



# Head Nurses' Paternalistic Leadership and Organizational Citizenship Behavior of Nurses in the People's Hospitals of Dali, the People's Republic of China

ภาวะผู้นำแบบปิตาธิปไตยของหัวหน้าหอผู้ป่วยและพฤติกรรมกรรมาการเป็นสมาชิกที่ดีขององค์กรของพยาบาลในโรงพยาบาลแห่งประชาชนต้าหลี่ สาธารณรัฐประชาชนจีน

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## บทคัดย่อ

พฤติกรรมกรรมาการเป็นสมาชิกที่ดีขององค์กรของพยาบาลเป็นสิ่งสำคัญในการนำพองค์กรให้บรรลุเป้าหมายวัตถุประสงค์ของการศึกษาเชิงสหสัมพันธ์นี้เพื่อศึกษาระดับของภาวะผู้นำแบบปิตาธิปไตยของหัวหน้าหอผู้ป่วยและพฤติกรรมกรรมาการเป็นสมาชิกที่ดีของพยาบาล และหาความสัมพันธ์ระหว่างทั้งสองตัวแปร กลุ่มตัวอย่างซึ่งคัดเลือกโดยวิธีการสุ่มตัวอย่างแบบชั้นภูมิตามสัดส่วนเป็นพยาบาล 271 ราย จากโรงพยาบาลแห่งประชาชนต้าหลี่ สาธารณรัฐประชาชนจีนจำนวนสองแห่ง เครื่องมือที่ใช้ คือ แบบวัดค่าคะแนนภาวะผู้นำแบบปิตาธิปไตย และแบบวัดค่าคะแนนพฤติกรรมกรรมาการเป็นสมาชิกที่ดีขององค์กร วัดค่าความเชื่อมั่นของเครื่องมือโดยสัมประสิทธิ์สหสัมพันธ์แบบอัลฟาครอนบาคของแบบวัดภาวะผู้นำแบบปิตาธิปไตยและพฤติกรรมกรรมาการเป็นสมาชิกที่ดีขององค์กรได้ 0.88 และ 0.93 ตามลำดับ วิเคราะห์ข้อมูลด้วยสถิติเชิงพรรณนาและสัมประสิทธิ์สหสัมพันธ์แบบสเปียร์แมน ผลการศึกษาพบว่า

1. ภาวะผู้นำแบบปิตาธิปไตยโดยรวมและด้านภาวะผู้นำเชิงเมตตาและภาวะผู้นำเชิงอำนาจอยู่ในระดับปานกลาง ในขณะที่ภาวะผู้นำเชิงศีลธรรมอยู่ในระดับสูง
2. พฤติกรรมกรรมาการเป็นสมาชิกที่ดีขององค์กรโดยรวมอยู่ในระดับสูง
3. ภาวะผู้นำแบบปิตาธิปไตยโดยรวม รวมทั้งด้านภาวะผู้นำเชิงเมตตาและด้านภาวะผู้นำเชิงศีลธรรม มีความสัมพันธ์ทางบวกกับพฤติกรรมกรรมาการเป็นสมาชิกที่ดีขององค์กรในระดับปานกลาง ส่วนภาวะผู้นำเชิงอำนาจมีความสัมพันธ์ทางลบในระดับต่ำกับพฤติกรรมกรรมาการเป็นสมาชิกที่ดีขององค์กร

ผลการศึกษาครั้งนี้เป็นข้อมูลพื้นฐานสำหรับผู้บริหารทางการพยาบาลในการพัฒนานโยบายและกำหนดกลยุทธ์ในการปรับปรุงพฤติกรรมกรรมาการเป็นสมาชิกที่ดีขององค์กรเพื่อเพิ่มคุณภาพทางการพยาบาลและประสิทธิผลขององค์กร

