
Nurse Managers Influence Strategies and Staff Nursing Thriving at Work

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Abstract

Background: Accomplishing tasks in work place requires nurse managers to influence staff in a strategic way. **Aim:** To assess nurse managers influence strategies and staff nurses thriving at work. **Design:** A descriptive correlational study design was employed to accomplish the objective of the study. **Setting:** This study was carried out at Tanta Main University Hospital. **Subjects:** Two groups, nurse managers (N=35) and staff nurses (N=260). **Tools:** Nurse Managers Influence Strategies and Staff Nurses Thriving at Work Questionnaire. **Results:** Nearly half (48.1%) of nurse managers had a low level of influence strategies in total. While more than third (34.6%) of staff nurses had a high level of thriving at work. **Conclusion:** A statistically significant relationship was found between nurse managers influence strategies and staff nursing thriving at work. **Recommendations:** Hospital administration provides management support by empowering staff nurses to participate in organizational committees, encouraging their involvement in hospital decision-making, and valuing their ideas and suggestions to enhance the work environment.

Key words: Influence strategies, Nurse Managers, Staff Nurses, Thriving at Work

Introduction:

Nurse Managers collaborate with staff nurses to oversee all aspects of daily patients' care within the organization. Those professional facilitate communication between staff, patients, and their families in order to support the delivery of the safest possible care. They serve in both nursing and executive roles, report to a supervising nursing leader, and are accountable for the operations of their unit. (Vázquez-Calatayud et al., 2022).

Nurse managers power base and influence strategies are becoming very important leadership challenge to get tasks done. Utilizing influence strategies help in creating an engaging environment, fosters staff nurses' commitment, and promotes shared values (Appelbaum et al., 2020). Nurse Managers used a variety of influence strategies, including inspirational appeals, rational persuasion, consultation, legitimating, exchange, personal persuasion, coalition, pressure and ingratiation (Kurdi-Nakra and Pak, 2023).

Rational persuasion is a strategy aimed at convincing staff nursing by presenting valid reasons, logical arguments, or factual information. Inspirational appeals, on the other hand, motivate by appealing to emotions, ideas, and values to foster enthusiasm. Consultation strategies encourage others to participate in the planning process, making decisions, and support changes. Ingratiation is a strategy that focuses on putting someone in a positive mood before making a request. Personal appeals are a strategy that involves

leveraging friendship and loyalty when making a request. (Clarke et al., 2022). Exchange is a strategy that involves making explicit or implied promises and trading favors. Coalition strategy refers to gaining support from others to help persuade someone. Pressure is a strategy that centers on demanding compliance through intimidation or threats. The legitimating strategy involves making a request based on one's authority, organizational rules, policies, or the support of superiors. (Zaghini et al., 2020).

Thriving at work is an encouraging spiritual state marked by a sense of vitality and learning, leading to increased work engagement, obligation, and comfort (Molony et al., 2020). It can be defined as the desire to survive, to grow and to develop. (Zhang et al., 2021). Vitality dimension refers to a state of being energetic, lively, and full of life, often characterized by a sense of physical and mental well-being. It reflects an individual's sense of vigor and enthusiasm, contributing to their overall health and motivation. The learning dimension of thriving offers staff nurses a sense of continuous improvement and progress in their work. These learning opportunities boost their motivation, build confidence, and help them overcome self-doubt, enabling them to perform at their best. (Peters et al., 2021; Yang et al., 2024).

Significance of the study

Healthcare faces many challenges which impact all practice settings. Both nurse managers and staff nurses play critical roles in overcoming these challenges Darwish A.,(2016). Staff nurses are

intimately involved in providing care to their patients but not always involved in the decisions impacting care delivery **Nawaz M., et al(2018)**. When staff nurses are engaged and empowered in their work they are more likely to become satisfied in their job and they will seek to improve their qualifications and thriving at work through vitality and learning **Hur W,(2016)**.

Aim of the study was to assess nurse managers' influence strategies and staff nurses' thriving at work.

Research Questions:

1. What are the most frequently influence strategies used by nurse managers?
2. What are the levels of staff nurses' thriving at work?
3. What is the relation between nurse managers' influence strategies and staff nurses' thriving at work?

Research design: This study utilized descriptive -correlational design.

Setting: This study was carried out at Tanta Main University Hospital with a total bed capacity of 829 that is divided into 166 beds at Gynecology and Obstetrics, 143beds at Cardiac,173 beds at Neurology, 65 beds at Tropical, 16 beds at Blood bank,12 beds at Central laboratory, 122 beds at Hematological and 132 beds at Pediatric departments.

Subjects:

The subjects of the study divided into two group including all available (N= 35) nurse managers; supervisors, head nurses, and charge nurses at the previously mentioned settings and asimple random sample of staff nurses (n=260) was selected from the total number of staff nurses (N=841). The sample size and power analysis were

calculated using the Epi-info software statistical package. The criteria used for sample size calculation were as follow: Z= confidence level at 95%&d= Error proportion (0.05).

Data Collection Tools:

Two tools were used to gather the required data.

Tool I: Nurse Managers Influence Strategies Questionnaire

It was developed by the investigator to assess influence strategies used by nurse managers and guided by **Robbins et al., (2016)** and **Yukl et al., (2008)**. It consisted of two parts:

Part I: Personal data of study subjects included age, gender, marital status, educational level, and years of experiences, position, department and attending training programs.

