

Influence of Supervisor's Paradoxical Leadership and Organizational Learning Capability on Nurses' Voice Behavior: Comparative Study

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Abstract:

Background: Intensive Care (IC) nursing supervisors' ability to manage paradoxical issues and organizational learning capabilities can influence nurses' voice behavior (VB) that affects the hospital overall quality. **Study aim:** To compare between Tanta University and EL-Mehala General Hospitals regarding the influence of supervisors' paradoxical leadership and organizational learning capability on nurses' voice behavior. **Method:** Comparative cross-sectional design was used. **Setting:** The study was conducted in IC units at both Tanta University and EL-Mehala Hospitals **Subjects:** Included convenience sample of 205 IC nurses from both hospitals. **Tools:** 3 tools were used, Nursing Supervisors' Paradoxical Leadership, Organizational Learning Capability (OLC), and Nurses' Voice Behavior Questionnaires. **Results:** At Tanta University Hospital 54% of IC nurses had moderate level of perception regarding supervisors' paradoxical leadership, 51% had low level of OLC and 30% had moderate level of VB. At EL-Mehala Hospital 82.9% of IC nurses had a low level of perception regarding supervisors' paradoxical leadership, 81.0% had low level regarding OLC, and 49.5% had low level of VB. **Conclusion:** There was statistical significant difference between the two hospitals regarding nurses' perception of supervisors' paradoxical leadership and OLC and their VB. **Recommendations:** Train nursing supervisors about paradoxical leadership and its importance to develop nurses professionally, and value nurses' voice behaviors.

Keywords: Nurses, Organizational learning capability, Paradoxical leadership, Supervisors & Voice behavior

Introduction

There are growing evidences that nursing leaders confront contradictory challenges on a daily basis. These challenges emerge from the rapidly changing and complex technology, economic pressures, cost reduction strategies, and social changes that affect healthcare environment. This requires nursing leaders to be gentle but also persistent and dominant. Consequently, the notion of paradoxical leadership come into view, it reflects nursing leader's ability to react to paradoxes in positive and constructive manner (Fürstenberg et al., 2021). Paradoxes can be noticed in maintaining nurses' autonomy, while encouraging collaboration and multidisciplinary team formation; follow rules and procedures, while allowing nurses' flexibility (Putnam et al., 2016; Zhang et al., 2015; Lewis & Smith, 2014).

Paradoxical leadership has been defined as the leader's sense- giving to followers about the necessity to execute contradictory yet interrelated behaviors to constructively deal with workplace paradoxes and tensions (Sparr et al., 2015). Paradox is a holistic style of thinking that accepting competing demands and supposing them as simultaneously true; it based on the nurse-leader's ability to adopt a "both/and" rather than "either -or" mode of thinking. (Ashforth et al., 2014; Waldman & Bowen, 2016; Miron Spektor et al., 2018). This concept was firstly

introduced by Zhang et al. (2015) to conceptualize how leader behaviors that apparently opposing, however interconnected contribute to achieve workplace competing goals. (Zhang et al., 2015)

Paradoxical leadership can be categorized into five behavioral dimensions, allow autonomy, while; keeping the right for decision; permit flexibility, while; enforcing work requests, respect individuality, while; treating staff equally, keep both distance and closeness; and finally keep equilibrium between self-interest and other-centeredness. Possession of those behaviors enable nursing supervisors to guide nurses to cope with uncertainty, find a meaning in their work, make sense of paradoxes through empowering nurses to show beneficial attitudes and be capable to address both the bright and dark sides of a paradox and buffer the negative responses arise from such a paradox. (Sparr 2018, Zhang et al., 2015, Sparr et al., 2015).

To manage such paradoxes, hospital administration need to recognize the importance of continuous learning through creation, acquisition, and integration of knowledge to modify nurses' behavior in order to improve their performance, that is known as Organizational Learning Capabilities (OLC).

