

Paternalistic Leadership Training Program and Its Effect on Nurse Managers' Organizational Citizenship Behavior

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ABSTRACT

Context: Paternalistic leadership behavior emphasizes traditionally based authority and familial-based relationships by promoting work engagement, empowerment, loyalty, and trust in healthcare organizations. Additionally, it enhances organizational citizenship behavior by guiding activities that contribute to achieving organizational goals.

Aim: This study was conducted to investigate the impact of a paternalistic leadership training program on the organizational citizenship behavior of nurse managers.

Methods: A quasi-experimental research design (one-group pre-/post-test) was employed. The study setting was at Ain Shams University hospitals (Ain Shams University Hospital, El-Demerdash Hospital, Obstetrics and Gynecological Hospital, and Pediatric Hospitals). The study subjects included 98 nurse managers. Researchers gathered data using three tools, comprising the paternalistic leadership knowledge assessment questionnaire, the paternalistic leadership observational checklist, and the organizational citizenship behavior scale.

Results: The study demonstrated a highly statistically significant improvement in nurse managers' knowledge, increasing from 12.2% pre-program to 77.3% post-program and then slightly declining to 70.2% at the follow-up phase. Additionally, significant improvements were observed in all dimensions of paternalistic leadership performance during both the post-program and follow-up phases of the intervention ($p < 0.001$). Additionally, three-quarters (77.6%) of nurse managers had a negative level of organizational citizenship behavior before the program. Less than three-quarters of them (74.2% and 72.8%) had a positive level of organizational citizenship behavior post-program and in the follow-up, respectively.

Conclusion: The paternalistic leadership training program enhances managers' knowledge of paternalistic leadership and improves their performance in this area, resulting in a positive impact on organizational citizenship behavior (OCB). Implementing paternalistic leadership training programs tailored for nurse managers in educational services within healthcare institutions holds significant promise for enhancing leadership effectiveness and fostering organizational citizenship behavior (OCB) among staff.

Keywords: Nurse managers, organizational citizenship behavior, paternalistic leadership

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1. Introduction

Effective leadership is crucial for preventing confusion in healthcare sectors, where numerous systems require seamless integration. Leadership is defined by Chaudhary et al. (2021) as the process of influencing a group towards a shared objective. Within nursing, having competent leaders in the practice environment leads to better quality and productivity. Therefore, previous research by Acar (2020) supports the notion that leadership is a crucial factor in fostering nurses' development and enabling them to achieve optimal performance by realizing their full potential.

The foundation of paternalistic leadership lies in fostering a sense of familial connection within the organizational framework, thereby creating a spiritual bond among team members. Recent studies continue to underscore the role of paternalistic leaders as mentors who

actively recognize and address personal and familial challenges faced by their staff, particularly within nursing contexts. This approach fosters solidarity, friendship, and unity among team members, thereby promoting increased engagement among nurses in their professional duties (Hair et al., 2019).

Paternalistic leadership can be characterized as an administrative style where a dominant figure assumes authority akin to that of a paternal or maternal figure. In this approach, employees and partners are treated as integral members of an expansive family unit. In return for this familial treatment, the leader anticipates loyalty and trust from the team. This leadership style involves employees adhering to the leader's directives with a nurturing demeanor reminiscent of a fatherly figure. Team members typically view the leader as a paternal figure, seeking guidance, policy-making decisions, and overall direction from them (MacKechnie et al., 2022).

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Three key elements of paternalistic leadership include authoritarianism, benevolence, and moral leadership, which have been examined in recent studies. Authoritarianism embodies the authoritarian demeanor of the nurse leader, involving strict control and the expectation of obedience from staff nurses. The dimension of benevolence highlights the leader's inclination to act in the best interests of staff nurses, often extending to addressing their issues. Lastly, the moral leadership dimension delineates essential qualities in a nurse leader, including merit, self-discipline, and adherence to ethical principles (Nazir et al., 2020).

Furthermore, research in the field has explored the mechanisms through which paternalistic leadership influences organizational citizenship behaviors (OCB). It has been observed that paternalistic leaders tend to foster a sense of loyalty and obligation among their subordinates, which motivates them to engage in voluntary behaviors that positively contribute to the organization beyond their formal roles. This aspect of paternalistic leadership has been linked to the development of strong social exchange relationships characterized by mutual trust and reciprocity, which contribute to the overall effectiveness of the organization (Nal & Sevim, 2020).

Among nurse managers, organizational citizenship behavior (OCB) reflects their enthusiasm for consistently going beyond their formal role requirements, thereby affecting their organizational performance. It conveys intentional, constructive actions that leverage nurse managers or work organizations beyond their allocated responsibilities (Stuber et al., 2022). Organizational citizenship behavior can be divided into seven domains. The first is helping coworkers, which tends to make a difference to other healthcare individuals without being asked to help. Organizational citizenship behavior will benefit the organization by lowering related costs for crisis management, in-service training, and supervision.

