

The Nurse Managers' Power Usage in Turkey

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ABSTRACT This study investigated how nurses in two state hospitals in Izmir in Turkey perceived the current power base of their hospital nurse managers and what these same nurses preferred their hospital nurse managers to have their power base to be. This is a descriptive design that used a sample of 150 nurse staffs. The perceived leadership power questionnaire (PLPQ) was used. Frequency distribution, percent distributions, mean score, analysis of variance, t-test, Pearson correlation analysis and Cronbach's alpha coefficient were used in data analysis. There were a significant difference between the perceived and preferred perception of reinforced power style ($t = -10.19$, $p < .05$), while there was no relation between perceived and preferred perception of legal power style ($t = -1.90$, $p > .05$) and compelling power style ($t = -.03$, $p > .05$). Reinforced power is perceived and preferred more while legal power and compelling power are perceived and preferred less. Nurse Managers use the reinforced power the most on their staff nurses. Legal power and compelling power are following in order.

INTRODUCTION

In today's healthcare environment, nurses need to use all the resources available to them in order to provide quality patient care. Nurses must exercise their power to create a strong voice for nursing in shaping in evolving healthcare environment.

The word power comes from the Latin word *potere*, meaning 'to be able'. Simply defined, power is "the capacity to achieve goals, is a valuable resource that can assist nursing groups in the achievement of their goals as individuals, professionals, and leaders" (Cruz et al. 2009: 234-239; Sieloff and Bularzik 2011: 1021; Yoder-wise 2014: 178).

Although the concept of power is identified in so many ways, it can be defined as "a person's or a group's ability to effect other's decisions and behaviors" (Kelly 2010). In addition to the view that power is a social relationship, more recently, power has been described as a transforming phenomenon that promotes individual and group growth by encouraging reciprocity and creative thinking, expansion of knowledge and awareness (Cruz et al. 2009: 234-239).

There are multiple definitions of power. Some assert that power is an overall concept that includes authority and influence. Others see authority and influence as separate ideas or concepts, and as such, they require individual consideration. Power is the ability to influence other people despite their resistance and may be actual or potential, intended or unintended. It may be used for good or evil, for serious purposes or for frivolous and selfish ones (Jones 2007).

Power is strictly related with many subcategories of organizational behavior science and it is also a very comprehensive concept. The concept of power has kept its importance on subjects like stress, conflict, culture, motivation, and job satisfaction. Also, many variables affect the concept of power such as personal factors, organizational politics, and out of organization powers (Eren 2010).

There are a variety of sources (types or bases) of a power that have been identified, as derived from the work of French and Raven in 1959, Hersey et al. in 1979, Ferguson in 1993, and Joel and Kelly in 2002. Understanding the sources of power facilitates the analysis of individual and organizational behaviors and enables predictions in specific situations (Jones 2007).

The power base classification that is most widely accepted is French and Raven's (1959) five sources of power. Their original conceptualization identified five power sources: reward, coercive, expert, referent and legitimate power (Rahim et al. 2001: 191-211; Sielof 2003: 183-187;

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Sielof 2004: 246-251; Korkmaz and Abaan 2005: 26-42; Jones 2007; Sullivan and Decker 2009; Huber 2010; Kelly 2010; Pierro et al. 2013: 1122-1134).

French and Ravens' (1959) definition, including coercion, is still frequently referenced in today's nursing and management leadership texts (Sullivan and Decker 2009; Whitehead et al. 2010; Sieloff and Bularzik 2011: 1020-1027).

The French-Raven power bases are as follows (French and Raven 1959: 150-167):

1. *Coercive power* is based on the subordinates' perception that a superior has the ability to punish them if they fail to conform to his or her influence attempt.
2. *Reward power* is based on the perception of subordinates that a superior can reward them for desired behavior.
3. *Legitimate power* is based on the belief of the subordinates that a superior has the right to prescribe and control their behavior.
4. *Expert power* is based on the subordinates' belief that a superior has job experience and special knowledge or expertise in a given area.
5. *Referent power* is based on the subordinates' interpersonal attraction to and identification with a superior because of their admiration or personal liking of the superior.

