The Relationship between Power Bases and Influence Tactics of First-Line Nurse Managers

Ebtsam Aly Abou Hashish

Nursing Administration Department, Faculty of Nursing, Alexandria University, Admon Fermon Street, Semoha, Egypt

* E-mail of the corresponding author: ebtsam_ss@hotmail.com

Abstract

Background: As the role of first-line nurse managers (head nurses) has evolved into which is clearly managerial, the issue of power and influence has become more crucial for success in their managerial position. Building a strong power base and developing effective influence tactics to produce power dynamics is an important leadership challenge to get things done. **Purpose**: This study aimed to investigate the relationship between power bases and influence behaviors as perceived by first-line nurse managers. **Methods**: The study conducted at all in-patient care units at five hospitals at Alexandria governorate. All first-line nurse managers (N = 100) who are working in these hospitals were included. Power-Base Scale was used to measure interpersonal power bases and Influence Behavior Questionnaire (IBQ -R) was used to measures influence tactics utilized by first-line nurse managers with their staff. **Result**: The findings of this study revealed a positive significant correlation between overall power bases and overall influence tactics first-line nurse managers perceived they utilized where (r= 0. 317, p= 0.001). First-line nurse managers perceived that their expert, legitimate and referent powers are the most frequently power bases they possessed in their positions. In addition, they are most likely to influence their subordinates with tactics of rational persuasion, inspirational appeal and collaboration. **Conclusion and implications for practice:** Nurse Managers should demonstrate the advantage of controlling a broad range of power bases and know well the appropriate power base to use in each situation and how to exercise influence behaviors skillfully to attain the desired goals.

Keywords: Power Bases, Influence tactics, power and influence, first-line nurse managers.

1. Introduction

The skills of developing and using power as well as the ability to influence others are essential for nursing managers to accomplish specific work goals and to strengthen their own positions for reaching general organizational goal. (Ryan 1993; Shailendra 2004). Power provides the capacity to translate intentions into reality (Shailendra 2004). Also, it implies the ability to mobilize resources and willingness to use what is needed to meet one's goal (Ryan 1993). Power conceptually defined as "the potential ability of one party (influence agent) to influence, change or control the behaviour, attitudes, opinions, objectives, needs, and values of another party (influence target) (Banerjee 2009).

However, power alone is not sufficient to explain leadership and managerial effectiveness. Once a manger gained control of power resources that are valued by others, he/she must consider how best to use these resources (García & Santa-Bárbara 2009). Influence tactic refers to the type of influence behaviours, used by manager with their subordinate (Yukl *et al.* 2008). So, influence tactics/ behaviours considered the mean through which power and authority are transacted and managers translate their potentialities into the realized action of leadership (Faeth 2004).

Conceptual Framework:

Building a strong power base and developing effective influence tactics to produce power dynamics is an important leadership challenge to get things done (Ryan 1993; García & Santa-Bárbara 2009). To better understand the relationship that might exist between power bases and influence tactics, the present study is guided by two conceptualizations. The first is to identify power resources that manager could have in their positions, and the second to determine the influence tactics that managers tend to use to influence others.

1.1 Power & Power Bases:

Understanding and examination of the individual or group power has been to consider power resources or power bases. Although a number of power typologies have been proposed, the original and still most widely recognized influential framework for the classification of power bases that was put forth by French and Raven (Shaffer *et al.* 1997; Changing Minds Organization 2011). French and Raven (1959) identified power bases as "the resources possessed by an individual in a relationship which enhance the individual's ability to influence and convince others to go along with them". They identified five sources or bases of interpersonal power including: Expert power which arises from the attribution of expertise, ability, or knowledge to the influencing manager. Referent power that is based on the employee's identification with, or liking for the manager. Legitimate power is based on the manager's formal authority, and the right to make the request that the employee is obligated to comply. Reward power which refers to the manager's capacity to reward the employee for desirable behaviour, and

coercive power which stems from the manager's ability to punish the employee or to prevent him or her from obtaining desired reward. The five-factor model continues to be the focus of most empirical work (Hinkin & Schriesheim 1989; Changing Minds Organization 2011).