The second domain is sportsmanship, or more impersonal conscientiousness. While remaining positive, organizational loyalty involves being committed to the organization and presenting a favorable image of it to the public. Thirdly, organizational compliance or gestures preventing problems for work associates imply following the organization's rules and regulations. The fourth one is an individual initiative, which involves the willingness to forgo minor inconveniences without complaint or protest, aimed at enhancing management and leadership skills and inspiring other nurses to follow suit (Nal & Sevim, 2020).

Civic virtue is the fifth dimension, which is explained by participation in the political membership of the organization or constructive involvement in governance issues. The last dimension is self-development, which concerns the nurse manager's effort to support nurses' development and success. They demonstrate how an organization's strong learning opportunities and structures can support organizational citizenship behavior by encouraging strategic thinking and a shared goal (Ravaghi et al., 2021).

2. Significance of the study

Studying the effect of a paternalistic leadership training program on nurse managers' organizational citizenship behavior (OCB) has been studied in various contexts, highlighting its relevance in the field of nursing practice. Previous studies pronounced that elevated levels of paternalistic leadership are associated with greater organizational citizenship behavior (Nal & Sevim, 2020; Gusrta & Syahrizal, 2020; Nazir et al., 2020). Investigating how such leadership training influences the OCB of nurse managers provides valuable insights into effective leadership development strategies tailored to healthcare settings.

This research provides practical guidance for organizations seeking to foster a positive organizational culture through targeted training interventions. Moreover, the study addresses a gap in literature by examining the effectiveness of a specific paternalistic leadership training program tailored to the unique needs of nurse managers. As frontline leaders in healthcare settings, nurse managers play a crucial role in shaping organizational culture and fostering teamwork among nursing staff. By evaluating the impact of a paternalistic leadership training program on nurse managers' OCB, this research offers actionable insights for enhancing leadership capabilities within nursing management teams. The finding contributes to the professional development of nurse managers, strengthening their capacity to lead effectively in complex healthcare environments. This study aimed to investigate the impact of a paternalistic leadership training program on the organizational citizenship behavior of nurse managers.

3. Aim of the study

This study was conducted to investigate the impact of a paternalistic leadership training program on the organizational citizenship behavior of nurse managers.

3.1 Research hypothesis

The current study hypothesized that

H1: The paternalistic leadership training program will enhance nurse managers' paternalistic leadership knowledge and performance.

H2: The paternalistic leadership training program will have a positive impact on nurse managers' organizational citizenship behavior.

4. Subjects & Methods

4.1. Research Design

One group pretest-posttest quasi-experimental research design was used to carry out this study (in which the outcome of interest is measured two times: once before and once after exposing a non-random group of participants to a certain intervention /treatment) (Reichardt, 2019). The independent variable is the paternalistic leadership training program, and the dependent variables are paternalistic leadership knowledge, performance, and organizational citizenship behavior.

4.2. Study setting

The study was conducted at Ain Shams University hospitals in Egypt. It includes four main hospitals, namely Ain Shams University Hospital, which features the following: kidney dialysis units, Stroke Intensive Care Unit (ICU), Coronary Care Units (CCU), neurological ICU, endemic ICU, general medicine departments, neurological departments, cardiac departments, and blood disease departments. El-Demerdash Hospital features an ICU, operating rooms, emergency departments, orthopedic departments, general surgery departments, and plastic surgery departments. Obstetrics and Gynecological Hospital, which includes five units, an ICU, a birthing booth, and an operating room. Neonatal ICU and early screening of tumors. Pediatric Hospitals contain two hospitals, one of which has a neonatal ICU and an operating room. The second pediatric hospital has an emergency department and 11 inpatient units. The hospitals contain about 4400 beds and provide medical and surgical services in all specialties.

4.3. Subjects

The study subjects included 98 nurse managers out of a total of 113. The subjects included nursing directors (n=3), nursing supervisors (n=9), and head nurses (n=86).

Sample size

The G Power software was used to determine the sample size, which had a medium effect size (0.04), an alpha of 0.05, and a power of 0.97. The necessary sample size for the present study was 95 nurse managers, and this was increased to 98 out of 113 to account for potential attrition, resulting in a response rate of 100%.

Sample technique

A convenient sample technique was used in this research.

4.4. Tools and Data Collection

4.4.1. Paternalistic Leadership Assessment Knowledge Questionnaire.

It is comprised of two parts as follows:

Part I: Nurse managers' personal data and job characteristics. This section gathered information on the demographic characteristics of nurse managers, including age, gender, level of nursing education, years of experience, marital status, and workplace.