The typology helps nurses understand how different people perceive power and subsequently relate to others in the work setting and in attempts to achieve their goals (Kelly 2010).

Power can be either positional or personal. Positional power is possessed by virtue of one's position within an organization or status within a group. Personal power is based on one's reputation and credibility. Powerful nurse managers enable nurses to exercise power, influencing them to grow professionally. Powerful nurses support their patients and families so they can participate actively in their own care (Yoder-wise 2014: 182).

Power in organizations often is seen as the control over valuable resources. The amount of power accruing to an individual or group can be derived from two basic elements: the ability to perform important tasks or be central to solving the organization's critical problems, and the degree of discretion and visibility associated with the job, which influences the perception and re-

ality of organizational power. What this means for nurses is that nurses can strengthen and empower each other by connecting to lines of information, resources, and support, working on critical organizational issues, acquiring and using direction and autonomy, being visible, and providing recognition to nurses and nursing (Huber 2010).

According to social power theory (French and Raven 1959), leaders can use a wide range of sources of power to influence their subordinates (Pierro et al. 2013: 1122-1134). The leader of a group also significantly affects the group's ability to use available resources. Also, the leader's power can have an important effect on a group's ability to actualize their power capacity (Sieloff 2004: 246-251).

It is important how nurse managers use the power considered or utilized to be negative or positive, and it is also important to explore the employee's power type preferences. Nurses have to understand the power as an important factor in order to succeed in their units. Nurse Managers can achieve their goals, feel their effects, and manage their inferiors by using power sources within the organization (Cruz et al. 2009: 234-239).

This study has been planned to analyze the power bases of nurse managers from the nurses' perspective by starting out with the idea that empowerment and power styles are important for the nursing profession as much as other professions. The answers to three basic questions were sought:

- ♦ How do the nurses perceive the power bases that the nurse managers use?
- ♦ Which power bases were the nurses expecting the nurse managers to use?
- ♦ Results of this study will explore variables that affect these preferences in order to create a baseline for further studies.

METHODOLOGY

Instrument

The data was collected using a questionnaire divided in two parts. The socio-demographic data form included 12 questions, and "Perceived Leadership Power Survey" (PLPS), which is the second part of the survey form is a questionnaire that explores the power bases of managers within the organizations. PLPS was developed by

Ragin (1989) and adapted for use in Turkey by Sungurlu (1994). PLPS is formed by 15 items and three sub-dimensions and uses a 6-point Likert scale, measuring perceived and preferred perception of nurses employed by nurse managers. The sub-dimensions of PLPQ are "Reinforced Power", "Legal Power" and "Compelling Power". There are nine items under the "Reinforced Power" dimension and there are three items under the "Legal" and "Compelling Power" dimensions. The highest score illustrates the most commonly perceived or preferred power base. In the similar studies with same scale, the Cronbach alpha coefficient was found to be .86 by Sungurlu (1994), .82 by Kaftancıoğlu (2004), .87 by Bahçecik and Koca (2001), and .87 by Turhan (1998). In the present study, the Cronbach Alpha coefficient was determined to be .76.

Ethical Consideration

Written permission from the University School of Nursing Ethics Committee and two hospital medical directors were obtained. The nurses were informed about the purpose of the study and told that participation was voluntary. The nurses were asked not to write their names on the questionnaires. Permission was granted for this instrument to be used in this research.

Statistical Analysis

The data analysis was performed by the University Biostatistics and Medical Informatics Main Field of Study using the Statistical Package for the Social Sciences 16 for Windows program (SPSS, Chicago, IL). Frequency distribution, percent distributions, mean score, analysis of variance, t-test, Pearson correlation analysis and Cronbach's alpha coefficient were used in data analysis.

RESULTS

Nurses Profile

Sample of the study included 150 nurses, working in two state hospitals in Izmir in Turkey. The mean age of the nurses was 31.73 ± 5.6 years and 67.3 percent were married. 37.7 percent nurses were graduates from a vocational health school. The mean of work experience was 10.3 years. In this institute, the work experience was 6.6 years.

The nurses' working modes included forty-two percent night shifts, 32.7 percent day shifts and 25.3 percent rotation shift.

