

## -RESEARCH ARTICLE-

**EXPLORING IMPRESSION MANAGEMENT TACTICS AMONG CLINICAL NURSES: A DESCRIPTIVE ANALYSIS BASED ON INDIVIDUAL AND PROFESSIONAL CHARACTERISTICS \***Ayşe ÇİÇEK KORKMAZ<sup>1</sup> & Nilüfer ARLI<sup>2</sup>**Abstract**

The study aimed to determine which impression management (IM) tactics clinical nurses use and how these tactics vary according to nurses' personal-professional characteristics and IM views. This cross-sectional and descriptive study was conducted with the participation of 268 clinical nurses working in a Training and Research Hospital in the Central Anatolia Region of Turkey. Participants were selected using a simple random sampling method. Data were collected using a descriptive information form and the Impression Management Tactics Scale. Descriptive statistics, Mann-Whitney U test, and Kruskal-Wallis H tests were used in data analysis. According to the analysis results, nurses used self-promotion and ingratiation tactics the most and intimidation tactic the least. The use of these tactics varied depending on factors such as gender, age, marital status, nursing, and institutional experience, unit, position, shift type, willingness to choose the profession, job satisfaction, cooperation with colleagues, and the impressions formed about them by the people they work within the same institution. However, no significant difference was found between the tactics and factors related to educational level, working hours, organizational satisfaction, achievement of professional goals, and impressions made on others. The results suggest that the use of IM tactics may vary according to nurses' personal-professional characteristics and their views on IM. It would be beneficial for nurses to be aware of impression management tactics and consciously manage their impressions. Therefore, it is recommended that nurse managers should focus on developing an appropriate work environment and culture for nurses to use IM tactics effectively. This may contribute to improving patient care quality and outcomes

**Keywords:** Impression management, nurses, personal characteristics, professional characteristics**JEL Codes:** D23, I1, I12

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**KLİNİK HEMŞİRELER ARASINDA İZLENİM YÖNETİMİ TAKTİKLERİNİN İNCELENMESİ: BİREYSEL VE MESLEKİ ÖZELLİKLERE DAYALI TANIMLAYICI BİR ANALİZ<sup>3</sup>****Öz**

Araştırmanın amacı, klinik hemşirelerin hangi izlenim yönetimi (IM) taktiklerini kullandığını ve bu taktiklerin hemşirelerin bireysel-mesleki özellikleri ile IM görüşlerine göre nasıl değiştiğini belirlemektir. Kesitsel ve tanımlayıcı bir yaklaşımla yürütülen bu çalışma, Türkiye'nin İç Anadolu Bölgesi'ndeki bir Eğitim ve Araştırma Hastanesi'nde çalışan 268 klinik hemşirenin katılımı ile gerçekleştirilmiştir. Basit rastgele örnekleme yöntemi kullanılarak katılımcılar seçilmiştir. Veriler, tanıtıcı bilgi formu ve İzlenim Yönetimi Taktikleri Ölçeği kullanılarak toplanmıştır. Veri analizinde tanımlayıcı istatistikler, Mann-Whitney U testi ve Kruskal-Wallis H testi kullanılmıştır. Analiz sonuçlarına göre, hemşireler en çok niteliklerini tanıtarak kendini sevdirmeye çalışma taktiklerini kullanırken, en az kendini acındırmaya çalışma taktiğini kullanmışlardır. Bu taktiklerin kullanımı, hemşirelerin cinsiyeti, yaş, medeni durumu, hemşirelik ve kurumsal deneyim, çalışılan birim, pozisyon, vardiya türü, mesleği isteyerek seçme, iş memnuniyeti, meslektaşlarla iş birliği ve aynı kurumda çalıştığı kişilerin kendileri hakkında oluşturdukları izlenimler gibi faktörlere bağlı olarak değişiklik göstermiştir. Ancak, eğitim durumu, çalışma saatleri, kurumsal memnuniyet, mesleki hedeflere ulaşma ve başkalarının üzerinde bırakılan izlenimlerle ilgili faktörlerle taktikler arasında anlamlı bir fark bulunmamıştır. Sonuçlar, IM taktiklerinin kullanımının, hemşirelerin bireysel-mesleki özellikleri ile IM hakkındaki görüşlerine göre değişebileceğini göstermektedir. Hemşirelerin izlenim yönetimi taktiklerinin farkına varıp bilinçli bir şekilde izlenimlerini yönetmeleri faydalı olacaktır. Bu nedenle, yönetici hemşirelerin, hemşirelerin etkin bir şekilde IM taktiklerini kullanabilmeleri için uygun bir çalışma ortamı ve kültür geliştirmeye odaklanmaları önerilmektedir. Bu, hasta bakım kalitesi ve sonuçlarının iyileştirilmesine katkıda bulunabilir.

**Anahtar Kelimeler:** İzlenim yönetimi, hemşireler, bireysel özellikler, mesleki özellikler**JEL Kodları:** D23, I1, I12

“Bu çalışma Araştırma ve Yayın Etiğine uygun olarak hazırlanmıştır.”

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## 1. INTRODUCTION

Impression Management (IM), or self-presentation, emerges as a pivotal component in workplace and social interactions (Peck and Leveshina, 2017: 1), deeply rooted in Goffman's (1959) Self-Presentation Theory (Doğan and Kılıç, 2009:54). Goffman postulates that individuals, in their social interactions, perform akin to actors on a stage, consciously molding their behaviors to craft the desired impression (Ghasempour et al., 2023). This theory elucidates how, particularly in nursing, professionals navigate the complexities of patient care and relationships amidst high stress and emotional pressures. Through strategic IM, nurses can not only manage these challenges but also improve stakeholder relationships, elevate job satisfaction, and secure better patient outcomes (Fitruastuti and Vanderstraeten, 2022: 2).

Clinical nurses utilize IM tactics to foreground qualities like professionalism, competency, and empathy during interactions with patients and colleagues. Such tactics are instrumental in building trust in patient care, fostering collaboration with peers, and gaining recognition from superiors. Furthermore, by generating positive self-impressions, nurses can unlock avenues for professional growth and advancement, thus cultivating a favorable image within their profession (McGowan and Sekaja, 2022: 2).

The utility of IM extends beyond personal gains, impacting organizational dynamics significantly. The IM behaviors of employees shape their performance and its external perception, potentially altering the human resource landscape within organizations and influencing their adaptive and developmental capacities (Bolino et al., 2016: 391). This comprehensive effect of IM practices within nursing not only underscores the criticality of adeptly managing impressions for individual career progression but also for the broader organizational health and efficacy. Originating from Goffman's insights, the theory of self-presentation provides a robust framework for understanding and leveraging IM tactics in nursing, indicating its substantial role in fostering both personal and organizational success in the healthcare domain (Bolino et al., 2016).

