Managerial Nurses' Tactics of Influencing Subordinates: A Qualitative Study on the Views of Managers and Subordinates

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Yönetici Hemşirelerin Astlarını Etkileme Taktikleri: Yönetici ve Astların Görüşleri Üzerine Nitel Bir Araştırma

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Abstract

The aim of the study is to examine the influence tactics used by nurse managers towards their subordinates, the factors that are effective in the selection of these tactics and the results of the tactics used from the perspectives of both nurse managers and subordinate nurses, and to provide a two-way perspective on how nurse managers evaluate the tactics they use and how subordinate nurses perceive these tactics. In the study using qualitative research design, interviews were terminated when data saturation was reached. 40 participants, 20 nurses and 20 managers, were included in the study. The data obtained were analyzed by content analysis method and examined within the framework of three main themes: the influence tactics used by nurse managers, the factors affecting the selection of influence tactics and the results of the influence tactics used. The findings showed that nurse managers used various influence tactics such as information, motivation by suggestion, personal charm, consultation, cooperation, providing legal basis, pressure, rational persuasion, exchange and coalition. The choice of tactics is determined by factors such as personal characteristics of the employee, empathy, positive communication of the manager, employee's reaction to the task, experience, emotional state and the nature of the job.

Keywords: Influence tactics, nurse manager, nurse.

Öz

Çalışmanın amacı, yönetici hemşirelerin astlarına yönelik kullandıkları etkileme taktiklerini, bu taktiklerin seçiminde etkili olan faktörleri ve kullanılan taktiklerin sonuçlarını hem yönetici hemşirelerin hem de ast konumundaki hemşirelerin bakış açılarından incelemek, yönetici hemşirelerin kullandıkları taktikleri nasıl değerlendirdikleri ve ast pozisyonundaki hemşirelerin bu taktikleri nasıl algıladıklarına dair çift yönlü bir perspektif sunmaktır. Nitel araştırma tasarımı kullanılan çalışmada görüşmeler, veri doygunluğuna ulaşıldığında sonlandırılmıştır. 20 hemşire ve 20 yönetici olmak üzere 40 katılımcı çalışmaya dahil edilmiştir. Elde edilen veriler, içerik analizi yöntemi ile analiz edilmiş ve üç ana tema çerçevesinde incelenmiştir: yönetici hemşirelerin kullandıkları etkileme taktikleri, etkileme taktiklerinin seçilmesinde etkili olan faktörler ve kullanılan etkileme taktiklerinin sonuçları. Bulgular, yönetici hemşirelerin; bilgilendirme, telkinle güdüleme, kişisel çekicilik, danışma, iş birliği, yasal dayanak sunma, baskı, rasyonel ikna, değiş-tokuş ve koalisyon gibi çeşitli etkileme taktiklerine başvurduklarını göstermektedir. Taktiklerin seçiminde; çalışanın kişisel özellikleri, empati, yöneticinin pozitif iletişimi, çalışanın göreve tepkisi, deneyimi, duygusal durumu ve işin niteliği gibi faktörler belirleyici olmaktadır.

Anahtar Kelimeler: Etkileme taktikleri, yönetici hemşire, hemşire.

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1. Introduction

Health services bring a variety of specific challenges. In recent years, the increase in the number of patients, the varying demands of patients, the insufficient number of nurses, and the co-employment of nurses from different generations have created a complex working environment for nurse managers (Yılmaz Esencan and Özdil, 2017: 99; Republic of Türkiye Ministry of Health, 2022: 227). Despite these challenges, nurse managers have important responsibilities such as delivering services with limited resources, attaining organizational and managerial goals, and ensuring the compliance of employees with these goals (Baykal and Türkmen, 2014: 56). At this point, it is evident that successful management is achieved not only by enforcing rules but also by ensuring mutual commitment and harmony among employees (Koçel, 2015: 207).

Indeed, Koçel (2015: 577) emphasized that management success is highly associated with internal and external factors and explained the complexity of the process of achieving this commitment with the "labyrinth" metaphor (Koçel, 2015: 277). Nurse managers must establish effective communication with senior management and numerous stakeholders such as subordinates, other health professionals, and patients. Healthy management of these interactions is achieved not only based on legal authority but also through the effective ability to influence and persuade (Koşar, 2020: 209). In this context, the ability of nurse managers to exert authority in the right way, create mutual commitment with employees, and successfully manage this complex "labyrinth" depends on how effectively they can use the power to influence.

Influence is defined as the ability to change one's actions, decisions, or thoughts, and is an important skill that ensures that the manager achieves the desired results (Scharlatt and Smith, 2013: 23). It is a process of ensuring that employees voluntarily adopt the manager's objectives and is one of the key elements of management success (Koçel, 2015: 277). Managers resort to various methods to ensure that their decisions are effective and successfully implemented. One of these methods is influence tactics (Yukl et al., 2008: 615; Güleş, 2016: 60; Koşar, 2020: 209).

In organizations, managers' influence tactics used to influence and persuade their employees play an important role in achieving organizational goals (Koşar, 2020: 209). In nursing, research on how nurse managers use these tactics and their effects and outcomes on employees is limited. In the literature, there are some studies in which the influence tactics used by nurse managers in their daily work and primary care services have been examined. For instance, Zilverentant (2015), reported that nurse managers most frequently used tactics such as rational persuasion, consultation, and legal justification. Similarly, Abou Hashish (2015), determined that nurse managers preferred rational persuasion, personal appeal, and collaboration tactics and that these tactics were associated with power resources (Zilverentant, 2015: 10-12; Abou Hashish, 2015: 352-354). However, since influence tactics have been analyzed from only one perspective in most of these studies and have not provided a comprehensive analysis, there is a need for more detailed and multifaceted studies on the influence processes of nurse managers.