Learning is one of the most valuable strategies to accomplish sustainable competitive advantage. Thus, OLC is viewed as a managerial feature that smooth

and allow organizational learning. OLC incorporate three components; idea generation, idea generalization, and recognize learning disabilities (Al-Heizan 2022). OLC has four dimensions; commitment of the management, openness and experimentation, systems perspective and finally knowledge flow and incorporation (Haile & Tüzüner 2022). Hospitals can facilitate its learning capabilities through interaction with the external environment, taking risk, experimentation, initiate dialogue, and participative decision making (Antunesa & Pinheiro 2020).

Different empirical evidences showed that paradoxical leadership as well as OLC emphasis on establishing discussions of high quality between supervisors and nurses. Which in turn associated with numerous positive effects including nurses' creativity, work engagement, organizational citizenship behavior and improves their voice behavior (Yang et al., 2021; Fürstenberg et al., 2021; Li et al., 2020).

Voice behavior (VB) is about nurses' opportunity for expressing opinions regarding workplace related issues; including work processes, task practices and other hospital running procedures. VB can be promotive "affiliative" where nurses are able to freely express their innovative ideas and constructive suggestions for change to improve the hospital efficiency. While prohibitive VB "protective" occurs when nurses present their fears and concerns about hospital problems that threat their status quo (Li et al., 2020). Literature describe three distinct types of voice; Prosocial voice is conveying ideas and opinions related to work; including a cooperative motive. Defensive voice is conveying work-related opinions and ideas stem from worries targets self-protection and motivated by fear. Acquiescent voice is conveying ideas and opinions related to work built around feelings of resignation, emphasizing the expression of support and agreement. (Yang 2021)

Significant of study

Nurses working in intensive care units provide care for critically ill patients in a complex, ambiguous, and contradictory environment; which characterized by scarcity of resources and staff shortage (Mahmoud & Obied 2022). Thus, nursing supervisors have crucial task to not only manage paradoxes and maintain effective performance to achieve hospital goals, but, also promote nurses' learning as well as encourage nurses' voice behaviors that consequently may affect nurses' loyalty, engagement and hospital improvement and ability to change (Sparr 2018; Qi & Yang 2018; Sparr 2018; Mohammed & Ali 2016; Zhang et al., 2015;). Inability to manage workplace paradoxical issues and constraints in maintain continuous learning make nurses lose the

meaning of their work, being unable to reach the expected outcomes and cannot provide a voice in their organization, that link is not comprehensively studied from the nursing perspective (Schad et al., 2016; Liu, et al., 2013). So, we need to shed lights on the bright side of paradoxical leadership and discover the effect of supervisors' paradoxical leadership and OLC on nurses' voice behavior at both Tanta University Hospital and EL-Mehala General Governmental hospital.

Aim of the study

This study aimed to compare between Tanta University and EL-Mehalla General Hospitals regarding the influence of supervisors' paradoxical leadership and organizational learning capability on nurses' voice behavior.

Research questions

- What are the levels of nursing supervisors' paradoxical leadership in Tanta University and EL-Mehala General Hospitals?
- What are the levels of nurses' organizational learning capability in Tanta University and EL-Mehala General Hospitals?
- What are the levels of nurses' voice behavior in Tanta University and EL-Mehala General Hospitals?
- What is the relation between nursing supervisors' paradoxical leadership and OLC and nurses' voice behavior?
- Is there a difference between Tanta University and EL-Mehala General Hospitals regarding paradoxical leadership and OLC and nurses' voice behavior?
- What is relation between nurses' personal data and paradoxical leadership, organizational learning capability and voice behavior?

Subject and Methods

Research design

This study applied a comparative cross-sectional research design to compare, describe, and examine differences between variables among study groups at one given point of time (Lau & Kuziemsky 2016)

Setting

This study was conducted in two different settings:

- Tanta University Main Hospitals affiliated to Ministry of High Education and Scientific Research including, Intensive Care Units (ICUs) consisted of Cardiac, Anesthesia, Neurological, Pediatrics, Medical, and Neonate ICUs.
- EL-Mehala General Hospital affiliated to Ministry of Health and Population, including Pediatric, Medical, Neonate, and surgery ICUs.