1.2 Influence tactics:

Yukl *et al.* (2008) identified eleven proactive influence tactics/behaviours including; Rational persuasion, in which the manager uses logical arguments and factual evidence to show that a request or proposal is feasible and relevant for important task objectives: Consultation, the manager asks the employee to suggest improvements or plan a proposed activity or change for which the employee support is desired. Inspirational appeals, the manager appeals to the employee's values and ideals or seeks to arouse the employee person's emotions to gain commitment for a request or proposal. Collaboration, the manager offers to provide assistance or necessary resources if the employee will carry out a request or approve a proposed change. Appraising, the manager explains how carrying out a request or supporting a proposal will benefit the employee personally or help to advance the employee's career. Ingratiation, the manager uses praise and flattery before or during an attempt to influence the employee person to carry out a request or support a proposal. Personal appeals, the manager asks the employee to carry out a request or support a proposal out of friendship, or asks for a personal favour before saying what it is. Exchange, the manager offers something the employee person wants, or offers to reciprocate at a later time, if the employee will do what the manager requests. Legitimating, the manager seeks to establish the legitimacy of a request or to verify that he/she has the authority to make it. Pressure, the manager uses demands, threats, frequent checking, or persistent reminders to influence the employee to do something. Coalition, the manager enlists the aid of others, or uses the support of others, as a way to influence the employee to do something.

Significance of the study:

Over the past years, several nursing authors have examined power, specifically cited that nurses and nurse managers lack knowledge about, and skills in utilizing power as a concern for the development of effective nursing managers and emphasizing that nurses need to have knowledge about power and influence in order to learn to use them (Ryan 1993; Somech & Drach-Zahavy 2002). By contrast, research on influence strategies that manager use to translate power into actual influence is relatively recent (Fu &Yukl 2000). Information about how first-line nurse managers exert power and influence behaviours can enhance understanding of how first-line nurse managers carry out their roles. Such information may lead to recommendations for behaviours changes which could increase the effectiveness of current first-line nurse managers, identification of skills which should be taught to new nurse managers and perhaps even to recommendations for curriculum changes in nursing administration.

Aim of the study:

The underlying main aim of the present study was to: investigate the relationship between power bases and influence tactics of first-line nurse managers. In addition to identify how do first-line nurse managers perceive their power bases and influence tactics.

Research questions:

- How do first-line nurse managers perceive their power bases and influence tactics?

- What is the relationship between the power bases of first-line nurse managers and the influence tactics which they report using?

2-Methods:

2.1 Research design and Setting: a descriptive correlational research design was used to conduct this study. The study was conducted in all Inpatient care units at five hospitals at Alexandria governorate namely; Alexandria Main University Hospital, New University Hospital and University Students' Hospital, Abou Qir hospital and Al-Salama private hospital. These hospitals considered among the most famous and the largest hospitals in Alexandria governorates that provides medical services for all clients and patients coming from many governorates.

2.2

2.2 Participants

All first-line nurse managers (N= **100**) who are working at the previously mentioned hospitals were included. They were classified into **51** first-line nurse managers working at Alexandria Main University Hospital, **12** first-line nurse managers working at New University Hospital, **9** first-line nurse managers working at University Students' Hospital, **16** first-line nurse managers working at Abou Qir hospital and **12** first-line nurse managers working at Al-Salama private hospital.

2.3 Tools of the study

- *Power-Base Scale* developed by (Hinkin & Schriesheim's 1989) was used to measures the five power

European Journal of Business and Management
www.iiste.org
ISSN 2222-1905 (Paper) ISSN 2222-2839 (Online)
Vol.7, No.7, 2015

bases used by first-line nurse managers with nurses. It is a 20-item instrument consisting of five subscales of powers namely; Expert, Referent, Legitimate, Reward and Coercive power. Each subscale includes four items. Responses were rated on 5-point likert type scale ranged from "5" strongly agree to "1" strongly disagree. The higher the score is the higher the power type first-line nurse manager possess.

- *Influence Behavior Questionnaire- Revised version (IBQ -R)* developed by (Yukl *et al*. 2008) was used to measures the frequency of influence tactics utilized by first-line nurse managers with their nurses. It is a 44- items questionnaire that consisting of eleven influence tactics, namely; Rational persuasion, Consultation, Inspirational appeals, Collaboration, Apprising, Ingratiation, Personal appeals, Exchange, Legitimating, Pressure, and Coalition. Each tact includes four-items. Responses were rated on 5-point likert type scale ranged from "5" Very often to "1" Never. The higher the score is the most frequently the influence tactic utilized by first-line nurse managers to influence others.

In addition to , socio-demographic characteristics for first-line nurse managers included questions related to; (unit, age, education level, years of experience, and marital status).

