Parental leadership and its effect in reducing the withdrawal of Intermediate Health Staff

(A study in Al-Manathira General Hospital in Al-Najaf Governorate)

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القيادة الأبوية وتأثيرها في الحدِّ من انسحاب الملاكات الصحية الوسطية

دراسة في مستشفى المناذرة العام في محافظة النجف الاشرف

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Abstract:-

The purpose of the study is to explore and diagnose the reasons behind the withdrawal of the intermediate staff, through the problem of the study, which indicates that their withdrawal from the workplace is a result of the leadership not dealing in a parental way with them. The level of relationship between the research variables was tested and measured through the use of the questionnaire, and the application was in the (Al-Manathira General Hospital) and the study community was the health staff, taking an intentional sample (85) and an intentional sample for patients who had been in more than (2) days, which is (85). The effect hypotheses were formulated to test the relationship between the variables and based on the (smart plus) program. The most important conclusion of the research was the withdrawal of workers due to the lack of parental dealing from leadership with the staff in an equal manner, and the insufficient number of them due to absenteeism from work.

Key words: Parental Leadership, Withdrawal of Intermediate Health Staff, Al-Manathira General Hospital.

الملخص:

الغــرض مــن الدراســة هــو استكشـاف وتشـخيص الاسـباب الـتي تقف وراء انسحاب الملاكات الوسطية، وذلك من خلال مشكلة الدراسة التي تشـير إلى ان انسـحابهم مـن مكـان العمل، نتيجة عدم تعامل القيادة بشكل ابوي معهم. وتم اختبار وقياس مستوى العلاقة بين متغيرات البحث، من خلال اسـتخدام الاسـتبانة وكـان التطبيـق في مستشــفى (المنــاذرة العــام) ومجتمــع الدراسة الملاكات الصحية واخذ عينة قصـدية (٨٥) وعينـة قصـدية للمرضى الذين كان رقودهم اكثر من (٢) يومين وهو (٨٥)، وتم صياغة فرضيات التأثير لاختبار العلاقة بين المتغيرات واعتمد برنــامج (smart plus) وكانـت اهـم اسـتنتاجات البحـث هـو انسـحاب العاملين بسب قلة التعامل الابوي من القيادة مـع الملاكـات بشكل متساوي، والعدد غير الكافي منهم بسب التغيب عن العمل.

الكلمـات المفتاحيـة: القيـادة الأبويـة، انسـحاب الملاكات الصحية الوسطية، مستشفى المناذرة العام.

Introduction:

The environment of the health sector is witnessing an evolution in the provision of health services to patients, and it has become one of the priorities of health care organizations to adopt what achieves its goals of implementing parental leadership and reducing the withdrawal of workers, as the research problem refers to the withdrawal of staff from work, and the research aims to test and measure the relationship between the variables. The importance of the study highlights the cognitive addition and its importance for the study sample and the beneficiaries of its services. Parental leadership refers to the methods that the leader follows within an agreed upon bylaw within the management of a specific project, such as hospital management, institution management, or family head, and he acts with vitality, activity and spirit of leadership with subordinates in that aforementioned project to achieve the goals of the organization. As for the withdrawal of workers: it is a set of attitudes, and behaviors, that employees use during their stay on the job but have decided for little reason, to be less involved.

First: Literature review

The concept of Parental Leadership

(Wu & Tsai, 2012: 511) referred to parental leadership as decisive leadership, charitable leadership, ethical leadership, as charitable leadership included relationships with subordinates who showed interest, ethical leadership emphasized ethical decision-making, and decisive leadership included strict control and use of force when it came to subordinates. (Li, 2014: 3) views it as an effective and widespread management style in Chinese business agencies, especially in family-owned companies. (Jing-Horng Lu & Hsu, 2015: 115) describes it as leadership that mixes strong power, tension, imagination and vision. (Song, 2016: 1317) describes it as a leadership style that combines strong discipline and authority with paternal benevolence and ethical integrity that manifests itself in a personal atmosphere. (Hawass, 2017: 1241) pointed out that it is "the general idea of the subordinate that the behavior of the supervisor is a wonderful element and captures this subordinate". (Dedahanov et al., 2019: 2) states that the parental leadership is a pioneering like

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father style that includes authoritarianism with thinking and adventure. (Sungur et al., 2019: 3) indicated that the leadership style of managers is very vital, especially for nurses, as it allows them to be able to perform corporate activities more effectively and healthily, as is the case in other companies.