In the healthcare sector, where interpersonal relationships are intensely experienced, the strategic use of Impression Management (IM) tactics by nurses plays a crucial role in enhancing interpersonal relationships, shaping perceptions, conducting evaluations, and making decisions (Tuncel, 2019:22). Despite its significance, IM has not yet fully established its presence in nursing literature, with existing studies on the subject remaining limited. Research within the nursing domain on IM often gravitates towards broader themes such as organizational culture or workplace exclusion (Tuncel, 2019: 1; Fitriastuti and Vanderstraeten, 2022: 1), or it lacks a detailed examination of which IM tactics are employed by nurses and how these tactics may vary according to their individual and professional characteristics (Tuncel, 2019). This study seeks to fill this gap by identifying the IM tactics preferred by nurses and exploring how these choices reflect upon their personal and professional characteristics, as well as their attitudes towards impression management. Furthermore, by delving into nurses' perspectives on impression management, this research aims to pinpoint their tactical choices, thereby contributing to a more profound understanding and implementation of IM in the nursing field.

### 1.1. Background

IM has emerged as a critical component of professional success and organizational effectiveness. Therefore, this concept is essential for managers and employees (Binay and Yıldız, 2017: 100). IM has been defined in the literature in two approaches: self-focused and manager-focused. While the self-focused approach aims to make the individual more attractive through verbal or non-verbal means, the manager-focused approach aims to receive positive evaluation or approval from superiors (Probst et al., 2019: 310). The ultimate goal of both methods is the same. It is to positively shape the

target audience's perception of the person using the IM strategy. A successful IM process is essential in helping individuals establish their professional identities and achieve organizational goals.

In recent years, some researchers have focused on managers' attempts to control subordinates' impressions (Edeh et al., 2023: 366-367), while others have examined how individuals manage others' perceptions in general (McGowan and Sekaja, 2022: 2). According to the IM tactics discussed in this study, self-promotion, ingratiation, exemplification, intimidation, and supplication are frequently used to achieve desired outcomes and create positive impressions (Fitriastuti and Vanderstraeten, 2022: 2). Self-promotion aims to emphasize an individual's talents, achievements and general abilities. This strategy aims to shape the impressions of others by glorifying one's success (Edeh et al., 2023: 367). This can take the form of exaggerating achievements and abilities or highlighting previously accomplished tasks. However, for a self-promotion strategy to be effective, it must be based on reality. Otherwise, this strategy can lead to negative consequences such as insecurity and a lack of credibility (Molleman, 2019: 2274-2275). Ingratiation is a strategy in which an individual tries to attract others to himself. This usually takes the form of complimenting others, expressing agreement with them, or trying to establish a good relationship with them (Edeh et al., 2023: 367). The Ingratiation strategy aims to gain the love and approval of others and often helps to expand one's social circle. However, using this strategy excessively or artificially may lead to questioning the individual's sincerity (Cheng et al., 2023: 5-6).

IM tactics such as exemplification, supplication, and intimidation are less researched in the literature, but their effects on individual and organizational performance are still important aspects of the IM field (Chawla et al., 2021:660-661). Exemplification involves demonstrating personal commitment and work ethic (Edeh et al., 2023: 367). This tactic aims to show the individual as a selfless and self-disciplined person. This may involve them spending extra time on projects they are working on or making personal sacrifices to complete their work (McGowan and Sekaja, 2022: 2). Supplication emphasizes the need to receive help from others. This strategy usually aims to attract empathy and support from others by portraying oneself as weak or helpless (Bolino et al., 2016: 380-385). However, misuse of this tactic can damage one's professional image, so it should be used cautiously (Çiçek, 2021: 741). Intimidation focuses on using aggressive or coercive behaviors to ensure compliance (Chawla et al., 2021: 672). This strategy involves using fear or threat to force others to act in their interests. Intimidation tends to be used by individuals with a strong and dominant personality structure, but this strategy can negatively affect long-term relationships (McGowan and Sekaja, 2022: 3; Edeh et al., 2023: 367).

When the related literature is examined, it is seen that IM tactics have been investigated in various fields, and their relationship with different variables has been discussed. In addition to studies in which IM tactics are often used in hiring interviews (Aderina et al., 2022: 1; Yu, 2019: 888) and studies that try to determine the effects of these tactics on job performance and career success (Al-Shatti and Ohana, 2021: 6; Probst et al., 2019: 310), as well as there are studies examining the relationship between IM and leadership styles (Peck and Hogue, 2018: 123), Machiavellianism (Curtis et al., 2022: 1), personality traits (Bourdage et al., 2020: 556), organizational justice (Binay and Yıldız, 2017: 99), organizational cynicism (Mumcu, 2021: 151) and organizational culture (Tuncel, 2019: 5). Meta-analysis studies on IM also show the diversity and breadth in this field (Ho et al., 2021: 164; Peck and Levashina, 2017: 1). However, there is not enough research on nurses' use of IM tactics in the clinical setting.

## **2. METHODOLOGY**

### **2.1. Study design**

It is a cross-sectional descriptive study.

## 2.2. Setting and Participants

The study population consisted of 700 nurses working in a Training and Research Hospital in a province in the Central Anatolia Region of Turkey. Using G\* Power (3.1.9.2), a sample of at least 244 participants was required to observe a modest effect size ( $f^2=.05$ ) based on an assumed power of 80% and a two-tailed  $\alpha$  of 0.05. The sample of this study consisted of 268 nurses selected by simple random sampling from the population.

## 2.3. Data Collection Tools

The first part of the data collection tool includes a total of 15 questions devised to gather information on the participants' individual (age, gender, marital status) and professional characteristics (education, unit, position, etc.). Furthermore, this portion includes three questions designed to probe into their viewpoints on IM, focusing on areas such as employee impression, achieving professional goals, the impression they want to create on others, drawing upon the literature (Basım et al., 2006: 4; Tuncel, 2019: 51). Two questions designed to determine the opinions on impression management were asked in a 10-point Likert type. One of the questions is, "Where do you see yourself in terms of the impression you want to make on other employees in the organization?" (1=I cannot create the right impression about myself in other people at all, 10=I am very successful in creating the right impression about myself in other people). The other question was, "Where do you see yourself in terms of achieving your professional goals in the organization?" (1=Never achieved, 10= Completely achieved). These questions measure the motivation to show IM behaviors. In particular, it is thought that those who are not satisfied with the impression they want to create on others will use such IM tactics more (Basım et al., 2006: 4).