The current literature does not provide a comprehensive perspective on which tactics nurse managers prefer in their interactions with their subordinates and the outcomes of these tactics. While previous studies have explored influence tactics in general management contexts, research specifically focusing on nurse managers in healthcare settings remains limited. Moreover, most studies adopt a one-sided perspective, either focusing solely on the managers' self-evaluations or on employees' perceptions, rather than incorporating both perspectives simultaneously.

In particular, there is a lack of a bidirectional analysis that co-addresses the self-evaluations of nurse managers and the feedback of subordinate nurses. Existing research often overlooks how influence tactics are perceived differently by managers and subordinates, leading to a gap in understanding their actual effectiveness in managerial relationships. This study aimed to fill this gap

by providing a comprehensive, multidimensional perspective on influence tactics in nursing management.

Furthermore, by exploring the factors influencing the choice of influence tactics and their outcomes, this study provides strategic insights for nursing leadership development. The findings are expected to contribute to the development of tailored leadership strategies that align with individual differences and organizational goals, ultimately leading to more effective managerial practices in healthcare settings.

2. Conceptual Background

2.1. Influence Tactics

Influence tactics were first addressed by Allen et al. in 1979 and eight different tactics were identified: blaming or attacking others, use of information, creating or maintaining a favorable image, developing a base of support, ingratiation, power coalitions, associating with the influential, and creating obligations (Allen et al., 1979). This pioneering definition has laid an important foundation in influence tactics.

Later, in a comprehensive study conducted by Yukl et al. in 2008, influence tactics were examined more thoroughly, and 11 different tactics were identified. These tactics were apprising, pressure, legitimation, exchange, coalition, ingratiation, personal appeals, rational persuasion, collaboration, inspirational appeals, and consultation. As such, the study by Yukl et al. presents the most comprehensive classification in the literature on influence tactics (Yukl et al., 2008: 610).

According to the definitions by Yukl et al. (2008: 619-620), these tactics can be explained as follows. Apprising refers to the fact that the manager informs his/her subordinates and explains all positive and negative consequences. Pressure refers to the manager's insistent influence on subordinates through using his/her authority. Legitimation is the manager's effort to influence by emphasizing legal procedures and organizational policies. Exchange is the manager's effort to influence subordinates by fulfilling another expectation of the subordinates. Coalition is the manager's attempt to influence subordinates by getting support from others. Ingratiation is the manager's method of influencing subordinates through compliments and emotional bonding. Personal appeal refers to the manager's use of friendships to influence subordinates. Rational persuasion is the manager's effort to impose his/her demands by providing rational justifications. Collaboration is the manager's way of influencing subordinates by cooperating with them and providing necessary resources. Inspirational appeal is the manager's attempt to influence subordinates by appealing to their expectations and values. Finally, consultation is the manager's effort to influence subordinates by soliciting their opinions and involving them in the process (Yukl et al., 2008: 619-620).

Influence tactics are targeted behaviors used by managers to achieve desired results (Castro et al., 2003). However, the effectiveness of these tactics is shaped by various factors, including the influence tactic preferred by the manager, the type of power they hold, the purpose behind the influence behavior, and the attitude and experiences of the employee (Falbe and Yukl, 1992: 646-651; Koşar, 2020: 210). The way subordinates respond to these tactics further determines the outcomes. If they show commitment, positive results can be achieved; if they comply, the manager can maintain balance in the process; however, if they resist, the influence attempt may fail to reach its intended goal (Yukl, 2013; Dubrin, 2014). Given these dynamics, it is crucial for nurse managers to recognize the power resources and influence tactics that can effectively impact subordinates. By utilizing these strategies appropriately, they can foster a positive and productive work environment (Abou Hashish et al., 2023: 446).

3. Method

3.1. Research Design

This study has a qualitative research design. The COREQ checklist was used as a guide for reporting the findings of the study (Tong et al., 2007: 352; Attepe Özden et al., 2022: 525-526) (Attachment 1).

3.2. Research Population and Sample

The study participants were nurses and nurse managers working in a public hospital in Türkiye. Participants were selected through purposive sampling, which ensures the selection of appropriate participants who possess relevant knowledge and experience for the study (Jafari and Keykha, 2024: 1232). The inclusion criteria were volunteering, consenting to audio recording, and having at least one year of professional experience. This one-year experience criterion was established as a preliminary filter to exclude newly graduated nurses and ensure that participants had some familiarity with workplace interactions and managerial influence tactics. For nurse managers, this criterion also included a minimum of one year of managerial experience. The interviews were terminated when data saturation was reached, and the process was completed with 40 participants (20 nurses and 20 nurse managers) (Hennink et al., 2017: 594).

Of the participants, 92.5% were female. The mean age of the nurses was 29±0.22 (min: 23-max: 43), and the mean age of the nurse managers was 34±6.91 (min: 28-max: 48). According to marital status, 60% of the nurses were single and 40% were married, whereas 45% of the nurse managers were single and 55% were married. The mean duration of employment in the profession was 7±4.40 years (min: 3-max: 23) for nurses and 12±8.08 years (min: 6-max: 29) for nurse managers. In terms of education level, 80% of the nurse managers held a bachelor's degree and 20% held a master's degree, whereas 90% of the nurses held a bachelor's degree and 10% held a master's degree.