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## Abstract

Organizational citizenship behavior of nurses is an important component to achieve organizational goals. The purpose of this descriptive correlational study was to examine the level of head nurses' paternalistic leadership and nurses' organizational citizenship behavior and the relationship between the two variables. Samples were selected using proportionate stratified random sampling, including 271 nurses from two People's hospitals of Dali, the P.R China. Research instruments were the Paternalistic Leadership Scale (PLS) and Taiwan Organizational Citizenship Behavior Scale (TOCB). The reliability of PL and TOCB was 0.88, and 0.93 respectively. Data were analyzed using descriptive statistics and Spearman's Rank-Order Correlation. The results of this study were as follows:

1. The overall paternalistic leadership and dimensions of benevolence and authoritarian were at a moderate level whereas moral leadership was at a high level.
2. The overall and each dimension of organizational citizenship behavior were at a high level.
3. The overall paternalistic leadership and dimensions of benevolent and moral leadership were moderately positively related to organizational citizenship behavior while authoritarian leadership was weakly negatively related to organizational citizenship behavior.

The results of this study provide basic information for nurse administrators to develop policies and strategies to improve organizational citizenship behavior in order to enhance the quality of nursing care and organizational effectiveness

**Keywords:** Paternalistic Leadership, Organizational Citizenship Behavior, People's Hospitals

## Background and significance

The hospitals in China have to survive in the hyper-competitive healthcare market (Lin, & Lei, 2013). According to Podsakoff, Whiting and Blume (2009), organizational citizenship behavior (OCB) is beneficial, as OCB has been shown to have a positive impact on employee performance and wellbeing, and this in turn has noticeable effects on the organization. Organ, Podsakoff and MacKenzie (2006) point the compelling effects on the organization's success through OCB. Since the nurses are a critical part of a hospital, nurses' OCB becomes a very important

component to achieve hospitals' goals. Based on Organ's definition, Farh, Earley and Lin (1997) define OCB as individual and voluntary devotement in the workplace that goes beyond role requirements and is not contractually rewarded job achievements, but could promote organizational effectiveness and develop five dimensions under the Chinese context, including identification with a company, altruism toward colleagues, conscientiousness, interpersonal harmony, and protecting company resources (Farh et al., 1997). Many studies of OCB were conducted among nurses in different countries.



In China, Lv, Shen, Cao, Su and Chen (2012) and Yang (2012) found a high level of nurses' OCB, while another study reported a moderate level of nurses' OCB (Chu & Hsu, 2012). Both studies used TOCB scale developed by Farh et al. (1997). Moreover, different preferences are demonstrated across different area even the same level of OCB.

Several studies indicated that paternalistic leadership (PL) has a significant positive effect on OCB (Dong, 2013; Li, 2013; Xue, 2014; Ai et al., 2016). In nursing area, Ai, Yang, Zhou and Liu (2016) reported that head nurses' moral leadership was positively related to nurses' OCB ( $r = 0.22, p < .01$ ) in Guangdong, China. However, Xue (2014) pointed that the dimension of authoritarian leadership showed a negative relationship with employees' OCB ( $r = -0.11, p < .01$ ) among the employees in eastern China. Ma (2015) indicated that authoritarian leadership of head nurses has bad effects on nurses' OCB. Also, the authoritarian leadership was found negatively related to nurses' working enthusiasm and OCB (Tang, 2012). On the other hand, Zhang, Liu and Wei (2012) pointed the authoritarian leadership was positively related to nurses' OCB and knowledge interaction orientation ( $r = 0.27, p < .01$ ). Above all, authoritarian leadership with nurses' OCB were showed in the inconsistent results.

Paternalistic leadership is an indigenous Chinese leadership and rooted in Confucian philosophy (Cheng, Chou, Wu, Huang, & Farh, 2004). Paternalistic leadership combines strong discipline and authority with fatherly benevolence and moral integrity, couched in a personal atmosphere and consists of three

dimensions: authoritarianism, benevolence, and moral character (Cheng et al., 2004). Authoritarian leadership means that a leader stresses the absolute authority and take rigorous control over subordinates. Nevertheless, benevolent leaders invest in their social relationship to the subordinate by providing individualized concern if the subordinates encounter personal problems and moral leadership requires the leader to act as a role model in terms of moral character (Cheng et al., 2004).