Part II: Paternalistic leadership knowledge assessment questionnaire. Researchers developed it through a review of the literature and guidance from previous studies, including those by Mohamed et al. (2019), Chaudhary et al. (2021), and Ravaghi et al. (2021). It was used to assess nurse managers' knowledge regarding paternalistic leadership throughout program implementation phases. It comprised 30 questions, including true or false (10 questions) and multiple-choice questions (20 questions). The topics covered the following domains: Concepts of leadership and paternalistic leadership, characteristics, advantages, disadvantages, and the role of paternalistic leaders.

Scoring system

Each question was scored as "1" for a correct answer and "0" for an incorrect response. The total score for the questionnaire was 30 points. The cut-off point was calculated using the Receiver Operating Characteristic (ROC) Curve. The scoring system was categorized as follows: scores of less than 75% were deemed unsatisfactory, and scores of 75% or higher were considered satisfactory.

4.4.2. The Paternalistic Leadership Observational Checklist

It was designed by researchers following a review of relevant literature, based on Gusrita and Syahrizal (2020), Jackson (2021), and Lee et al. (2023). This tool was designed to evaluate the paternalistic leadership performance of nurse managers. The observational checklist comprised 34 items assessing various dimensions of paternalistic leadership skills, including empowerment, compassion, decision-making, organization, confidence, and influence.

Scoring system

Each item on the checklist was marked as either one if the behavior was observed or zero if not observed. The total score of the checklist amounted to 34 points, which were then converted into percentage scores. The scoring system was calculated using the "Receiver Operating Characteristic (ROC) Curve". Nurse managers' performance was deemed adequate if they achieved a total score of 60% or higher, while scores below 60% indicated inadequate performance.

4.4.3. Organizational Citizenship Behavior Scale

It was developed by He et al. (2021) and modified by the researchers. It was used to assess the organizational citizenship behavior of nurse managers. It included 20 items, separated into five dimensions: five related to deviant altruism, four to civility, three to sportsmanship, five to civic virtue, and three to conscientiousness.

Scoring system

Using a 5-point Likert scale, with one defining "Strongly Disagree", 2 for "Disagree", 3 for Neutral, 4 for "Agree," and 5 for "Strongly Agree." The overall score ranges from 20 to 100. To ensure equal spacing between levels, the mean score method was used to calculate the levels. Scores 20-46 indicated a negative level of organizational citizenship behavior, 47-73 represented a natural level of organizational citizenship behavior, and 74-100 indicated a positive level of organizational citizenship behavior.

4.6. Procedures

Ethical considerations: Prior to the study, ethical approval was obtained from the Scientific Research and Ethics Committee of the Faculty of Nursing, Ain Shams University. The researchers explained the aim and objectives of the study to the nursing managers included in the study before starting. Informed consent was obtained from the participants after the purpose of the study was explained, allowing them to participate in the study. Confidentiality and anonymity for participants were ensured through a coded questionnaire, as was the right of

participants to voluntarily participate and/or withdraw from the study at any time during the data collection period without consequences, and their collected responses were used solely for scientific research purposes.

Tools validity and reliability: Initially, a certified bilingual translator independently translated the English tools into Arabic to create the initial Arabic versions. Subsequently, the first researcher re-translated these initial Arabic versions back into English and compared them with the original tools to ensure semantic equivalence. This rigorous process aimed to maintain the integrity of the translated versions while minimizing discrepancies between the original and translated tools.

To further validate the translated tools, a panel of five experts was convened, comprising three assistant professors in nursing administration from the Faculty of Nursing at Ain Shams University and two assistant professors from the Faculty of Nursing at Helwan University. These experts thoroughly assessed the tools for various criteria including clarity, simplicity, relevance, acceptability, comprehensiveness, understanding, and ease of implementation. Based on their feedback, minor adjustments, such as paraphrasing for certain items, were made to refine the tools, ensuring their suitability for the study context. These revisions were integral to enhancing the tools' effectiveness and minimizing potential biases or ambiguities in data collection.

The reliability of the study's tools was evaluated using Cronbach's alpha coefficient, a measure of internal consistency. The Cronbach's alpha values obtained were 0.89 for the Paternalistic Leadership Knowledge Assessment Questionnaire, 0.90 for the Paternalistic Leadership Observational Checklist, and 0.92 for the Organizational Citizenship Behavior Scale. According to *Gyamerah et al. (2022)*, Cronbach's alpha values exceeding 0.7 are deemed acceptable for demonstrating internal consistency reliability.

Pilot study: Before commencing the main fieldwork, a pilot study was conducted involving 10 nurse managers from the study setting, constituting 10% of the eventual study sample. The pilot study aimed to assess the feasibility of the research process, the practicality, and the clarity of the language used in the research instruments. The pilot sample was excluded from the study.