3.3. Data Collection

The data were collected between November 2022 and April 2023. Interviews were conducted in quiet and well-illuminated manager or nurse rooms in the units where the participants worked. Face-to-face interviews were conducted when the participants were available in an environment where only the interviewer and the participant were present to avoid disruption of services. Beforehand, all participants were informed about the purpose of the study, the principle of voluntary participation, the principle of confidentiality, the right to withdraw from the study if they wished, and the rationale for audio recording, and their consent was taken. The interviews, which were completed by considering data saturation (Hennink et al., 2017: 594), lasted 15-20 minutes on average and were recorded on a voice recorder. No participant withdrew from the study and only one interview was conducted with each participant. A pilot study was conducted with three individuals before the study, and the pilot interviews were not included in the study.

This study is pre-research before a doctoral dissertation and the interviews were conducted by the first author under the supervision of the second author. The first author (E.G.) is a female nurse pursuing a Ph.D. in Nursing Management and received training on qualitative research methods before the data collection process. The second author (A.Ç.K.) is a female researcher experienced in qualitative research with a Ph.D. degree in Nursing Management. The first author transferred the written reports of the interviews verbatim to the computer.

3.4. Data Collection Tools

As a data collection tool, both nurse managers and nurses were asked semi-structured interview questions. With these questions, the managers were asked to evaluate themselves and the nurses to evaluate their managers (Table 1). In addition, an introductory information form consisting of a total of 8 questions regarding the participants' age, sex, marital status, educational status, current position, and duration of employment in the profession was also used.

Table 1. Semi-structured Interview Questions

Interview questions for nurse managers	Interview questions for nurses
1. As a nurse manager, do you use influence tactics on your employees? 2. Which influence tactics do you use? 3. What are the factors that you think are influential when choosing tactics? 4. What are the outcomes of the tactics you use?	1. Does your nurse manager use influence tactics towards you (subordinates)? 2. Which influence tactics did you observe that your nurse manager used? 3. What factors do you think are influential in your nurse manager's choice of tactics? 4. What are the outcomes of the tactics used?

3.5. Data Evaluation

The data obtained from the research were analyzed using Colaizzi's (1978) content analysis method. The steps applied during the content analysis were as follows: transcribing the interviews with the participants, extracting meaningful expressions relevant to the research topic, manually coding the data and formulating meaningful expressions, creating themes, reviewing the consistency of the data obtained with the themes that emerged as a result of the analysis, defining the main structure of the research topic that emerged as a result of the analysis (Table 2), and confirmation of the main structure by the participants (Colaizzi, 1978: 48-70). All interview records were transcribed into written documents and each participant was given a code (Nurse 1=N1, Nurse Manager 1= NM1). These transcribed records were sent to the participants for correction, but no correction requests were received from the participants. The interview notes were evaluated through two different target groups, nurses and nurse managers, and the answers to the questions directed to each target group were analyzed based on the influence tactics predetermined in the literature (Yukl et al., 2008: 615; Güleş, 2016: 60). The data were analyzed under three main themes: (1) the influence tactics used by nurse managers, (2) the factors influencing the choice of influence tactics, and (3) the outcomes of the influence tactics used. In this direction, the influence tactics taken as reference and the common and similar responses given by the participants were coded and interpreted in line with both the literature and the data obtained.

3.6. Reliability and Validity

One of the important issues in reporting data is to ensure reliability and validity for research. Shenton (2004), associated reliability for qualitative research with four criteria. These criteria are credibility, transferability, dependability, and confirmability (Shenton, 2004: 64-72). Credibility or internal validity is supporting the data obtained with facts. For this purpose, peer debriefing method was used to ensure the credibility criterion. The study findings were also evaluated by a third researcher experienced in qualitative research (Miles and Jozefowicz-Simbeni, 2010: 737; Tunçalp, 2021: 24). Transferability or external validity refers to the degree to which the study can be applied under different conditions. For this purpose, the participants and the stages of the study were reported in detail to ensure the transferability criterion. Thus, the aim was to provide an opportunity for readers to evaluate whether the study applies to different participants and conditions (Braun and Clarke, 2013: 280; Arslan, 2022: 24). Dependability refers to the consistency of the study data and results with each

other. In this direction, to meet the criterion, the first (E.G.) and the second author (A.Ç.K.) divided the data analysis into three sections (the influence tactics used by the nurse managers, the factors affecting the choice of influence tactics, and the outcomes of the influence tactics used) by considering the interview questions. When the analysis of each section was completed, the researchers exchanged ideas. Then, a consensus was reached on the final version of the findings and the findings were reported (Arslan, 2022: 24). Confirmability is the ability to support assumptions with data, to verify that the data is derived from the past experiences of the participants as reported by them (Shenton, 2004: 64-72; Arslan, 2022: 24). To meet this criterion, data analysis was carried out by two authors, and in the study, the participants' professional experiences were presented with direct quotations.

3.7. Ethical Consideration

Ethics committee approval was received from the Human Research Ethics Committee in Health Sciences of a university (2022-100), and institutional approval was granted by the institution where the research was conducted. The nurses and nurse managers who agreed to participate in the study were verbally informed before the interviews and their written consent was taken with the "Informed Voluntary Consent Form" and "Consent for Use of Participant's Voice Recordings". All data were kept confidential and used only for research purposes. Electronic data were stored by the first author on a password-protected computer. All procedures were performed in accordance with the principles of the Declaration of Helsinki and ethical standards of hospitals.