As Chinese hospital management has been transformed to the market-oriented, nurses' OCB to improve hospitals' effectiveness are becoming more meaningful and essential than ever before. People's Hospitals are the basic and essential public hospitals in Chinese society and they are founded everywhere among China and controlled directly by the government. The effectiveness of People's Hospitals in Yunnan Province is still at a low level (Qin, 2014). As higher organizational effectiveness are determined by employees' OCB (Organ, 1988) and the nurses' OCB are a critical component to achieve hospitals' goals. Thus, more understanding of nurses' OCB in People's Hospitals is necessary.

Furthermore, the researcher conducted interviews among 10 nurses in the People's Hospitals of Dali, the interviewed nurses love their hospitals and are also proud of the hospitals. They, hence, eager to tell outside about the good news of their hospital and protect their hospitals' reputation. The nurses are also willing to assist others to adjust the work environment and solve problems. However, many problems of nurses' OCB are still existed.



For example, some nurses refuse to take difficulties job as they believe that their income cannot reflect their labor while some keep a strain interpersonal relationship with their leaders and worried about the work related conflict with physicians and patients. Some studies suggested that head nurses' benevolence and moral character of PL could positively improve nurses' OCB (Ma, 2015; Ai et al., 2016). However, there is no study tested overall PL of head nurses in China while a few studies about each dimension of PL were found.

Thus, this study aims to fill this knowledge gap by describing the levels of PL and OCB, and examining the relationship between overall and each dimension of PL and overall OCB in the People's Hospitals of Dali, Yunnan Province, the People's Republic of China.

### Objectives

This descriptive correlational study aimed to describe the levels of PL and OCB. Also, the relationship between overall and each dimension of PL and OCB were tested among nurses in the People's Hospitals of Dali, Yunnan Province, P. R. China.

### Conceptual Framework

The conceptual framework of this study was based on Triad model of PL (Cheng et al., 2004) and five-dimension model of Chinese OCB (Farh et al., 1997). Paternalistic leadership refers to a style that combines strong discipline and authority with fatherly benevolence and moral integrity, couched in a personal atmosphere. It includes three dimensions: 1) authoritarianism, 2) benevolence, and 3) moral character.

Organizational citizenship behavior refers to individual and voluntary devotement in the workplace that goes beyond role requirements. There are five dimensions of citizenship behavior including identification with company, altruism toward colleagues, conscientiousness, interpersonal harmony, and protecting company resources. The relationship between PL and OCB was examined in this study.

### Methodology

#### Research design

A descriptive correlational research was designed to describe the level of head nurses' paternalistic leadership and organizational citizenship behavior among nurses. The relationship between head nurses' paternalistic leadership and organizational citizenship behavior among nurses was also tested in the People's Hospitals of Dali, Yunnan Province, P. R. China.

#### Population and Sample

The population was 719 clinic nurses who had worked at least one year in the First People's Hospitals of Dali and the Second People's Hospitals of Dali. Samples were selected using proportionate stratified random sampling, including 308 nurses from both hospitals.

#### Research instrument

1. The demographic data form was used to collect information about age, gender, length of work, educational level, marital status, shift work, working department.

2. The Paternalistic Leadership Scale (PLS) was developed by Cheng et al. (2004) consisted of 26 items, including 11 items on benevolent leadership, 6 items on moral leadership and 9



items on authoritarian leadership. The level of PL was interpreted based on mean score of PLS ranged from 1 to 6, mean score of 4.34 to 6.00 was considered high, 2.67 to 4.33 was considered moderate and 1.00 to 2.66 was considered low (Cheng et al., 2004). The Cronbach's alpha of PLS was 0.88, and of each dimension benevolent leadership, moral leadership and authoritarian leadership were 0.97, 0.89, and 0.87, respectively.

3. The Taiwan Organizational Citizenship Behavior Scale (TOCB) developed by Farh et al. (1997) consisted of 20 items, including 4 items on identification with the company, 4 items on altruism toward colleagues, 4 items on interpersonal harmony, 3 items on protecting company resources and 5 items on conscientiousness. The level of OCB was interpreted based on mean score of TOCB ranged from 1 to 7, mean score of 5.01 to 7.0 was considered high, 3.01 to 5.00 was considered moderate and 1.00 to 3.00 was considered low. The Cronbach's alpha coefficient of TOCB was 0.93. In this study, PLS and TOCB were used in Chinese version with no modifying, the validity of these two scales were not tested.

