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Original Article

Paternalistic Behaviors of Nurses in Caring for Hospitalized Patients in Intensive Care Units in 2023: A Cross-Sectional Study

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Abstract

Introduction: Examining paternalistic behaviors among nurses can significantly help in understanding and improving effective communication between nurses and patients. This study aimed to determine the paternalistic behaviors of nurses in caring for patients admitted to intensive care units of teaching hospitals affiliated with Kurdistan University of Medical Sciences.

Methods: This cross-sectional study was conducted with the participation of 196 patients admitted to intensive care units (ICUs) of hospitals in Sanandaj city in 2023. Sampling was done for six months (from January to November) using convenience sampling method. Data was collected using the Paternalistic Behavior Questionnaire after establishing reliability and validity. Data analysis was performed using descriptive and analytical statistical tests with SPSS V23 software at a 5% error level.

Results: The results showed that the mean total score of nurses' paternalistic behavior was 52.99, indicating a relatively low level of paternalistic behaviors among nurses working in intensive care units towards their patients. The mean scores for paternalistic leadership, ethical leadership, and authoritative leadership were 35.80, 6.45, and 12.56 respectively. There was a statistically significant relationship between the number of hospitalization days ($P=0.034$), gender ($P=0.041$), and paternalistic leadership.

Conclusion: From the perspective of patients admitted to intensive care units, the performance of ICU nurses had less paternalistic aspects. Given the research results, attention to nurses' paternalistic behavior in caring for patients in intensive care units is strongly recommended.

Keywords: Intensive care units, Nurses, Behavioral mechanisms

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Introduction

Nurses are the most important human resources in hospitals, as they spend more time with patients compared to other healthcare personnel. Therefore, they play a crucial role in ensuring the quality of care and patient safety.[1] Nurses are the dominant healthcare workforce, to the extent that their role largely determines the quality and image of the hospital.[2]

Care is a fundamental value in the nursing profession and is one of the most important and an essential component for achieving patient development and recovery.[3] It is a complex and multidimensional concept defined as the foundation of nurses' work in clinical situations.[4] Caring behaviors include actions and behaviors employed by nurses to provide physical, emotional, spiritual, social, and psychological care, to enhance patients' sense of security and help shorten the course of illness.[5,6]

Nurses perform various caring behaviors to provide care, one of which is paternalistic behavior. In the Cambridge Dictionary, paternalism is defined as an action that limits an individual's freedom and choice, justified by promoting well-being and preventing harm to the person.[7] Generally, when an act (or omission) is deliberately performed by someone other than the person themselves, against the

individual's will or without their consent, and with the explicit aim of doing good or avoiding harm, it is called paternalistic.[7]

The concept of paternalism in nursing is currently expanding with much greater intensity by nurses and nursing managers.[8] Li et al emphasized the importance of prioritizing patient autonomy and enhancing their dignity in the healthcare environment.[9] Nurses' paternalistic behaviors in patient care led to patient dependency on nurses and affect their independence in self-care. Therefore, efforts to reduce these behaviors and promote patient independence in self-care are the primary and main goals of healthcare providers in medical and care centers.[10]

Various studies in recent years have shown that most patients want to be independent in their treatment. For example, Yavari and Parsapour state that complete patient autonomy can conflict with their actual medical interests. Ultimately, patient autonomy should be balanced such thatthey do not fall victim to lack of control over their medical condition and physician irresponsibility.[11]

However, paternalistic behaviors can sometimes have destructive effects. For instance, Sungur's study reported that the paternalistic behavior of nursing managers led to nurses leaving their jobs, confronting the hospital with a nursing shortage[12]. But sometimes paternalistic behaviors can have positive and beneficial effects. In a study conducted by Huynh, the results showed that common policies implemented as paternalistic decisions in healthcare centers include: mandatory vaccination for disease prevention, restrictions on receiving and using prohibited drugs, requirements for obtaining informed consent before surgical procedures, and preventive measures to avoid complications of psychological disorders. These have had beneficial effects in promoting the health of individuals and patients.[13] Therefore, various studies have shown conflicting results regarding the positive and negative effects of paternalistic behaviors of nurses and physicians in patient care.