3.8. Research Limitations

This study has several limitations. First, as a qualitative study, the findings are based on in-depth interviews with a specific group of participants and may not be generalized to all nurse managers and subordinates. Second, the sample consists of nurses and nurse managers from a single public hospital in Turkey, which may limit the applicability of the findings to different healthcare settings or cultural contexts. To address this, we ensured diversity within the sample by including participants from different units and experience levels. Third, while the findings align with existing research on influence tactics in leadership and management, the discussion is based on a limited number of studies specifically focusing on nurse managers and their interactions with subordinates. Due to this gap, the comparisons in the discussion section primarily draw from broader leadership and organizational behavior literature.

Despite these limitations, this study provides valuable insights into the influence tactics used by nurse managers and lays the foundation for future research, including the development of a standardized measurement scale. Future studies could further explore these dynamics within different healthcare settings and diverse cultural contexts.

4. Results

Three main themes and three sub-themes were identified from the data. In the results, the main themes, sub-themes, and participant statements in the tables are presented from the data obtained from the statements of the participants in the interviews (Table 2, Table 3, Table 4, Table 5).

Table 2. Main Theme and Sub-themes

Participants	Main Themes	Influence Tactics Used by Nurse Managers	Factors Influencing the Choice of Influence Tactics	Outcomes of Influence Tactics Used
Nurse Manager (n: 20)	Sub-themes	• Apprising • Inspirational Appeal • Personal Appeal • Consultation • Collaboration • Legitimation • Pressure • Rational Persuasion • Exchange • Coalition	• Personal Characteristics • Empathy • Positive Communication and Positive Approach of the Manager • Employee's Reaction to Duty • Employee's Experience • Emotional State of the Employee • Nature and Urgency of the Work	• Negative Outcomes • Positive Outcomes
Nurse (n: 20)	Sub-themes	• Apprising • Inspirational Appeal • Personal Appeal • Consultation • Collaboration • Legitimation • Pressure	• Personal Characteristics • Empathy • Employee's Reaction to Duty • Employee's Experience • Nature and Urgency of the Work	• Negative Outcomes • Positive Outcomes

Main Theme 1: Influence Tactics Used by Nurse Managers

While the influence tactics used by nurse managers on their subordinates were grouped under 10 sub-themes, the influence tactics observed by nurses from their managers were grouped under seven (7) sub-themes (Table 3).

Table 3. Sub-themes of the Main Theme of Influence Tactics Used by Nurse Managers and Interview Contents

Sub-Theme	Nurse Managers	Subordinates (Nurses)
	Participant Statements	**Participant Statements**
Appraising	*"First we provide training to our staff while they are working in the field, we inform them."* (NM11) *"I try to inform over and over again... I try to turn this process into a behavior by supporting it with continuous training."* (NM12). *"...I show them by doing it myself first. That's how I influence them. I determine a training topic about things they do not know and inform them."* (NM18) *"...I use my professional experience. I say this dressing needs to be bandaged like this. For example, depending on the way the tape is applied, we can damage the wound."* (NM7) *"...I provide training in the field continuously and support it with training until it turns into a behavior."* (NM12)	*"They inform us. We can be convinced because they inform us that these are our duties, these are our powers, these are our responsibilities in this service, and this is what we do and why we do it."* (N9) *"He/she usually gives information about the task he/she has assigned and why he/she has assigned it."* (N10) *"When our supervisor gives us a task, he/she always explains to us why it is necessary and the pros and cons of it."* (N11) *"When we ask questions about things we don't know, they inform us before assigning tasks."* (N12) *"He/she informed us beforehand, then asked our opinion on how we could do it and what we could do."* (N14)
Inspirational Appeal	*"He/she is asking me for my opinion. Is it right if I do this? If the other side is a person who wants to be validated, I say that you have chosen a successful path, but I say that you should strengthen it when you add these. Naturally, when I honor them, the motivation power of the person on the other side increases. The motivated unit employee tries to do that job better."* (NM2) *"...I give positive feedback. I tell them verbally that they have done a good job, that what they have done makes our work easier, that after doing this, they will set an example for other colleagues in the field, and that this is very valuable for me and our team. The person also understands the value of what he/she does and does it willingly."* (NM13) *"I try to influence him/her by first explaining why I want to give him/her the task and how it will benefit him/her... When I want to give a responsibility, I tell him/her what gains this task will bring."* (NM8)	*"When they ask me to do something, they say, I trust you, you can do it better, so I'm giving you the task..."* (N12) *"When they notify us of a task, they first honor us and say, 'You can already do this task. We found you suitable for this task'."* (N17)
Personal Appeal	*"In terms of communication, I usually talk by asking."* (NM18) *"Sometimes, when we give tasks that they do not want or do not like, we can make them do very difficult tasks by communicating in an appropriate and nice language, by empathizing, and also by making them feel like a relative."* (NM3) *"...in situations that do not concern us very much, I make it work by saying 'let's do this' to the nurses with compassion."* (NM6) *"I approach them with kindness. They help us as we have good friendships and social relations"* (NM9)	*"When a new document arrives, the nurse manager acts as if he/she is our teammate and not our team leader and ensures that it is done in this way."* (N7) *"He/she approaches us as a friend, not as an oppressor. We can see this in the way he/she speaks, his/her language, facial expressions and sometimes his/her touch..."* (N7) *"He/she has a gentle, polite communication. It makes more sense because he/she communicates politely in this way."* (N10) *"He/she asks for help without using the imperative mood, as in a friendly environment."* (N12) *"My supervisor impresses me with support, sincerity, and kindness, especially outside the field."* (N13)

Table 3 (Cont.). Sub-themes of the Main Theme of Influence Tactics Used by Nurse Managers and Interview Contents