The second part includes the Impression Management Scale. It was developed by Bolino and Turnley (1999) to determine the IM tactics of employees in an organization. Its validity and reliability for Turkey were carried out by Basım, Tatar, and Şahin (2006: 1). The scale consists of 5 sub-dimensions and 22 questions in total, including self-pitying (items 5, 10, 15, 20, 22), trying to ingratiate oneself by introducing one's qualifications (items 1, 2, 6, 7, 11, 12, 16, 17), trying to show oneself as an exemplary employee (items 3, 8, 13, 18), trying to force others to realize his importance (items 4, 9, 21), and trying to own his job (items 14, 19). The scale is evaluated as a 5-point Likert scale and is scored as "never-1, rarely-2, sometimes-3, usually-4, always-5". There are no items that are inversely calculated during scoring. The averages of the items in the sub-dimension will give the scores for each dimension, and evaluations will be made on the basis of each sub-dimension. A high score on the scale indicates that IM tactics are used more (Basım et al., 2006: 1-9). In the study of Basım et al. (2006: 1), the Cronbach Alpha coefficient of the scale was found to be 0.82.

In our study, the reliability and validity of the Impression Management scale used were supported by similar examples in the literature. In a study conducted by Tuncel (2019), the total Cronbach's Alpha value of the Impression Management scale was reported as  $\alpha=0.909$ . This indicates that the scale possesses high internal consistency and is therefore a reliable tool. Similarly, in another study conducted by Yıldız, İşçi, and Taşçı (2016) on healthcare workers (including physicians, nurses, and auxiliary health personnel), the reliability and validity values obtained as a result of using the scale confirmed its applicability in the context of the health sector. In this study, the scale was structured into 22 items and 5 sub-dimensions, and a KMO sample adequacy test value of 0.90 was achieved, indicating that the sample size was "very good" for factor analysis. Furthermore, the result of the Bartlett's test of sphericity was  $p=0.0001$ , demonstrating the statistical significance of the scale's factor structure.

These previous studies support the use of the Impression Management scale among healthcare workers, including nurses, as a reliable and valid measurement tool. The Cronbach's alpha coefficient ( $\alpha=0.91$ ) obtained in our sample is consistent with the values reported in the literature, indicating that the scale can also be reliably used in this study. Additionally, the fit indices for the scale in this study have been determined as follows: Chi-square/df ( $\chi^2/df$ ) 3.49, CFI 0.86, GFI 0.81, SRMR 0.75, RMSEA 0.096, and TLI 0.83. Based on these evaluations, it appears that the model provides an acceptable level of fit. The results obtained contribute to the existing literature and offer findings that will aid in advancing the field.

## 2.4. Data Collection

Data were collected between March 2022 and June 2022. Before the study, the hospital management and the nurse manager were interviewed about the study. Then the data collection phase was started by informing the nurses working in the units and obtaining consent from the working nurses. Data collection tools were distributed and collected by hand to nurses who voluntarily agreed to participate in the study. It took approximately 10 minutes to complete the questionnaire form.

## 2.5. Data Analysis

The data were analyzed using SPSS 23.0. Descriptive statistics such as numbers, percentages, means, and standard deviations were computed. To assess the normality of the distribution, the Kolmogorov-Smirnov test, along with skewness and kurtosis values, was utilized. Due to the data not exhibiting a normal distribution, the Mann-Whitney U and Kruskal-Wallis tests were employed. In more than two groups, Mann-Whitney U analysis with Bonferroni correction was used to choose from which groups the differences originated. The significance value was taken as 0.05 in all tests. Two 10-point Likert-type questions are defined as "those who think that they have left the desired impression on others and those who think that they have not" and "those who think that they have achieved their professional goals and those who think that they have not." In evaluating these questions, those who score low by subtracting the standard deviation from the mean score are considered negative responses; those who score high by adding the standard deviation from the mean score are considered positive responses (Tuncel, 2019: 57-58).

## 2.6. Ethical Considerations

Ethical approval (date 07.02.2022 / number 2022/7) was obtained from a public university's non-interventional clinical research ethics committee, and official institutional permission was obtained from the institution where the research was conducted. Permission to use the scale was obtained from the author via e-mail. The principles of the Declaration of Helsinki were followed in the study. Informed consent of the participants was obtained in writing.

## 3. RESULTS

61.9% of the nurses, who participated in the study, were in the age group of 18-30 years (mean age=31.7±9.57; min-max=18-68), 87.7% were female, 61.1% were single, and 75.4% had bachelors and graduate degrees (Table 2). It was found that 91% of the nurses worked in clinical nurse positions, and 36.6% worked in surgical wards. The mean duration of experience in the profession was 9.25±9.97 years. 72% of the nurses reported that they chose the profession willingly, 32.4% were satisfied with the profession, 45.5% were satisfied with the institution, 62.7% evaluated the working conditions at a moderate level, and 70.5% considered the cooperation between colleagues to be good (Table 3).

48.1% of the nurses stated that the impressions of the people they worked with in the same institution about them were crucial. While 43 of the nurses thought they could not achieve their professional goals in the institution, 72 stated that they achieved their professional goals ( $6.19 \pm 1.95$ ). Similarly, 70 nurses thought they did not make the desired impression on other employees in the institution, while 68 thought they made the desired impression ( $7.42 \pm 1.64$ ) (Table 4).

The total score of the IM scale of the nurses participating in the study was  $1.85 \pm 0.54$ ; among the sub-dimensions, self-promotion and ingratiation had the highest mean ( $3.01 \pm 0.69$ ), and intimidation had the lowest mean ( $1.40 \pm 0.61$ ) (Table 1).

**Table 1. Impression Management Scale Total and Sub-Dimension Score Average**

	Number of items	Min.-Max.	Mean±SD
Supplication	5	1-5	1.39±0.62
Self promotion and ingratiation	8	1-5	3.01±0.69
Exemplification	4	1-5	1.98±0.59
Intimidation	3	1-5	1.40±0.61
Job chauvinism	2	1-5	2.20±0.85
<b>Total</b>	<b>22</b>	<b>1-5</b>	<b>1.85±0.54</b>

Married nurses aged 31 years and older had statistically significantly higher mean scores in the job chauvinism subscale than single nurses aged 30 years and younger ( $p < 0.05$ ). The IM scale total scores and supplication and self-promotion and ingratiation sub-dimension mean scores of male nurses were statistically significantly higher than female nurses ( $p < 0.05$ ). However, no significant difference was found between educational status and IM scale scores ( $p > 0.05$ ) (Table 2).