Dimensions of Parental Leadership

Parental leadership consists of three dimensions according to the (Cheng et al., 2004) scale of the parental leadership measure as it fits with the research sample and the environment and is more commonly used in research:

1. **Decisive leadership:** It is the leadership style in which the leader practice authority over the subordinates, and each subordinate bears the responsibility of obeying the leader (Rehman & Afsar 2012: 2). (Chen, 2013: 84) believes that it has absolute power that cannot be challenged and subordinates are tightly controlled, and is expected to be nearly obedient. (Özçelik & Cenkci, 2014: 873) described it as referring to the behavior of a leader that fully demonstrates his authority, deals with subordinates, and asks for unquestioned obedience from subordinates. Whereas in (Pendati, 2016: 193) states that the leader is seen as having absolute power and cannot be openly hostile.

2. **Charitable leadership:** Charitable leadership refers to the behavior of a superior that properly manifests comprehensive concerns about a personal or family subordinate (Cheng, & Farh 2000: 94). (Cicellin et al., 2015: 107) indicated that the word "charitable" is the way in which a leader's behavior indicates concern for the well-being of the person or family of the subordinates, and good charitable paternalism indicates that the leader respects his subordinates, meets their feelings and personal needs, and provides them with support. (Chou et al., 2015: 4) see it as the way in which the leader indicates a non-public and universal concern for subordinate well-being (which correctly includes the family).

3. **Ethical leadership:** Refers to a leader's behavior that is in line with social norms and virtues to set an example for others, as the ethical leader explains that his authority is not the best for

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private gain but in addition to that in relation to the common situation (Lau, 2012: 85). (Wu et al., 2012: 100) see that it is a pioneering behavior in the movement that demonstrates the virtues of advanced personality, willpower and self-denial. (Saher et al., 2013: 444) described that refers to a superior ethical individual who enhances identity and values subordinates. As (Sposato 2016: 49) states that within the ethical volume, a leader is expected to be an ethical example and subordinates are expected to assimilate these values and application it to the work and life context. (Qiu et al., 2018: 1) pointed out that the ethical leadership approach that supervisors demonstrate is excessive personal and ethical integrity and does not abuse their power or steal other hobbies.

The concept of Withdrawal of Intermediate Health Staff

Withdrawal in the workplace is defined as the set of behaviors performed by dissatisfied people to avoid a situation at work; these are behaviors designed to avoid participation in unsatisfactory business situations (Hanisch & Hulin, 1990: 63). (Koslowsky et al., 1997: 79) Described it as being late to arrival or departure before the end of work. (Barling, 2016: 3) sees withdrawal from employment as the employee's efforts to dispose of a selected organization and his or her job at work, including behaviors consisting of turnover intentions, a desire to retire, and intended retirement age. As (Abubakar et al., 2017: 129) sees withdrawal from work as a behavior undertaken with the help of employees who are unhappy in their work to reduce the time they spend on their own work responsibilities. Disturb individuals who do not move away from a work situation. (Nguyen, 2018: 17) noted that it is "a consistent set of behaviors that bother individuals who are enacted to move away from a work situation.

Dimensions of Withdrawal of Intermediate Health Staff

The researcher chose a scale (Swiss, 2018) for measuring the withdrawal of intermediate health staff, as it is consistent with the research sample and the environment of the research sample and is more used in research such as (Shapira-Lishchinsky & Tsemach,

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2014: 679-680), which consists of three dimensions to measure the withdrawal of intermediate health staff, it is:

1. **The delay:** Such as being stuck at work for half an hour or more, and leaving work early for every other motive, specifically the trip to go or a break in destiny while working and working below the normal degree of performance, and now not coming to work because of a personal illness (Fisher et al., 2000: 365). (Öge et al., 2018: 29) indicated that unsupportive work conditions may separate employees from working emotionally and a psychological withdrawal from this work environment ensues. In other words, we can suggest that a supportive, caring and harmonious work environment can engage employees emotionally in their work this is followed by psychological involvement in the work environment and those who are in it, so employees resort to delaying work as the beginning of another cycle.