Sub-Theme	Nurse Managers	Subordinates (Nurses)
	Participant Statements	**Participant Statements**
Consultation	*"If the method proposed by the employee makes our work easier and more qualitative than my proposal, I will give his/her method a try."* (NM2) *"If I'm going to do anything in the field, I first ask my nurses, what is suitable for them? I take their ideas and evaluate them."* (NM4) *"We exchange ideas. Then I make an evaluation of the options that emerge after I receive their suggestions."* (NM5) *"If you were in my place, how would you implement this, what kind of solution would you produce? I get their opinions."* (NM11)	*"For example, he/she also offers these: How can we do it? Let's continue in a way that makes working conditions more comfortable for you. He/she rather asks for our opinion."* (N2) *"He/she gets ideas from all of us when assigning tasks. He/she tries to create a plan based on our experiences and makes training planning according to our experiences."* (N8) *"My supervisor consults me or values my opinion when making decisions. He/she asks how we can do this or what you would suggest doing this."* (N13)
Collaboration	*"The tactic I use the most is collaboration... Collaboration is the key to getting along well in small groups."* (NM1) *"...If they have an objection, I first ask why they object and try to find out if they have a suggestion. I try to get their opinions too. If we act jointly, we can achieve consistent results within the unit."* (NM2)	*"Our nurse manager is a responsible person who pays attention to team harmony and distributes tasks to us by taking into consideration what is in our laws regarding nursing."* (N9) *"In any event or situation, we work together in collaboration, and we make a joint decision."* (N13) *"Whenever he/she assigns a task, he/she usually calls us to him/her, informs us and we exchange ideas."* (N20)
Legitimation	*"First of all, I make sure that it is legal. After it has legal support, we talk with nurses"* (NM5) *"For example, let's say there was an audit; I first try to present to them what the quality standards are. They accept what they see there is included in nursing services or when I explain the job descriptions."* (NM6) *"When we assign a new task, if the person does not accept it or does not do it, we try to make him/her accept it by explaining that it is a nursing duty and that it is our legal duty."* (NM11) *"I usually explain it through the directives. I explain the functioning and ensure that it is in accordance with the rules and hospital operations."* (NM17)	*"First, he/she tells me about the legal aspects of the work I have to do."* (N6) *"When necessary, the supervisor can say, 'This is your duty, it's in the law and regulations'."* (N9) *"...We are doing this duty for the laws that are related to nursing."* (N11)
Pressure	*"...I may have to make them do it by following them all the time. It's a little sweet-talking, but when they don't want to do it, we can get a little hard."* (NM6) *"For those who are resistant, who do not want to do the work or who think that it is not in their job description, I start assigning them first... I try to get them to do the same job in different ways with several types of assignments."* (NM10) *"I keep the control for a long time, maybe for 15 days, consistently... Every day, you have not done this, or you have done that. I ask them to follow up on this..."* (NM12) *"If you can't do it or you don't consider it in the long term, you will have to discuss it with my manager. We'll talk again depending on what he/she proposes. It could be a negative decision."* (NM2)	*"He/she usually uses pressure. It makes it look like an obligation. This is what happens if you do, this is what happens if you don't. So, he/she offers conditioning."* (N1) *"In some places he/she doesn't ask for opinions. He/she warns directly in the group."* (N3) *"In case of problems that are not solved with a positive attitude, there may be some sanctions and pressure."* (N4) *"They say 'you will do these' from the superior unit, and our manager tells us 'You will do these', and we do them."* (N5) *"...Even though I say I cannot accept it, he/she says, 'you think about it, but the result will not change'. I also consider this as a pressure."* (N17)

Table 3 (Cont.). Sub-themes of the Main Theme of Influence Tactics Used by Nurse Managers and Interview Contents

Sub-Theme	Nurse Managers	Subordinates (Nurses)
	Participant Statements	Participant Statements
Rational Persuasion	*"When I give a task, I first give a logical reason and explanation to get it done. When I give a logical explanation, the nurses usually accept it."* (NM7) *"...When I give a job or a task, I first explain the importance of the job. I make him/her believe why he/she will do this task, so that he/she realizes the importance of what he/she is doing."* (NM13) *"...I explain the importance of the task by stating that procedures that cannot be performed may later become a problem for us and may harm our patients."* (NM17) *"...If we do this, it will go faster, we will get a solution faster. Both you and we won't be in a difficult situation..."* (NM12)	
Coalition	*"If necessary, I will ask other responsible friends how they do it, what kind of a route they have followed. I also get their opinions."* (NM5) *"If I don't know something, I ask an experienced friend or ask my nurse manager"* (NM18)	
Exchange	*"When I call someone to work overtime, I tell them that if they are more financially affected, I can call them to work on overtime pay. ...I try to convince them by asking them if I can fill a vacancy they want, or give them priority when planning their annual leave, or if they have a different request."* (NM6) *"...I help them with one of their tasks and lighten their load, and then we do the rest together. They realize that helping me will benefit them."* (NM9) *"...When I make the shift list, I first solve people's problems, so I make arrangements for the peace of the environment."* (NM1)	

Main Theme 2: Factors Influencing the Choice of Influence Tactics

This main theme examines the factors based on which nurse managers choose their influence tactics (Table 4).

