Impact of Paradoxical Leadership as a Double-Edged Sword on Organizational Citizenship Behaviors and Inertia among Nurses

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Abstract

Organizational systems are drenched in tensions and paradoxes. For a leader, addressing and engaging those tensions in constructive ways may unlock greater benefits for the followers, teams and the organization at large. A leader with a paradox mindset successfully deals with contradictory yet interdependent demands with their paradoxical thinking. The research **aim** was be to examine the paradoxical leadership effect as a double-edged sword on organizational citizenship behavior and inertia among nurses. **Settings**: The study was conducted at three selected Minia University Hospitals. **Subjects**: representative sample of 30% from all nurses (total no 260 nurses). **Results**: Regarding paradoxical leadership, it was noted that near to three quarter of head nurses from nurses' perception had moderate level. Near to half of nurses had moderate level and near to half had high level of total OCB. Also, less than two thirds of nurses had low level of organizational inertia. There was highly statistical significant positive correlation between nurse's perception bout paradoxical leadership with nurses OCB. While, there was statistical significant negative correlation between nurse's perception bout paradoxical leadership and nurses organizational inertia. **Conclusion**: the study portrays a nursing staff that is generally well-led (good paradoxical leadership) and operates with a high degree of positive behaviors (good OCB) and an admirable willingness to embrace change (low organizational inertial). **Recommendation**: Provide training that specifically addresses the paradoxical nature of leadership for head nurses and how to adjust their style based on the situation and individual needs while maintaining core principles.

Keywords: Double-Edged Sword, Nurses, Organizational Citizenship Behaviors, Organizational Inertia, Paradoxical Leadership

Introduction:

A number of goals, like as ending poverty, reducing hunger, attaining gender equality, and combating climate change, must be accomplished, according to the Egypt 2030 Agenda for Sustainable Development. Additionally, it highlights how important it is to have a balanced approach to environmental, social, and economic sustainability - something that capable leaders can do (**Moghaieb, 2019**).

Effective leaders strive to maximize the performance of their subordinates in order to achieve organizational objectives and sustainable development goals, regardless of the organization's size or structure (**Dubey et al., 2023**). The paradoxical leader is one of the leaders who can aid in accomplishing sustainable development objectives. By demonstrating to staff members how to accept and embrace paradoxes in complicated circumstances, leaders

can set an example and improve the role of their subordinates' work (**Pearce et al., 2019**).

The contradictions and sense of tensions have thus been described as a double-edged sword by new research (**Shao et al., 2019**). Nevertheless, little is understood about how, when, and under what circumstances a leader paradox experience operates as a double-edged sword and how it affects other organizational actors in addition to individual followers (**Waldman et al., 2019**). Therefore, before thinking and acting paradoxically at work, paradox scholars must thoroughly understand the potential dual impacts of adopting paradoxical frames (**Lewis & Smith, 2022**).

Leaders frequently have to balance conflicting priorities in the complicated and ever-changing healthcare sector of today, such as promoting autonomy while guaranteeing responsibility or innovation while preserving stability (**Batool et al., 2023**). By accepting these conflicts rather than trying to resolve them, paradoxical leadership

allows leaders to adjust to shifting conditions and build resilience in their teams (**Feng et al., 2022a**). This strategy is especially applicable in healthcare settings, as paradoxical leaders can foster a collaborative, innovative, and ever-improving work environment by combining opposing forces (**Fürstenberg et al., 2021**).

Although the majority of conventional leadership styles concentrate on ostensibly positive (like ethics) or negative (like abuse) themes, these methods are arguably too straightforward (**Fischer & Sitkin, 2023**) and fall short of capturing the intricate and conflicting demands of modern organizational leadership (**Lewis & Smith, 2022**). In contrast, paradoxical leader behavior combines seemingly incompatible but interdependent behaviors to suit the needs of subordinates and organizational expectations at the same time (**Franken et al., 2020**).

Despite the growing interest in paradoxical leadership, this literature has a number of problems. First, correlations between paradoxical leader and follower outcomes vary significantly in both size and direction (**Li et al., 2018**). Second, paradoxical leadership has a positive correlation with other leadership constructs, which may exacerbate problems of construct proliferation, even if it seems to be conceptually separate (**Zhang et al., 2015**). Third, despite the application of many mediators and related theoretical frameworks to explain its impacts, it is still unclear how a paradoxical leader affects follower outcomes (**She et al., 2020**).

Dynamic conflicts between opposing parts that logically presuppose one another for their own existence and meanings are known as paradoxes. In order to concurrently satisfy the needs of conflicting subordinates, the "paradoxical leadership style," which is defined as competing but linked leadership behavior, is employed (**Wei et al., 2023**). A person or thing that defies preexisting ideas of what is moderate or possible might be described as self-paradoxical or ludicrous, despite paradox's strong underpinnings, according to **Batool et al. (2023)**.

Paradoxical leadership is characterized by a number of traits, according to **Habeeb (2019)**, including having faith in subordinates, being transparent, advocating for their unity, organizing

their time, pledging to voice their opinions, having foresight, being able to analyze opinions, having a certain dynamic and patience, and having faith in oneself.

According to **Iron-Spektor et al. (2018)**, researchers have found that paradoxical leadership is a potent tool for managing conflicts in innovation. Leaders who resolve dilemmas by engaging in "seemingly competing yet interrelated behaviors" are said to exhibit paradoxical leader behavior (**Zhang et al., 2022**). For example, paradoxical leaders learn from their subordinates while maintaining confidence in their own judgments (**Waldman et al., 2019**). When faced with contradictions, paradoxical leaders adopt a "both/and" strategy (**Zhang & Liu, 2022**).

Furthermore, a good leader can foster organizational citizenship behavior (OCB) among staff members, which eventually leads to better organizational performance and long-term growth (**Cofie, 2018**). They also have a significant impact on job happiness (**Sani et al., 2018**). A leader inspires others to accomplish a goal and guides the organization in a way that makes it more logically significant and orderly (**Hassi, 2018**).

Organ coined the phrase "organizational citizenship behavior" (OCB) in 1977 and proposed that it was a part of work performance. According to the standard definition, OCB are optional actions that support an organization's efficient operation but do not fall under the formal job obligations of employees (**Jin et al., 2022**).

"Discretionary behavior that is not directly or explicitly recognized by the formal reward system and collectively promotes the effective functioning of the organization" is the definition of OCB (**Ng et al., 2021**). Because they believe they are being treated fairly and in line with ethical principles, employees are more likely to exhibit OCB when their leaders carefully consider their wants and interests (**Hanh et al., 2019; Chen et al., 2020**).

Individual acts that go above and beyond the call of duty, frequently for the good of the organization, and sometimes driven by personal goals are referred to as OCB. Individual behaviors that are typically overlooked yet combined influence organizational orientation make up OCB. OCB, or extra-role behaviors, is

the willingness of workers to go beyond the official requirements of their jobs (**Gou et al., 2020**).

According to **Hazzi (2018)**, the literature on OCB typically breaks it down into five subscales: civic virtue, conscientiousness, civility, sportsmanship, and altruism. Volunteering to assist others with work-related issues, such a coworker who is overworked, is an example of altruism. Courtesy is defined as actions that assist others in avoiding an issue, including informing others in advance about meetings or of one's inability to attend them.

Additionally, according to **Choong and Ng (2023),** being conscientious is going above and above the call of duty in terms of attendance, timeliness, or resource conservation by avoiding extended breaks and following business policies when no one is looking. Sportsmanship entails putting aside one's interests and keeping a cheerful disposition even when one's ideas are rejected or one is irritated by others. Constructive engagement in the organization's political process, such as offering proposals for meeting enhancements, is a component of civic virtue.