**Table 2. Impression Management Scale total and dimension scores of nurses according to individual characteristics (n=268)**

	n	Supplication	Self-promotion and ingratiation	Exemplification	Intimidation	Job chauvinism	Total Scale
<b>Age</b>							
≤ 30		1.37±0.59	2.21±0.70	1.48±0.58	1.38±0.60	2.11±0.82	1.70±0.53
≥ 31	166	1.43±0.66	2.35±0.67	1.47±0.61	1.43±0.62	2.34±0.89	1.85±0.56
<b>Z</b>	102	-0.908	-1.658	-0.175	-0.942	-2.270	-1.530
<b>p</b>		0.36	0.09	0.86	0.34	<b>0.02*</b>	0.126
<b>Gender</b>							
Female		1.35±0.58	2.23±0.68	1.45±0.53	1.37±0.59	2.17±0.86	1.77±0.51
Male	235	1.67±0.79	2.47±0.74	1.70±0.91	1.58±0.72	2.40±0.79	2.02±0.67
<b>Z</b>	33	-2.396	-1.957	-0.735	-1.461	-1.628	-1.977
<b>p</b>		<b>0.01*</b>	<b>0.05*</b>	0.46	0.14	0.104	<b>0.04*</b>
<b>Marital status</b>							
Unmarried	161	1.39±0.57	2.22±0.71	1.49±0.57	1.38±0.59	2.11±0.80	1.78±0.51
Married	107	1.40±0.69	2.32±0.66	1.46±0.63	1.42±0.63	2.33±0.91	1.83±0.58
<b>Z</b>		-0.265	-1.174	-0.729	-0.720	-1.943	-0.700
<b>p</b>		0.79	0.24	0.46	0.47	<b>0.05*</b>	0.48
<b>Educational level</b>							
≤ Association degree	66	1.38±0.49	2.31±0.63	1.47±0.57	1.36±0.48	2.18±0.78	1.81±0.47
≥ Graduate degree	202	1.39±0.65	2.24±0.71	1.48±0.60	1.41±0.64	2.21±0.88	1.79±0.56
<b>Z</b>		-0.168	-0.212	-0.193	-0.534	-0.314	-0.282
<b>p</b>		0.86	0.83	0.87	0.59	0.75	0.77

Abbreviation: Z= Mann-Whitney U testi; \*  $p < 0,05$

The participants' mean self-promotion and ingratiation scores were significantly higher in those working in internal units and those who chose their profession willingly ( $p < 0.05$ ). The Bonferroni corrected Mann-Whitney U analysis found a significant difference in the department of work between the internal and surgical units ( $p < 0.05$ ). It was determined that there was a statistically significant difference between the exemplification sub-dimension and professional satisfaction status ( $p < 0.05$ ). This difference stemmed from those who were not satisfied at all and those who were partially satisfied. A statistically significant difference between supplication and intimidation sub-dimensions and cooperation with colleagues ( $p < 0.05$ ) was found. Further analysis revealed that this difference was notably between individuals who described their cooperation with colleagues as moderate and those who characterized it as good. The mean job chauvinism scores of the participants were found to be significantly higher in nurses with six years or more of professional and institutional experience ( $p < 0.05$ ). In addition, a statistically significant difference was found between the working style and the sub-dimension of job chauvinism ( $p = 0.04$ ), which was determined to be between daytime and nighttime workers (Table 3).

**Table 3. Impression Management Scale total and dimension scores of nurses according to professional characteristics (n=268)**

	n	Supplication	Self-promotion and ingratiation	Exemplification	Intimidation	Job chauvinism	Total Score
<b>Nursing experience</b>							
≤5 years		1.36±0.58	2.2±0.70	1.48±0.56	1.39±0.61	2.07±0.81	1.76±0.52
≥6 years	138	1.43±0.66	2.33±0.68	1.47±2.63	1.41±0.61	2.34±0.88	1.84±0.56
<b>Z</b>	130	-0.655	-1.748	-0.480	-0.215	-2.762	-1.402
<b>p</b>		0.51	0.08	0.63	0.83	<b>0.00*</b>	0.16
<b>Institution experience</b>							
≤5 years	194	1.40±0.63	2.23±0.70	1.49±0.59	1.41±0.62	2.14±0.85	1.79±0.55
≥6 years	74	1.37±0.58	2.34±0.66	1.46±0.58	1.37±0.56	2.35±0.84	1.83±0.52
<b>Z</b>		-0.101	-1.275	-0.305	-0.196	-1.949	-1.025
<b>p</b>		0.91	0.20	0.76	0.845	<b>0.05*</b>	0.30
<b>Unit type</b>							
Internal units <sup>a</sup>	80		2.38±0.71				
Surgical units <sup>b</sup>	98	1.40±0.68	2.12±0.63	1.48±0.54	1.43±0.65	2.26±0.87	1.85±0.55
Intensive care units <sup>c</sup>	90	1.32±0.48	2.31±0.72	1.40±0.53	1.29±0.43	2.22±0.86	1.70±0.48
<b>X<sup>2</sup></b>			6.103				
<b>P</b>		3.355	<b>0.04*</b>	3.103	2.864	1.396	4.668
<b>Post hoc</b>		0.18	<b>a&gt;b</b>	0.21	0.23	0.49	0.09
<b>Work shift</b>							
Day shift <sup>a</sup>	95	1.45±0.68	2.33±0.63	1.48±0.53	1.44±0.67	2.34±0.85	1.85±0.52
Evening shift <sup>b</sup>	20	1.27±0.39	2.05±0.60	1.35±0.49	1.26±0.41	1.87±0.75	1.62±0.43
Rotating <sup>c</sup>	153	1.38±0.60	2.25±0.73	1.50±0.64	1.39±0.59	2.16±0.85	1.79±0.56
<b>X<sup>2</sup></b>		1.922	2.712	1.625	1.315	6.093	3.915
<b>P</b>		0.38	0.25	0.44	0.51	<b>0.04*</b>	0.141
<b>Post hoc</b>						<b>a&gt;b</b>	
<b>Weekly work hours</b>							
≤40 h	168	1.40±0.65	2.26±0.67	1.47±0.56	1.41±0.64	2.25±0.84	1.80±0.54
≥41 h	100	1.38±0.56	2.27±0.72	1.50±0.64	1.38±0.55	2.11±0.87	1.79±0.54
<b>Z</b>		-0.390	-0.010	-0.004	-0.200	-1.413	-0.280
<b>p</b>		0.69	.99	0.99	0.81	0.15	0.78
<b>Position</b>							
Unit manager	24	1.29±0.33	2.31±0.59	1.34±0.44	1.36±0.40	2.52±0.81	1.79±0.37
Staff nurse	244	1.40±0.64	2.26±0.70	1.49±0.60	1.40±0.62	2.17±0.85	1.80±0.55
<b>Z</b>		-0.293	-0.582	-1.009	-0.389	-2.064	-0.463