2. **Absenteeism from work:** Grief at work or resentment toward the group causes employees to deviate from the ugly scenario by absenteeism or delaying work (Birati & Tziner 1996: 305). (Shapira-Lishchinsky & Even-Zohar, 2011: 430) explain the main forms of absenteeism:

a. Voluntary absenteeism: this is usually less than direct manipulation of the worker and is often exploited for non-public problems including market testing looking for alternative job opportunities.

b. Involuntary absenteeism: which is usually out of control over the worker. (Allen, 2013: 8) noted the more problems a worker faces, the more likely he or she is to leave or plan to leave the company.

3. **Intention to leave:** Absence from work, being postponed, lack of interest, or forgetting simple obligations, negative general functioning and even drug abuse, and negative physical and physical health (Shaffer & Harrison, 1998: 91). (Flinkman et al., 2010: 1423) indicated that at the same time, that there is a shortage of nursing in many organizations, a proportion of nurses move to other professions or withdraw from the workforce, for example to take care of children or retire early,

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and the shortage of nurses represents nurse turnover is a major problem for nursing and healthcare in terms of being able to care for patients. The turnover of nurses has resulted in costs due to job refilling, arranging orientation programs for new employees, loss of productivity and organizational knowledge to understand why nurses leave. Nurse turnover has been described as a withdrawal process or a causal chain, and nurses may leave their ward. First, the organization and finally the profession.

Second: Materials and Method

The current research sought to answer the following questions:

1. What is the level of effect of the parental leadership and its dimensions in the withdrawal of intermediate health staff in the workplace?

2. What is the reflection of the effect of parental leadership and staff withdrawal in enhancing patient satisfaction and improving the services provided to them?

3. To what extent does the hospital management implement the parental leadership of its health services towards its customers?

Based on the conceptual framework and previous studies on research variables: (parental leadership, the withdrawal of intermediate health staff) and from the study problem and its objectives, a hypothetical outline of the study was designed in Figure (1) which expresses the logical relationships between the study variables (Cheng et al., 2004), (Swiss, 2018).
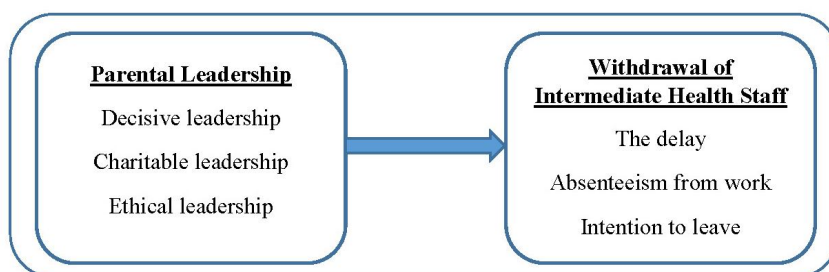
Parental Leadership

Decisive leadership

Charitable leadership

Ethical leadership

Withdrawal of Intermediate Health Staff

The delay

Absenteeism from work

Intention to leave

Figure 1. The research model

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Third: The research hypotheses

Based on the philosophy of the research outline, the research includes several main and sub hypotheses, as follows:

1. The first main hypothesis: There is a statistically significant effect of the parental leadership in the withdrawal of intermediate health staff. From which the following sub-assumptions emerge:

a. The first sub-hypothesis: There is an effect relationship to decisive leadership in the withdrawal of intermediate health staff.

b. The second sub-hypothesis: There is an effect relationship to charitable leadership in the withdrawal of intermediate health staff.

c. The third sub-hypothesis: There is an effect relationship to ethical leadership in the withdrawal of intermediate health staff.