Businesses must update their business models and modify their current practices and procedures, even if change in the business world is now unavoidable (**El Hilali et al., 2020) (Miklosik & Evans, 2020)**. Many organizations are unable to adapt and change as a result of organizational inertia, which happens when the rate of organizational response is much slower than the rate of change (**Winberg & Bolinder, 2022**).

When adaptability is not required, following the traditional routes in a stable environment leads to organizational inertia (**Mikalef et al., 2021**). Organizations may face a number of challenges, such as organizational inertia, even though effective change management requires vision, which is the cornerstone for building different organizational competencies (**Matarazzo et al., 2021**). In the face of change, obstacles to poor coordination, overlapping specializations, possible disputes, and drawn-out bureaucratic procedures may arise due to organizational inertia (**Ishtiaque et al., 2021**).

From a psychological perspective, human nature causes organizational inertia through goal-setting, incentive use, and resistance to change on both an individual and collective level (**Cui et al., 2020**). But according to the literature, a high level of organizational inertia prohibits an individual from altering the status quo because it influences individual inertia, which shows up as behavioral intentions to switch to the new system (**Sillic, 2019**).

Another strategy is founded on the notion of structural inertia, which posits that organizational inertia refers to the corporate structure's inertia that hinders organizations' ability to respond to changes in the external environment or engage in organizational reform (**Shi et al., 2021**). The notion of organizational inertia, however, contends that external changes cause inertia rather than that organizations never change. When reorganization proceeds at a significantly slower pace than the rate at which environmental conditions change, for instance, organizational inertia is considerable (**Hur et al., 2019**).

One of the main causes of resistance to change in contemporary firms, particularly in an environment that is undergoing significant change, is organizational inertia. Several scholars have examined different aspects of organizational inertia depending on their viewpoint and research environment, but many have focused on these three dimensions (insight inertia, action inertia, and psychological inertia) (**Malmi et al., 2023**).

Organizations are unable to adapt to environmental changes due to insight inertia, which happens when management neglects to track and evaluate environmental indicators in order to respond to demands for change both internally and externally (**Khalil & Winkler, 2023**). When there is a delay between significant changes in the organizational environment and the organizational comprehension of these changes, it is known as insight inertia (**Moradi et al., 2021**). This kind of inertia could result from people becoming used to sticking to the tried-and-true routes that have worked for steady periods without requiring modification (**Mikalef et al., 2021**).

The managerial knowledge gained from the environmental scan causes action inertia, but the managerial response is slow, and the benefits of change initiatives do not materialize before the organization can reap the benefits (**Aksom et al., 2022**). On the other hand, the environmental data

acquired is not enough to create remedial actions (**Wang et al., 2020**). The organization is unable to react to changes in the environment because of a lack of organizational information and the tendency to use effective strategies and models (**Omidvar et al., 2023**).

Action inertia, as opposed to insight inertia, manifests after the environmental scan (**Chen et al., 2020**). Because employees have a limited role in the organization's problems and are unable to act rationally based on their understanding of the environment or persuade others to do the same, it results in the abandonment of an alluring opportunity, which breaks the cycle of organizational learning (**Feng et al., 2022b**).

Organizations that resist change with psychological inertia may exhibit anxiety and psychological defence, which could result in imbalances and compromises on both an individual and group level (**Hur et al., 2019**). Organizational performance is harmed because people want to keep things as they are rather than adopt new technology and work practices unless change initiatives are psychologically motivated. Both people and groups are impacted by psychological inertia, which is the fear of losing power or status within an organization (**AlKayid et al., 2022**).

Significance of the study

Paradoxical leaders work to promote followers' well-being and generate good energy in order to keep their organizations sustainable. The proposed model illustrates overall interdependence and nastiness since psychological states affect not only individual followers but also the larger organization. Harmonizing the incongruent goals associated with diversity and homogeneity makes the team paradox challenging and fascinating to study. Additionally, there has been an increase in interest in the interpersonal approach to studying individual differences towards contradictory situations (**Waldman et al., 2019; Pearce, et al., 2019**).

A double-edged sword, paradoxical leadership suggests that some leadership practices, while possibly aiming for a single beneficial outcome, may unintentionally cause a negative one or that their advantages are entwined with possible disadvantages. This calls into question oversimplified conceptions of leadership and encourages a more thorough investigation of its complex nature (**Raffaelli et al., 2021**). From researchers view, paradoxical leadership—a style that embraces seemingly incongruous yet related behaviors—is becoming more widely acknowledged for its capacity to favorably impact organizational outcomes, such as organizational inertia and citizenship behaviors.

Aim of the study:

The research aim was be to investigate the paradoxical leadership effect as a double-edged sword on organizational citizenship behavior and inertia among nurses

Research questions:

- What is the level of paradoxical leadership behavior as perceived by nurses in the studied hospitals?

- What is the level of organizational citizenship behavior and inertia among nurses in the studied hospitals?

- Are there relations between paradoxical leadership with organizational citizenship behavior and inertia?

Setting:

The study was conducted at three selected Minia University Hospitals (with simple random sample) which are: Emergency Minia University Hospital; Renal and Urology University Hospital; Liver GIT University Hospital.

Subjects:

Representative sample of 30% from all nurses, at the selected Hospitals that selected by simple random sample (total no 260 nurses) as follows

Hospital	Total number number	30%
Emergency Minia University Hospital	(316)	95
Liver and GIT University hospital	(250)	75
Renal and Urology University hospital	(300)	90

| Total study subjects | 866 | 260 |

Tools of Data Collection:

Data was collected through the utilization of three tools as follows:

Tool (I): Paradoxical leadership behavior scale: it consisted from two parts

Part one: Personal data: It was designed by the researchers to collect data from nurses such as (age, gender, residence, marital status, years of experience, educational qualification, and hospital name).

Part two: Paradoxical leadership behaviors; it developed by **Zhang et al., (2015)** which includes 22 items divided into five dimensions to measure the Paradoxical leadership behaviors from nurse perception. The responses was measured by 5 point Likert Scale ranging from strongly disagree (1) to strongly agree (5). The scoring system was as follows:

Paradoxical Leadership	Low < 50	Moderate ≥50 ≤75	High >75
Treating subordinates uniformly while allowing individualization	5- 12	13- 18	19- 25
Combine self-centeredness with other centeredness	5- 12	13- 18	19- 25
Maintaining decision control while allowing autonomy	4- 10	11- 15	16-20
Enforcing work requirements while allowing flexibility	4- 10	11- 15	16-20
Maintain distance and closeness	4- 10	11- 15	16-20
Total paradoxical leadership	22 - 54	55- 82	83-110

Tool (II): Organizational Citizenship Behaviors:

It was modified by investigators based on scientific references **Argentero, et al., (2008) and Habeeb, S. (2019)**. This tool included about 42 items which divided into seven dimensions. The responses was measured by 5 point Likert Scale ranging (from 1 = it doesn't describe me at all to 7 = it describes me completely). The scoring system was as follows:

Citizenship Behavior	Low < 50	Moderate ≥50 ≤75	High >75
• Altruism	10- 24	25- 37	38- 50
• Conscientiousness	7 - 17	18- 26	27- 35
• Civic Virtue	9- 22	23- 33	34- 45
• Sportsmanship	4- 10	11- 15	16-20
• Courtesy	3- 7	8- 11	12- 15
• Organizational Compliance	5- 12	13- 18	19- 25
• Loyalty	3- 7	8- 11	12- 15
Total Citizenship Behavior	41- 102	103- 153	154- 205

Tool (III): *Organizational inertia Scale*:

It was developed by **Huang et al., (2012**) which includes 13 items divided into three dimensions. The responses was measured by 5 point Likert Scale ranging from strongly disagree (1) to strongly agree (5). The scoring system was as follows:

Organizational inertia	Low < 50	Moderate ≥50 ≤75	High >75
Insight inertia	4- 10	11- 15	16-20
Action inertia	5- 12	13- 18	19- 25
Psychological inertia	4- 10	11- 15	16-20
Total Organizational inertia	13 - 32	33- 48	49- 65

Validity and Reliability of Tools:

Validity:

This study instruments were examined through a jury of three experts panel for the content and face validity and the experts panel were work in the field of nursing administration at Faculty of Nursing, Minia University and Assuit University and necessary modifications was. According to the experts, the devices (tool I, II, and III) were regarded as trustworthy.