2.4 Data Collection

Approval was obtained from Ethical Committee at Faculty of Nursing, Alexandria University to conduct the research study. Tools were tested for reliability using the Cronbach's alpha correlation coefficient. The two tools proved to be reliable with the values being **(**0.784**)** and 0.923**)** for Power-Base Scale and (IBQ -R) respectively. Tools were translated into Arabic and tested for content validity by 5 experts in the field of study. Accordingly some items were modified. Written approval was obtained from administrative authority in the identified hospitals to collect the necessary data. The researcher explained the aim of the research to all participants. The privacy and confidentiality of data were maintained and assured by obtaining subjects' informed consent to participate in the research before data collection. A pilot study for the questionnaires was conducted on 10 first-line nurse managers (10%) that were excluded from the study subjects. In the light of the findings of the pilot study, no changes occurred in the tools. Data was collected from first-line nurse managers after obtaining their acceptance using the questionnaires in five months, 2014. Data were coded by the researchers and statistically analyzed using SPSS (Statistical Package for the Social Science) version 20. Frequency and percentages were used for describing and summarizing qualitative and categorical data. Mean and Standard Deviation (SD) were used as measures of central tendency and dispersion respectively for quantitative data. While, frequency and percentages were used to describe the categorical data. Pearson correlation coefficient analysis (r) was used to test the nature of the relation between the two quantitative variables under study. Student t-test was used to compare the means of two independent groups and one way ANOVA (F) used to compare the mean scores of three and more independent groups, which follow a normal distribution. All statistical analyses were done using two tailed tests and alpha error of .05. P value less than .05 was considered to be significant.

3. Result:

3.1 Background characteristics of the participants

 The highest percentage of first-line nurse managers (42.0%) were in age group between 41-50 years old while, 8.0% of them had less than 30 years old. 30.0% and 29.0 % of first-line nurse managers were working in intensive care units and multi-specialty care units respectively. While, 23.0 and 18.0 working in surgical and medical care units respectively. 62.0% of first-line nurse managers had bachelor degree of nursing science, while 38.0% had diploma of nursing. The majority of first-line nurse managers (90.0%) had more than 10 years of experience in nursing. In addition, 84.0% of them were married.

3.2 Power bases possessed by first-line nurse managers by virtue of their positions

Based on the analysis, table 1, figure 1 shows that among all the five studied hospitals, first-line nurse managers agreed that they use all types of power in their positions where mean and SD (4.01±0.52) However, first-line nurse managers perceived that expert power, legitimate power and referent power are the most frequently power bases they utilized in their positions where mean and SD were (4.33±0.78, 4.22±0.70 and 4.18±0.81) respectively. While, coercive and reward power were the least frequently types of power they utilized (3.60±0.96 and 3.70±0.96) respectively.

Moreover, there are statistical significant differences among the studied hospitals regarding first-line nurse managers' perception and utilization of all power bases where (f= 5.041, p= 0.001). Al-Salama hospital was the highest among all hospitals for total power bases where mean and SD (4.34 ± 0.32), specifically for expert, legitimate, and referent power bases where mean (4.58 ± 0.43, 4.67 ± 0.34, and 4.65 ± 0.51) respectively.

3.3 Influence tactics and behaviors of first-line nurse managers

Table 2 reveals that first-line nurse managers frequently use all tactics to influence others where mean and SD (3.59±0.51). Rational persuasion has the highest mean among all influence tactics that first-line nurse managers

use to influence others in their positions at the different studied hospitals followed by inspirational appeal and collaboration tactics where mean and SD (4.19±0.67, 3.90±0.59 and 3.86±0.63) respectively. While, personal appeal, and pressure tactics were the least influence tactics first-line nurse managers utilized to influence others (3.13±1.0 and 3.15±0.69) respectively.

Moreover, table 2 illustrates that there is no significant difference among the five studied hospitals regarding *overall* influence tactics utilized by first-line nurse managers to influence others where (f= 1.734, p= 0.149). However, there are significant differences among the studied hospitals regarding first-line nurse managers perceptions of inspirational appeal (f= 3.268, p= 0.015), ingratiation (f= 4.336, p= 0.003), personal appeals (f= 4.307, p= 0.003) as well as coalition tactics (f= 3.657, p= 0.008) respectively. Al-salama hospital has the higher mean among all hospitals for these tactics.

Table (1): First-Line Nurse Managers' Perception of Power Bases at Different Studied Hospitals.

Power Bases	Main university (n =51)	University students insurance (n =12)	New university (n =9)	Abu Qire (n =16)	Alsalama (n =12)	Overall mean	F (p)
	Mean± SD	Mean± SD	Mean± SD	Mean± SD	Mean± SD	Mean± SD	
Expert	4.13 ± 0.92	4.21 ± 0.72	4.56 ± 0.45	**4.77 ± 0.41**	4.58 ± 0.43	**4.33±0.78**	**2.862**[*] **(0.027)**
Referent	3.99 ± 0.81	3.83 ± 0.94	4.44 ± 0.67	4.53 ± 0.69	**4.65 ± 0.51**	**4.18±0.81**	**3.612**[*] **(0.009)**
Legitimate	4.07 ± 0.74	4.0 ± 0.72	4.33 ± 0.56	4.45 ± 0.65	**4.67 ± 0.34**	**4.22±0.70**	**2.761**[*] **(0.032)**
Reward	3.63 ± 1.02	3.48 ± 1.13	3.67 ± 1.02	3.88 ± 0.83	**4.0 ± 0.61**	3.70±0.96	0.644 (0.633)
Coercive	3.41 ± 1.17	3.77 ± 0.54	3.44 ± 0.94	**4.06 ± 0.57**	3.75 ± 0.38	3.60±0.96	1.720 (0.152)
Overall Power Bases	3.85 ± 0.56	3.86 ± 0.44	4.09 ± 0.49	4.34 ± 0.30	**4.34 ± 0.32**	**4.01±0.52**	**5.041**[*] **(0.001)**