<b>p</b>		0.77	0.56	0.31	0.69	<b>0.03*</b>	0.64
<b>Choosing the profession willingly</b>							
Yes	193	1.39±0.63	2.31±0.69	1.49±0.59	1.41±0.62	2.19±0.86	1.82±0.54
No	75	1.40±0.57	2.13±0.68	1.44±0.61	1.38±0.58	2.22±0.83	1.74±0.53
<b>Z</b>		-0.283	-2.004	-0.781	-0.733	-0.166	-1.223
<b>p</b>		0.77	<b>0.04*</b>	0.43	0.46	0.86	0.22
<b>Professional satisfaction</b>							
Yes <sup>a</sup>	87	1.41±0.71	2.36±0.73	1.55±0.56	1.45±0.68	2.16±0.83	1.85±0.57
Partially <sup>b</sup>	150	1.35±0.55	2.22±0.68	1.41±0.59	1.35±0.57	2.21±0.88	1.75±0.52
No <sup>c</sup>	31	1.56±0.62	2.21±0.63	1.63±0.64	1.48±0.57	2.25±0.82	1.86±0.56
<b>X<sup>2</sup></b>		2.802	1.706	7.085	1.862	0.331	2.199
<b>P</b>		0.24	0.42	<b>0.02*</b>	0.39	0.84	0.33
<b>Post hoc</b>				<b>c&gt;b</b>			
<b>Institution satisfaction</b>							
Yes	93	1.41±0.71	2.28±0.69	1.51±0.55	1.42±0.68	2.17±0.85	1.81±0.57
Partially	122	1.40±0.53	2.30±0.68	1.48±0.60	1.40±0.53	2.22±0.86	1.82±0.50
No	53	1.31±0.63	2.14±0.73	1.42±0.66	1.34±0.64	2.21±0.86	1.72±0.58
<b>Z</b>		3.102	2.928	1.945	2.578	0.174	2.629
<b>P</b>		0.21	0.231	0.378	0.27	0.91	0.26
<b>Working conditions</b>							
Good	53	1.50±0.79	2.29±0.68	1.60±0.58	1.52±0.80	2.20±0.80	1.87±0.59
Middle	168	1.36±0.53	2.25±0.69	1.43±0.56	1.36±0.52	2.16±0.87	1.77±0.50
Bad	47	1.40±0.68	2.28±0.73	1.54±0.71	1.39±0.63	2.31±0.84	1.83±0.61
<b>X<sup>2</sup></b>		0.229	0.155	4.709	0.524	0.910	0.94
<b>P</b>		0.89	0.92	0.09	0.77	0.65	0.62
<b>Collaboration</b>							
Good <sup>a</sup>	189	1.34±0.57	2.27±0.66	1.44±0.52	1.33±0.55	2.17±0.84	1.77±0.49
Middle <sup>b</sup>	75	1.54±0.72	2.28±0.76	1.59±0.75	1.57±0.70	2.30±0.89	1.89±0.65
Bad <sup>c</sup>	4	1.15±0.30	1.75±0.51	1.50±0.57	1.25±0.50	1.62±0.75	1.48±0.44
<b>X<sup>2</sup></b>		6.571	2.456	1.536	8.677	2.758	2.662
<b>P</b>		<b>0.03*</b>	0.29	0.46	<b>0.01*</b>	0.25	0.26
<b>Post hoc</b>			<b>b&gt;a</b>		<b>b&gt;a</b>		

Abbreviation: Z=Mann Whitney U; X<sup>2</sup>=Kruskall Wallis \*p ≤0,05

Post hoc test: Bonferroni Corrected Mann-Whitney U Test

A statistically significant difference ( $p < 0.05$ ) was found between the participants' views on caring about the impressions of the people they work with within the same institution and the self-promotion, ingratiation, and exemplification sub-dimensions and the total scale. This difference was due to those who did not care about the impression they wanted to make (Table 4). There was no significant difference between the other variables and the IM scale total mean scores ( $p > 0.05$ ).



**Table 4. Distribution of nurses' scale scores according to their views on impression management (n=268)**

	n	Supplication	Self-promotion and ingratiation	Exemplification	Intimidation	Job chauvinism	Total Scale
<b>Achievement of Professional Goals **</b>							
Reaching	43	1.22±0.35	2.06±0.65	1.40±0.57	1.27±0.36	2.20±0.74	1.65±0.40
Unreachable	72	1.35±0.47	2.19±0.61	1.39±0.45	1.33±0.52	2.01±0.83	1.72±0.44
<b>Z</b>		-1.059	-1.339	-0.589	-0.206	-1.232	-0.723
<b>p</b>		0.29	0.18	0.55	0.97	0.21	0.47
<b>On caring about the impressions of the people they work with within the same institution</b>							
A lot	129	1.42±0.66	2.31±0.65	1.52±0.56	1.40±0.61	2.28±0.86	1.84±0.53
Middle	115	1.33±0.49	2.19±0.73	1.38±0.57	1.34±0.51	2.07±0.82	1.72±0.51
Little	14	1.57±1.05	2.09±0.79	1.62±0.92	1.50±0.98	2.57±1.07	1.85±0.85
None	10	1.64±0.51	2.66±0.32	1.85±0.54	1.90±0.77	2.05±0.49	2.12±0.23
<b>X<sup>2</sup></b>		5.235	8.48	11.222	6.855	5.107	10.400
<b>P</b>		0.15	<b>0.03*</b>	<b>0.01*</b>	0.07	0.16	<b>0.01*</b>
<b>Post hoc</b>			<b>d&gt;b,c</b>	<b>d&gt;b</b>			<b>d&gt;b,a</b>
<b>Impressions made on others **</b>							
Make the impression	70	1.50±0.81	2.32±0.74	1.61±0.80	1.48±0.77	2.19±0.93	1.88±0.69
Not making the impression	68	1.32±0.59	2.28±0.62	1.40±0.50	1.35±0.61	2.20±0.82	1.77±0.48
<b>Z</b>		-1.574	-0.265	-1.111	-0.553	-0.347	-0.386
<b>p</b>		0.16	0.79	0.26	0.58	0.72	0.70