Field work: The data collection for the study took place between November 2023 and May 2024. The research process encompassed various phases including assessment, planning, implementation, evaluation, and follow-up. The study was carried out in the following stages.

Phase I (Assessment Phase): During the assessment phase, the initial step involved administering pretests to gauge nurse managers' knowledge of paternalistic leadership. This assessment was achieved by distributing "Tool I" to participants. Tool II was observed by researchers, and Tool III was used to assess the organizational citizenship behavior of nurse managers. Data collection took place during morning shifts, with researchers available to provide guidance and clarification as needed. The researchers personally gathered the completed tools immediately after they were completed.

The time required for each questionnaire sheet ranged from approximately 15 to 20 minutes for tools I and II, and from approximately 30 to 35 minutes for tool III. This phase of the study lasted approximately one month.

Phase II (Planning): The planning phase was developed based on an analysis of the findings from the assessment phase and relevant literature. Prior to commencing the study, the content validity of the program was assessed by a panel of five experts, comprising three nursing academics and two nursing managers holding doctorates in nursing administration, who participated in the validation process. The experts evaluated the clarity and relevance of the study materials and offered recommendations to enhance their quality. The program's content and teaching methods were meticulously chosen. Additionally, the researchers designed the schedule, teaching sessions, and selected appropriate media for instruction. The teaching methods encompassed teaching sessions, group discussions, brainstorming, and real-life examples drawn from work situations, supplemented by visual aids such as data shows and handouts. This phase of program development was completed within a month.

Phase III (The educational program implementation): The educational program was implemented by the researchers. All nurse managers were divided into five groups. Each group attended one session per day for three days, with each session lasting one hour in the morning shift. Each group received the program contents using the same teaching strategies. Instructional materials consisted of handouts distributed to all participants on the first day of the program's implementation.

The program sessions took place in the conference room during the last hour of the nurse managers' shifts, allowing them to participate after completing their work. The educational sessions spanned one month, from January 1 to January 31, 2024.

Phase IV (Evaluation Phase): In the evaluation phase, Tool I was employed directly after the program was applied to gauge any changes in the nurse managers' knowledge levels. Tools II and III were then utilized post-program implementation to evaluate the nurse managers' performance in paternalistic leadership, as well as their levels of organizational citizenship behavior, in relation to paternalistic leadership.

Phase V (Follow-up phase): During the follow-up phase, a similar procedure was conducted three months later to reassess the nurse managers' progress and retention of knowledge and skills. This comprehensive evaluation encompassed the administration of the same assessment tools utilized post-program implementation. The aim was to track any sustained changes in their knowledge, leadership performance, and organizational citizenship behavior over time. This follow-up assessment period also extended for approximately one month.

4.6. Data analysis

The data were thoroughly revised, coded, and organized prior to being entered into IBM SPSS Statistics software (version 26.0). For parametric numerical data, the mean and standard deviation (\pm SD) were calculated.

Frequencies and percentages were also computed to summarize nurse managers' knowledge and behaviors, as well as performance related to paternalistic leadership, across three program phases: pre-program, post-program, and follow-up. Chi-square tests (χ^2) were used to assess differences in knowledge and behavior, as well as performance, between the two study phases. Significant differences were indicated by p-values, with $p \leq 0.05$ considered significant and $p \leq 0.01$ regarded as highly significant. Linear regressions were performed to reveal the effect of paternalistic leadership training program on nurse managers' organizational citizenship behavior. The reliability of the study's tools was evaluated using Cronbach's alpha coefficient, a measure of internal consistency.

5. Results

Table 1 illustrates that the study sample consisted of 98 nurse managers, less than three quarters of them had from less than five to ten years of experience in the nursing profession (73.5%), were females (71.4%) and aged between thirty to less than forty years old (71.4%) with a mean \pm SD of 35 \pm 5.2 and mean years of experience of 6 \pm 4.3, respectively. Additionally, 60.3% of them were married. Regarding their workplace distribution, 37.8% of participants worked at Ain Shams University Hospital, 32.7% at El-Demerdash Hospital, and 14.3% and 15.3% at Pediatrics Hospital and Obstetrics Hospital, respectively.

Figure 1 reveals that 85% of nurse managers studied were head nurses, while only 5% were nursing directors.

Table 2 indicates that prior to program implementation, only a small percentage (4.1%) of nurse managers exhibited satisfactory knowledge regarding the characteristics of paternalistic leadership. However, following the program, a substantial majority (86.7%) demonstrated a high level of satisfactory knowledge regarding the role of a paternalistic leader. Although the follow-up assessment revealed some declines in nurse managers' knowledge across all dimensions, there was still a significant and positive improvement in their knowledge levels related to all categories of paternalistic leadership compared to pre-program levels ($p < 0.001$).