Intensive care unit nurses play a crucial role in providing comprehensive care to address the psychosocial needs of critically ill patients and their families.[14] ICU nurses face patients' pain and suffering, make decisions about life-sustaining measures, deal with complex therapeutic interventions, ethical dilemmas, and advanced technology. Additionally, nurses may encounter barriers in their ability to provide care in intensive care units.[15] The personality traits of nurses working in intensive care units, such as values, cognitive and social capabilities, play an important role in nurses' daily care practices.[16,17]

Since various studies have shown conflicting results regarding the positive and negative effects of nurses' paternalistic behaviors in relation to patients, and given the importance of understanding nurses' paternalistic behaviors that can significantly influence their decision-making and care practices, this study aims to explore the knowledge gap in the field of nurses' paternalistic behaviors from patients' perspectives. The purpose of this study is to assess the level of nurses' paternalistic behaviors in caring for patients admitted to intensive care units.

Methods

This descriptive-analytical cross-sectional study was conducted in 2023 involving patients admitted to the intensive care units (ICUs) of teaching hospitals in Kurdistan Province in 2023. The study population included patients admitted to intensive care units of educational and medical centers of Kurdistan University of Medical Sciences (Tohid, Besat, and Kowsar hospitals) who met the inclusion criteria: age between 18 and 70 years, stable vital signs, no evident psychological problems based on medical records, written consent to participate in the research and willingness to participate in the study, ability to read and write as much as possible, and a Glasgow Coma Scale score higher than 10. The exclusion criterion was incomplete questionnaire completion. Sampling was conducted over 6 months (from June to November) using a convenience sampling method.

Considering the presence of 50% paternalistic behavior by nurses towards patients and taking into account 1500 employed nurses in the provincial hospitals, a 5% error level, and a 95% confidence level, the sample size was estimated to be 196 individuals. Given the descriptive-analytical nature of the present study, fortunately, no confounding variables were present in the current study.

The Paternalistic Behavior Questionnaire was initially designed by a researcher named Cheng in 2004[18]. This questionnaire consists of three domains: paternalistic leadership, moral leadership, and authoritarian leadership. The current questionnaire contains 26 items, with 11 items related to paternalistic leadership, 6 items related to moral leadership, and 9 items related to authoritarian leadership. The Paternalistic Behavior Questionnaire is based on a 5-point Likert scale, where a score of 1 corresponds to "strongly disagree" and a score of 5 corresponds to "strongly agree". The allocation of scores for the questionnaire is such that the range of scores is between 26 and 130, where a score higher than 78 indicates a high intensity of paternalistic behaviors, and a score lower than 78 indicates a low intensity of paternalistic behaviors.

After obtaining permission from the instrument's creator, the researchers translated the Paternalistic Behavior Questionnaire into Persian using the WHO protocol. For accurate translation, the opinions of two expert researchers fluent in English were used, and after translation, it was back-translated into English. For validity, face validity was first used. Based on this validity, 10 experts in this subject examined the Persian and English translations of the questionnaire, assessing to what extent the test questions appear to be similar to the subject they are designed to measure and reviewing the correctness of the wording. For content validity, CVI and CVR were calculated. To calculate CVR, the researcher determined

the necessity of each item through expert opinions. For CVI calculation, the I-CVI method was used to examine the relevance of the items.

In the next stage, internal consistency was used to determine reliability. The Paternalistic Behavior Questionnaire was last validated by Erol et al. in 2018, [19] although in the present study, Cronbach's alpha coefficient was recalculated, which was 0.80, indicating high reliability of this questionnaire. After obtaining an ethics code from Kurdistan University of Medical Sciences and a letter of introduction from the Research Deputy of the Faculty of Nursing and Midwifery of Kurdistan Province and presenting it to the heads of educational-medical hospitals in Sanandaj city, the researchers began sampling. The study method was that all patients admitted to the intensive care units (ICUs) of hospitals (Tohid, Kowsar, and Besat) who met the inclusion criteria were selected as the research population. From this number, based on the determined formula, a sample size of 196 people was determined, and sampling was carried out in these units. The researcher, after coordinating with the head nurse of the unit and during morning and evening shifts and at times when patients had higher levels of consciousness and were able to cooperate (morning from 10 to 12 and evening from 5 to 7), entered the unit and first completed the informed consent form, then the demographic information form, and finally the Paternalistic Behavior Questionnaire based on the patients' responses.

In cases where the patient was able to respond, the questionnaire was given to the patient to complete. However, in cases where the patient was illiterate, the questionnaire items were explained in very simple language by the researcher to the patient. The researchers considered the presence of inclusion criteria (such as high level of consciousness, etc.) along with obtaining written informed consent to participate in the study as the criterion for the patient's ability to decide to respond to the questionnaire items.

