding paternalistic leadership styles items in the post intervention

This current study result disagreed with [3] &[12]who found that more than one quarter of participants had good level of paternalistic leadership knowledge .

II: Head nurses' skills regarding paternalistic leadership

The study showed that, the most head nurses had low skills level regarding paternalistic leadership.

The study finding agree with [9] who discovered that significant improvement in head nurses' skills regarding paternalistic leadership style after implementing the program. Also [8] there was highly statistically significant improvement in head nurses' skills regarding paternalistic leadership styles items in the post intervention phase.

III. Staff nurses psychological empowerment

The finding of the study showed that most staff nurses had low level regarding psychological empowerment during pre program phase.

The study finding accordance with [1] who noted that there were highly statistically significant improvement in staff nurses' psychological empowerment after implementation of the program. Also, the result is in accordance with [25] whose study demonstrated that there was statistically significant improvement in staff nurses' psychological empowerment level through program phases.

Similarly, [19] who noted that, there were highly statistically significant improvement in staff nurses' levels regarding psychological empowerment after implementation of the program

Also the study result disagreed with [4] who carried out study about who revealed that most of the studied samples in the study weren't statistically significant improvement in staff nurses' levels regarding psychological empowerment after implementation of the program.

The study finding accordance with [18] who noted at their study that more than two third of staff nurses had good level of psychological empowerment.

IV: Correlation between study variables

Illustrates that, there was a positive highly statistically significant correlation between total knowledge and total skill scores regarding paternalistic leadership among head nurses at preprogram, immediate post program and follow up program phases [13], who reported statistically remarkable positive association between head nurses' total knowledge and skills level regarding paternalistic leadership.

8. Conclusion

Based on the findings of the current study, it can be concluded that there was a highly statistically significant differences improvement of head nurse's knowledge, and skills regarding paternalistic leadership between pre and

immediate post program phases and between preprogram and follow up phases. Also, there was a highly statistically significant difference in the improvement of psychological empowerment as reported by staff nurses through program phases.

There was a highly positive statistical significant correlation between head nurses total knowledge, and skills regarding paternalistic leadership reported after program implementation.

9. Recommendations

1. Equipping head nurses with the necessary knowledge and skills to adopt a paternalistic leadership approach, through continuous interactive workshops and training program
2. Cultivating an environment where staff nurses feel valued, respected, and empowered by encouraging them to engage in decision-making and activities that support nursing decisions

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