As illustrated in Figure 2, only 12.2% of nurse managers had satisfactory total knowledge about paternalistic leadership before the intervention. It improved to reach 77.3% in the post-intervention phase and then slightly declined to 70.2% in the follow-up phase.

Table 3 shows the paternalistic leadership performance of nurse managers. Significant improvements in all dimensions (empowering compassion, decision-making, organizing, confidence, and influence) post-program and at follow-up phases ($p < 0.001$). Although follow-up scores were slightly lower than post-program scores, the improvements remained statistically significant.

Figure 3 illustrates that the majority (77.6%) of nurse managers exhibited negative organizational citizenship behavior prior to the implementation of the paternalistic leadership education program. However, after the program

implementation, approximately three-quarters (74.2%) demonstrated a total positive level of organizational citizenship behavior. While this positive level slightly decreased during the follow-up phase to 72.8%.

Table 4 demonstrates a highly statistically significant improvement in nurse managers' organizational citizenship behavior occurred across all phases, pre-program, post-program, and follow-up.

Table 5 presents the results of the simple linear regression analysis examining the effect of paternalistic leadership training programs on nurses' managers' organizational citizenship behaviors. The table indicates a greater effect of paternalistic knowledge on nurse managers' organizational citizenship behavior throughout the program phase, reaching 0.87 at the post-program phase and 0.83 at the follow-up phase.

Table (1): Frequency and percentage distribution of study subjects' personal data and job characteristics (n=98).

Personal data items	Nurse managers	
	No.	%
Age\year		
20-<30	10	10.2
30-<40	70	71.4
>40	18	18.4
Mean \pm SD		35 \pm 5.2
Gender		
Male	28	28.6
Female	71	71.4
Level of education in nursing		
Secondary school diploma	63	70.3
Technical Nursing Institute	3	3.1
Bachelor degree	18	18.4
Master degree	8	8.2
Years of experience in nursing		
>5	9	9.2
5>-10	72	73.5
>10	17	17.3
Mean \pm SD		6 \pm 4.3
Marital status		
Single	17	17.3
Married	59	60.3
Divorced	22	22.4
Widow	0	0
Workplace		
Ain Shams University Hospital	37	37.8
El-Demerdash Hospital	32	32.7
Pediatrics Hospital	14	14.3
Obstetrics Hospital	15	15.3

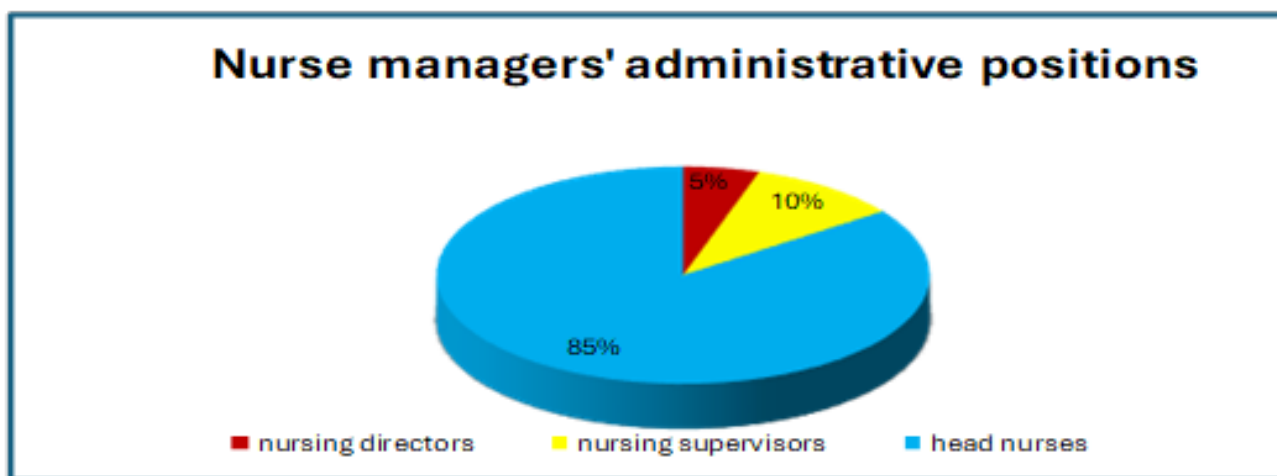


Figure (1): Percentage distribution of nurse managers' administrative positions studied (n=98).

Table (2): Comparison of nurse managers' knowledge about paternalistic leadership throughout the program phases (n=98).