Abbreviation: \*\* The calculation was made based on a 10-point Likert scale, with a total of 268 participants. Z=Mann Whitney U; X<sup>2</sup>=Kruskall Wallis \*p ≤0,05; Post hoc test: Bonferroni Corrected Mann-Whitney U Test

#### 4. DISCUSSION

According to our study, it was determined that nurses applied IM tactics at a low level. While nurses prefer self-promotion and ingratiation tactics by introducing their qualities the most, they prefer supplication tactics the least. This result may be related to various factors, such as prioritizing teamwork and collaboration in the nursing profession and maintaining a positive and supportive working environment (Gedzyk-Nieman and Svoboda, 2019: 647-648). Perhaps, by focusing on this tactic, nurses aim to build strong professional relationships and achieve a positive reputation among colleagues. Considering that the nursing profession is related to human life, requires high responsibility, and leaves no room for error, it is expected that self-promotion and ingratiation is the most frequently used tactic among nurses. On the other hand, in the supplication work tactic, the individual creates a sense of pity in the targeted individuals by emphasizing their weaknesses and deficiencies, and they want to get the help, protection, and support they expect from the other party. While this approach enables the individual to present themselves as someone in need of assistance, it's important to recognize its dual nature in terms of outcomes. Initially, this tactic can indeed yield positive gains in the short term, as highlighted by Basım and Tatar (2006: 11), providing immediate support and empathy from others. However, its utility should be weighed carefully against potential drawbacks. Over time, reliance on such a tactic may undermine the individual's dignity and contribute to perceptions of laziness, unreliability, and a lack of knowledge. This is particularly crucial in a professional setting like nursing, where credibility and competence are paramount. Consequently, it becomes clear why nurses might steer clear of supplication tactics, aiming to avoid fostering these negative impressions.

When the research results are evaluated in detail, it is determined that there is a significant difference between the scores of job chauvinism tactics according to age and marital status. These results suggest

that older and married individuals tend to have more professional and personal experience and responsibility. The necessity to ensure job security and support the livelihood of their families may possibly reveal the need for these individuals to express their professional identity and commitment to their jobs more clearly (Bozok, 2018: 32). It was found that supplication, self-promotion, and ingratiation tactics and the total scale showed a significant difference in terms of gender variable. This finding is consistent with previous research showing that men and women may use different IM tactics (Binay and Yıldız, 2017: 121; Tuncel, 2019: 85-86; Turan, 2018: 117). Generally, women tend to use IM less than men and think doing a good job should be enough to achieve success. Therefore, men tend to use IM more frequently and aggressively than women and use IM tactics in a broader context (Bolino et al., 2016: 391). For example, men may prefer work-oriented tactics, while women may prefer manager-oriented tactics (Binay and Yıldız, 2017: 121). In terms of gender roles, men are more likely than women to use aggressive and self-serving forms of IM, such as self-promotion and ingratiation, and intimidation. In contrast, women are less aggressive than men and more likely to use forms of IM such as ingratiation and supplication tactics against others (Bolino et al., 2016: 391). Therefore, it is unsurprising that the IM scores of male nurses in our study were higher than those of female nurses. Still, it can be thought that male nurses, generally in the minority in the nursing profession, feel the need to demonstrate their professional identity and competence more prominently. Our study emphasizes the need for further investigation of IM differences among nurses. Understanding the underlying causes of gender differences may also help to create a more inclusive working environment that meets the needs of both male and female nurses.

It is important to note that the lack of a significant relationship between education level and IM scale scores in our study does not mean that education is unimportant. The distribution of education levels among the participants in the study may not be different enough to detect significant differences in IM scale scores. This view is supported by findings from previous studies that report differences in IM tactics based on education levels. For example, Turan (2018: 135) found that health personnel with master's and doctoral degrees had lower scores in all IM tactics than other educational groups. This suggests that higher levels of education may be associated with decreased use of IM tactics. Similarly, Binay and Yıldız (2017:121) found that public employees with postgraduate education tried to present themselves as exemplary personnel, tended to pity themselves, and tended to force themselves to be noticed more than public employees with undergraduate education. This inconsistency in the studies may be due to the limited variation in the educational levels of our participants, sampling differences in the studies, or other factors that may have influenced our results. Future research should consider a more diverse sample of participants to understand better the potential role of education in using IM tactics among nurses.

Our study found that the self-promotion and ingratiation scores of nurses working in internal units and those who chose their profession willingly were significantly higher in terms of the professional characteristics of nurses. Nurses in internal units interact more directly and continuously with patients, their families, and other health professionals. This may require them to establish and maintain positive relationships, which may lead them to use self-promotion and ingratiation tactics more to improve their image, gain trust, and demonstrate their competence. In addition, nurses in internal units may face different challenges than those in surgical departments, such as managing chronic conditions, providing ongoing patient education, and coordinating care across various healthcare providers. These differences may lead to greater use of IM tactics in internal units to overcome these challenges and maintain a positive professional image. However, it is essential to note that studies have not found a difference in IM tactics across the units studied. For example, Tuncel (2019: 89) found no significant difference in IM tactics between nurses in different departments. This suggests that the relationship between the unit of work and IM tactics may be complex and depend on other factors. Moreover, those who voluntarily choose the nursing profession may be more intrinsically motivated and more committed to their role, which may lead them to put more effort into displaying their skills and making a positive impression on others (Van den Broeck

et al., 2021: 245-246). This intrinsic motivation may drive them to use self-promotion and ingratiation tactics to showcase their skills and build rapport with colleagues and patients.

According to the findings of our study, it is seen that the exemplification sub-dimension may be more important for nurses who are not at all satisfied with their profession than those who are partially satisfied. This may be because nurses completely dissatisfied with their profession are more likely to look for ways to increase their professional satisfaction and, therefore, may emphasize the role of exemplification in their work. Exemplification as an IM tactic usually involves going beyond job requirements or exhibiting remarkable effort and dedication (Chawla et al., 2021: 660). Nurses may resort to such tactics to be recognized and valued in the work environment, often expecting their extra efforts to lead to better work outcomes, such as increased professional satisfaction.