Reliability:

Reliability was measured based on test of the Cronbach's Alpha, and the internal consistency of the tools was determined. The Cronbach's Alpha results showed that the instruments had a satisfactory degree of reliability for the "Paradoxical leadership behavior scale" (α= 0.93), the "Organizational Citizenship Behaviors" (α= 0.89), and the "Organizational inertia Scale" (α = 0.91).

Pilot Study:

Prior to beginning data collecting, a pilot research was conducted on 78 nurses and 10% of the sample at chosen hospitals. This pilot study's objectives were to assess the tools' comprehensiveness, clarity, accessibility, and usefulness as well as to determine how long it would take to complete the questionnaire. Since the study instruments' content remained mostly same, participants from the pilot study were added to the study sample.

Ethical Consideration:

- Minia University's Faculty of Nursing's Research Ethics Committee issued an official letter to conduct the study. Also, the Dean of Minia University's Faculty of Nursing gave a permission to hold the study. The director of hospitals and the nursing director of a study hospitals afforded their consent to conduct the study.

- After informing participants about the kernel and intention of the study, as well as their right to withdraw at any time without explanation, oral consent was obtained from those who were willing to participate before the pilot study and the actual study were conducted. Confidentiality of study participants was taken into account as data was being collected. Participants received assurances that all of their information would be kept completely private. To further secure their confidentiality, each nurse was given a number rather than their name.

Data Collection Procedure:

- A thorough review of the literature on paradoxical leadership, citizenship behaviors, and organizational inertia that revealed a burgeoning area of research to address the complexities of modern organizational life and to indicate relationships between study variables to highlights how a leader's ability to embrace and navigate contradictions and impact employee behaviors. This lasted for two months (April and May 2023) before the official approval from Research Ethics Committee

- An official consent was asked from Research Ethics Committee, Faculty of Nursing, at Minia University's which indicate an agreement for the conduction of the study with code (REC202362) at with date of 5-6-2023

- Also, permissions from the Dean of Faculty of Nursing, Minia University to hold the study as well as the director and the nursing directors of a study hospitals were collected.

- The adoption, medication, and translation of the study questionnaires (paradoxical leadership, citizenship behaviors, and organizational inertia) was run out. Then the validity of study questionnaires from an expert panel jury. After that a pilot study was implemented to test the study questionnaires reliability.

- All required sheets were printed, and the researchers developed a scheduled visits to each hospital departments to collect data from nurses.

- After hold out the permissions, the researchers provide a good introduction to themselves for the participants and explained the study's background, objectives, and how they can collect data.

- There were group structured interview for nurses in each hospital according to departments and time available for nurses.

    - Emergency Minia University Hospital
    - Renal and Urology University Hospital
    - Liver and GIT University hospital

- The study questionnaires were given to all participants and they were given a period of time to respond to it, which was 25 to 35 minutes.

- The researcher provided opportunities to all participants to ask any questions and answered them.

- The data collection procedures was taken a period of five months from beginning of June 2023to end of October 2023

Results:

Table (1) shows that there are 78.8% of nurses aged between 30-<40 years old. For the gender, 53.5% of them are females, and for residence 65.8% of them lives in rural areas. Also, 56.9% of them are married. As well as, 43.1% of nurses have from 11 to 15 years of experiences. For Educinional qualification, 74.6% of them have Technical institute of nursing.

Table (2) shows that nurses perceived their head nurses have moderate level for the dimensions: Treating subordinates uniformly while allowing individualization, Maintaining decision control while allowing autonomy, Enforcing work requirements while allowing flexibility, and Combine self-centeredness with other centeredness with (55.4%, 50%, 45%, and 36.9% respectively). While they perceived their head nurses have low level for Maintain distance and closeness dimension with (50.4%).

Figure (1) shows regarding total score of paradoxical leadership as perceived by nurses', it was noted that 72.3% of head nurses have moderate level and only 6.5% have high level.

Table (3) shows that nurses have moderate level for the dimensions of citizenship behavior: Loyalty, Sportsmanship, Conscientiousness, Civic Virtue, and Courtesy with (82.3%, 72.7%,

- The researcher collect data from each hospital in one month during morning and evening shift of the days (Saturday, Tuesday, and Thursday) as follows

  →   *August 2023*
  →   *September 2023*
        October 2023

58.1%, 58.1%, and 53.1% respectively). While they have high level for Organizational Compliance and Altruism dimensions with (64.6% and 55.8% respectively).

Figure (2): Regarding total score of citizenship behavior among nurses, it was noted that 46.9% of nurses have moderate level and 45.8% have high level.

Table (4) shows that nurses have low level for all dimensions of organizational inertia: Action inertia, Insight inertia, and Psychological inertia (64.2%, 57.7%, and 55.4% respectively).

Figure (3): Regarding total score of organizational inertia among nurses, it was noted that 64.2% of nurses have low level and 13.1% have high level.

Table (5) shows that there are highly statistical significant positive correlation between Nurse's perception bout paradoxical leadership and nurses Citizenship behavior (p=0.000). While, there are statistical significant negative correlation between Nurse's perception bout paradoxical leadership and nurses **Organizational inertia** (p=0.017), and highly statistical significant negative correlation between nurses Citizenship behavior and nurses **Organizational inertia** (p=0.003).

Table (6) shows that nurses at **Liver and GIT hospital** have higher mean score for nurse's perception bout paradoxical leadership (70.6800+11.149), and Citizenship behavior (144.3600+21.184) with highly statically significant difference between three hospitals (p=0.000). While, nurses at **Liver and GIT hospital** have higher mean score regardin organizational inertia (**26.6400+7.202**) with highly statically significant difference between three hospitals (p=0.000).