Paternalistic leadership knowledge	Pre-program				Post program				Follow up				Pre/post χ^2	Pre/follow up χ^2	p-value	
	Satisfactory		Unsatisfactory		Satisfactory		Unsatisfactory		Satisfactory		Unsatisfactory					
	No.	%	No.	%	N	%	N	%	N	%	N	%				
Concept of leadership	16	16.3	82	83.7	77	78.6	21	21.4	65	66.3	33	33.7	35.33	0.0001	22.02	0.0001
Concept of paternalistic leadership	18	18.4	80	81.6	68	69.4	30	30.6	66	67.3	32	32.7	21.74	0.0001	20.61	0.0001
Characteristics of paternalistic leadership	4	4.1	94	95.9	70	71.4	28	28.6	55	56.1	43	43.9	42.53	0.0001	28.24	0.0001
Advantages of paternalistic leadership	14	14.3	84	85.7	81	82.7	17	17.3	70	71.4	28	28.6	38.72	0.0001	25.87	0.0001
Disadvantages of paternalistic leadership	11	11.2	87	88.8	74	75.5	24	24.5	72	73.5	26	26.5	37.13	0.0001	36.26	0.0001
Role of paternalistic leaders	9	9.2	89	90.8	85	86.7	13	13.3	76	77.5	22	22.5	43.93	0.0001	39.40	0.0001

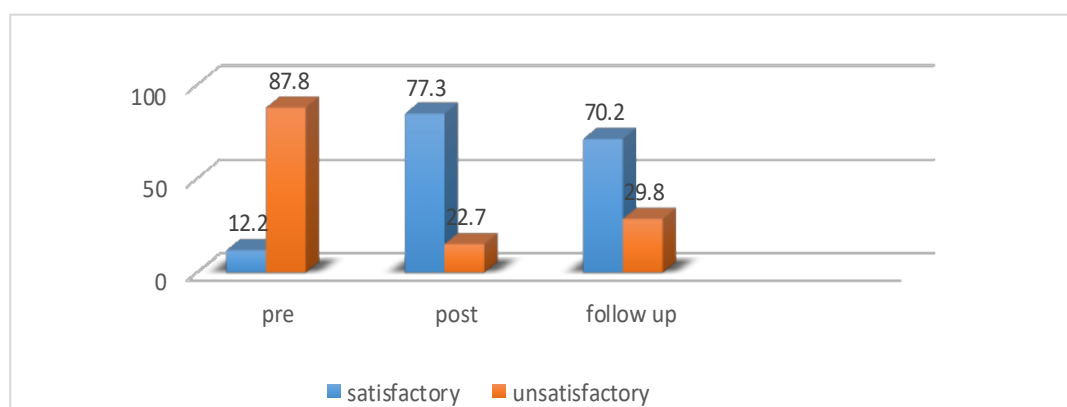


Figure (2): Percentage distribution of nurse managers' total knowledge about paternalistic leadership throughout the program phases (n=98).

Table (3): Comparison of nurse managers' paternalistic leadership performance throughout the program phases (n=98).

Dimensions of paternalistic leadership Performance	Pre-program		Post program				Follow up				Pre/post		Pre/follow up			
	Adequate	Inadequate	Adequate	Inadequate	Adequate	Inadequate	Adequate	Inadequate	No.	%	No.	%	x ²	p-value	x ²	p-value
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%				
Empowering	4	4.1	94	95.9	91	92.9	7	7.1	83	84.7	15	15.3	50.25	0.0001	46.05	0.0001
Compassion	3	3.1	95	96.9	89	90.8	9	9.2	78	79.6	20	20.4	49.77	0.0001	44.39	0.0001
Decision making	1	1.1	97	98.9	88	89.8	10	10.2	71	72.4	27	27.6	50.49	0.0001	52.07	0.0001
Organizing	3	3.1	95	96.9	89	90.8	9	9.2	78	79.6	20	20.4	49.77	0.0001	44.39	0.0001
Confidence	8	8.2	90	91.8	84	85.7	14	14.3	74	75.5	24	24.5	44.01	0.0001	39.20	0.0001
Influence	13	13.3	85	86.7	79	80.6	19	19.4	91	92.9	7	7.1	41.71	0.0001	45.16	0.0001
Total	6	6.2	92	93.8	86	87.8	12	12.2	79	80.6	19	19.4	46.31	0.0001	42.80	0.0001