It can be said that the result showing a significant difference between cooperation with colleagues and the use of supplication and intimidation tactics is a remarkable finding. Supplication and intimidation tactics are two quite opposite IM strategies. The supplication tactic emphasizes one's weaknesses or shortcomings and shows that one needs help or support from others, while the intimidation tactic involves using intimidation or threats (Chawla et al., 2021: 658-660). Supplication can be used to get help or support from colleagues, especially when nurses feel overwhelmed or do not have enough resources. On the other hand, intimidation tactics can be used in a more contentious environment where there is competition or conflict for resources in the work environment (Korzynski et al., 2021: 677-678). Conversely, those who cooperate well with colleagues may reflect a more positive and supportive interpersonal environment. Here, the need for such tactics may be reduced as nurses may feel more valued, supported, and less competitive with each other. The fact that there was no difference between the monitoring tactics of those who reported poor collaboration with colleagues in the study may be explained by the small number of those who gave this opinion. In addition, those with poor cooperation may not use IM tactics such as supplication and intimidation because they do not interact much with their colleagues. This result suggests that others may have found other ways to manage their work without collaboration.

Our study found that professional and organizational experience and position variables were related to job chauvinism tactics. This result can be explained by the fact that those with more experience have developed a stronger sense of professional identity and therefore have a greater sense of identification and ownership of their jobs (Özdemir et al., 2020: 462). In addition, a statistically significant difference was found between the working style and job chauvinism sub-dimension. This difference was found to occur between nurses working day and night. This result can be shown as the reason why working style and work intensity have a higher tendency towards job chauvinism tactics. These findings are consistent with previous research suggesting that experience, increased responsibility, and work style may contribute to a stronger identification with one's profession (Zhang et al., 2018: 1). Further research is needed to explore the specific factors contributing to job chauvinism in experienced nurses and the effects of these attitudes on nursing practice and patient outcomes.

Our research results found a significant difference in the self-promotion, ingratiation, and exemplification tactics of nurses who cared about the impressions of others they worked with within the same organization. This finding seems to be consistent with the IM theory, which suggests that individuals tend to use these tactics when they perceive others' impressions about them as important (Gadgil et al., 2023: 3). This result also shows that nurses' tendency to use IM tactics is related to how much they care about others' opinions about them. Therefore, understanding and supporting nurses' tendencies to use IM tactics may be important for nursing management.

In our study, no significant difference was found between the variables of the impression made on others and achieving professional goals and the IM scale total mean scores. The observation of a

statistically significant difference, particularly among those who do not value impressions, may be related to this group's lesser preference for the indicated IM tactics.

## **5. CONCLUSION**

Our findings highlight a tendency among nurses to predominantly utilize self-promotion and ingratiation tactics, which aligns with the challenges and situations they encounter in their work environments and career choices. These tactics are particularly popular among nurses working in internal units and those who have chosen their profession willingly, reflecting the need for establishing and maintaining positive relationships due to their direct and continuous interaction with patients and other healthcare professionals. Furthermore, the increased use of job chauvinism tactics among nurses with more professional and institutional experience suggests that professional maturity and their position within the institution can influence the use of these impression management tactics.

The statistically significant higher scores in total IM scale and particularly in the supplication, self-promotion, and ingratiation sub-dimensions among male nurses compared to female nurses underscore the variations in the use of impression management tactics by gender. This difference calls for a deeper understanding of gender roles and behavioral patterns in professional settings. Our findings regarding professional satisfaction and cooperation with colleagues indicate that nurses' levels of professional fulfillment and their work environments significantly affect their use of impression management tactics.

In conclusion, this study demonstrates how the use of impression management tactics among nurses is associated with various factors such as work environments, choice of profession, professional experience, and gender. Understanding how nurses use impression management in their professional practices and interpersonal relationships provides valuable insights for nursing management and education.

### **5.1. Implications**

Nurses' effective use of IM tactics can be part of their professional competence. Nursing education could include teaching IM tactics and demonstrating how to use them effectively. This may build greater confidence in nurses' patient care and interactions with colleagues. Nurses' professional satisfaction may influence the use of IM tactics. Increasing nurses' professional satisfaction may encourage them to use more effective IM tactics. This may create a more positive working environment among nurses and have a positive impact on the care of patients. Nurse managers should provide opportunities for nurses to develop their IM skills. This can help lead nurses to learn how to use IM tactics effectively. Nurses' collaboration with colleagues and organizational culture can influence the use of IM tactics. This can help nurse managers to create an organizational culture that promotes IM.

### **5.2. Limitations**

Our study is cross-sectional and hence a limitation is that the findings cannot be used to identify cause-and-effect relationships. The fact that our main variables are based on one organization's employees' responses is also a limitation. In addition, the fact that not all potential variables that may create differences in impression management tactics were included in the study may affect the results of the analyses.

# KLİNİK HEMŞİRELER ARASINDA İZLENİM YÖNETİMİ TAKTİKLERİNİN İNCELENMESİ: BİREYSEL VE MESLEKİ ÖZELLİKLERE DAYALI TANIMLAYICI BİR ANALİZ (GENİŞLETİLMİŞ ÖZET)

## 1. GİRİŞ

Klinik hemşirelik hem hasta bakım kalitesini artırmak hem de mesleki hedeflere ulaşmak için bir dizi beceri ve strateji gerektirir. Bu stratejilerden biri de izlenim yönetimi (IM) taktikleridir. IM, bireylerin başkalarının kendileri hakkındaki algılarını etkilemek ve yönetmek için kullandıkları süreç ve stratejileri kapsar. İzlenim yönetimi, bireylerin sosyal etkileşimlerinde kendi imajlarını kontrol etme ve yönetme süreçlerini içerir. Bu taktikler, hemşirelerin kendi profesyonel imajlarını yönetmeye yardımcı olabilir ve böylece hastalar ve sağlık hizmetleri ekibi ile olan etkileşimlerini etkileyebilir.

İzlenim yönetiminin etkili bir şekilde kullanılması, hemşirelerin işlerini daha iyi yapmalarına, hasta bakım kalitesini artırmalarına ve kariyerlerinde ilerlemelerine yardımcı olabilir. Ayrıca, IM taktiklerinin etkin kullanımı, hemşirelerin iş memnuniyetini ve bağlılığını da artırabilir. Ancak, hemşirelerin izlenim yönetimi taktiklerini nasıl kullandıkları ve bu taktiklerin hemşirelerin bireysel ve mesleki özelliklerine göre nasıl değiştiği konusunda detaylı bir inceleme yapılmamıştır. Klinik hemşireler arasında izlenim yönetimi taktiklerinin kullanımını anlamak için daha fazla araştırmaya ihtiyaç vardır. Bu tür bir anlayış, hemşirelik eğitim ve uygulamalarını daha da geliştirmek için faydalı olabilir. Araştırmanın amacı, klinik hemşirelerin hangi IM taktiklerini kullandığını ve bu taktiklerin hemşirelerin bireysel-mesleki özellikleri ile IM görüşlerine göre nasıl değiştiğini belirlemektir. Bu bilgi, hemşirelerin izlenim yönetimi taktiklerini etkin bir şekilde kullanmalarına yardımcı olacak stratejiler geliştirmek için kullanılabilir.