To establish validity, face validity was initially used. Based on this validity, 10 experts in the subject examined the Persian and English translations of the questionnaire, assessing to what extent the test questions appeared to be similar to the subject they were designed to measure and reviewing the correctness of the wording. For content validity, CVI and CVR were calculated. To calculate CVR, the researcher determined the necessity of each item through expert opinions. For CVI calculation, the I-CVI method was used to examine the relevance of the items. In the next stage, internal consistency was used to determine reliability. The Paternalistic Behavior Questionnaire was last validated by Erol et al. in 2018,[19] although in the present study, Cronbach's alpha coefficient was recalculated, which was 0.80, indicating high reliability of this questionnaire. After obtaining an ethics code from Kurdistan University of Medical Sciences and a letter of introduction from the Research Deputy of the Faculty of Nursing and Midwifery of Kurdistan Province and presenting it to the heads of educational-medical hospitals in Sanandaj city, the researchers began sampling.

After explaining the research objectives to the patients, written and informed consent was obtained from them. At this stage, the research participants were assured that all information would remain confidential and would only be used for research purposes. Also, to reduce response bias, the research units were informed that there was no need to mention names in the questionnaires, and the questionnaires were anonymous and identified only by a unique code. Moreover, research participants could refrain from completing the questionnaires whenever they wished.

In the present study, SPSS software version 23 was used for data analysis. For qualitative variables, a frequency distribution table was used, and for quantitative variables, mean and standard deviation were estimated. Then, to examine the analytical objectives, Spearman's correlation test was used. The assumption of data normality was examined using the Shapiro-Wilk test. The significance level was set at 5 percent.

Results

The results of the present study showed that the majority of participants had a mean age of 55.09 ± 32.12 years. The mean and standard deviation of the number of days spent in intensive care units was 6.82 ± 8.36 days, and most of them had a mean and standard deviation of consciousness level of 12.46 ± 2.52. Furthermore, in terms of intubation history, they had a mean and standard deviation of 1.72 ± 0.44 days. Other demographic characteristics are displayed in the table below. Based on the results in Table 1, the majority of participants in the study were male (52.8%), married (84.8%), had a diploma level of education (27.4%), were housewives (40.8%), and had a previous history of admission to intensive care units (59.4%) (Table 1).

The results of the validity of the Paternalistic Behavior Questionnaire showed that the agreement rate between 10 experts should be higher than 0.63, which was calculated according to the CVR formula. The obtained information showed that out of 26 items in the questionnaire, 22 items had an agreement above 0.6, and only items 3, 6, and 9 had an agreement of 0.6.

Table 2 shows that the mean total score of the Paternalistic Behavior Questionnaire for nurses was 52.99, indicating a relatively low proportion of paternalistic behaviors among nurses working in intensive care units towards their patients. Also, in examining the dimensions of the Paternalistic Behavior Questionnaire, the results showed that the mean score of the paternalistic leadership domain (35.8) was much higher than the moral leadership (6.45) and authoritarian leadership (12.56) domains.

In addition, the results in Table 3 show that there was no statistically significant relationship between demographic characteristics such as age, level of consciousness, intubation history, marital status, and history of

Table 1. Frequency distribution of demographic characteristics of patients participating in the research

Variable	Variable	Frequency (percentage)
Gender	Male	104 (52.8 %)
	Female	93 (47.2 %)
Marital Status	Married	167 (84.8 %)
	Single	30 (15.2 %)
Level of Education	Illiterate	50 (25.4 %)
	Elementary	32 (16.2 %)
	Middle school	35 (17.8 %)
	Diploma	53 (27.4 %)
	Undergraduate Education	25 (12.7 %)
	Graduate Education	1 (0.5 %)
Employment	Self-employed	39 (19.8 %)
	Retired	9 (4.6 %)
	Private sector	55 (30 %)
	Employee	10 (5 %)
	Housewife	80 (40.6 %)
	Student	4 (2 %)
Admission history to intensive care units	Yes	117 (59.4 %)
	No	80 (40.6 %)

hospitalization with the paternalistic leadership ($P \geq 0.05$). There was a statistically significant relationship between the number of hospitalization days ($P = 0.034$) and gender ($P = 0.041$) with paternalistic leadership. It illustrates that longer ICU stays were associated with higher levels of paternalistic behavior. Also, nurses exhibited more paternalistic leadership behaviors with male patients. Furthermore, no statistically significant relationship was found between age, number of hospitalization days, level of consciousness, gender, marital status, and history of hospitalization with the ethical leadership domain ($P \geq 0.05$). There was a statistically significant relationship between intubation history and ethical leadership ($P = 0.020$). This means that nurses' behaviors based on paternalistic dimensions in the ethical leadership aspect were significantly higher in caring for patients who had a previous history of intubation and ventilator connection. The results also showed that patients' demographic characteristics did not have a statistically significant relationship with the authoritarian leadership domain ($P \geq 0.05$) (as shown in Table 3).