F(*p*): *p* value for F test (ANOVA) *: Statistically significant at p ≤ 0.05
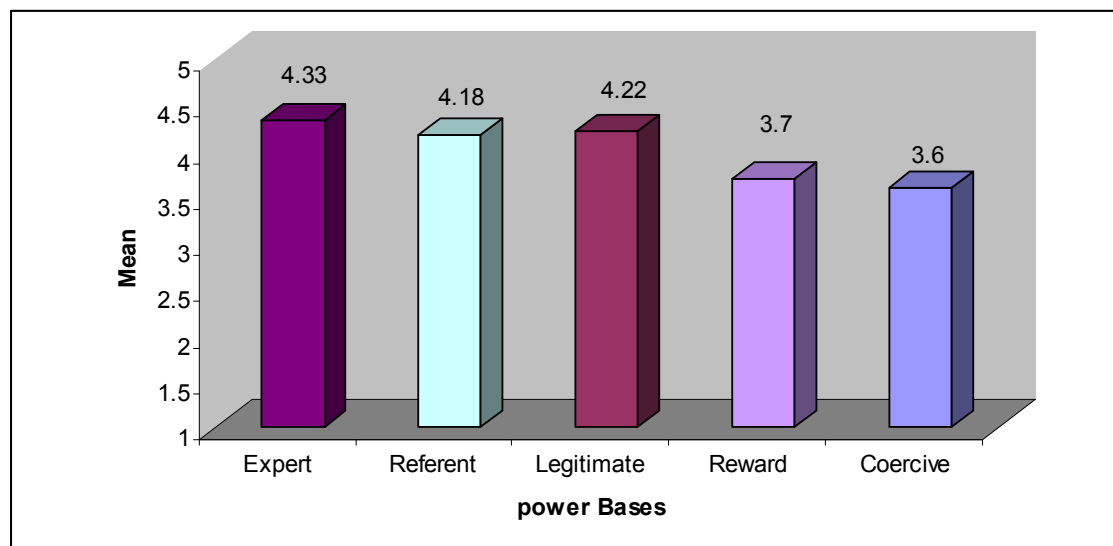
Figure 1: Power Bases as Perceived by First-Line Nurse Managers

Table (2): First-Line Nurse Managers' Perception of Influence Tactics at Different Studied Hospitals.

Influence Tactics	Main university (n =51)	University students insurance (n =12)	New university (n =9)	Abu Qire (n =16)	Al-Salama (n =12)	Overall mean	F (p)
	Mean± SD	Mean± SD	Mean± SD	Mean± SD	Mean± SD	Mean± SD	
Rational persuasion	4.06 ± 0.77	4.22 ± 0.66	4.22 ± 0.53	**4.42 ± 0.46**	4.42 ± 0.35	4.19±0.67	*1.338 (0.626)*
Inspirational appeals	3.80 ± 0.57	3.83 ± 0.76	3.64 ± 0.77	4.11 ± 0.35	**4.33 ± 0.31**	**3.90±0.59**	***3.268* (0.015)***
Collaboration	3.78 ± 0.68	3.96 ± 0.77	3.97 ± 0.65	3.69 ± 0.37	**4.23 ± 0.43**	3.86±0.63	*1.710 (0.154)*
Apprising	3.66 ± 0.59	3.60 ± 0.74	3.97 ± 0.63	4.03 ± 0.55	**4.10 ± 0.69**	3.79±0.64	*2.419 (0.054)*
Consultation	3.67 ± 0.72	3.75 ± 0.63	**4.11 ± 0.78**	3.81 ± 0.78	3.90 ± 0.59	3.77±0.67	*0.991 (0.417)*
Ingratiation	3.78 ± 0.66	2.96 ± 1.09	3.89 ± 0.67	3.75 ± 0.34	**3.94 ± 0.54**	3.71±0.72	***4.336* (0.003)***
Legitimating	3.68 ± 0.72	3.35 ± 1.20	3.78 ± 0.61	3.78 ± 0.72	**4.04 ± 0.58**	3.71±0.77	*1.272 (0.286)*
Exchange	3.31 ± 0.74	3.10 ± 1.45	3.11 ± 0.79	3.19 ± 0.72	**3.60 ± 0.88**	3.28±0.86	*0.684 (0.605)*
Coalition	2.99 ± 0.93	3.06 ± 1.03	2.97 ± 0.96	**3.84 ± 0.34**	3.44 + 0.50	**3.19±0.88**	***3.657* (0.008)***
Pressure	**3.23 ± 0.68**	2.98 ± 0.84	3.11 ± 0.94	2.98 ± 0.62	3.19 ± 0.45	3.15±0.69	*0.590 (0.670)*
Personal appeal	3.15 ± 0.98	2.69 ± 1.05	2.31 ± 1.21	**3.77 ± 0.57**	3.25 ± 0.80	**3.13±1.0**	***4.307* (0.003)***
Overall Influence Tactics	3.54 ± 0.47	3.39 ± 0.80	3.54 ± 0.56	3.75 ± 0.33	**3.84 ± 0.41**	3.59±0.51	*1.734 (0.149)*