Table (1): Percentage distribution of nurses' personal data (no.=260)

Personal data	Nurses (no.=260)	
	No	**%**
Age		
<30	14	5.4
30-<40	205	**78.8**
40--<50	35	13.5
50 or more	6	2.3
Mean ± SD	35.1253± 2.850	
Gender		
Male	121	46.5
Female	139	**53.5**
Residences		
Rural	171	**65.8**
Urban	89	34.2
Marital status		
Single	98	37.7
Married	148	**56.9**
Divorce	8	3.1
Widowed	6	2.3
Years of experience		
<5	53	20.4
5-10	90	34.6
11-15	112	**43.1**
16-20	3	1.2
>20	2	.8
Mean ± SD	`10.2453 ± 2.345	
Educational qualification		
Secondary school nursing diploma	6	2.3
Technical institute of nursing	194	**74.6**
Bachelor of nursing	60	23.1
Hospital		
Emergency Minia University Hospital	**95(316)**	36.5
Liver and GIT University hospital	**75(250)**	28.8
Renal and Urology hospital	**90(300)**	34.7

Table (2): Percentage distribution of paradoxical leadership dimensions as perceived by nurses (no.=260)

Paradoxical Leadership dimensions	Low		Moderate		High	
	No	**%**	**No**	**%**	**No**	**%**
Treating subordinates uniformly while allowing individualization	47	18.1	**144**	**55.4**	69	26.5
Combine self-centeredness with other centeredness	72	27.7	**96**	**36.9**	92	35.4
Maintaining decision control while allowing autonomy	78	30.0	**130**	**50.0**	52	20.0
Enforcing work requirements while allowing flexibility	91	35.0	**117**	**45.0**	52	20.0
Maintain distance and closeness	**131**	**50.4**	43	16.5	86	33.1
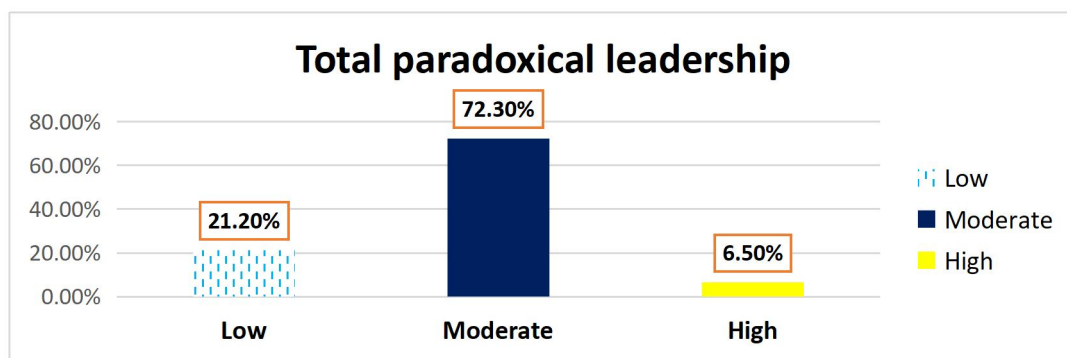
Figure (1): Distribution of total score level of paradoxical leadership as perceived by nurses (no.=260)

Table (3): Percentage distribution of nurses' citizenship behavior dimensions (no.=260)

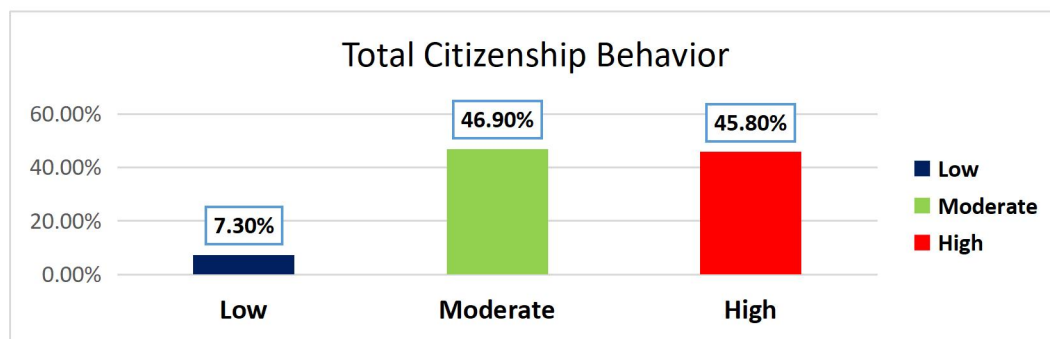| Citizenship Behavior dimensions	Low		Moderate		High	
	No	**%**	**No**	**%**	**No**	**%**
Altruism	47	18.1	68	26.2	145	**55.8**
Conscientiousness	24	9.2	151	**58.1**	85	32.7
Civic Virtue	85	32.7	151	**58.1**	24	9.2
Sportsmanship	45	17.3	189	**72.7**	26	10.0
Courtesy	37	14.2	138	**53.1**	85	32.7
Organizational Compliance	33	12.7	59	22.7	168	**64.6**
Loyalty	27	10.4	214	**82.3**	19	7.3

Figure (2): Distribution of nurses' citizenship behavior total score level (no.=260)

Table (4): Percentage distribution of nurses' organizational inertia dimensions (no.=260)

Organizational inertia dimensions	Low		Moderate		High	
	No	%	No	%	No	%
Insight inertia	150	**57.7**	76	29.2	34	13.1
Action inertia	167	**64.2**	66	25.4	27	10.4
Psychological inertia	144	**55.4**	82	31.5	34	13.1
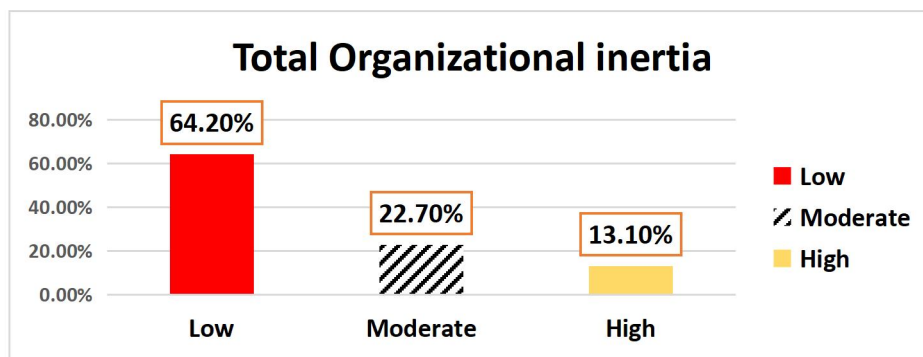
Figure (3): Distribution of nurses' organizational inertia total score level (no.=260)

Table (5): Correlation between total nurse's perception bout paradoxical leadership, citizenship behavior and organizational inertia (no.=277).

Variable	Nurse's perception bout paradoxical leadership	Citizenship behavior	Organizational inertia
	r P- value	r P- value	r P- value
Nurse's perception bout paradoxical leadership		0.532** 0.000	-0.147-* 0.017
Citizenship behavior	0.532** 0.000		-0.186-** 0.003
Organizational inertia	-0.147-* 0.017	-0.186-** 0.003	

*. Correlation is significant at the 0.05 level (2-tailed). **. Correlation is significant at the 0.01 level (2-tailed).

Table (6): Variance between total nurse's perception bout paradoxical leadership, citizenship behavior and organizational inertia on the three hospitals (no.=277).

	Emergency Minia University Hospital	Liver and GIT hospital	Renal and Urology hospital	Anova test (p-value)
Nurse's perception bout paradoxical leadership	61.4737+13.088	**70.6800+11.149**	61.3556+13.349	35.221 (0.001**)
Citizenship behavior	134.0842+22.012	**144.3600+21.184**	133.5667+21.675	42.334 (0.001**)
Organizational inertia	35.3053+9.475	**26.6400+7.202**	33.8778+9.025	34.042 (0.001**)

Discussion:

According to the conventional leadership contingency theory, when presented with a management dilemma, leaders are supposed to choose between the two options, such as control or authorization **(Ishaq et al., 2019).**

Organizations benefit greatly from paradoxical leadership since it provides stability and flexibility, which enables businesses to better adjust to changing external circumstances **(Li et al., 2018; Franken et al., 2020).** Paradoxical leaders give their followers competence, flexibility, and initiative, which helps them grow both now and in the future **(Wei et al., 2023).**

Employees can encourage dual innovation by using the example of paradoxical leadership, which stresses both exploratory and exploitative innovation in response to innovation issues **(Yi et al., 2019)**. In order to make up for the gaps in previous research, this study was conducted to investigate the direct impact of paradoxical leadership on employees' OCB and its internal transformation path.