Third: Results

3.1 The statistical description of the research variables

Descriptive statistics focuses on providing a summary of the response of the researched sample to the study variables, and its diagnosis by adopting a number of statistical indicators that give sufficient significance for this description, as descriptive statistics form an important component of the quantitative data analysis, as it describes the existing data by diagnosing the behavior of the sample that was adopted in collecting the data. It helps researchers to understand the detailed meaning of the data to be analyzed by adopting tables or graphs and discussing them in detail (Triola, 2012: 4). In this case, it is necessary to rely on a set of descriptive statistical indicators represented by the arithmetic mean that shows the extent of the sample's response to the studied variables, and the standard deviation that shows the extent of deviation of the values from their arithmetic mean. In addition to diagnosing the relative importance of each paragraph and dimension of the dimensions through which the variables were measured, so the value of the hypothetical mean was adopted at a rate of (3), meaning that the realized value of the arithmetic mean index that is less than the hypothetical mean is an unacceptable value, otherwise it is an

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acceptable value. On this basis, the Likert five-point scale was relied upon (completely agree, agree, neutral, do not agree, do not completely agree), as indicated in the paragraphs shown below:

1. Parental leadership variable: This variable consists of three sub-dimensions (decisive leadership, charitable leadership, and ethical leadership) and the results on the level of dimensions presented in Table (1) are:

Table 1. Indicators of descriptive statistics for the dimensions of the parental leadership variable

	Dimensions	Mean	Std.	Relative importance	Arrangement
1	Decisive leadership	3.482	٠.84	0.69	first
2	Charitable leadership	3.39	0.79	0.678	second
3	Ethical leadership	3.29	٠.83	٠.65	third
4	Total parental leadership	3.387	0.82	0.672	

Source: Prepared by the researcher based on SMART PLS program outputs.

2. The employee withdrawal variable from the workplace: This variable consists of three sub-dimensions, which are as follows:

Table (2) shows the rates of descriptive statistics indicators (the arithmetic mean, standard deviation, and relative importance) on the level of variable dimensions (withdrawal of workers from the workplace), as it becomes clear that the mentioned variable has achieved an acceptable arithmetic mean as it exceeds the hypothetical mean with a rate of (3.43) With a standard deviation (0.75), the relative importance reached (0.68), while the order of dimensions was (the delay, absenteeism from work, intention to leave) respectively.

Table 2. Descriptive statistics indicators for the dimensions of the variable of withdrawal of intermediate health staff from the workplace

	Dimensions	Mean	Std.	Relative importance	Arrangement
1	The delay	3.47	0.712	0.694	first
2	absenteeism from work	3.382	0.825	0.676	third
3	intention to leave	3.443	0.728	0.688	second
	Total withdrawal of workers from the workplace	3.431	0.755	0.686	

Source: Prepared by the researcher based on SMART PLS program outputs.

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3.2 Hypothesis testing

The effect coefficient (beta), the coefficient of determination (R2) and its importance will be determined by determining the calculated value (t) and its importance, and the statistical program (SMART PLS) will be used to display the results presented in the form of figures and tables, which are as follows:

First: The main hypothesis: The researcher assumes the existence of a significant effect relationship at a significant level (5%) negative to parental leadership (X) in the withdrawal of workers from the workplace (M). That is, the independent variable, parental leadership, when increasing it, will lead to a decrease in the variable employee withdrawal from the workplace, and for the purpose of testing this hypothesis, a simple regression method will be used to test the effect relationship between the two variables and their trend. (SMART PLS 3.2.7) will be used in extracting the results of the structural equation (SEM-PLS), as the results are shown in Figure (2) which estimates the effect as results on the shares of effect relationships between the two variables as well as shows the level of significance, while Table (3) adds some statistics confirming the results from the standard error of the effect, the value of (T) and the level of significance. The decision to accept or reject the hypothesis depends on the level of the normative significance (5%) less than the hypothesis is accepted the opposite true. The test results are as follows:
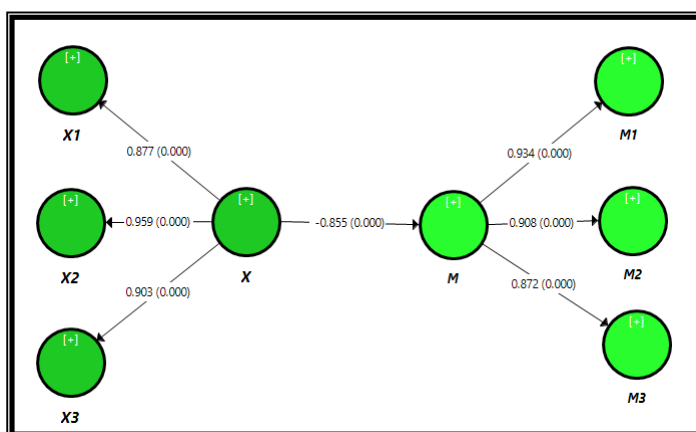