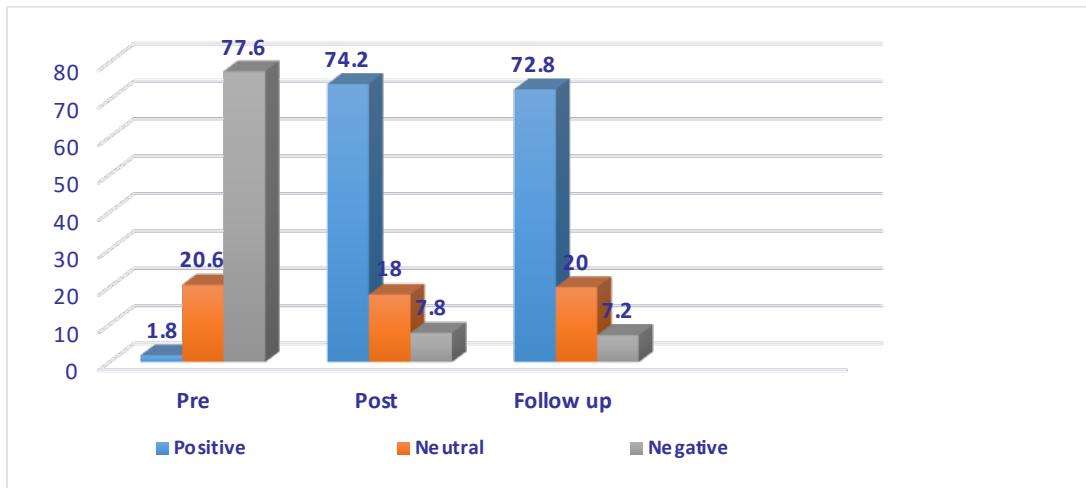


Figure (3): Percentage distribution of total organizational citizenship behavior of nurse managers throughout the program phases (n=98).

Table (4): Comparison of nurse managers' organizational citizenship behavior throughout the program (N = 98).

Dimensions of organizational citizenship behavior	Pre-program		Post program				Follow up				Pre/post		Pre/follow up									
	Positive	Neutral	Negative	Positive	Neutral	Negative	Positive	Neutral	Negative	No.	%	x ²	P-value	x ²	p-val							
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%										
Altruism deviant	1	1.02	30	30.6	45	45.9	43	43.8	10	10.2	3	3.06	105	107.1	35	35.7	2	2.04	50.25	0.0001	46.05	0.0001
Civility deviant	2	2.04	35	35.7	53	54.1	75	76.5	16	16.3	10	10.02	90	91.8	31	31.6	3	3.06	49.77	0.0001	44.39	0.0001
Sportsmanship deviant	1	1.02	20	20.4	103	105.1	91	92.8	25	25.5	7	7.1	85	86.7	10	10.2	10	10.2	50.49	0.0001	52.07	0.0001
Civic virtue deviant	3	3.06	10	10.2	94	95.9	57	58.1	17	17.3	8	8.2	43	43.9	11	11.2	11	11.2	49.77	0.0001	44.39	0.0001
Conscientiousness deviant	3	3.06	6	6.1	85	86.7	98	100	20	20.4	10	10.2	34	34.7	11	11.2	9	9.2	44.01	0.0001	39.20	0.0001
Total	1.8	1.8	20.2	20.6	76.1	77.6	72.8	74.2	17.7	18	7.7	7.8	71.4	72.8	19.6	20	7	7.2	46.31	0.0001	42.80	0.0001

Table (5): Simple linear regression for the effect of total paternalistic knowledge on nurse managers' organizational citizenship behavior throughout program phases (N=98).

Model	Organizational Citizenship Behavior														
	Pre-program					Post program				Follow-up program					
	Liner regression					Liner regression				Liner regression					
	B	R	R ²	Std. Error	t(sig)	B	r	R ²	Std. Error	t(sig)	B	r	R ²	Std. Error	t(sig)
(Constant)															
Total paternalistic knowledge	0.26	0.26	0.07	0.126	2.04 (0.03)	0.66	0.91	0.87	0.043	16.53 (0.000)	0.67	0.93	0.83	0.037	20.14 (0.000)

6. Discussion

Nursing leadership plays a crucial role in influencing various organizational outcomes, particularly in healthcare settings where the provision of life-saving services is paramount. Research indicates that nursing leaders have a significant impact on organizational citizenship behavior among nursing personnel, which, in turn, contributes to achieving organizational goals (Susanto et al., 2023). Therefore, healthcare organizations must endorse positive and constructive nursing behaviors that extend beyond formal job descriptions, facilitated by leadership styles such as paternalistic leadership. By fostering a supportive environment through paternalistic leadership, nurses are better equipped to deliver efficient, effective, and high-quality healthcare services (Chan, 2024). Given this context, the current study aimed to investigate the impact of a paternalistic leadership training program on the organizational citizenship behavior of nurse managers.

The study findings confirm that the training program successfully enhanced nurse managers' knowledge and performance in paternalistic leadership at both the post- and follow-up phases. Additionally, there was a positive effect on citizenship behavior among nurse managers after implementing the program compared with before the program, which supports the current research hypotheses.