## 2. YÖNTEM

Bu çalışma, kesitsel ve tanımlayıcı bir tasarım kullanılarak gerçekleştirilmiştir. Örneklem, Türkiye'nin İç Anadolu Bölgesi'nde bir Eğitim ve Araştırma Hastanesi'nde görev yapan ve basit tesadüfi örneklem yöntemiyle seçilen 268 hemşire dahil edilmiştir. Veri toplama aracı olarak tanıtıcı bilgi formu ve İzlenim Yönetimi Taktikleri Ölçeği kullanılmıştır. Veriler Mart 2022-Haziran 2022 tarihleri arasında toplanmıştır. Verilerin analizinde tanımlayıcı istatistikler, Mann-Whitney U testi ve Kruskal-Wallis H testi kullanılmıştır. Anlamlılık değeri tüm testlerde 0,05 olarak alınmıştır. Araştırmada Helsinki Deklarasyonu ilkelerine uyulmuştur.

## 3. BULGULAR

Bu araştırmanın sonuçları, klinik hemşireler arasında yaygın olarak kullanılan izlenim yönetimi taktiklerini ve bu taktiklerin hemşirelerin bireysel ve mesleki özelliklerine bağlı olarak nasıl değişebileceğini göstermektedir. Analizlerimiz, hemşirelerin en çok niteliklerini tanıtarak kendini sevdirmeye çalışma taktiklerini kullandıklarını, en az ise kendi önemini zorla fark ettirmeye çalışma taktiğini kullandıklarını ortaya koymuştur. Bu taktiklerin kullanımı, hemşirelerin cinsiyet, yaş, medeni durum, hemşirelik ve kurum deneyimi, çalışılan birim, pozisyon, vardiya şekli, mesleği isteyerek seçme, mesleki memnuniyet, meslektaşlarla iş birliği ve aynı kurumda çalıştığı kişilerin kendileri hakkındaki izlenimlerini önemsemesi gibi değişkenlere bağlı olarak farklılık göstermiştir.

Özellikle, kendini örnek bir personel gibi göstermeye çalışma taktiği ile mesleki memnuniyet arasında anlamlı bir fark bulunmuştur. Bu sonuç hemşirelerin meslektaşlarına örnek olarak mesleklerinden daha çok mesleki memnuniyet sağlayabileceklerini göstermektedir. İşine sahip çıkmaya çalışma taktiği ise daha fazla mesleki ve kurumsal deneyime sahip olan ve servis sorumlusu olan hemşireler

arasında anlamlı bir farklılık saptanmıştır. Bu bulgu, IM taktiklerini şekillendirmede mesleki uygunluk ve sorumluluğun potansiyel etkisini vurgulamaktadır

#### 4. TARTIŞMA

Bu sonuçlar, hemşirelerin izlenim yönetimi taktiklerini kullanımının, hemşirelerin bireysel-mesleki özelliklerine ve izlenim yönetimi ile ilgili görüşlerine göre değişebileceğini göstermektedir. Bu değişikliklerin hasta bakım sürecinde ve mesleki hedeflerin gerçekleştirilmesinde önemli rol oynayabileceği düşünülmektedir. Hemşirelerin kullanımında en az tercih edilen kendi önemini zorla fark ettirmeye çalışma taktiği hakkında daha fazla araştırma yapılması gerektiği düşünülmektedir.

#### SONUÇ

Bu çalışma, klinik hemşirelerin izlenim yönetimi taktiklerini kullanma eğilimlerini ve bu taktiklerin hemşirelerin kişisel ve mesleki özelliklerine ve izlenim yönetimi ile ilgili düşüncelerine bağlı olarak değişebileceğini göstermektedir. Bu, hemşirelerin kendilerini ve mesleklerini daha etkili bir şekilde yönetebilmeleri için izlenim yönetimi becerilerine dikkat etmeleri gerektiğini göstermektedir.

Hemşirelerin IM taktiklerini etkin bir şekilde kullanma becerisi, mesleki yeterliliklerinin bir parçası olabilir. Hemşirelik eğitimi, IM taktiklerini öğretmeyi ve nasıl etkili bir şekilde kullanılacağını göstermeyi içerebilir. Bu, hemşirelerin hasta bakımı ve meslektaşlarıyla etkileşimlerinde daha fazla güven oluşturabilir. Hemşirelerin mesleki memnuniyeti IM taktiklerinin kullanımını etkileyebilir. Hemşirelerin mesleki memnuniyetini artırmak daha etkili IM taktiklerini kullanmaya teşvik edebilir. Bu, hemşireler arasında daha pozitif bir çalışma ortamı oluşturabilir ve hastaların bakımı üzerinde olumlu bir etkisi olabilir. Yönetici hemşireler, hemşirelerin IM becerilerini geliştirebilecekleri fırsatlar sunmalıdır. Bu, lider hemşirelerin IM taktiklerini nasıl etkili bir şekilde kullanabileceklerini öğrenmelerine yardımcı olabilir. Hemşirelerin meslektaşlarıyla olan iş birliği ve kurumsal kültür, IM taktiklerinin kullanımını etkileyebilir.

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Fikir veya Kavram / <i>Idea or Notion</i>	Araştırma hipotezini veya fikrini oluşturmak / <i>Form the research hypothesis or idea</i>	Ayşe ÇİÇEK KORKMAZ Nilüfer ARLI
Tasarım / <i>Design</i>	Yöntemi, ölçeği ve deseni tasarlamak / <i>Designing method, scale and pattern</i>	Ayşe ÇİÇEK KORKMAZ Nilüfer ARLI
Veri Toplama ve İşleme / <i>Data Collecting and Processing</i>	Verileri toplamak, düzenlemek ve raporlamak / <i>Collecting, organizing and reporting data</i>	Nilüfer ARLI
Tartışma ve Yorum / <i>Discussion and Interpretation</i>	Bulguların değerlendirilmesinde ve sonuçlandırılmasında sorumluluk almak / <i>Taking responsibility in evaluating and finalizing the findings</i>	Ayşe ÇİÇEK KORKMAZ
Literatür Taraması / <i>Literature Review</i>	Çalışma için gerekli literatürü taramak / <i>Review the literature required for the study</i>	Ayşe ÇİÇEK KORKMAZ Nilüfer ARLI