Subjects

A convenience sample of 205 IC nurses as following:

- All (n=100) IC nurses were working at Tanta University Main Hospital, providing direct patient

care form Cardiac (n=10), Anesthesia (n=10), Neurological (n=19), Pediatrics (n=16), Medical (n=18), and Neonate (n=27).

- All (n=105) ICU nurses were working at EL-Mehala General Hospital, providing direct patient care included Pediatrics (n=18), Medical (n=30), Neonate (n=19), and Surgery (n=38).

Tools of data collection

Three tools were used to gather data of present study.

Tool I- Nursing Supervisors' Paradoxical Leadership Questionnaire. Developed by researchers guided by (Zhang et al., 2015) and related literatures (Peng et al., 2020; Franken et al 2020).it consisted of two parts; **Part (1):** Nurses' personal characteristics: included sex, age, nursing educational level, employment status, experience in current unit, and name of ICU, and direct supervisor' sex.

Part (2): Supervisors' paradoxical leadership questionnaire used to assess IC nurses' perception of their supervisors' paradoxical leadership, it consisted of 22 items divided into 5 dimensions: respect individuality, while; treating staff equally (5 items), keep equilibrium between self-interest and other-centeredness (5 items), allow autonomy, while; keeping the right for decision (4 items), permit flexibility, while; enforcing work requests (4 items), and keep both distance and closeness (4 items).

Scoring system: The nurses' responses were measured on a 5-points Likert Scale varying from 5= always 4= often, 3= sometimes, 2= rarely, 1 = never. Levels of nursing supervisors' paradoxical leadership represented statistically based on the cut-off points into $\geq 75\%$ as high level; $< 75\%$ -60% as moderate level and low $< 60\%$.

Tool II: Organizational Learning Capability Questionnaire, developed by researchers guided by (Chiva, et al., 2007) and related literatures (Hanson et al., 2021; Sparr 2018). It consisted of 14 items to assess ICU nurses' perception of organizational learning capability. **Scoring system:** The nurses' responses were measured on a 5-points Likert Scale varying from 5= always 4= often, 3= sometimes, 2= rarely, 1 = never. Levels of ICU nurses' organizational learning capability represented statistically based on the cut off points into $\geq 75\%$ as high; $< 75\%$ -60% as moderate and low $< 60\%$.

Tool III: Nurses' Voice Behavior Questionnaire, developed by researchers guided by (Van Dyne & LePine, 1998) and related literatures (Li et al., 2020; Yang 2021). It consisted of 6 items to assess ICU nurses' Voice Behavior. **Scoring system:** The nurses' responses were measured on a 5-points Likert Scale varying from 5= always 4= often, 3= sometimes, 2= rarely, 1 = never. Levels of ICU nurses' voice represented statistically based on the cut off points

into $\geq 75\%$ as high; $< 75\%$ -60% as moderate and low voice behavior $< 60\%$.

Method of data collection:

All tools were modified, translated into Arabic by researchers and presented to a jury of five experts in the field of nursing administration to assess face and content validity; based on their opinions modifications and rewording of some items were done. The Content Validity Index was 90%, 94% and 95% for tool I, II, and III respectively. A pilot study was conducted on (10%) 21 nurses to assess the applicability of tools and reliability and they were not included in the study sample. Using Cronbach's coefficient alpha test, reliability values were 0.90, 0.95, and 0.93, for tool I, II, and III respectively. Data were collected; through self-administered questionnaires; in small groups during the morning sifits; it took approximately 20 minutes for each participant. The data collected within three months from February to April 2021.

Ethical considerations: The ethical approval was obtained from The Scientific Research Ethical Committee (Code No.156-12-22). Then the approvals of the head of each hospital were obtained, the purpose of the study was explained to IC nurses and their oral consents to participate were obtained. They were assured about the confidentiality of their data, their right to withdraw, and that the study wouldn't cause them any harm.