Discussion

The present study aimed to determine paternalistic behaviors of nurses in caring for patients admitted to intensive care units. The results showed that the overall mean score of the nurses' paternalistic behavior questionnaire was below the median, indicating a relatively low ratio of paternalistic behaviors by nurses working in intensive care units towards their patients.

In this regard, Ali Mohammad et al. (2022) showed in their study that the level of paternalistic behaviors of head nurses and intensive care staff was below the median. They suggested holding multiple training sessions to promote paternalistic behaviors in intensive care units, as enhancing paternalistic behaviors can lead to improved nurse performance.[20] However, Mohammad et al. (2022) demonstrated in their study that nurses perform many paternalistic behaviors towards their patients, which can lead to improved quality of work life.[21]

Table 2. Mean and Standard Deviation of the Dimensions of the Paternalistic Behavior Questionnaire

Variable	Mean ± standard deviation	Minimum	Maximum
Benevolent leadership	35.80 ± 9.62	10	50
Moral leadership	6.45 ± 2.51	4	15
Authoritative leadership	12.56 ± 4.00	6	28

Feng et al. (2021) also examined the benefits of nurses' paternalistic behaviors and showed that nurses' paternalistic behaviors towards hospitalized patients led to greater psychological comfort, better interaction with patients and their families, and improved performance towards them. This study considered nurses' paternalistic behaviors towards patients as a correct policy by the hospital and strongly recommends such behaviors.[2]

In addition, Dedahanov et al. (2019) stated that the more paternalistic behaviors employees perform towards clients, the more they increase their creativity.[22] Safdar et al. (2021) also reported a significant level of nurses' paternalistic behaviors towards their patients in their study and believed that as nurses' paternalistic behaviors towards their patients improve, their performance improves accordingly.[23]

Regarding the main finding of the research, conflicting studies were reviewed, with some reporting high levels of nurses' paternalistic behaviors and others reporting low levels. However, the common point among all studies was the positive effects of nurses' paternalistic behaviors in caring for their patients. In analyzing the findings of the present study with other studies, it should be noted that almost all reviewed studies examined nurses' paternalistic behaviors from the perspective of colleagues or managers, while the present study reported its findings based on the views of patients admitted to intensive care units, which can show a more realistic ratio of such behaviors in the intensive care unit environment.

Furthermore, the results of the present study, which show a low level of nurses' paternalistic behaviors, can have both positive and negative aspects. The positive effects include increased patient independence in care, while the negative effects, as shown in the results of Yavari and Parsapour's study[11], may conflict with the patient's actual medical interests due to decreased paternalistic behaviors by nurses and increased patient independence.

The results also showed that despite the decrease in the score of nurses' paternalistic behaviors in patient care, the mean score of the paternalistic leadership domain was significantly higher than the authoritarian and ethical

Table 3. Examination of the relationship between dimensions of paternalistic behaviors and demographic characteristics of patients

Variables	Paternalistic Leadership				
	Coefficients		*P* Value	Lower % 95 CI	Upper % 95 CI
	Unstandardized	Standardized			
Age	0.160	0.053	0.486	-0.029	0.061
Days of hospitalization	0.183	0.159	0.034	0.014	0.353
Consciousness level	0.631	0.165	0.125	-0.177	1.439
Intubation status	-2.256	-0.105	0.302	-6.551	2.040
Gender (R: female)	-2.886	-0.150	0.041	-5.831	-0.121
Marital status (R: single)	-1.765	-0.066	0.393	-5.831	2.301
Hospitalization history (R: Yes)	-0.001	-0.001	0.994	-0.263	0.263
Ethical Leadership					
Age	-0.002	-0.025	0.744	-0.014	0.010
Days of hospitalization	0.016	0.053	0.486	-0.029	0.060
Consciousness level	0.209	0.210	0.059	-0.008	0.427
Intubated patients	-1.381	-0.246	0.020	-2.456	-0.216
Gender (R: female)	0.232	0.046	0.531	-0.498	0.962
Marital status (R: single)	0.853	0.121	0.122	-0.231	1.938
Hospitalization history (R: Yes)	-0.029	-0.058	0.426	-0.100	0.043
Authoritarian Leadership					
Age	0.005	0.043	0.575	-0.014	0.024
Days of hospitalization	-0.050	-0.105	0.167	-0.122	0.021
Consciousness level	0.102	0.064	0.564	-0.247	0.451
Intubated Patients	-0.058	-0.006	0.951	-1.928	1.812
Gender (R: female)	1.028	0.128	0.085	-0.144	2.199
Marital status (R: single)	0.705	0.063	0.425	-1.036	2.447
Hospitalization history (R: Yes)	-0.019	-0.024	0.740	-0.134	0.095