The study's results demonstrate a significant improvement in nurse managers' knowledge of paternalistic leadership following the implementation of the training program. From the researcher's perspective, the results suggest that the significant improvement in nurse managers' knowledge of paternalistic leadership following the training program indicates that the intervention was successful in transferring knowledge; however, knowledge retention remains a challenge. The decline in knowledge retention at the follow-up phase highlights the difficulty in sustaining knowledge over time. This finding is consistent with previous research emphasizing the efficacy of training interventions in enhancing leadership competencies (Öz et al., 2022).

Additionally, Kavgacı (2023) observed an increase in participants' knowledge, which underscores the effectiveness of targeted training programs tailored to the needs of nurse managers. By equipping them with a deeper understanding of paternalistic leadership principles, healthcare organizations can empower their leaders to foster a supportive and nurturing work environment, ultimately enhancing team cohesion and performance.

The study findings unveiled a significant improvement in nurse managers' performance concerning paternalistic leadership following the implementation of the intervention. This improvement was evidenced by notably higher scores in both the post-program and follow-up evaluations compared to the pre-intervention scores. From the researchers' perspective, the improvement in paternalistic leadership performance after the program is attributed to the availability of numerous opportunities and training that enabled nursing managers to develop the necessary skills to lead and manage their teams effectively.

This finding aligns with previous research conducted by He et al. (2021), who emphasized the positive impact of

leadership development programs on leadership performance in healthcare settings. The observed improvement underscores the effectiveness of targeted interventions in equipping nurse managers with the necessary skills and competencies to effectively practice paternalistic leadership, ultimately enhancing team dynamics and organizational outcomes (Kavgacı, 2023).

The present results identified a highly statistically significant improvement in head nurses' paternalistic leadership performance in all dimensions, both pre-, post-, and follow-up, as observed by researchers. Most of them had an inadequate performance level of paternalistic leadership skills prior to program implementation. In contrast, a high percentage of them achieved an adequate performance level following program implementation.

This result is consistent with several studies. For instance, a study by Lin et al. (2022) yielded similar results, showing that a targeted leadership development program led to a significant improvement in leadership skills among healthcare professionals. Similarly, Soomro et al. (2020) reported a significant improvement in leadership performance among nurses after participating in a leadership training intervention.

Furthermore, the observed improvement in nurse managers' OCB behaviors after program implementation, as well as during follow-up, suggests the sustained impact of the paternalistic leadership program over time. From the researchers' perspective, the improvement in citizenship behavior after the paternalistic leadership program can be attributed to an increased sense of responsibility, as well as enhanced empathy and compassion. This sense, in turn, helps nurse managers develop a greater understanding of the needs and challenges faced by their team members, leading to increased empathy and compassion. This finding resonates with research by Abdou et al. (2023), which highlighted the enduring effects of leadership development interventions on organizational behavior. Similarly, a longitudinal study by Arshad et al. (2021) demonstrated that leadership interventions focusing on culture and behavior change can lead to lasting improvements in OCB. These findings underscore the importance of continuity and reinforcement in leadership development efforts to ensure lasting changes in organizational behavior and culture.

Furthermore, the study highlights the positive impact of a paternalistic leadership training program on the organizational citizenship behavior of nurse managers. After the implementation of the paternalistic leadership program, this impact can be rationalized by several factors, such as paternalistic leadership's emphasis on fostering strong interpersonal relationships, trust, and loyalty within the organization. By promoting a supportive and caring work environment, nurse managers may be motivated to participate in behaviors that benefit their colleagues and the organization, such as assisting others, volunteering for additional tasks, and demonstrating a willingness to exceed their formal job requirements. This finding aligns with recent literature emphasizing the role of leadership styles in shaping employee behaviors and organizational culture (Alanoğlu & Karabatak, 2022).

7. Conclusion

The results of this study highlight the success of the paternalistic leadership training program in enhancing nurse managers' knowledge of paternalistic leadership, improving their leadership performance, and positively affecting organizational citizenship behavior (OCB). The present study findings supported the research hypotheses.

8. Recommendations

Based on the above results, the following suggestions can be proposed:

- Implementing paternalistic leadership training programs tailored for nurse managers within healthcare organizations holds significant promise for enhancing leadership effectiveness and fostering organizational citizenship behavior (OCB) among staff.
- Healthcare organizations should prioritize investment in training and development initiatives to support nurse managers' professional growth, while also fostering a supportive organizational culture that values collaboration, trust, and mutual respect.
- Performance evaluation systems should incorporate measures of OCB and leadership effectiveness, providing constructive feedback and recognition for demonstrating qualities of paternalistic leadership.
- Future research should focus on longitudinal studies to examine the lasting impact of training programs and cross-cultural research to identify culturally sensitive approaches to leadership development.
- Additional research suggests that work engagement, job crafting, and emotional intelligence are all mediated by paternalistic leadership among burnout-prone intensive care nurses.
- Integrate paternalistic leadership principles into healthcare education curricula and technology to enhance the accessibility of training initiatives.

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