Regarding nurses data, the study represented that there were more than three quarters of nurses aged between 30-<40 years old. For the gender, more than half of them females, and for residence more than two thirds of them lives in rural areas. Speaking about marital status there were more than half of them married. As well as, less than half of nurses had from 11 to 15 years of experiences. For educinional qualification, about two three quarters of them had Technical institute of nursing. And the highest percentage of nurses worked in Emergency Minia University Hospital.

Regarding dimensions of paradoxical leadership behavior, the results showed that the highest percentage of nurses perceived their head nurses had moderate level for the all dimensions with highest one was treating subordinates uniformly while allowing individualization, following by maintaining decision control while allowing autonomy, then enforcing work requirements while allowing flexibility, and then combine self-centeredness with other centeredness.

Head nurses had acceptable level of **treating subordinates uniformly while allowing individualization dimension** which indicated that head nurse treat with their staff nurses effectively and individually. Also, this suggests that head nurses are striking a good balance in their leadership approach which means that they implies fairness, consistency in applying rules, and equal opportunities for all staff nurses.

This is supported by **Chen et al., (2021a)** in their study mentioned that less than half of their studied nurses had high level of perception of **treating subordinates uniformly dimension** of paradoxical leadership. Furthermore, **Zhang et al. (2021)** demonstrate that a leader treats their subordinates fairly while permitting individualization when they achieve a balance between uniformity and individualization.

Also, from this study findings, head nurses had acceptable moderate level of **maintaining decision control while allowing autonomy** dimension which can be explained due to the head nurse practice of good autonomy with their nurses. This finding highlights a crucial aspect of effective head nurse leadership that mean the ability to empower staff nurses with a degree of autonomy while still maintaining necessary oversight and control over critical decisions.

According to **Chen et al., (2021b**), this is not supported this results in which they establish that a more than two thirds of nurse had a high perception level regarding maintaining decision control dimension of paradoxical leadership behavior. Additionally, it was found by **Akeel and Abd ElFattah (2023)** that a majority of the staff nurses in the study (59.8%) had a high perception level of maintaining decision control dimension of paradoxical leadership behaviors.

Furthermore, from this study findings, head nurses had acceptable moderate level of **enforcing work requirements while allowing flexibility** dimension as well as **combine self-centeredness with other centeredness**, which can be explained due to the head nurse do their best to provide suitable requirements for nurses to do their work effectively. This finding points to another strength of head nurse leadership as their ability to set clear expectations for work performance while also offering adaptability in how those expectations are met. Also, this can be refers to having a clear vision, strong self-awareness, confidence in their decisions, and the ability to set boundaries or prioritize their own responsibilities as leaders. It's about knowing their role, maintaining authority when needed, and ensuring the unit's overall strategic goals are met.

This can be also explained as head nurses enforcing work requirements by ensuring that

staff nurses adhere to established protocols, standards of care, policies, and procedures. It's about maintaining quality, safety, and accountability in patient care. This dimension ensures consistency and reliability in the nursing unit's operations. Also, they allowing flexibility which refers to the head nurse's willingness to provide options and understanding regarding schedules, assignments, or individual circumstances, within the bounds of patient safety and operational needs.

This result is in line with **Li, et al., (2018)** who explore that maintaining decision control while allowing autonomy as well as self-centeredness and others-centeredness, can be a beneficial paradoxical leadership behavior for both leaders and subordinates. In addition to the research of **He and Yun, (2022)** who has suggested that paradoxical behavior can facilitate subordinates' task performance by increasing their proficiency, adaptively, and proactivity and improve self-centeredness and others-centeredness.

While this not in the same line with **Chen et al., (2021b)**, who found that sixty one percent of studied participants had a positive high degree opinion of keeping decision-making authority while permitting the autonomy as well as self-centeredness and others-centeredness components of paradoxical leadership behaviors. Additionally, **Akeel and Abd ElFattah (2023)** agreed that less than two-thirds of the staff nurses in the study thought that they could preserve decision-making authority with high level.

In addition, the current findings revealed that highest percentage of nurses perceived their head nurses had low level for **maintain distance and closeness dimension**. This finding, is significant and suggests a potential area for development in head nurse leadership. As to be good a leader "maintaining distance and closeness" means to delicate balance as the leader must multiply in their relationships with subordinates, which to mean have close and distance enough space.

With the close enough space, refers to build trust, rapport, provide support, understand individual needs, and enhance a sense of teamwork and belonging, and this involves: open communication, empathy and good personal relations and connections. While distant enough

space, refers to enforce professional boundaries, maintain objectivity, provide constructive feedback, make impartial decisions, and maintain authority for overall unit management and this involves professionalism, clear roles, and avoiding favoritism.

The current study results not congruent with **Yang et al., (2019)** who found a high level of leader good relations and closeness and that employees' resilience and in-role and creative performance behavior were favorably correlated with paradoxical leadership.

Similarly, more than two-thirds of the staff nurses in the study showed a high degree of perception of sustaining both the distance and proximity elements of paradoxical leadership behaviors, according to **Akeel and Abd ElFattah (2023)**.

Regarding total score of paradoxical leadership among head nurses from nurses' perception, it was noted that near to three quarters of head nurses had moderate level and only lowest percentage had high level from nurses' perception. This outcome might be because head nurses usually have to balance the needs of senior management with those of frontline nurses. They might have limited autonomy and resources to implement desired changes, creating the appearance of "moderate" efficacy, as they may not be fully empowered to lead radical change.

Additionally, rather of providing mentorship, strategic planning, or long-term vision, head nurses frequently rely more on operational duties, patient flow, and rapid problem-solving. Therefore, in a more general sense, nurses may see their head nurses as good administrators rather than as particularly motivating or influential leaders.

This is matched with **Helaly, et al., (2022)** who stated that the majority of staff nurses thought their head nurses had a moderate leadership style, which is consistent with the finding that, according to nurses, almost three-quarters of head nurses had a moderate level of paradoxical leadership. Additionally, according to **Wei et al. (2023),** almost three-quarters of participants said that their company's managers exhibited a moderate degree of paradoxical leadership. Only a small portion of them were

thought to possess a high degree of paradoxical leadership.

However, this finding contradicts **Akeel and Abd ElFattah (2023),** who found that just 16.2% of the staff nurses in the study had a high level of paradoxical leadership, while over half (53%) had low perceptions of it. Also, this result is not consistent with **Yang et al., (2021)** who ensured that their study participants had high level score of paradoxical leadership behaviors. Also, **Sparr, et al., (2022) and He and Yun (2022)** results indicated that studied staff had high acceptable perception levels regarding paradoxical leadership. Furthermore, this study result is not compatible with **Stynen and Semeijn, (2023) as well as Chen and Yang (2023)** who reported that there was a high comprehensive degree of perception regarding paradoxical leadership behaviors was mentioned by high percent of the nurses in their study.

Regarding organizational citizenship behaviors (OCB) dimensions, the majority of nurses exhibited a modest degree of OCB loyalty. The majority of nurses showed a modest degree of OCB **loyalty**, which is a typical finding in healthcare environments and can be explained by a number of factors. As a component of, loyalty describes nurses' pride in their affiliation with the organization, their dedication to it, and their readiness to defend it. Also, nurses by nature have a strong ethical and professional ties to their patients and the nursing profession which motivate to have good loyalty degree. They may be more devoted to their unit and coworkers than to the larger hospital system.