Findings of the "Perceived Leadership Power Questionnaire"

The mean score of reinforced power was 31.15 ± 9.4 , legal power was 13.89 ± 4.19 , and compelling power was 10.39 ± 3.02 (Fig. 1). There was a significant difference between perceived and preferred perception of reinforced power ($t = -10.19, p < .05$), there was no relation between perceived and preferred perception of legal power style ($t = -1.90, p > .05$) and compelling power style ($t = -0.03, p > .05$). Reinforced power perceived and preferred more while legal power and compelling power perceived and preferred less.

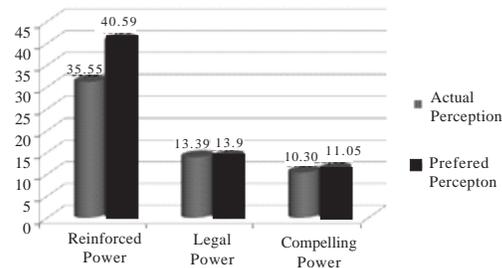


Fig. 1. Sub-dimensions Mean Points of 'Perceived Leadership Power Questionnaire'

Variables Related to the Power Styles in the "Perceived Leadership Power Questionnaire"

Perceived power styles of nurse managers by age groups were examined, and it was revealed that the perceived status mean point of reinforced power style was maximum for the age group 40-49 years (35.94 ± 8.6). Perceived status mean point of reinforced power style was minimum in the age group 20-29 years (29.63 ± 7.5). Perceived perception of reinforced power dimension of the nurses between the age group 40-49 years was higher than the age groups between 30-39 years and 20-29 years. It was revealed that preferred perception mean point of reinforced power style was maximum in the age group 40-49 years (41.82 ± 6.6), while preferred perception mean point of reinforced power dimension was minimum in age group 30-39 years (39.96 ± 5.8). There was a

Table 1: Distribution of sub-dimensions mean points of “perceived leadership power questionnaire” according to age groups

Age group	Reinforced power				Legal power				Compelling power			
	Perceived		Preferred		Perceived		Preferred		Perceived		Preferred	
	X	Sd	X	Sd	X	Sd	X	Sd	X	Sd	X	Sd
20-29	29.63±	7.5	40.53±	5.8	14.58 ±	5.7	14.03±	3.2	10.68±	3.7	10.37±	3.06
30-39	31.26±	7.2	39.96±	5.8	13.22±	2.8	13.57±	2.8	11.58±	3.1	10.54±	2.9
40-49	35.94±	8.6	41.82±	6.6	14.47±	2.6	14.94±	3.1	10.29±	2.5	9.76±	3.4
F		9.82		8.50		3.78		4.32		3.9		0.8
p		0.03		0.04		0.15		0.11		0.14		0.64

statistically significant difference between the age groups ($p < .05$) (Table 1).

Legal Power was perceived more in younger age groups but there was no significant difference between age groups ($p > .05$). The nurses' power style perception about their nurse managers were examined, and there was no difference detected for perceived and preferred perception mean point of compelling power dimension in age groups ($p > .05$) (Table 1).

When the correlation between perceived power styles of nurse managers and of the nurses was examined in this study, it suggests that nurses who work in rotation shifts perceive the reinforced power the most (32.89 ± 13.10), while nurses who work the day shift perceive the reinforced power the least (30.31 ± 8.9). Legal power was perceived higher by nurses who work the night shift (14.30 ± 5.4), while it was perceived lower by nurses who work the rotation shift (13.13 ± 2.7). Compelling power was perceived the most by nurses who work in rotation shifts (11.45 ± 3.5), while it was perceived the least by nurses who work the night shift (10.79 ± 3.1). This difference was statistically significant ($p < .05$) (Table 2).

DISCUSSION

This study aimed to describe the nurses' perception of power style of nurse manager in Tur-

key. According to the results, the most perceived power style was reinforced power. Nurse managers use the reinforced power on their staff nurses. Legal power and compelling power followed in order. Reinforced power was perceived and preferred more while legal power and compelling power were perceived and preferred less.