Data analysis: Data were fed to the computer and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp) Qualitative data were described using number and percent. The Kolmogorov-Smirnov test was used to verify the normality of distribution Quantitative data were described using range (minimum and maximum), mean, standard deviation, median. 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, Student t-test, Pearson coefficient, Mann Whitney test, Kruskal Wallis test, and F-test (ANOVA)

Results

Table (1): Nurses' personal characteristic in Tanta University and El-Mehala Hospitals (n = 205)

Personal characteristic	University hospital (n = 100)		El-Mehala hospital(n = 105)	
	No.	%	No.	%
Sex				
Male	8	8.0	39	37.1
Female	92	92.0	66	62.9
Age (years)				
< 30	45	45.0	70	66.7
30 – 40	24	24.0	34	32.4
>40	31	31.0	1	1.0
Mean ± SD.	34.55 ± 9.93		28.05 ± 4.54	
Nursing education				
Diploma	68	68.0	42	40.0
Bsc. In nursing	30	30.0	59	56.2
Post grad. studies	2	2.0	4	3.8
Employment status				
Full time	100	100.0	86	81.9
Part time	0	0.0	19	18.1
Experience in current unit/ year				
<10	59	59.0	84	80.0
10 – < 20	17	17.0	20	19.0
≥20	24	24.0	1	1.0
Mean ± SD.	11.81 ± 9.50		5.41 ± 4.30	
Intensive care work Unit				
Cardiac	10	10.0	0	0.0
Anesthesia	10	10.0	0	0.0
Neuro	19	19.0	0	0.0
Pediatrics	16	16.0	18	17.1
Medical	18	18.0	30	28.6
Neonate	27	27.0	19	18.1
Surgery	0	0.0	38	36.2
Supervisors' sex				
Male	1	1.0	7	6.7
Female	99	99.0	98	93.3

Table (2): Levels of nursing supervisors' paradoxical leadership in Tanta University and El-Mehala Hospitals as perceived by nurses (n = 205)

Nursing supervisors' Paradoxical leadership	University hospital (n = 100)		El-Mehala hospital (n = 105)		χ^2	p
	No.	%	No.	%		
Respect individualization while; treating staff equally						
Low (<60%)	13	13.0	65	61.9	54.134 *	<0.001 *
Moderate (<75%-60%)	48	48.0	28	26.7		
High (≥75%)	39	39.0	12	11.4		
Keep equilibrium between self-interest and other-centeredness						
Low (<60%)	19	19.0	70	66.7	47.734 *	<0.001 *
Moderate (<75%-60%)	48	48.0	23	21.9		
High (≥75%)	33	33.0	12	11.4		
Allow autonomy, while; keeping the right for decision						
Low (<60%)	25	25.0	63	60.0	28.192 *	<0.001 *
Moderate (<75%-60%)	38	38.0	28	26.7		
High (≥75%)	37	37.0	14	13.3		

Nursing supervisors' Paradoxical leadership	University hospital (n = 100)		El-Mehala hospital (n = 105)		χ^2	p
	No.	%	No.	%		
Permit flexibility, while; enforcing work requests						
Low (<60%)	17	17.0	73	69.5	61.298*	<0.001*
Moderate (<75%-60%)	38	38.0	22	21.0		
High ($\geq 75\%$)	45	45.0	10	9.5		
Keep both distance and closeness						
Low (<60%)	15	15.0	64	61.0	56.313*	<0.001*
Moderate (<75%-60%)	32	32.0	29	27.6		
High ($\geq 75\%$)	53	53.0	12	11.4		
Total nursing supervisors' paradoxical leadership						
Low (<60%)	16	16.0	87	82.9	91.861*	<0.001*
Moderate (<75%-60%)	54	54.0	10	9.5		
High ($\geq 75\%$)	30	30.0	8	7.6		

SD: Standard deviation t: Student t-test χ^2 : Chi square test
 p: p value for comparing University and El-Mehala hospitals *: Statistically significant at $p \leq 0.05$

Table (3): Total levels of nurses' perception regarding organizational learning capability in Tanta University and El-Mehala Hospitals (n = 205)