#### **Ethical Considerations**

The research was approved by the Research Ethics Review Committee, Faculty of Nursing, CMU. Before data collection, an informed consent was obtained from the nurses who were willing to participate in the study after being informed about the purpose, benefits, and method of research. The participants were reassured that their response would remain confidential and their identities were not revealed on research reports or in the published the study. Published findings will be presented

as the overall picture.

#### **Data collection**

Data were collected from February to March, 2017. After getting permission from directors of two target hospitals, the researcher met nurse directors and informed the purpose and benefits of study and asked to assign one researcher coordinator of each hospital. The coordinator guided researcher to each unit to distribute 308 questionnaires to all subjects with a request for cooperation to complete the form in their private time. After one week, the researcher got 294 questionnaires (95.45%) from the coordinator in sealed envelopes. Among them, 271 questionnaires (87.99%) were used for data analysis.

#### **Data Analysis**

Frequency, percentage, mean, range and standard deviation were used to analyze the demographic data, PL and OCB. As the data of OCB were not normally distributed, Spearman's Rank-order correlation analysis was used to examine the relationship between overall and each dimension of PL and overall of OCB.

#### **Results**

##### **Demographic Data**

The findings showed that all subjects were female with the average age of 30.29 years old and over seventy percent of the sample had between 1-10 years of experience (72.69%). The majority were married (65.31%) and approximately fifty-six percent of the subjects held the Associate degree of Nursing. The main group of the nurses worked at the medical and



surgical department (29.89% & 25.11%). More than half subjects (61.62%) worked in three shift.

### Paternalistic Leadership

The findings of PL showed that overall PL was at a moderate level ( $\bar{x} = 3.98$ ,  $SD = 0.63$ ).

The dimensions of moral leadership ( $\bar{x} = 4.35$ ,  $SD = 1.01$ ) was at a high level, while benevolent leadership ( $\bar{x} = 4.24$ ,  $SD = 1.12$ ) and authoritarian leadership ( $\bar{x} = 3.33$ ,  $SD = 1.02$ ) were at a moderate level. (Table 1)

**Table 1** Range, Mean, Standard Deviation and Level of Paternalistic Leadership as Perceived by the Subjects (n=271)

Paternalistic Leadership	$\bar{x}$	SD	Level
Overall paternalistic leadership	3.98	0.63	Moderate
authoritarian leadership	3.33	1.02	Moderate
benevolent leadership	4.24	1.12	Moderate
moral leadership	4.35	1.01	High

### Organizational Citizenship Behavior

The findings of OCB showed that the overall OCB was at a high level ( $\bar{x} = 5.84$ ,  $SD = 0.82$ ) as well as five dimensions: identification with company ( $\bar{x} = 5.59$ ,  $SD = 1.01$ ), altruism

toward colleagues ( $\bar{x} = 5.76$ ,  $SD = 0.99$ ), conscientiousness ( $\bar{x} = 5.47$ ,  $SD = 1.12$ ), interpersonal harmony ( $\bar{x} = 6.12$ ,  $SD = 1.26$ ) and protecting company resources ( $\bar{x} = 6.24$ ,  $SD = 1.16$ ). (Table 2)

**Table 2** Range, Mean, Standard Deviation, and Level of Organizational Citizenship Behavior among the Subjects (n = 271)

Organizational Citizenship Behavior	$\bar{x}$	SD	Level
Overall organizational citizenship behavior	5.84	0.82	High
identification with company	5.59	1.01	High
altruism toward colleagues	5.76	0.99	High
conscientiousness	5.47	1.12	High
interpersonal harmony	6.12	1.26	High
protecting company resources	6.24	1.16	High

Relationship between overall and each dimension of paternalistic leadership and overall organizational citizenship behavior

The results of this study showed that there

was a moderate positive relationship between overall PL and overall OCB ( $r = 0.36$ ,  $p < .01$ ). Regarding each dimension of PL, organizational citizenship behavior was moderately positively



related to benevolent leadership ( $r = 0.38, p < .01$ ) and moral leadership ( $r = 0.43, p < .01$ ) while

weakly negatively related to authoritarian leadership ( $r = -0.19, p < .01$ ) (Table 3).