F(p): p value for F test (ANOVA)   *: Statistically significant at p. $\leq$ 0.05

3.4 The Relationship between Power Bases and Influence Tactics of First-Line Nurse Managers.

Table 3 reveals that there is a significant positive correlation between overall power bases and overall influence tactics first-line nurse managers perceived they utilized with their staff where (r= 0. 317, p= 0.001). Moreover, regarding the relationship between each type of power bases and influence tactics, this table shows that expert, referent as well as reward power bases are positively correlated to each of the following influence tactics; rational persuasion, consultation, inspirational appeal, appraising ,ingratiation and coalition. Also, legitimate power was positively correlated to the previous influence tactics in addition to legitimating influence tactic. On the other hand, there is a statistical negative significant correlation between expert power and personal appeal tactic (r-= 0. 049, p= 0.626) as well as pressure influence tactic(r= -0.071, p= 0.481).Also, coercive power is negatively correlated to all influence tactics where (r= -0.240, p= 0.016).

Table (3): Correlation between Power Bases and Influence Tactics As Perceived By First-Line Nurse Managers.

Influence tactics		Power bases					
		Coercive	Reward	Legitimate	Referent	Expert	Total power bases
Rational persuasion	r	-0.006	0.232*	0.285*	0.262*	0.381*	0.354*
	p	0.956	0.020	0.004	0.008	<0.001	<0.001
Consultation	r	-0.110	0.381*	0.365*	0.392*	0.360*	0.453*
	p	0.278	<0.001	<0.001	<0.001	<0.001	<0.001
Inspirational appeals	r	-0.168	0.266*	0.404*	0.349*	0.316*	0.402*
	p	0.094	0.008	<0.001	<0.001	0.001	<0.001
Collaboration	r	-0.096	0.099	0.292*	0.174	0.170	0.221*
	p	0.344	0.325	<0.001	0.084	0.91	0.027
Apprising	r	-0.056	0.316*	0.385*	0.397*	0.318*	0.407*
	p	0.577	0.001	<0.001	<0.001	0.001	<0.001
Ingratiation	r	-0.126	0.353*	0.323*	0.311*	0.230*	0.335*
	p	0.210	<0.001	0.001	0.002	0.021	0.001
Personal appeal	r	-0.292*	0.163	0.119	0.005	-0.049	-0.077
	p	0.003	0.104	0.236	0.962	0.626	0.446
Exchange	r	-0.207*	0.273*	0.149	0.133	0.143	0.203*
	p	0.039	0.006	0.139	0.187	0.157	0.043
Legitimating	r	-0.199*	0.168	0.339*	0.188	0.160	0.132
	p	0.047	0.095	0.001	0.061	0.112	0.191
Pressure	r	-0.357*	0.057	0.159	0.036	-0.071	0.021
	p	<0.001	0.574	0.114	0.722	0.481	0.834
Coalition	r	-0.107	0.320*	0.283*	0.242*	0.312*	0.308*
	p	0.290	0.001	0.004	0.015	0.002	0.002
Total Influence tactics	**r**	**-0.240***	**0.351***	**0.391***	**0.306***	**0.275***	**0.317***
	p	**0.016**	**<0.001**	**<0.001**	**0.002**	**0.006**	**0.001**

Overall Influence tactics		Overall power bases	
	r	**0.317***	
	p	**0.001**	

r: Pearson coefficient   *: Statistically significant at p ≤ 0.05

4. Discussion

Together, power and authority determine the resources and perceptions that undergird social interaction. To date, no study has concentrated on specific behaviors which nurse managers use to influence others. Moreover, no studies have attempted to link their perception of power bases available to them and the behaviors which they use to influence others. Since, this study aimed to investigate the relationship between power bases and influence behaviors as perceived by first-line nurse managers.