domains. On the other hand, the demographic findings in the present study supported the fact that most participants were patients with a mean age of about 50 years, male, married, and with a high school diploma education level. Most patients had a history of hospitalization and relatively high levels of consciousness. Regarding the relationship between demographic variables and research dimensions, gender and number of hospitalization days had a statistically significant relationship with paternalistic leadership. This indicates that male patients and those with longer hospital stays were more influenced by nurses' paternalistic leadership behaviors.

Contrary to the present study, Sanchez et al. (2019) showed that nurses working in nursing homes performed less paternalistic leadership behaviors, aiming to promote more independence in elderly self-care.[24] Similarly, Hosseinzadeh et al. (2017) demonstrated that the most important caring behavior was related to professional knowledge and skills (physical dimension), while the least important was related to communication and positive attitude (psychological-emotional dimension).[25] Islam et al. (2022) also showed in their study that the mean score of the paternalistic leadership domain was much lower than the authoritarian and ethical domains, as the paternalistic leadership dimension was less able to create job satisfaction among nurses.[26] The reviewed studies were inconsistent with the present study. The difference in results could be attributed to the research environment and patients' perspectives. The present study showed that from the patients' point of view, the most important aspect of nurses' paternalistic behaviors in caring for their patients has a paternalistic leadership aspect, where nurses in these units significantly limited patient autonomy to ensure care and improve their physical condition.

However, in alignment with the present study, Pashaei and colleagues (2014) demonstrated in their research that nurses place a high value on providing nursing care. According to the nurses' responses and the weighted mean, the subgroups of trust-based communication with the patient and the physical and emotional comfort of the patient were prioritized, which is consistent with the findings of the current study.[27] The paternalistic behaviors of nurses in caring for patients in intensive care units are accompanied by a set of physical, mental, and emotional care that nurses provide to patients at all times and in all circumstances.

Shahbazi et al (2013) examined the paternalistic behaviors of bank employees and found a relationship between paternalistic behaviors and client gender, with male clients experiencing more paternalistic behaviors[28].

Similarly, Sofia Kjellström (2014) showed that nurses' paternalistic behaviors in the workplace are most related to patient gender and traditional beliefs, with male patients and those with similar traditional beliefs experiencing more paternalistic behaviors.[29] The reviewed studies were consistent with the present study, showing a relationship between gender and length of stay in intensive care units with nurses' paternalistic leadership behaviors. The similarity in results should be sought in explaining nurses' paternalistic leadership behaviors in the workplace.

The most significant limitation of this study was the difficulty in finding samples that met the inclusion criteria and had the ability to make decisions, answer questions, and possess reading and writing skills while in the intensive care unit. To address this limitation, we had to select patients who met other inclusion criteria but lacked reading and writing skills. We suggested that in the future study researcher must selected patients that have a good consciousness and the researcher must read the questions in simple language and recorded the patients' responses in the questionnaire in other critical units.

Conclusion

The results of this study showed that the level of paternalistic behaviors of nurses in caring for patients admitted to intensive care units was below the median. However, despite this finding, the results indicated that the mean score of the paternalistic leadership domain was significantly higher than the authoritarian and ethical domains. Furthermore, male patients and those who had spent more time in intensive care units experienced more paternalistic behaviors from nurses. The findings of this study can significantly enhance nurses' awareness and understanding of their paternalistic behaviors in caring for patients admitted to intensive care units. This awareness may allow them to examine their communication capacities with patients and implement strategies to improve them. However, further research in this area is needed to better understand nurses' paternalistic behaviors.

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Competing Interests

There was no conflict of interest in the present study.

Ethical Approval

The Ethics Committee at Kurdistan University of Medical Sciences has also approved this study, and the ethical approval number (IR.MUK.REC.1401.111) has been obtained.

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