Table 4. Sub-themes of the Main Theme of Factors Affecting the Choice of Influence Tactics and Interview Contents

Sub-Theme	Nurse Managers Participant Statements	Subordinates (Nurses) Participant Statements
Personal Characteristics	*"Since I have been working for a very long time, I can now understand from which point of view to approach the case as based on my professional experience... not every method works for everyone. It is necessary to analyze the person very well." (NM1)* *"...I first pay attention to the personal characteristics of the other person. The location, the mental state, the overall structure and experience of the individual... I try to assess all these and try to create a conversation about the individual's readiness." (NM2)* *"We use different tactics according to their personality traits, their experience, and their education level." (NM11)*	*"There is a certain amount of experience and because everyone's character and structure is different, their approach is not always the same. Sometimes they can use harsh language." (N4)* *"He/she understood my personality well and creates behaviors according to my personality." (N6)* *"After all, everyone's education level is different, our ages are different. There are those who have just been assigned, there are those who are close to retirement. Not all of them are treated in the same way..." (N11)*
Empathy	*"'Firstly, it is important what people want or what we want from people. The manager can empathise. Thus, the functioning of the organisation will continue in an orderly manner and there will be no problems." (NM3)* *"...I want to exhibit an empathetic approach. I think that when this happens, the work can be solved and done with more devotion." (NM15)*	*"He/she empathizes with us a little bit and is a person who thinks, 'If I don't want to work like this, you don't want to work like this'." (N2)* *"For thinking of the team, for thinking of us in the same way... We're going to work because he/she thinks what's good for us and what's right for us." (N3)* *"Our supervisor was focused on listening to everyone's problem, providing everyone with a solution, and getting all the information." (N13)*
Positive Communication and Positive Approach of the Manager	*"I think interpersonal communication is very important. When you inevitably run into conflict with people, it is very unlikely that whatever way of interaction you use will be effective. Since I am in good relations with everyone at the moment, I can get positive outcomes when I use all methods." (NM6)* *"...I see in my environment or among my manager colleagues that problems grow when they are approached negatively... My positive approach makes me accept the situation and makes things easier." (NM13)* *"I use appraisal in terms of communication. I also use praise to the superior, I have always seen good results with this method, I have seen that my colleagues are more motivated." (NM16)* *"My tone is not off-putting to them. Asking is my style, and I think it is more productive. At least directing and ordering can put them off the job..." (NM18)*	
Employee's Reaction to Duty	*"Sometimes they find it difficult to accept what I say. I try to explain that this is the way it should be, this is what the management wants or this is what is in force." (NM6)* *"With those who accept, the work is not interrupted, but for those who do not accept, I make use of this situation by making frequent checks or collaborating with them." (NM10)*	*"...it is said once or twice, but when something does not happen in the third time or the functioning goes wrong, the manager warns and says, 'we will implement it'." (N3)* *"We worked according to everyone's wishes, but there was an unharmonious order within the team. Our manager used his/her authority and said, 'I will work according to the 8-16 system for these 2 months, I will organize the team' and he/she was able to make a decision using his/her authority. Because he/she could not establish a compromise." (N4)* *"He/she tries to impress with calmer, sweeter language. There are dominant characters in the general team, but no one speaks against the responsible person, the manager. If there is someone who projects a different issue, they can apply more dominant sanctions." (N14)*

Table 4 (Cont.). Sub-themes of the Main Theme of Factors Affecting the Choice of Influence Tactics and Interview Contents

Sub-Theme	Nurse Managers	Subordinates (Nurses)
	Participant Statements	**Participant Statements**
Employee's Experience	*"...When I show my work knowledge or work experience to a new nurse, he/she trusts me directly, but when I ask an experienced nurse to do something, I can do it by making use of the law." (NM11)*	*"...My manager consulted those who had experience in the field more, especially since he/she came from outside the field. He/she made decisions based on their knowledge and experience." (N13)* *"...he/she may be using this method because he/she sees that I can do the task and he/she wants me to believe that I can do it." (N19)*
Nature and Urgency of the Work	*"First of all, how long do I have to do it? If I have to do it for short term, I might have to be a bit more strict or there might not be time for a lot of consultation at work." (NM5)* *"We generally use information. Because as the emergency service, we make quick decisions, and new tasks arise. I use the method of informing all my colleagues working in this way." (NM10)* *"...if a very serious behavior change is required or a new process is initiated, I rely on legal sources and documentation. ...if it is something that will not cause legal problems, I use positive communication." (NM12)*	*"Most importantly, since there was a time constraint on the work and tasks, he/she assigned, we had to complete them in a short time. Therefore, we had to do what we were assigned." (N6)* *"It may be related to the importance of the job. In a very important task, he/she uses a more professional language. In a less important, more time-consuming task, he/she may be more like a friend." (N7)*

Main Theme 3: Outcomes of Influence Tactics Used

This main theme assesses the outcomes of influence tactics used or experienced by nurse managers and nurses. The nurse managers evaluated the outcomes of the tactics they used mostly positively, but they also stated that they experienced a few negative outcomes. Nurses, on the other hand, reported experiencing more negative outcomes as a result of the tactics used by their managers (Table 5).