Parallel to this study, also in Kaftanciođlu's (2004) study, reinforced power appeared to be the most used power style. Also, in Korkmaz and Abaan's (2005) study, reinforced power is the most used power style. Kantek and Gezer's (2006) study support this study about the fact that expert power takes first place at the state hospital. This finding exists because of the supervisor nurses working for a long time in the same clinic, having lots of information about the clinic and the clinical nurse turnover originates to be due to the low rate. As a result, the most perceived and preferred power style is reinforced power, and the researchers can say that nurse managers use more individual-based power style for nurses (Kantek and Gezer 2010: 475-479). In contrary to this study, in Turhan (1998), Bahçecik and Koca's (2001), Korkmaz and Abaan's (2005), and Kantek and Gezer's (2006) studies, the most used power style is different. More use of legal power by nurse managers in subordinates may suggest that nurse managers use this power instead of applying their own decisions and there

Table 2: Distribution of sub-dimensions mean points of “perceived leadership power questionnaire” according to working mode

Age group	Reinforced power				Legal power				Compelling power			
	Perceived		Preferred		Perceived		Preferred		Perceived		Preferred	
	X	Sd	X	Sd	X	Sd	X	Sd	X	Sd	X	Sd
Day Shift	30.31±	8.9	40.54±	5.9	13.96±	2.9	14.10±	3.2	11.16±	3.2	9.92±	3.1
Rotation Shift	32.89±	13.10	40.16±	6.0	13.13±	2.7	14.29±	2.6	11.45±	3.5	10.58±	2.9
Night Shift	30.75±	6.3	40.11±	5.9	14.30±	5.4	13.52±	3.1	10.79±	3.1	10.63±	3.0
F		4.35		0.91		5.16		0.9		6.56		0.88
p		0.04		0.41		0.03		0.41		0.04		0.41

is no uncertainty in jurisdictional boundaries. Also, in contrary to this study, Sungurlu (1994) revealed that legal power is the most used power style, while the compelling power style is the least used power style in a study that he/she has carried on. In Kantek and Gezer's (2010) study perceived power style is coercive power and it is different from these findings. But in their study, the preferred power style supports this study's findings. As a result of perceived power style being reinforced power, it can be said that there is cooperation between nurses who work this organization and nurses exchange their resources with their managers. Also, it can be said that the lowest average score of coercive power is as a result of there being less competition (Tjosvold 1989: 49-62). A result of legal power is that it does not take first place of the perceived and preferred power styles, and it can be thought that nurse managers use initiatives in decision-making (Kantek and Gezer 2006: 37-40).

Reinforced sub-dimension of the "Perceived Leadership Power Questionnaire" involves powers of specialization, identification and rewarding. Therefore, managers who use the powers of specialization, identification and rewarding are utilizing the reinforced power. In Rahim and Ragin's (1989) study, it was revealed that powers of specialization, identification and rewarding are more desirable than the compelling power styles for an efficient work environment (Bahçecik and Koca 2001). Karaman's (1997) study indicates that managers prefer to use power of rewarding but inferiors can only perceive that on the sixth level. This shows that there is a significant difference between the power type that the managers use and they willing to use. Organization politics also affect the choice of power styles. Studies revealed that the superiors prefer power of rewarding, identification and specialization in working environments, which is based on cooperation and resource exchanges (Bahçecik and Koca 2001). Greene and Padsakoff (1981) pointed out that power resources interact each other that is, they are not independent of each other.

According to Korkmaz and Abaan's (2005) report, expert and identity power styles have highly positive effects, reward and legal power styles have less positive effects, and coercive power has negative effects on performance job satisfaction and leave of employment. Expert and identity power styles hold great importance on the effectiveness of managers in this study. It is

indicated in the literature that expert and identity power styles have major importance on the effectiveness of managers. In this research, reinforced power, which included expert and identity power styles, was the highest perceived and preferred power style (Korkmaz and Abaan 2005: 26-42). Positive effect on the motivation of reward systems when considering, as a result of employees' perceptions and desires of perceived power, is thought to be that the employees' organizational expectations are met (Podsakoff and Schriesheim 1983: 387-411; Yukl and Falbe 1991: 416-423).

According to Korkmaz and Abaan's (2005) report, it has been indicated that compelling power is the minimal preferred power style.