Figure 2. The impact factor and the level of significance of the parental leadership in the withdrawal of workers from the workplace

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Table 3. Statistics of testing the effect of parental leadership on the withdrawal of workers from the workplace

	Original Sample (O)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
X -> M	-0.855	0.043	19.861	0.000

According to the results of Figure (2) and Table (3), it was found that the coefficient of determination (R2) (0.73), meaning that the parental leadership is explained by the variation in the withdrawal of workers from the workplace, which is a good and acceptable percentage. The results that assessed the effect of parental leadership in the withdrawal of workers from the workplace showed (0.855-), which is negative, that is, if the parental leadership increases one unit, it reduces the withdrawal of workers from the workplace by (0.855). In addition, the effect ratio is of significant, because the achieved level of significance (000.0) is less than the level of standard significance (5%) and according to these results; this hypothesis is accepted at the level of this study.

Second: Sub-hypothesis testing: The researcher assumed the existence of a significant effect relationship at a significant level (5%) negative for the dimensions of parental leadership (decisive leadership (X1), charitable leadership (X2), ethical leadership (X3)) in the withdrawal of workers from the workplace (Y). That is, the dimensions of the independent variable, the parental leadership, when increasing it by one unit, will lead to the reduction of the withdrawal of workers from the workplace. For testing this hypothesis, a multiple regression method will be used to test the effect relationship between the independent dimensions and their direction. (SMART PLS 3.2.7) will be used in extracting the results of the structural equation (SEM-PLS), as the results are shown in Figure (3), which estimates the effect as results on the effect relationships between the independent dimensions variable as well as shows the level of significance, while Table (4) adds some statistics that confirm the results from the standard error of the effect, the value of (T) and the level of significance, the decision to accept or reject the hypothesis depends on the level of standard significance (5%) less than the hypothesis is accepted the opposite true. The test results are as follows:

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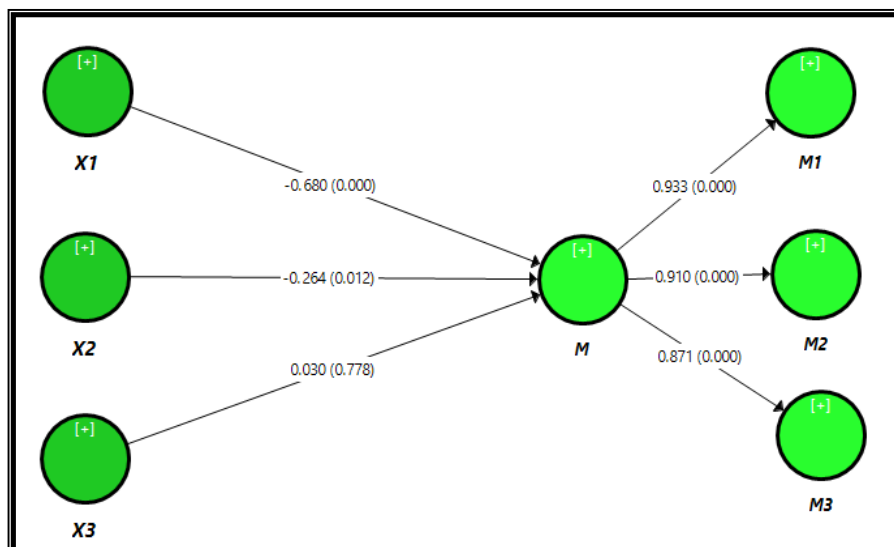مجلة الكلية الإسلامية الجامعة
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Figure 3. Effect coefficient and level of significance of the parental leadership dimensions in the withdrawal of workers from the workplace