Organizational Learning Capability	University hospital (n = 100)		El-Mehala hospital (n = 105)		χ^2	p
	No.	%	No.	%		
Low (<60%)	51	51.0	85	81.0	21.489*	<0.001*
Moderate (<75%-60%)	33	33.0	16	15.2		
High ($\geq 75\%$)	16	16.0	4	3.8		

SD: Standard deviation U: Mann Whitney test χ^2 : Chi square test
 p: p value for comparing University and El-Mehala hospitals *: Statistically significant at $p \leq 0.05$

Table (4): Total levels of nurses' voice behavior in Tanta University and El-Mehala General Hospitals (n = 205)

Nurses' Voice Behavior	University hospital (n = 100)		El-Mehala hospital (n = 105)		χ^2	p
	No.	%	No.	%		
Low (<60%)	21	21.0	52	49.5	26.544*	<0.001*
Moderate (<75%-60%)	30	30.0	34	32.4		
High ($\geq 75\%$)	49	49.0	19	18.1		

SD: Standard deviation U: Mann Whitney test χ^2 : Chi square test
 p: p value for comparing University and El-Mehala hospitals *: Statistically significant at $p \leq 0.05$

Table (5): Correlation between voice behavior, organizational learning capability and paradoxical leadership in Tanta University and El-Mehala General Hospitals (n = 205)

Total scales		University hospital			El-Mehala hospital		
		Voice Behavior	OLC	Paradoxical leadership	Voice Behavior	OLC	Paradoxical leadership
Voice Behavior	r		0.306*	0.408*		0.144	0.424*
	p		0.002*	<0.001*		0.142	<0.001*
Organizational learning capability	r			0.433*			0.421*
	p			<0.001*			<0.001*
Paradoxical leadership	r						
	p						

r: Pearson coefficient *: Statistically significant at $p \leq 0.05$

Table (6): Relation between nurses' personal data and paradoxical leadership, organizational learning capability and voice behavior in Tanta University and El-Mehala Hospitals (n = 205)

Nurses' personal data	Supervisors' paradoxical leadership		Organizational learning capability		Nurses' voice Behavior	
	University (n = 100)	El-Mehala (n = 105)	University (n = 100)	El-Mehala (n = 105)	University (n = 100)	El-Mehala (n = 105)
Sex U(p)	2.324 (0.022*)	0.432 (0.667)	236.00 (0.093)	1141.50 (0.334)	359.50 (0.913)	1033.50 (0.092)
Age (years)H(p)	3.076 (0.051)	1.724 (0.184)	3.554 (0.169)	4.138 (0.126)	1.680 (0.432)	12.426 (0.002*)
Level of nursing education H(p)	0.961 (0.386)	3.188 (0.045*)	2.285 (0.319)	0.261 (0.878)	1.884 (0.390)	2.578 (0.276)
Employment status U(p)	–	0.725(0.470)	–	812.00 (0.967)	–	636.0 (0.131)
Experience in current unit H(p)	4.723 (0.011*)	1.599 (0.207)	3.165 (0.205)	11.957 (0.003*)	1.752 (0.416)	13.663 (0.001*)
Work unit H(p)	4.379 (0.001*)	2.286 (0.083)	39.344 (<0.001*)	4.726 (0.193)	21.455 (0.001*)	1.589 (0.662)
Supervisors' sex U(p)	0.244 (0.808)	1.038 (0.302)	29.500 (0.600)	212.50 (0.093)	43.0 (0.880)	277.0 (0.395)

SD: Standard deviation

U: Mann Whitney test

H: H for Kruskal Wallis test

*: Statistically significant at $p \leq 0.05$

Table (1): Nurses' personal characteristic in Tanta University and El-Mehala Hospitals. Regarding university hospital, majority (92%) of nurses were females. Around half (45%) of them were less than 30 years of age, with mean age (34.55 ± 9.93). High percent (68%) had Diploma degree in Nursing. Concerning employment status all (100%) of university nurses had full time work. More than half (59%) of them had less than ten years of experience in their current unit with mean years of experience 11.81 ± 9.50 . More than quarter (27%) of them were working in Neonate ICU, followed by (19%, 18% and 16%) were working in Neuro, Medical, and Pediatrics ICUs. Regarding supervisors' sex majority of them (99%) were females.