The result of the present study revealed that although *first-line nurse managers use all power resources and bases in their positions, they perceived that their expert, referent and legitimate powers are the most frequently power bases they possessed in their positions. While, coercive and reward power were the least frequently types of power they utilized.* The majority of first-line nurse managers in this study might perceive that major power sources are originate more from their own personal characteristics and knowledge rather than their authority figure and their right to make administrative decisions, discipline subordinates and control reward others. They comfort with and depend more on their ability to help others with needed technical advice, preassembly nursing care expertise acquired from their education, and their previous experience as clinicians in patient care before being in administrative positions. Also, they tend to build relationship with other to develop feelings of liking and admiration. This kind of relationship then allows the first-line nurse managers to influence others by giving them personal experience; approval and acceptance in turn, positive result and attitudes could be gained from subordinates. This speculation could be supported by Ryan (1993) who clarified that, first-line nurse managers not rely on their position powers such as reward and coercive power and they are realistic in their opinions regarding the possibility of using expert and referent power bases which are more integral to the individual or personal stemming from the individual's expertise and attractiveness to others. Also, Kantek & Gezer (2010) clarified that expert and referent powers are relevant for both modeling and consulting functions, and referent power can be used as part of the supporting/sharing function.

This result is similar with Damrosch *et al.* (1987) who found that nurses has established their

comfort with and willingness to use expert and referent powers more than other types of power. Also, Elangovan and Xie (2000) confirmed the positive relationships between perceived supervisor expert, referent, and legitimate power and subordinate motivation and performance. They stated, interestingly, expert power and referent power (the personal-power bases), emerged as strong predictors of satisfaction with the supervisors compared to the non-personal-power bases (e.g. coercive, reward). While, Banerjee (2009) found that leaders in his study had the highest mean use of legitimate power and coercive power compared to referent, expert or reward power. In this respect, Elangovan & Xie (2000) support to the notion that, the five power bases are distinct and important and suggest that no single base of power is all-beneficial in influencing subordinates or all-powerful as a predictor of employee criteria variables.

In relation to influence tactics and behaviors used to influence others, the present study revealed that *first-line nurse managers are frequently used all tactics to influence others. They most likely influence their subordinates with tactics of rational persuasion, inspirational appeal and collaboration. While, personal appeal, and pressure were the least frequently influence tactics first-line nurse managers utilized to influence others.* This go in the same line with what the present study revealed that first-line nurse managers are more likely to use logical argument and facts and arousing enthusiasm in their subordinates by appealing to values and ideals and being a role model through their collaboration and participating in work to influence their subordinates and get work done without putting pressure or using threats or appealing to other' feeling of personal loyalty or favors to avoid negative behaviors and attitudes. First-line nurse managers reported that they should respect the humanity of their subordinated and empower them through their ideal behaviors and convincing attitude. These findings are similar to what Gravenhorst & Boonstra (1998) found that managers try to get their proposals and requests carried out by logical explaining of their necessity, creating enthusiasm for them, and letting others participate in these proposals and requests. These three tactics are most effective for gaining commitment to work. Also, Ryan (1993) and Yukl & Falbe (1990) found that rational persuasion, inspirational appeals, and consultation and collaboration received the highest rankings among influence tactics while, personal appeals, pressure, exchange, and coalition tactics received the lowest rankings. In this matter, Fu & Yukl (2000) stated that manager's use of unacceptable influence tactics such as pressure and seeking personal favor may result in a negative affective reaction by the target person, and this reaction would undermine the effectiveness of the influence behaviors.

Schriesheim & Neider (2006) stated that power bases and influence behaviors differ among and within hospitals for managers. The relative importance of power bases varies with the respective nature, context and situation of the organizations in turn; influence interventions also could be affected. This view support the findings of the present study which revealed *statistical significant differences among the studied hospitals regarding first-line nurse managers perception and utilization of all power bases especially for referent, legitimate, and expert power bases where, Al-Salama hospital has the higher mean among all hospital for total power bases especially for these three power bases.* In addition, although there is no significant difference among the five studied hospitals regarding overall influence tactics utilized by first-line nurse managers to influence others, there are significant differences among the studied hospitals regarding first-line nurse managers' perceptions of inspirational appeal, ingratiation, personal appeals and coalition tactics. Al-Salama hospital has the highest mean among all hospitals for these influence tactics. This could be attributed to the different type of services and nature of work and power sources available for first-line nurse managers and their influence behaviors which could vary between first-line nurse managers personally and between hospitals. And, because al- Salama hospital is one of the well-known private hospitals in Alexandria governorate and the income first-line nurse managers generate from their positions in this hospital, they perceived their personal attractiveness and enthusiasm, political thinking and behaviors and ability to influence their subordinates to follow work rules and ability to take administrative decisions as well as control rewards for their subordinates higher than the other first-line nurse managers at the remaining studied hospitals. The aforementioned results are consistent to some extent with the findings of Ryan (1993) who explained that first-line nurse managers work in hospital and generates more income or serve a specialty services have more access to power resources such as legitimate and reward, referent and expert power and able to influence other. Also, Kelly-Heindenthal & Clifton (2004) agreed that the perception and use of power bases varies and changes under different circumstances. However, Atwatera & Wrightb (1997) found that public sector supervisors' works are more inspirational and they used more active management behaviors than those in private organizations. Private sector supervisors had more reward, legitimate and coercive power than supervisors in public sector organizations.