Table (4) Statistics of the effect test of the dimensions of parental leadership in the withdrawal of workers from the workplace

	Original Sample (O)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
X1 -> M	-0.68	0.077	8.824	0.0000
X1 -> M1	-0.634	0.075	8.502	0.0000
X1 -> M2	-0.618	0.078	7.947	0.0000
X1 -> M3	-0.592	0.072	8.195	0.0000
X2 -> M	-0.264	0.101	2.603	0.0100
X2 -> M1	-0.246	0.095	2.605	0.0090
X2 -> M2	-0.24	0.093	2.591	0.0100
X2 -> M3	-0.23	0.088	2.605	0.0090
X3 -> M	0.03	0.101	0.297	0.7660
X3 -> M1	0.028	0.094	0.297	0.7660
X3 -> M2	0.027	0.091	0.299	0.7650
X3 -> M3	0.026	0.088	0.297	0.7660

According to the results of Figure (3) and Table (4), it was found that the coefficient of determination (R^2) (0.79), that is, the dimensions of parental leadership are explained by the variation in the withdrawal of workers from the workplace, which is a good and

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acceptable percentage. As for the sub-hypothesis test, they are as follows:

1. The first sub-hypothesis: The researcher assumed the existence of a negative and significant effect of decisive leadership in the withdrawal of workers from the workplace. According to the results of Figure (3) and Table (4), it was found that the effect of decisive leadership in the withdrawal of workers from the workplace was estimated at (- 0.68) which is negative, meaning that the decisive leadership, whenever one unit increases, reduces the withdrawal of workers from the workplace by (0.68). That the effect ratio is of significant because the level of the achieved significance (0.000) is less than the level of the standard significance (5%). According to these results, this hypothesis is accepted at the level of this study.

2. The second sub-hypothesis: The researcher assumed the existence of a negative and significant effect of charitable leadership in the withdrawal of workers from the workplace. According to the results of Figure (3) and Table (4), it was found that the effect of charitable leadership in the withdrawal of workers from the workplace was estimated at (- 0.264) and it is negative, meaning that the more charitable leadership, whenever one unit increases, it reduces the withdrawal of workers from the workplace by (0.264). That the effect ratio is of significant because the level of the achieved level of significance (0.010) is less than the level of standard significance (5%), and according to these results, this hypothesis is accepted at the level of this study.

3. The third sub-hypothesis: The researcher assumed the existence of a negative and significant effect of ethical leadership in the withdrawal of workers from the workplace. According to the results of Figure (3) and Table (4), it was found that the effect of ethical leadership in the withdrawal of workers from the workplace was estimated at (0.03) and it is positive, meaning that the more moral leadership increases in one unit, increases the withdrawal of workers from the workplace by (0.03). The effect rate is not significant because the level of the achieved significance (0.778) is greater than

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the level of the standard significance (5%). According to these results, this hypothesis is rejected at the level of this study.

Conclusions:

A set of results were reached through the practical aspect of the study and the interpretation of these results is:

1. The leaders in the research sample are characterized by a tendency to paternal leadership in a low percentage towards intermediate health staff through the response of the sample.

2. Withdrawal in the workplace appeared through colleagues' evaluation of each other at work, despite the leaderships' dealing of the parental pattern, as some of them tend to work, but others are not committed to working according to the response of the sample.

3. Parental leadership did not affect the required level of intermediate staff, nor did it prevent most of them from withdrawing from the workplace.

4. The withdrawal of health staff from the workplace is a result of many reasons, some of which are beyond their control, and some of them are a result of the lack of work requirements.

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