Regarding El-Mehala hospital high percent (62.9%) of nurses were females. More than two thirds (66.7%) of them were less than 30 years of age, with mean age (28.05 ± 4.54). More than half (56.2%) of them had bachelor degree in Nursing. Concerning employment status majority (81.9%) of El-Mehala nurses had full time work. Majority (80%) of them had less than ten years of experience in their current unit with mean years of experience 5.41 ± 4.30 . More than quarter (36.2%) of them were working in surgery, followed by (28.6%, 18.1% and 17.1%) were working in Medical, Neonatal, and Pediatrics ICUs. Regarding supervisors' sex majority of them (93.3%) were females.

Table (2): Levels of nursing supervisors' paradoxical leadership in University and El-Mehala

Hospitals as perceived by nurses. The table reveals statistical significant differences between University and El-Mehala hospital nurses' perception of the total and subscales of nursing supervisors' paradoxical leadership. Regarding Tanta University Hospital more than half (54%) and only less than one third (30%) of ICU nurses had moderate total level and high total level of perception regarding supervisors' paradoxical leadership respectively. Around half (53% and 45%) of nurses had high level of perception regarding keep both distance and closeness and permit flexibility, while; enforcing work requests subscales respectively. Also more than one third (48%, 48% and 38%) had moderate level of perception regarding respect individualization while; treating staff equally, keep equilibrium between self-interest and other-centeredness and allow autonomy subscales respectively.

Concerning El-Mehala Hospital majority (82.9%) of nurses had a low level of total perception regarding supervisors' paradoxical leadership. High percent (69.5%, 66.7%, 61.9% 61% and 60%) of nurses had low level of perception regarding permit flexibility, while; enforcing work requests, keep equilibrium between self-interest and other-centeredness, respect individualization while; treating staff equally, keep both distance and closeness and allow autonomy, while; keeping the right for decision subscales respectively.

Table (3): Total levels of nurses' perception regarding organizational learning capability in Tanta

University and El-Mehala Hospitals. Regarding University Hospital more than half (51%) of nurses had low, and around one third (33%) had moderate level of perception regarding OLC. Concerning El-Mehala Hospital majority (81.0%) of nurses had low level of perception regarding OLC.

Table (4): Total levels of nurses' voice behavior in Tanta University and El-Mehala Hospitals. Regarding University hospital around half (49%) of nurses had high level of voice behavior, while around one third (30%) and more than one fifth (21%) had moderate and low levels of voice behavior respectively. Concerning El-Mehala hospital around half (49.5%) of nurses had low level of voice behavior, while around one third (32.4%) had moderate level of voice behavior.

Table (5): Correlation between voice behavior, organizational learning capability and supervisors' paradoxical leadership in Tanta University and El-Mahala hospitals. The results showed there were statistical significant positive correlations at Tanta University Hospital between nurses' perception of supervisors' paradoxical leadership and organizational learning capabilities and their voice behavior. Also there was a statistical significant positive correlation between OLC and their voice behavior at $p \leq 0.05$.

The table also showed there were statistical significant positive correlations at El-Mehala Hospital between nurses' perception of supervisors' paradoxical leadership and OLC and their voice behavior. While there was no statistical significant correlation between OLC and their voice behavior at $p \leq 0.05$.

Table (6): Relation between nurses' personal data and paradoxical leadership, organizational learning capability and voice behavior. The table reveal there was no statistical relation between Tanta university nurses' personal data and supervisor's paradoxical leadership except for sex, experience in current unit, and work unit. Also there was no statistical relation between El-Mehala nurses' personal data and paradoxical leadership except for level of nursing education. The table reveals there was no statistical relation between Tanta university nurses' personal data and organizational learning capability except for work unit. Also there was no statistical relation between El-Mehala nurses' personal data and organizational learning capability except for experience in current unit. The table reveal there was no statistical relation between Tanta university nurses' personal data and nurses' voice behavior except for work unit. Also there was no statistical relation between El-Mehala nurses' personal data and nurses' voice behavior except for age and experience in current unit.