Table 5. Sub-themes of the Main Theme of Outcomes of Influence Tactics Used and Interview Contents

Sub-Theme	Nurse Managers	Subordinates (Nurses)
	Participant Statements	Participant Statements
Negative Outcomes	*"Sometimes we get negative feedback. Nobody likes taking orders."* (NM1) *"...it reflects on them. How it reflects. They express that they don't want to come to work, they want to make changes, or they don't want to work."* (NM4) *"...When nurses are pressurized, they start to act like robotic beings who have no autonomous skills, who do what they are told. This creates a problem in the future, because I want them to be questioning and logical, or I want them to be persuasive when they do something to someone or a patient when they explain to a patient."* (NM7)	*"When the management says, 'you will do it under pressure,' some team members try to take time off or obtain a medical report. As a result, the remaining staff have to work more to compensate for the shortage. This makes us angry and psychologically exhausted"* (N2) *"I work with more anger, stress, and low motivation when there is pressure. When I cannot control my anger, I have serious communication problems with my teammates."* (N4) *"He/she is my colleague, my supervisor or manager, and a nurse. Instead of taking care of me, he/she oppresses me and says, 'this is how I wanted it, this is how it will be'."* (N5) *"...when there is pressure, I feel that I have to do the work, that it's a burden and that I have to deliver. I don't enjoy doing the task."* (N7) *"...Not being asked what you want as an individual or as a nurse leaves a bad impression on you."* (N16) *"...If there is pressure influence, people feel that they are being used. ...working under pressure, coercion, and mobbing is also reflected in the body. They feel more tired, they may have headaches..."* (N17)
Positive Outcomes	*"...I make them see the opportunities. I give them small things, first they can do it, then I give them a little more... I make them to believe that they can do it themselves."* (NM2) *"...when we use motivating factors, they realize the seriousness of their work and can enjoy it."* (NM3) *"They know that I will not do wrong against them, they see that I am fighting for them, so they have a positive attitude towards almost everything I say... I get their opinion, and I talk to all of them. And they like that. It's a relief in terms of their acceptance, making them happy and motivating them."* (NM5) *"I have always found that when I always provide a logical basis or give positive feedback to my colleagues, things are easier, and problems are solved. This makes them feel valued and cared about."* (NM13) *"...When I appreciate them, they are pleased and work happier. They come to work happy and willingly..."* (NM16) *"When I approach them with a request, they see that we are a team, and they can reach me more easily when they have problems."* (NM18)	*"The nurse manager tries to reduce our stress, helps us relax psychologically, helps us to finish our work in a shorter time and to rest and relax."* (N1) *"You feel valued when your opinion is taken, and your self-confidence increases. You feel happy as a nurse and realize you love nursing. I feel more empowered as a nurse, I care for the patient more effectively."* (N2) *"...you are motivated because he/she informs you and you feel that he/she cares about you... I am happier and enjoy it."* (N4) *"I like being appreciated. He/she says you did it. That's why I think the tactics work."* (N6) *"I feel better and more valuable. When they take my opinion, I feel that I can contribute to this work and that the work can be done with teamwork."* (N7) *"I feel more valued when he/she gives me a task, gives me information about it, and says it nicely or is kind and polite."* (N11) *"The fact that she/he comes with a sweet talk and cares about my opinion motivates me positively."* (N15) *"Being asked for my opinion on something I know makes me feel valuable.."* (N20)

5. Discussion

The data obtained in the study were analyzed under three main themes: the influence tactics used by nurse managers, the factors affecting the choice of tactics, and the outcomes of the influence tactics used.

5.1. Influence Tactics Used by Nurse Managers

This study identified various influence tactics used by nurse managers to influence their subordinates, including appraising, inspirational appeal, personal appeal, consultation, collaboration, legitimation, pressure, rational persuasion, exchange, and coalition. Nurse managers reported frequently using positive tactics, such as appraising and inspirational appeal, to enhance employees' understanding of their responsibilities and boost their motivation.

These findings align with previous studies by Zilverentant (2015), Abou Hashish (2015), and Abou Hashish et al. (2023), which indicate that nurse managers often rely on rational persuasion, consultation, and personal appeal to influence their subordinates. Additionally, nurses in this study stated that appraising and consultation helped them better understand their tasks and feel more involved in the process. Furthermore, managers' reassurance through inspirational appeal and their friendly approach were found to significantly enhance nurses' motivation

On the other hand, more authoritarian tactics such as legitimation and pressure were reported to lead to stress and low motivation in nurses. The nurses stated that their managers used pressure from time to time, which made the tasks compulsory and affected job satisfaction negatively. Although the nurse managers stated that they did not use pressure, they admitted that they used indirect pressure methods such as frequent supervision and constant monitoring. This supports the findings of the studies conducted by Marangoz (2020) and Korkmaz (2023); both studies showed that influence tactics based on pressure and authority have negative effects on employee satisfaction and productivity.

As a result, our study showed that nurse managers' choice of influence tactics based on empathy and positive communication considering the individual characteristics of their subordinates, supports productivity, satisfaction, and team harmony in the work environment. Empathy-based approaches and positive tactics have a positive effect on both employee satisfaction and quality of patient care, especially in a field such as healthcare where human relations are intense.

5.2. Factors Influencing the Choice of Influence Tactics

The nurse managers stated that they took their subordinates' personal characteristics, experiences and emotional states into consideration when choosing influence tactics. It was indicated that factors such as age, education level, personal characteristics and experience require the application of different influence methods for each subordinate. Furthermore, they emphasized the importance of empathizing and understanding subordinates' wishes and needs, taking into account their reactions to the task, and determining methods according to the nature and urgency of the work. This finding supports the importance of taking individual characteristics into consideration in effective leadership and using appropriate methods according to the situation. The nurse managers also stated that they preferred influence methods based on positive communication as they observed that these methods provided more positive results.

Similarly, the nurses stated that personal characteristics such as the character, age, and education level of the employee were important in the choice of influence tactics used by nurse managers. The nurses thought that their managers' attempts to understand them through empathy and taking into consideration the nature and urgency of the work, their reactions to the task, and their experiences

were determinant in the choice of influence tactics. This finding showed that both groups of participants had similar views on the factors influencing the choice of influence tactics and supported each other. Both groups emphasized that it was more effective to choose influence tactics in line with the individual characteristics of the employees and the requirements of the job.