According to the study's findings, **Widarko and Anwarodin (2022)** discovered that their participants had a moderate level of OCB loyalty. They also noted that motivation has a direct impact on OCB, meaning that strong OCB, including loyalty, is exhibited by employees who are more intrinsically motivated. Additionally, this matches to **Putra et al. (2023),** in which their participants exhibited a moderate level of the OCB's loyalty dimension.

This results showed that most nurses demonstrated moderate level of **Sportsmanship** dimension of OCB. This means that the majority maintained a moderate level of tolerance and positivity despite workplace challenges. The finding that most nurses exhibited a moderate level of sportsmanship within OCB indicates a nuanced reality in the workplace. In this sense, sportsmanship is the ability of a nurse to put up with minor annoyances, unavoidable difficulties, and less-than-ideal situations at work without grumbling or raising a fuss. It's about staying upbeat and not complaining, even when things aren't ideal.

A moderate level indicates that nurses aren't constantly exhibiting an extraordinarily high degree of "grin and bear it" attitude, even if they typically retain some tolerance and positivity despite professional difficulties. It suggests that they are coping, if possibly not thriving, in which they are handling the difficulties without being overtly negative, though their attempts may be apparent **(Requena, et al., 2022).**

Nursing profession is emotionally and physically taxing and prone to high levels of stress. Everyday difficulties include unforeseen catastrophes, lengthy hours, staff shortages, and critical patient circumstances. It might be unrealistic to expect a constant high standard of "sportsmanship" under such constant strain. Nurses frequently encounter circumstances that try their emotional and patience limits (**Devane, 2019**).

This is in line with **Norrohmat, et al., (2021)** who mentioned that nurses had a moderate level of Sportsmanship, which is not significantly impacted by organizational support. According to **Hamenda et al. (2023),** nurses had a medium level of sportsmanship. Even in the face of heavy workloads and mental or emotional exhaustion, nurses with greater resilience are more likely to display extra-role behaviors like sportsmanship.

Also, the finding that most nurses showed a **moderate level of Conscientiousness** within OCB that indicates nurses generally exhibited moderate diligence and reliability in their roles. Conscientiousness, as used in the context of OCB, refers to personal attributes such as punctuality and attendance that go above and beyond the call of duty. Beyond the bare minimum, like not being late and taking little breaks. Also, it implies that they are living up to expectations by suitably performing their duties. Additionally, they may be more focused on providing direct patient care, leaving less time for "extra" conscientious actions.

This is in line with **Munir (2020)** who demonstrated a moderate level of conscientiousness because nurses foster positive working relationships, which boost employee performance in the pursuit of organizational objectives. According to a study by **Widarko and Anwarodin (2022)**, OCB is directly impacted by motivation; hence, individuals who are more intrinsically motivated exhibit stronger OCB, which includes qualities like conscientiousness (the propensity to be responsible and meticulous).

Also, the finding indicated that most nurses showed a **moderate level of Civic Virtue** within OCB that indicates nurses participation in organizational activities and concern for institutional welfare were most often moderate. According to OCB, civic virtue is a collection of actions that demonstrate an employee's conscientious involvement in the "political life" of the work place and care for its welfare.

After completing their primary responsibilities, nurse may feel that the "extra" effort needed for civic virtue behaviors is beyond their capabilities. According to the loyalty finding, nurses frequently show a great deal of dedication and loyalty to their immediate unit and coworkers. Nurses may become less motivated to practice civic virtue behaviors if they believe that their involvement in organizational activities (such as committees or policy discussions) doesn't actually result in change or that senior management doesn't actually hear what they have to say **(Kim, et al., 2023)**.

According to **Mohamed et al. (2019),** over half of the nurses in the study exhibited a moderate level of civic virtue, which is defined as taking part in organizational life responsibly and demonstrating concern for the organization's welfare. The overall degree of OCB civic virtue—that is, nurses' active involvement and interest in organizational affairs—was found to be modest level by **Al-Ahmadi and Mahran, (2021)**.

Also, the finding showed that most nurses had a **moderate level of Courtesy** within OCB which indicates interpersonal respect and consideration were also most frequently rated at a moderate level. In the context of OCB, courtesy refers to actions that show consideration for other people

at work. Even if they aren't specifically called for in the job description, proactive and considerate activities that promote positive encounters and avoid issues are key. This includes alerting a management to a possible schedule issue or a colleague to a change in a patient's condition that could impact their shift.

Also, urgent patient care is frequently the top priority in a high-stress, fast-paced setting like nursing. This can occasionally result in hurried conversations or less time for the kind of proactive, considerate communication that is a hallmark of high civility. Emotional weariness can result from handling stressful situations and emotional labour. The ability of nurses to continuously demonstrate high levels of interpersonal concern, particularly beyond what is strictly necessary, can be compromised when they are emotionally exhausted (**Kwame & Petrucka, 2021**).

This is matched with **Norrohmat, et al., (2021)** who found participants exhibited an adequate degree of courtesy, and the mediating variable of professionalism indicates that organizational support indirectly influences OCB, including courtesy. According to a study by **Hamenda et al. (2023)**, nurses who engage in extra-role behaviors—actions that go beyond their official job requirements—are exhibiting OCB courtesy.

While the highest percentage of nurses had high level for **organizational compliance and altruism dimensions of OCB**. This finding of high level for organizational compliance and altruism dimensions of OCB" is a very positive and significant result, as these are crucial for a well-functioning healthcare environment. This indicates nurses are consistently demonstrating these "going above and beyond" behaviors.

This can be explained that within OCB, organizational compliance is generally embracing and abiding by the organization's policies and authorities as well as diligently following rules, laws, and procedures even when they are not specifically monitored. This might be because nurses receive extensive training to help them understand how important following protocols is to patient safety.

Also, within OCB, altruism is willingly assisting certain people with work-related issues,

even if it is not a part of one's official job responsibilities. This might be because nursing is essentially a helping profession that draws people who have a great deal of empathy, compassion, and a desire to assist others. To guarantee patient care is not jeopardized, other nurses must step in when one is overworked or experiencing a crisis.

According to **Pasikhani and Kuchesfahani (2019)**, study participants exhibited high levels of organizational compliance and altruism in the OCB dimensions. They also showed that organizational commitment, influenced by workplace spirituality, greatly encourages OCB among nurses. **Hastuti and Wibowo (2021)** noted that the notable benefits of organizational commitment and work-life balance on OCB may be the cause of nurses' high levels of organizational compliance and altruism.

According to **Novianti, K. R. (2021),** nurses' high levels of organizational compliance and altruistic elements of OCB may be caused by affective commitment mediated by transformational leadership. Also, **Alabbas and Mahran (2023),** results indicated that the high degree of organizational compliance and altruism among nurses may be related to the COVID-19 pandemic's heightened demands and stresses on hospitals and personnel, which necessitated more OCB.

Regarding total score of citizenship behavior among nurses, it was noted that about forty seven percent of nurses had moderate level and forty six percent had high level. It is a fairly strong outcome when we consider that most nurses have either moderate or high levels of OCB. Overwhelmingly positive indicates that the great majority of nurses routinely take part in activities that go beyond their official job descriptions in order to benefit their coworkers, unit, and organization.