**Table 3** Relationship between overall and each dimension of paternalistic leadership and overall organizational citizenship behavior

Paternalistic Leadership	Organizational Citizenship Behavior
Overall paternalistic leadership	0.36*
authoritarian leadership	-0.19*
benevolent leadership	0.38*
moral leadership	0.43*

\* $p < .01$

## Discussion

### Head nurses' paternalistic leadership as perceived by the nurses

This study found that head nurses' paternalistic leadership as perceived by nurses in the People's Hospital of Dali was at a moderate level. This finding was supported by the results of the two dimensions of PL which presented the moderate level of benevolent leadership ( $\bar{x} = 4.24, SD = 1.12$ ) and authoritarian leadership ( $\bar{x} = 3.33, SD = 1.02$ ) although the moral leadership was at high level ( $\bar{x} = 4.35, SD = 1.01$ ). This may be due to Chinese culture values and national character. Confucian culture indicated that superiors have paternalistic control in the central, emphasis on moral principles in governance and leading by virtue. Chinese national character made People believe in Confucian and deference to authority. These cultural roots indicate that PL might be more salient in the China (Zhang et al., 2015). However, Chinese nursing leadership is strongly influenced by sociocultural changes and integrates contemporary leadership theories,

such as transformational, transactional, and situational leadership theories (Kang, 1999).

The possible explanation for the finding of benevolent leadership of head nurses which was at a moderate level might be the following reasons. The head nurses' management changed from task oriented to relation and humanistic oriented in order to encourage subordinates perform better (Lin & Lei, 2013). Nonetheless, some obstacle for head nurses to perform benevolent leadership still existed. For instance, High workload and limited time influenced head nurses not to concern and provide enough care for each staff nurse (Ai et al., 2016).

The most possible explanation for the high level of head nurses' moral leadership might be the influence of the traditional Chinese culture. Barnard (1938) states that one social and cultural context largely determines morality. As well, the head nurses always act as a role model or behave fully with moral character naturally no matter it directly benefit oneself or not (Ma, 2015). Only in this way could make



nurses believe in leaders' moral integrity and benevolence, and follow leaders' authoritarian guidance (Cheng et al. 2004).

The possible explanation for the finding of authoritarian leadership of head nurses which was at a moderate level might be the reasons of younger nurses' age and less working years. Nearly 70% of nurses were less than 30 years old with working less than 10 years and these might result in their perception on head nurses' authoritarian leadership. As Chi et al. (2013) indicated that younger employees prefer the complete obedience to their supervisors while the leaders take rigorous control over them. Yet, perception of authoritarian leadership of the leader could be reduced among the seniors (Chi et al., 2013). However, Ma (2015) indicated that the nurses prefer a democratic leadership which is conceptually distinct from positions of authority.

#### **Organizational citizenship behavior among nurses**

The study results indicated that the overall and each dimension of organizational citizenship behavior were at a high level. It meant that the majority of the nurses who worked at the People's hospitals of Dali perceived their behavior as more likely to help each other and to extend an extra effort as a result of feeling a sense of obligation to do so. The most reasonable explaining might be the family-centeredness, the key feature persistent in most of the Chinese organizations. Being the primary agent of socialization for Chinese culture, the family has exerted the most significant influence on the individual's value system and role expectations (Sun, 2001). Chinese consider the

working organization as the family, boss-employee relationship as the parent-child relationship and parental authority has a strong impact among Chinese employees. In modern China, although more young generation exposed to Western education, they still emphasize their obligation to their fathers and the organizations. The boss is perceived as the father-figure in the Chinese organizations and Chinese ethic of compliance with the father has still remained strong (Lee, 1996).