Discussion

Nursing supervisor paradoxical leadership can buffer the negative responses and tensions intensive care nurses experience when confronted with work related inconsistencies that makes nurses feel anxious, uncertain and defensive (Sparr 2018; Schad et al., 2016; Sparr et al., 2015). Paradoxical leaders can prepare nurses to tolerate the ambiguous complex work environment along with organizational learning capabilities that equip them with the required knowledge and skills to be confident and able to give back a supportive voice to develop their hospital (Pearce et al., 2019). So, the present study intended to compare between Tanta University and El-Mehalla General Hospitals regarding the influence of supervisors' paradoxical leadership and organizational learning capability on nurses' voice behavior

Nurses' perceived paradoxical leadership

Current study result revealed that there was a statistically significant difference between paradoxical leadership as perceived by nurses at Tanta University and El-Mehala General Hospitals. This result may be due to the ICUs in Tanta University hospital is more challenging, it provides care for large number of patients in the Delta region and that the critically ill patients transferred to it from all regional hospitals. Alike University hospitals, Tanta hospital confront restricted budgets, staff shortage, simultaneously nursing supervisors require to maintain safe and quality patient care. Therefore, Tanta University nurses perceive their leader paradoxical than at El-Mehalla General hospital which is a Governmental hospital provide care for regional area of El-Mehala city, hence those nurses perceived low level of paradoxical leadership.

In the same line, (Miron-Spektor et al. 2018) pointed out that ambiguity and volatility is more in University than General Hospitals, which necessitates management to deal with paradoxes.

The majority of nurses at El-Mehala Hospital perceived that their leaders had low overall level of paradoxical leadership. This can be justified as those nurses perceived that their supervisors had low levels regarding permit flexibility, while; enforcing work requests, keep equilibrium between self-interest and other-centeredness and respect individualization while; treating staff equally. Moreover, majority of the nurses in El-Mehala hospital had less than ten years of experience in their current unit, and more than two thirds of them had less than thirty years of age that could affect their judgement on the paradoxes in their units and how nurse supervisors deal with it. In line with (Hornung et al., 2016) found that paradoxical leadership can cause stress and anxiety for staff.

In contrast, at Tanta University Hospital more than half of nurses and about one third had moderate and high level of perception that their leader had paradoxical leadership. The nurse supervisors at Tanta University Hospital keen to share concerns and respects for nurses while maintain the central influence; keep relationships with nurses while concurrently maintain interpersonal bonds with them. The supervisors do not display favoritism and simultaneously takes into account nurses' considerations, they maintain work requirements and provide nurses opportunity to act flexibly, they use authority to make decisions and ask nurses to share their opinions.

This result could be related to that nurse leaders at Tanta University Hospital may have previous training programs that improved their knowledge of leadership role as well as leading different critical situations associated with the increasing work load. This result was confirmed by (Yang et al., 2021; Lewis & Smith 2014) they stated that paradoxical leaders were expected to treat nurses both uniformly and individually and bring both flexibility and stability. Also (Zhang et al. 2015) proposed that paradoxical leaders provide subordinates with adaptively and proactivity in a proficiency form that can enhance their development on both short and long term biases. (Sparr et al., 2015; Zhang et al. 2015) has suggested that paradoxical leaders are better able to apply a both/and perspective and more effective in leading staff in complex, ambiguous, and contradictory work situations such as intensive care units.

Nurses' perceived Organizational Learning Capabilities (OLC)

The present study revealed that more than half of nurses' in Tanta University hospital and the majority of nurses in El-Mehala hospital had low levels of perception regarding OLC. This result may be due to lack of managerial support, lack of learning resources, increased in the workload and nursing shortage in ICUs. This result supported by (Alhawsay & Hamouda 2017; Beusaert et al 2013) they reported that healthcare providers perceived that OLC dimensions were not totally accomplished and that can be problematic for patient care providers.