According to age groups, the nurses' power style perception about their nurse managers are examined, and there is no difference detected between current status mean point and preferred status mean point of compelling power dimension ($p>0.05$) (Table 1). Parallel to this study, Kaftanciođlu's (2004) study revealed that the current status perception of legal and reinforced power dimensions are higher in age group 36-40 years than the others. This finding highlights that nurses can perceive the reinforced power dimension better or they believe that the use of reinforced power dimension is better in years. In contrary to this study, Turhan (1998) found that perceived reinforced power of the nurses' age 29 years and younger is higher than the nurses' age 30 years and older. This study suggests that compelling power is perceived at the same level for every age group. This suggestion brings to mind the idea that compelling power perception is not effected by the age factor.

In Bahçecik and Koca's (2001) research it was found that there was no significant difference between the nurse manager's power style and the nurses' ages.

According to this study's results, it was found that there was a significant difference between the nurses' perception of power styles and working mode. In contrary to this study, Kaftanciođlu's study suggests that legal power perception of the nurses who work in day shifts is higher than the nurses who work in shifts and relays (Kaftanciođlu 2004). Also, contrary to this study, there is no statistically significant difference between the working mode and perceived power style in Turhan's study (Turhan 1998). In Bahçecik and Koca's (2001) study, contrary to

this study there is no statistically significant difference between nurse manager's power style that was used and the nurses' working mode.

Alternatively, Mulki et al.'s study's results suggest, "For employees instrumental leadership is more effective in promoting employee effort and increasing job performance". In addition, "the relationship between satisfaction with supervisor and turnover intentions is weaker or insignificant, while the relationship between satisfaction with supervisor and effort is stronger for employees in higher power distance organizations" (Mulki et al. 2015: 3-22).

Amini et al.'s study's results show that the mean score of empowerment was low. This means, "the nurses in the present study do not perceive that they have enough power nor receive adequate support and probably feel barriers in obtaining their rights or have a lower legal authority" (Amini et al. 2015: 56).

CONCLUSION

As the conclusion of the study, the nurse managers use the reinforced power the most with their staff nurses. Legal power and compelling power follow in order. There were significant differences between perceived and preferred status of reinforced power style, while there was no relation between perceived and preferred status of legal power style and compelling power style. Reinforced power was perceived and preferred more while legal power and compelling power were perceived and preferred less. Reinforced power was perceived more in late ages while legal power was perceived more in early ages. Reinforced power was perceived mostly by daytime workers, legal power was perceived mostly by night workers, and compelling power was perceived mostly by rotation shift workers.

RECOMMENDATIONS

Further research needs to be aimed at increasing the knowledge on the relations between the nurses' perception of power and models, strategies and instruments, applied in clinical practice.