The other possible explanation is the motivation of nurses. Ahearne, Bhattacharya & Gruen (2005) argued that the extra-role behaviors are not only intrinsically motivated (i.e., driven by dedication) but also, perhaps in light of the visible social settings in which they are performed, extrinsically motivated (i.e., the need to conform to expectations of others). Farh et al. (1997) also indicated that employees' OCB can be motivated by expectations of gain since such behaviors may indirectly increase the score of performance evaluation by influencing the whole impression perceived by managers. Hence, staff nurses were more likely to engage in OCB as a means of obtaining higher score of performance evaluation rated by head nurse.

#### **Relationship between overall and each dimension of paternalistic leadership and overall organizational citizenship behavior**

There was a significantly moderate positive relationship between paternalistic leadership and organizational citizenship behavior. This could be explained in that a leader behaves on high moral standards and provides individualized and holistic concern to his/her subordinates, comes along with his/her unquestionable



authority. Consequently the subordinate may develop a feeling that he or she wished to pay the favor back to the leader and gained higher performance evaluation rated by the leader. This could be done by performing behavior which is beyond the formal employment contract and known as organizational citizenship behavior.

This study showed that there was a moderately positive relationship between benevolent leadership and organizational citizenship behavior. A benevolent leader would show good care to followers for their career development, provide opportunities to learn from mistakes, and teach them how to perform better. Then, the followers wishes to pay the favor back to the leader and reciprocate to offers of expanded responsibilities, such as extra-role performance (Cheng et al., 2004; Farh & Cheng, 2000). There was a moderately positive relationship between moral leadership and organizational citizenship behavior. The follower perceptions of moral leadership are higher which makes followers' reciprocate the behavior of the leader (Barnard,1938). Also, ethical leaders increase follower organizational identification which in turn increases motivation to achieve collective goals. High moral leadership seems to motivate followers to reciprocate with more extra-role behavior and offer of expanded responsibilities (Xue, 2014). This study showed a weakly negative relationship between authoritarian leadership and organizational citizenship behavior. Sivanathan, Pillutla and Murnighan (2008) reported that authoritarian leaders use the power-asymmetry between leaders and followers to assure personal

dominance and to centralize control. Under these circumstances, the subordinates' interests and investments in group-oriented activities would be reduced. Moreover, the subordinates are less likely to engage in in-role and extra-role efforts (Sivanathan et al., 2008). Therefore, it was a negative relationship between authoritarian leadership and organizational citizenship behavior.

### **Conclusion**

Although this study findings proposed that PL had a positive relationship with OCB, the results in overall might not present in the way expected previously. The prior hypothesis was that if PL was high, the OCB should be high. However, while the overall PL was at a moderate level, the overall and dimensions of OCB were all high. Further-more, it is noticed that the results of high OCB was consistent with other previous studies, findings, which, as well, presented high level of OCB among nurses. This character of those findings may be the effect of the same instrument used to measure the OCB as it could not truly differentiate the level of this variable. Therefore, choosing, modifying or developing the proper instrument to study OCB among nurses is suggested.

Above all, according to the participants of this study perceived high level of their OCB and moderate level of PL among head nurses, while the findings showed positive relationship between PL and OCB. These findings suggested that PL have positive effects on success of organization. This study also noticed that benevolent leader-ship and moral leadership had a positive relationship with OCB, while the



authoritarian leadership was negatively related to OCB. This is suggested that head nurses should maintain a high quality of PL as well as enhancing their benevolent and moral leadership in order to maintain a high level of nurses' OCB which have positive effects on hospitals' success.

### Implications and Recommendations

Nurse leaders and hospital administrators can use the research findings of this study as a basis to develop plans, design strategies and

conduct workshop to improve and facilitate good organizational citizenship behavior among nurses. In addition, the results can be used as the baseline data for further research in the area of organizational citizenship behavior among nurses in the People's hospitals, P.R China. Further study could be conducted to explore other factors related to organizational citizenship behavior among nurses in China and consider to get more valid results by investigating from different perspectives and sources such as self, peer and supervisory ratings.

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