As was previously mentioned, a sizable amount of this total favorable score is probably being driven by the high levels of organizational compliance and altruism. Fundamental to nursing, nurses have a strong commitment to patient safety (compliance) and mutual aid (altruism). The overall score is good, but there is still room to improve the "softer" OCBs, such the following, because a significant portion (47%) are at a "moderate" level: Loyalty by strengthening

advocacy and emotional ties to the organization. sportsmanship by fostering greater forbearance and optimistic outlooks despite small irritations. Also, a greater proactive involvement in larger organizational operations and care for the welfare of the institution are indicators of civic virtue. More regular proactive interpersonal consideration demonstrates courtesy.

This finding is are consistent with **Cofie (2018),** who demonstrated a modest degree of OCB at their research on Ghanaian organizations. They indicates a strong and favorable correlation between OCB and leadership. This indicates that managers that encourage, inspire, and challenge their staff members' thinking likely to help them feel more OCB. This is also consistent with the findings of **Hassi (2018),** who collected data from a sample of 219 workers in seven distinct Moroccan businesses and discovered that the workers' OCB ranged from moderate to good.

Furthermore, **Cek and Eyupoglu (2020)** reported that teachers agreed for a medium level of OCB. Their study indicates that teachers exhibit a high degree of OCB and are more intrinsically satisfied with their jobs than they are with extrinsic and overall job satisfaction. **Alkhadher et al. (2020)** investigated the possible impacts on OCB of 308 public school teachers in China, Kuwait, and the US. In their study, teachers showed a moderate OCB score, and as OCB aligns with collectivistic ideals of advancing the welfare of the group.

Mousa et al. (2020) discovered that physicians' OCB is positively impacted by workplace satisfaction, and that the relationship between the two can be mediated by diversity management strategies. In their study of school teachers in Malaysia, **Choong et al. (2022)** discovered that they had a moderate level of OCB.

Employees in managerial roles exhibited moderate to good levels of OCB, according to **Dubey et al. (2023),** and their findings clarified the strong correlation between OCB and job satisfaction and successful leadership. In their study on public secondary school teachers in Malaysia, **Choong and Ng (2023)** found that OCB completely mediated the relationship between trust and teacher self-efficacy.

Regarding the organizational inertia, t**he study findings** showed that the highest percent of

nurses had low level for all dimensions: Action inertia, Insight inertia, and Psychological inertia. **Regarding organizational inertia** this is a highly positive and significant result for any healthcare organization. The tendency of an organization (or its people) to oppose change, uphold the status quo, and stick to their existing course even when necessary is known as organizational inertia. It's about not having enough momentum or having trouble adjusting.

Also, the high level of action inertia refers to reluctance to actually put new procedures, tactics, or activities into practice. While low level (as discovered) indicates that nurses are prepared to act and carry out their practice for patient care. They are probably flexible and receptive to novel approaches that are thought to be advantageous.

This finding is consistent with **Li et al. (2019),** who found that research participants had a low level of action inertia and that inertia prevents organizations from making the internal adjustments they need to. Furthermore, this finding is consistent with that of **Schecter et al. (2021)**, who discovered that participants' levels of action inertia were low. They also observed that action inertia can cause dysfunction and impede flexibility.

Regarding insight inertia, nurses had low level of insight inertia which means it is positive outcomes of the head nurses leadership practices and skills. Because the high level indicates resistance to accepting new knowledge or seeing the need for change. Sticking to outdated ideas or refusing to recognize issues or opportunities. Low level (as in this study mentioned) indicates that nurses are receptive to new concepts and able to identify when adjustments are required. They are open to fresh knowledge and alternative viewpoints and are not mired in outdated mental patterns.

In light of this, low insight inertia was demonstrated by **Oyadomari et al. (2018).** They stated that when management is unable to understand the environment or explain a phenomenon, insight inertia occurs. Additionally, **Ertl et al. (2020)** study indicated a low degree of insight inertia. They proposed that by utilizing fresh concepts and working together with subordinates, organizations may create dynamic capabilities to overcome stagnation.

In particular, **Cheraghi et al. (2023)** mentioned that know and deal with causes of change resistance can aid in resolving it in nursing by fostering an environment that is receptive to new concepts, supportive of learning, and can lead to low insight inertia.

Regarding psychological inertia, nurses had low level of psychological inertia which means a good outcomes of the head nurses leadership practices and skills. The high level indicates psychological resistance on both an individual and group level, which frequently results from a lack of desire to accept change, contentment with the status quo, or fear of the unknown. This is the cognitive and emotional obstacle to adaptation. Low level, on the other hand, indicates that nurses are both cognitively and emotionally ready to accept change. They are generally driven to adapt, they are open to changing their mental models, and they are not too afraid of new methods of functioning.

This is consistent with **Hur et al. (2019)**, who found that participants had a low psychological inertia score, this can be handled by good management of change resistance. Additionally, this is consistent with **Moradi et al. (2021),** who found that there was little psychological inertia and because change is dangerous for people, organizational opposition to change usually results in psychological inactivity.

Regarding total score of organizational inertia among nurses, it was noted that near to two thirds of nurses had low level. This collective low level across all three dimensions of inertia paints a very optimistic picture regarding organizational inertia. Instead of stagnation or resistance, a low amount of inertia indicates a culture of learning, proactive problem-solving, and constant progress. This demonstrates the nursing team's adaptability and resilience in the face of unforeseen difficulties or changes in priorities. Also, nurses are used to working in a field that is constantly evolving, and adaptation is constantly required due to new research, technologies, and patient needs. To sum up, the discovery that nurses have little organizational inertia is a great sign of a vibrant, flexible, and progressive staff.

This is in line with the findings of **Moradi et al. (2021)**, who discovered a low organizational

overall score of inertia. Reducing the costly and time-consuming nature of internal coordination and communication is another way to lessen organizational inertia. Furthermore, it is compatible with **Wielgos et al. (2021)** who reported low level of organizational inertia and to promote a collaborative work environment leaders should use team-building exercises and collaboration technologies.

Also, this is consistent with **Teofilus et al. (2022),** who reported little organizational inertia in their study participants based on their findings. According to **Utomo et al. (2023),** there is a minimum degree of inertia. However, this contradicts the findings of **Uyurdağ and Yildirim (2023),** who showed that nurses' overall inertia score was 2.97±0.45, indicating a moderate rather than low degree of inertia.

Regarding correlation, the study showed there was highly statistical significant positive correlation between nurse's perception bout **paradoxical leadership and nurses Citizenship behavior.** This could be due to the head nurses practice of paradoxical leadership that seem contradictory but are actually complimentary and concurrently handle conflicting needs at work. The term OCB is extra-curricular, voluntary actions taken by staff members that benefit the company but are not legally obligatory. Numerous empirical research have shown a favorable correlation between OCB and paradoxical leadership. It has been discovered that paradoxical leadership specifically enhance OCB.

According to **Chen et al.'s (2021b)** research, the association between paradoxical leadership and employee OCB is totally mediated by positive affect, or the sensation of pleasant emotions. This means that paradoxical leadership causes OCB by influencing positive affect. According to **Khaola and Rambe's (2021)** survey of 300 workers at a medium-sized public university and 122 workers from public and private sector organizations in Lesotho, there are important connections between OCB, affective commitment, and organizational fairness and effective leadership.

The significant impact of workplace spirituality and emotional intelligence on the relationship between effective leadership and

citizenship behaviors was also supported and empirically demonstrated by **Majeed and Jamshed (2021)** using data from 408 academicians employed in public sector universities and Partial Least Squares-Structural Equation Modelling. Their study also confirmed that transformational leadership influences subordinates' OCB, which is a significant finding in public sector organization studies.