This finding has been analyzed by various researchers in literature. Vecchio and Sussmann (1991: 77), concluded that a manager's hierarchical level influences their choice of influence tactics. Their study found that individuals in top-level management rely less on external validation, as they perceive their power as sufficient, and they select influence tactics accordingly. In contrast, lower-level managers tend to use different tactics to reinforce their authority and gain assurance (Vecchio and Sussmann, 1991: 77). However, in this study, participants did not consider managerial level as a determining factor in the selection of influence tactics. This discrepancy may stem from the fact that nurse managers typically hold lower-level positions within nursing services and work directly with frontline nurses. Instead of managerial hierarchy, nurse managers emphasized factors such as subordinates' personal characteristics, experiences, emotional states, age, educational background, and personality traits when selecting influence tactics. These findings align with previous research, which highlights the role of individual and contextual factors in shaping influence tactics (Farmer et al., 1997: 35; Cable and Judge, 2003: 209; Castro et al., 2003: 15; Sheer, 2012: 157-160).

The findings of this study showed that both nurse managers and subordinate nurses considered factors such as personal characteristics, job requirements, and empathy in the choice of influence tactics. It can be suggested that the adaptation of nurse managers according to the personal characteristics of their employees while choosing influence tactics provides a more effective leadership and higher level of employee satisfaction in health care services. These findings, which emphasize the importance of individual-oriented influencing strategies, especially in a critical field such as nursing where human relations and team harmony are critical, make an important contribution to the literature.

5.3. Outcomes of Influence Tactics Used

When the participants were asked about the outcomes of the influence tactics used, a bidirectional evaluation emerged. While the nurse managers stated that they mostly experienced negative outcomes when they used authoritarian methods such as pressure tactics, the nurses stated that they experienced inefficiency, uneasiness, and demotivation when their managers used pressure tactics. This finding is in line with the findings of the study conducted by Korkmaz (2023: 78), that influence tactics can lead to negative outcomes such as demotivation and uneasiness. Similarly, Marangoz (2020: 79-80), concluded that authority-based methods such as pressure and coalition can negatively affect employees' productivity. In addition, Reina et al. (2018: 12), found that pressure reduces job commitment and job satisfaction and is also effective in employees' resignation. The statements of both nurse managers and nurses indicated that pressure-based influence methods created tension in the work environment, increased anger and stress levels of employees, and even led to communication problems within the team. This indicates that authoritarian influence methods may lead to even more negative outcomes in stressful work environments such as health care services.

On the other hand, the participants stated that influence tactics based on positive communication such as rational persuasion, personal appeal, consultation, inspirational appeal, and collaboration increased productivity in the work environment, increased employees' motivation, increased attention to patient care, and made employees feel more valued. This finding demonstrates that influence tactics based on good communication and mutual respect have positive results among health professionals. In the study of Marangoz (2020: 79), it was observed that school principals evaluated personal appeal tactics negatively due to the concern that it may lead to inefficiency and abuse. However, both nurse managers and nurses in this study perceived personal appeal tactic positively and stated that they

obtained positive results when this tactic was used. This difference may be attributed to the inevitable development of friendly relationships in hospital settings due to the continuous communication between employees and the length of time spent with team members. In this context, it can be suggested that the use of influence tactics by managers based on positive communication in the hospital environment can create a positive atmosphere at both individual and team levels.

These findings revealed that positive communication-based influence tactics in the health sector can have positive effects on employee satisfaction, work productivity, and quality of patient care. The effect of positive influence methods on job satisfaction and motivation, especially among nurses, suggests that nurse managers should use these tactics more effectively.

6. Conclusion and Recommendations

In this study, the influence tactics used by nurse managers on their subordinates, the factors affecting the choice of these tactics, and the outcomes of the tactics used were examined. The findings showed that nurse managers used various influence tactics such as appraising, inspirational appeal, personal appeal, consultation, collaboration, legitimation, pressure, rational persuasion, exchange, and coalition. Factors such as the employee's personal characteristics, empathy, positive communication of the manager, the employee's reaction to the task, experience, emotional state, and the nature of the job are determinants in the choice of tactics. This emphasizes the importance of considering individual differences in the relationship between managers and subordinates.

The results showed that positive communication and collaborative tactics have positive effects on nurses. The use of methods such as rational persuasion, consultation, personal appeal, collaboration, and inspirational appeal increases satisfaction, motivation, and team harmony among subordinates and contributes to the feeling of self-worth, greater commitment to the work, and more attentive patient care. On the other hand, authoritarian tactics such as pressure and legitimation were found to lead to negative outcomes such as stress, anger and low motivation, negatively affect nurses' job satisfaction, and complicate communication within the team.

These findings suggest that nurse managers should consider the individual characteristics of subordinates, their emotional states, and the nature of the job in choosing influence tactics. It was determined that empathy-based, positive communication and collaboration-based approaches increase nurses' job satisfaction, motivation, and team harmony, and contribute to the feeling of self-worth. The use of empathy and positive communication-based tactics offers a leadership approach that supports employees' satisfaction and collaboration and quality of patient care, especially in a stressful field such as health care where human relations are intense.

Based on the study findings, it is recommended that a scale be developed to assess the influence tactics used by nurse managers. This scale should aim to systematically measure which influence tactics managers use. Thus, it may contribute to the development of leadership approaches of managers and increase organizational performance.

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