For answering the main research question of the current study, the present study shows *a significant positive correlation between overall power bases and overall influence tactics first-line nurse managers perceived they utilized.* First-line nurse managers might perceive that the more power bases they could access in their positions, the more influence tactics and behaviors they could own and utilize to influence others to get work done. And, the more personal and soft types of power, the more positive influential behaviors they tend to use with others rather than coercion and pressure. This speculations could be confirmed by the findings of

previous researches of Hinkin & Schreishiem (1990) and Yukl *et al.* (1996) who had suggested that the use of influence tactics and behaviors is moderated by the influence agents' or manager's perception of the power they hold in the organization. Hinkin & Schriesheim (1990) found that perceptions of leader influence tactic behaviors and attributions of leader power bases are empirically correlated, and several relationships exist between perceptions of leader influence behaviors and attributions of leader power. Also, Ryan (1993) found a strong positive relationship between power bases which first-line nurse managers described as available to them and the influence tactics they indicated they use. In this matter, Hagbaghery *et al.* (2004) emphasized that nurse managers should have adequate and job-related knowledge and information, together with the people's feeling of confidence and self-efficacy in doing something, which provide them with the feeling of power and ability to influence others.

5. Conclusion and Recommendation

The findings of this study concluded that there is a significant positive correlation between overall power bases and overall influence tactics first-line nurse managers perceived they utilized. First-line nurse managers perceived that their expert, referent and legitimate powers are the most frequently power bases they utilized in their positions. While, coercive and reward power were the least frequently types of power that utilized by first-line nurse managers. In addition, they are most likely to influence their subordinates with tactics of rational persuasion, inspirational appeal and collaboration. While, personal appeal, pressure tactics were the least influence tactics first-line nurse managers utilized to influence others.

Recommendation for nurse managers highlighted to demonstrate the advantage of controlling a broad range of power bases and knows well the appropriate power base to use in each situation and know how to use this skillfully. And, exercise influence in an appropriate way in order to sell their ideas, gain acceptance of their policies, and motivate others to implement their decisions. Further research study recommended to investigate power bases and influence tactics of first-line nurse managers from nurses' perspective.

6. Contributions and limitations

This research could make a unique contribution to nursing literature and research in Egypt as it could be considered as the first one to link first-line nurse managers' perception of power bases available to them and the behaviors which they use to influence others. Also, using standardized tools for conducting the study and assessing perception at different settings are positive points could be enhanced in future studies. However, the result of this study could not be generalized on all hospitals in Alexandria governorate. Also, another study could be recommended in order to investigate nurses' perceptions of power bases and influence behaviors of their nurse managers for gaining more realistic views.

7. References

1. Atwatera, L., Wrightb, W. (1996). Power and transformational and transactional leadership in public and private organizations. *International Journal of Public Administration*, 19(6), 963-989. doi: 10.1080/01900699608525127

2. Banerjee, M. (2009).Subordinate perception of leadership style and power: A cross-cultural investigation. Published thesis. The Graduate Faculty of the University of Akron.

3. Changing Minds Organization. (2011). French and Raven's five forms of power.[online] Available: http://changingminds.org/ explanations /power /power.htm,

4. Damrosch, P., Sullivan, A., Halodeman, L. (1987). How nurses get their way: Power strategies in nursing. *Journal of Professional Nursing*, 3(5), 284-290. doi:10.1016/S8755-7223(87)80040-6

5. Elangovan, A., Xie, J.(2000).Effects of perceived power of supervisor on subordinate work attitudes. *Leadership & Organization Development Journal*,21(6),319-328. doi:10.1108/01437730010343095

6. Faeth, M. (2004). Power, Authority and Influence. Published Dissertation. Faculty of the Virginia Polytechnic Institute and State University.