In the light of this result Lee, & Dahinten 2021; Ahmad & Karim 2019; Revista de Administração 2017; Tsai 2014 they found that organizational support of information sharing can be enhanced by nurses' orientation toward lifelong learning. And that organizational learning helps to create, transfer and integrate staff knowledge and experience and to learn constantly, this can be facilitated by will oriented leaders.

Nurses' perceived voice behavior

Present study findings showed that there was a statistically significant difference between nurses' voice behavior at Tanta University Hospital and El-Mehala General Hospitals, in which around half of nurses had high level of voice behavior at Tanta University Hospital. This result might be related to nurses' empowerment so they were attached to the hospital, and when nurses found serious problems that could cause a loss to their unit, they would speak up honestly. Also the Quality Control project was implemented at Tanta university hospitals. As well as the nurse supervisors may create an environment that supports and accepts nurses' suggestions, increasing the nurses' confidence to speak up regarding work-related ideas and concerns.

This result supported by Guo et al 2021; Xu, et al 2020; Islam et al 2019; Pattni et al., 2019; Schwappach & Richard, 2018; Zhou & Liao, 2013 they revealed that the nurses' voice behavior was at a high and moderate levels, and that voicing is crucial to ensure patient safety and improve team performance particularly in healthcare acute situations.

Present study showed that around half of nurses at El-Mehala hospital had low level of voice behavior. This may be due to nurses often chosen to hide their real thoughts in hospital and they tend to keep quiet in the face of important problems. This could be due to lack of nurses' experience and knowledge that manifested in lack of trust in personal abilities and being afraid to take risk. This was clear because more than half of the nurses were less than 30 years old. And considerable percent of them had only Diploma in Nursing.

Schwappach & Niederhauser 2019; Schwappach & Richard 2018; Okuyama et al., 2014; Schwappach & Gehring 2014 stated that nurses were reluctant to give their voice about work related issues and concerns, that negatively affected patients' safety and the organization's ability to learn from errors, so it is crucial to make nurses speak up.

Correlation between nurses' perceived total paradoxical leadership and organizational learning capability and their voice behavior:

Finding of the current study clarified that there was a statistically significant correlation between total nurses' perceived paradoxical leadership and organizational learning capability with their voice behavior at both hospitals.

Li et al., 2020; Alingh et al., 2019; Hu et al., 2018; Qian et al., 2018 revealed that paradoxical leadership affected nurses' voice behavior. This result is contradicted with Al Hasnawi & Abbas 2020; Behne 2018 they found that paradoxical leader behavior cause subordinates reluctant to provide

voice or even participate in work related problem solving. In addition to paradoxical leaders had no significant role in sharing knowledge for staff. This result is consistent with **Leufven et al, 2015** who reported that the nursing leaders have more support for developing their staff through learning opportunities.

Researchers have emphasized that the supervisors' behaviors can help create a workplace environment that can encourage their staff to have a voice in work related issues that is sincerely valuable for healthcare organizations (**Lee & Dahinten 2021**). Paradoxical leader clearly has a critical role for creating a context that facilitate the conduction of the organizational learning, they influence nurses' motivation to develop and foster organizational learning (**Lyman et al 2020**).

Conclusion

There was statistical significant difference between the two hospitals regarding nurses' perception of supervisors' paradoxical leadership and organizational learning capabilities and their voice behavior. There were statistical significant positive correlations between nurses' perception of supervisors' paradoxical leadership and OLC and their VB at Tanta University hospital and El-Mehala General hospital.

Recommendations

- Train nursing supervisors about paradoxical leadership and its importance to develop nurses professionally.
- Ensure work flexibility, preserve nurses-centeredness and treat nurses equally.
- Adopt mechanisms of organizational learning by setting goals, providing clear information and asking nurses' feedback.
- Adjust strategies to facilitating effective communication, build a culture of trust and provide needed resources for learning.
- Value nurses' voice behavior and encourage nurses to speak up.

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