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REFERENCES

- Amini K, Negarandeh R Ramezani-Badr F, Moosaeifard M, Fallah R 2015. Nurses' autonomy level in teaching hospitals and its relationship with the underlying factors. *International Journal of Nursing Practice*, 21: 52-59.
- Bahçecik N, Koca A 2001. Hemsirelikte Güç Kullanımı ve Organizasyona Bağlılık. *1 Uluslararası-8.Ulusal Hemsirelik Kongresi Kongre Kitabı*, Antalya 2001.
- Cruz DALM, Pimenta CAM, Pedrosa MFV, Lima AFC, Gaidzinski RR 2009. Nurses' perception of power regarding their clinical role. *Rev Latino-am Enfermagem*, 17: 234-239.
- Eren E 2010. *Örgütsel Davranış ve Yönetim Psikolojisi*. 12th Edition. Istanbul: Beta Yayınevi.
- French JRP, Raven B 1959. The bases of social power. In: D Cartwright (Ed.): *Studies in Social Power*. MI: Institute for Social Research, pp. 150-167.
- Greene CN, Podsakoff PM 1981. Effects of withdrawal of performance contingent reward on supervisory influence and power. *Academy of Management Journal*, 24(3): 527-542.
- Huber DL 2010. *Leadership and Nursing Care Management*. 4th Edition. Missouri: Saunders Elsevier.
- Jones RAP 2007. *Nursing Leadership and Management: Theories, Processes and Practice*. Philadelphia, Pa: F.A. Davis Company.
- Kaftancıoğlu Ülkü 2004. *Yönetici Hemsirelerin Hemsirelerde Kullandıkları Güç Tarzları*. Master Thesis, Unpublished. Istanbul: Marmara Üniversitesi Sağlık Bilimleri Enstitüsü.
- Kantek F, Gezer N 2006. Hemsirelerin güç kullanımı. *Hastane Yönetimi*, 10: 37-40.
- Kantek F, Gezer N 2010. Faculty members' of use power: Midwifery students' perceptions and expectations. *Midwifery*, 26: 475-479.
- Karaman Abdullah 1997. *Orta Düzey Yöneticilerde Güç Tipi Tercihleri*. Master Thesis, Unpublished. Erzurum: Atatürk Üniversitesi Sosyal Bilimler Enstitüsü.
- Kelly P 2010. *Essentials of Nursing Leadership and Management*. 2nd Edition. Philadelphia, Delmar: Clifton Park.
- Korkmaz G, Abaan S 2005. Servis sorumlu hemsirelerin liderlik güç tipi algılamaları ve tercihleri. *Hemsirelik Yükseköğretim Dergisi*, 26-42.
- Mulki JP, Caemmerer B, Heggde GS 2015. Leadership style, salesperson's work effort and job performance: The influence of power distance. *Journal of Personal Selling and Sales Management*, 35(1): 3-22.
- Pierro A, Raven BH, Amato C, Belonger JJ 2013. Bases of social power, leadership styles, and organizational commitment. *International Journal of Psychology*, 48(6): 1122-1134.
- Podsakoff PM, Schriesheim CA 1983. Field studies of French and raven's bases of power: Critique, reanalysis and suggestions for future research. *Psychological Bulletin*, 97(3): 387-411.
- Ragin BR 1989. Power and gender congruency effect in evaluations of male and female managers. *Journal of Management*, 15(1): 65-76.
- Rahim AM 1989. Relationships of leader power to compliance and satisfaction with supervision. Evidence from a national sample of managers. *Journal of Management*, 15(4): 545-566.

- Rahim MA, Antonioni D, Psenicka C et al. 2001. A structural equations model of leader power, subordinates' styles of handling conflict, and job performance. *International Journal of Conflict Management*, 12: 191-211.
- Sieloff CL 2003. Measuring nursing power within organizations. *Journal of Nursing Scholarship*, 35(2): 183-187.
- Sieloff CL 2004. Leadership behaviours that foster nursing group power. *Journal of Nursing Management*, 12(4): 246-251.
- Sieloff CL, Bularzik AM 2011. Group power through the lens of the 21st century and beyond: Further validation of the Sieloff-King assessment of group power within organizations. *Journal of Nursing Management*, 19(8): 1020-1027.
- Sullivan EJ, Decker PJ 2009. *Effective Leadership and Management in Nursing*. 7th Edition. Pearson Education International. New Jersey: Upper Saddle River.
- Sungurlu Melek 1994. *Güç Tarzlari ve Organizasyonlara Bağlilik (Power Types and Organizational Commitment)*. Master Thesis, Unpublished. Istanbul: Marmara Üniversitesi.
- Tjosvold B 1989. Interdependence and power between managers and employees: A study of the leader relations. *Journal of Management*, 15: 49-62.
- Turhan Bedriye 1998. *Yönetici Hemsirelerin Kullandıkları Güç Tarzlarının Asılları Tarafından Algılanışı ve Organizasyona Bağliliğin İncelenmesi*. Master Thesis, Unpublished. İzmir: Dokuz Eylül Üniversitesi Sosyal Bilimler Enstitüsü.
- Whitehead DK, Weiss SA, Tappen RM 2010. *Essentials of Nursing Leadership and Management*. 5th Edition. Philadelphia: Davis Company.
- Yukl G, Falbe CM 1991. The importance of different power sources in downward and lateral relations. *Journal of Applied Psychology*, 76(3): 416-423.
- Yoder-Wise P 2014. *Leading and Managing in Nursing*. 5th Edition. Mousseri: Elsevier.