7. Fu, P., Yukl, G. (2000). Perceived effectiveness of influence tactics in the United States and China. *Leadership Quarterly*, 11(2), 251–66. doi:10.1016/S1048-9843(00)00039-4

8. García, I., Santa-Bárbara, E. (2009) Relationship between nurses' leadership styles and power bases. *Latino-Americana, Enfermagem*, 17(3). doi:10.1590/S0104-11692009000300003

9. Gravenhorst, K., Boonstra, J. (1998).The use of influence tactics in constructive change processes. Influence tactics in change processes. *European Journal of Work and Organizational Psychology, 7* (2), 179–196. doi: 10.1080/135943298398862

10. Hagbaghery, M., Salsali, M., Ahmadi, F. (2004). Qualitative study of Iranian nurses' understanding and experiences of professional power. *Human Resources for Health*, 2, 9-14.

11. Hinkin, R., Schriesheim, A. (1989). Development and application of new scales to measure the French and Raven bases of social power. Journal of Applied Psychology, 74, 561-567.

12. Hinkin, R., Schriesheim, A. (1990). Relationships between subordinate perceptions of supervisor influence tactics and attributed bases of supervisory power. *Human Relations*, 43,221 –237. doi: 10.1177/001872679004300302

13. Kelly-Heindenthal, P., Clifton, P. (2004). Nursing Leadership & Management. New York: Delmar Learning, 190– 191.

14. Kantek, F., Gezer, N. (2010). Faculty members' use of power: Midwifery students' perceptions and expectations. *Midwifery*, 26, 475–479. PMID = 19081165.001

15. Ryan, L. (1993). First-line nurse managers: Upward and downward influence behaviors and perception of power. Published Doctorate Dissertation. University of Illinois: Health Science Center, Chicago.

16. Shaffer, B., Percy, P., Tepper B. (1997).Further assessment of the structure of Hinkin and Schriesheim's measures of interpersonal power. *Educational and Psychological Measurement*, 57(3), 505-514. doi: 10.1177/0013164497057003011

17. Shailendra, S. (2004).Power dynamics: Managers' power and perception of their subordinates' behavior. *Journal of Academy of Business and Economic,* 1, 1-5.

18. Schriesheim, C., Neider, L. (2006). Power and influence in organizations: New empirical and theoretical perspectives. US.A. Liberary Congress Cataloging – in publication data. [online] Available: http://books.google.com.eg/books?id=YP9klcvX3gC&dq=   Power,+and   +Influence +in+different+hospitals&source=gbs_navlinks_*s*

19. Somech, A., Drach-Zahavy, A. (2002). Relative power and influence strategy: The effects of agent/target organizational power on superiors' choices of influence strategies. *Journal Organizational. Behavio*rs, 23,167-179. doi:10.1002/job.133

20. Yukl, G., Falbe, M. (1990). Influence tactics and objectives in upward, downward, and lateral influence attempts. *Journal of Applied Psychology*, 75, 132–140. doi: 10.1037/0021-9010.75.2.132

21. Yukl, G., Kim, H., Falbe, M. (1996) Antecedents of influence outcomes. Journal of Applied Psychology, 81, 309- 317.

22. Yukl, G., Seifert, C., Chavez, C. (2008). Validation of the extended Influence Behavior Questionnaire. *The Leadership Quarterly*, 19,609–621. http://dx.doi.org/10.1016/j.leaqua.2008.07.006,

Author's Biographies

Dr/Ebtsam Aly Abou Hashish, had a Doctorate in Nursing Administration 2010, Master of Nursing Administration 2006, and Bachelor of Nursing Science 2001. A member of Nursing Administration Department, Faculty of Nursing, Alexandria University, Egypt since 2003. A lecturer and an academic supervisor for post graduates in the department. An associated trainer at Faculty and Leadership Development Center (FLDC), Alexandria University since April 2013.

The IISTE is a pioneer in the Open-Access hosting service and academic event management. The aim of the firm is Accelerating Global Knowledge Sharing.

More information about the firm can be found on the homepage:
http://www.iiste.org

CALL FOR JOURNAL PAPERS

There are more than 30 peer-reviewed academic journals hosted under the hosting platform.

Prospective authors of journals can find the submission instruction on the following page: http://www.iiste.org/journals/   All the journals articles are available online to the readers all over the world without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. Paper version of the journals is also available upon request of readers and authors.

MORE RESOURCES

Book publication information: http://www.iiste.org/book/

Academic conference: http://www.iiste.org/conference/upcoming-conferences-call-for-paper/

IISTE Knowledge Sharing Partners

EBSCO, Index Copernicus, Ulrich's Periodicals Directory, JournalTOCS, PKP Open Archives Harvester, Bielefeld Academic Search Engine, Elektronische Zeitschriftenbibliothek EZB, Open J-Gate, OCLC WorldCat, Universe Digtial Library , NewJour, Google Scholar