According to **Pan's (2021)** findings, paradoxical leadership has a large and beneficial impact on OCB, with both paradoxical mindset and personal service orientation acting as mediating factors. According to a study by **Meng et al. (2021),** paradoxical leadership has a statistically significant beneficial impact on employees' mandatory OCB, which means it makes them feel more obligated to engage in extra-role behaviors.

Furthermore, **Niu et al. (2022)** noted that OCBs and paradoxical leadership, which is defined by striking a balance between conflicting objectives like control and flexibility, have a complicated relationship. Even while it typically encourages OCBs through constructive psychological processes, research shows that there is a "double-edged sword" effect that can have unforeseen negative effects.

Regarding correlation, the study showed there was statistical significant negative correlation between nurse's perception bout paradoxical leadership and nurses **Organizational inertia.** An important conclusion is the statistically significant negative association between nurses' organizational inertia and their sense of paradoxical leadership. It strongly implies that nurses' propensity to oppose change and uphold the status quo (organizational inertia) is lessened when they believe their head nurses (or leaders) are exhibiting paradoxical leadership behaviors.

Paradoxical leadership includes: enforcing work requirements while permitting flexibility; treating everyone equally while permitting individualization; maintaining control while permitting autonomy; and being self-centered (visionary, strategic) while being other-centered (empathetic, supportive).

Since paradoxical leadership tackles the root causes of change resistance, it effectively

counteracts inertia. Leaders can establish a stable and flexible atmosphere by deftly striking a balance between control and autonomy, or flexibility and needs. This makes nurses more psychologically receptive to new efforts by lowering their anxiety and dread of the unknown. Within defined parameters, nurses feel safe enough to try new things (**Akeel & Abd ElFattah, 2023**).

Understanding and buy-in are fostered by paradoxical leadership (Insight Inertia): Combining "self-centeredness with other-centeredness" makes a paradoxical leader more likely to express a clear vision (self-centered) while actively hearing and resolving staff problems (other-centered). Through open communication and a willingness to consider alternative viewpoints, nurses are able to overcome "insight inertia" and comprehend the need for change (**Skordia, 2022**).

Paradoxical leadership facilitates implementation (Action Inertia): Rather than imposing strict adherence that might not be appropriate in real-world scenarios, paradoxical leaders empower nurses to modify new procedures to their unique settings by allowing flexibility while enforcing requirements. This flexible strategy lessens the difficulty of putting new initiatives into practice. In order to avoid action inertia, leaders who strike a balance between "distance and closeness" can also be approachable enough to resolve implementation challenges with staff (**Meng et al., 2023**).

According to **Sulphey and Jasim's (2022)** demonstrated that the relationship between organizational silence and employee voice was moderated by paradoxical leadership, a leadership style that strikes a balance between stability and flexibility. This means that it affected how silence affected employees' willingness to speak up, which can reduce organizational inertia. According to **Teofilus et al. (2022),** mentioned that to overcome organizational inertia and stagnation, two strategies are proposed: empowering leadership and creating a new organizational culture.

Additionally, **Alola et al. (2023)** demonstrated that minimal organizational inertial will occur in the presence of motivation, job stability, and a positive work environment. Job

insecurity, demotivation, and organizational tolerance for rudeness at work were all negatively connected with paradoxical leadership, and these factors may be inversely associated to organizational inertia. Accordingly, paradoxical leadership can reduce organizational inertia, job insecurity, demotivation, and tolerance for rudeness in the workplace.

According to a study by **Lo et al. (2023),** paradoxical leadership has a statistically significant negative link with organizational inertia and is strongly correlated with nurses' turnover intentions, meaning that it decreases their intention to quit the organization.

This, however, contradicts the findings of **Hasnawi and Abbas's (2020)** study, which indicated that paradoxical leader behaviors significantly impact organizational inertia as well as workplace exclusion. The association between paradoxical leader behaviors and organizational inertia is mediated by workplace ostracism, which has been demonstrated to have a major impact on organizational inertia. According to the findings, leaders who exhibit more contradictory behaviors are more likely to be shunned by their peers, which raises organizational inertia.

Finally, the results showed that nurses at **Liver and GIT hospital** had higher mean score for nurse's perception bout paradoxical leadership, and Citizenship behavior; while, nurses had low mean score regarding organizational inertia with highly statically significant difference between three hospitals. This could be due to the liver and GIT hospital have new and various resources than other hospitals and the hospital has applied to the JHAR Foundation for accreditation.

This is quite believable and explains how the hospital's attributes relate to the observed improvements in inertia, OCB, and leadership. New tools enable leaders to be more contradictory. They can still enforce regulations while providing more flexibility (for example, in scheduling because of improved staffing). Because daily operations run more smoothly, they have more instruments to support individualisation and can concentrate on long-term strategy (self-centredness) (**Kearney et al., 2019).**

Additionally, nurses feel appreciated and supported when a company makes investments in

new resources. Loyalty and the desire to participate in other OCBs are directly increased by this. Better resources can also lessen everyday frustrations and excessive workloads, which encourages nurses to be more diligent, courteous, and sportsmanlike **(Lavee & Pindek, 2020).**

Furthermore, nurses who possess the required tools are more open to adopting new procedures, protocols, or technology since they can execute them successfully. Action inertia diminishes with increased resources, and nurses are more receptive to fresh perspectives because they know they can be achieved **(Cheraghi et al., 2023).**

Furthermore, the Joint Commission on Hospital Accreditation and Research - JHAR Foundation, which is probably a regional or fictional counterpart of a major accreditation body like JCI or Magnet in a real-world study, is a driving force for quality and excellence due to its rigorous accreditation processes. They require constant improvement, rigorous standards for quality and safety, and frequently a robust culture of leadership and employee involvement.

Leaders must be extremely effective in order to receive accreditation. This fosters an atmosphere in which paradoxical leadership is not only advantageous but frequently required for achievement. Strong cooperation, proactive problem-solving, and ongoing quality improvement are frequently required by accreditation standards. These result in greater OCBs immediately. Lastly, an organisation is compelled to face inertia by accreditation.

Summary

This concise summary effectively ties together the core findings of the study, highlighting the overall positive state of nursing leadership and staff behaviors. Nurse perceived their head nurse with a moderate paradoxical leadership behaviors which mean it is acceptable level and this suggests that head nurses are generally doing a decent job of navigating the complex demands of leadership. Also, nurses have moderate to good level of OCB, and this is a strong positive results that confirms nurses are consistently engaging in behaviors that go beyond their basic job descriptions. While nurses had a low level of organizational inertia, this is arguably the most critical positive finding for organizational change and adaptability. In essence, the study portrays a nursing staff that is generally well-led (good paradoxical leadership) and operates with a high degree of positive discretionary behaviors (good OCB) and an admirable willingness to embrace change (low organizational inertial).

Recommendation

- Provide training that specifically addresses the *paradoxical* nature of leadership for head nurses and how to adjust their style based on the situation and individual needs while maintaining core principles.

- Use real-life nursing scenarios to practice applying paradoxical behaviors, such as how to enforce a new protocol strictly while also addressing individual nurse concerns or offering flexible implementation strategies.

- **Address Workload and Resources:** While the Liver and GIT Hospital seems to have good resources, continuously assess and, where possible, optimize nurse-to-patient ratios and provide adequate equipment to reduce daily stressors.

- Head nurses should actively solicit feedback and demonstrate that input is valued and, where appropriate, acted upon.

- Involve nurses actively in the planning and implementation of new initiatives. This leverages their openness, garners buy-in, and can provide valuable frontline insights.

- Even with good performance, regularly re-evaluate leadership effectiveness, OCB levels, and inertia through surveys and feedback to identify emergent needs and sustain excellence

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