Part II: Influence strategies questionnaire: It entailed 45 items under nine dimensions as follow: Rational persuasion 6 items, inspirational appeals 5 items, consultation 5 items, ingratiation 4 items, personal appeals 5 items, exchange includes 6 items, coalition 4 items, legitimating 5 items, pressure 5 items.

Scoring system: 5-point Likert Scales were utilized to measure nurse managers response ranged from (1-5). Where (1) equals strongly disagree, (2) disagree, (3) little agree, (4) agree, (5) strongly agrees. The higher scores indicated the most frequently used influence strategy utilized by nurse managers. Also levels were summed up as high use of influence strategy >75%, moderate use of influence strategy 60 %-75%., and low use of influence strategy <60%.

Tool II: Questionnaire of Staff Nurses' Thriving at work)

Investigator develop this tool based on **Porath et al., (2012)** and **Kleine et al., (2019)** to assess levels of staff nurse thriving at work. It consisted of 13 items categorized into two dimensions as follows; vitality 7 items, learning 6 items.

Scoring system: The responses of staff nurses were evaluated using a five-point Likert scale ranging from (1-5) where (1) strongly disagree, (2) disagree, (3) little agree, (4) agree, (5) strongly agree. The total scores were calculated according to the cut-off point (60%) and summing scores of all categories. The total scores represented the varying levels as high thriving level > 75%, moderate thriving level 60% -75% and low thriving level < 60

Method

-Permission to conduct the study was formally granted by the Dean of the Faculty of Nursing at Tanta University to the relevant hospital authorities.

-The study's purpose was clarified to nurse managers and staff nurses to secure their cooperation and obtain verbal consent for their participation.

-Ethical consideration

a-An approval from the Scientific Research Ethical Committee at Faculty of Nursing was attained with a code no 38/3/22.

b-All participants were provided with information about the study's purpose to obtain their acceptance and cooperation.

c-The investigator ensured that the study does not cause any harm and that data collected will be kept confidential and private for the study purpose.

-After reviewing relevant literature the investigator developed the tools and translated them into Arabic.

-The supervisors examined the tools and then passed them to five experts in the same department of administration in the Nursing Faculty of Tanta for evaluation of the content and face validity including 4 professors and 1 assistant professors.

-A pilot study was conducted by the investigator with 10% of the study subjects (4 nurse managers and 26 staff nurses). The purpose of the pilot study was to assess the clarity, applicability, and relevance of the questions. Based on the results, adjustments were made, including clarifying some questions, removing others, adding new ones, and using more straightforward terminology.

-The tools were assessed for reliability using Cronbach's Alpha, obtaining a value of 0,734 for in tool (I) and 0,824 for in tool (II).

-Data collection phase: The investigator gathered the data from the participants at Tanta University Main Hospital in mall clusters while they were working to hand out the survey. The participants wrote down their responses while the investigator was there to ensure all questions were answered.

-The data were collected over a three-month period, from the beginning of June to the end of August 2022.

-Statistical analysis: The data collected were organized, tabulated and statistically analyzed using SPSS software (Statistical Package for Social Science, version (26, SPSS) Inc. Chicago. IL, USA. Qualitative data were described using number and percentage. Quantitative data were expressed using

the range, mean, mean percent, ranking and standard deviation were calculated. Correlation between variables was evaluated using Pearson's Correlation Coefficient(r). Significance was adopted at $P < 0.05$ and highly significance was adopted at $p < 0.01$ for interpretation of results of tests of significance.

Results:

Table (1): reveals that more than half (51.4) of nurse managers at the age group of 25<35 with a mean score of 5.327 ± 19.7 . The majority (82.9% & 85.7%) of them were female and married, respectively and 60% of them had a baccalaureate degree in Nursing. More than fifty (57.1% & 54.3%) had more than 10 years of experience with a mean score of 11.728 ± 8.458 , and attained training programs respectively. The highest percentage (22.9%) is worked at Pediatric department.

Table (2): denotes that above half (53.8 %) of staff nurses at the age group 25<35. The highest percentage (21.5%) worked at Gynecology and Obstetrics department. The majority (82.7% & 66.9%) of them were female and married, respectively and 58.5% of them had Technical Institute of Nursing. While, 38.8% & 95.4% had more than 10 years of experience and did not attain any training programs.

Figure (1): shows that nearly half (48.1%) of nurse managers had a low level of influence strategies in total. While, more than third (35.3%) of them had a moderate level influence strategies and minority of them (16.6%) had high level influence strategies in total.

Table (3): indicates that about two-thirds (65.7%) of nurse managers had a

low perception level of nurse managers inspirational appeals influence strategy and more than one third of them (34.3%) had a moderate perception level of rational persuasion, ingratiation, personal appeals, exchange, and coalition influence strategy. While, more than third (37.1%) of them had a low level of pressure influence strategy.

Table (4): shows mean scores of nurse managers influence strategies. This table shows that mean scores of total nurse managers influence strategies was 82.96 ± 34.28 . The highest mean percent (64.01%) was assigned for consultation strategy, while the lowest mean percent (49.01) was assigned for inspirational appeals strategy.

Table (5): Table indicates that more than one third (35.4%) of staff nurses had a high level and one quarter (25%) of them had a moderate level toward learning dimension. While, more than fifty percent (53.8%) of them had a low level toward vitality dimension.

Figure (2): Shows nearly half of staff nurses (46.8%) had a low level of thriving at work in total. While, less than one fifth (18.6%) of them had a moderate level and more than third (34.6%) had a high level of thriving at work in total.

Table (6): Illustrates a highly significance correlation between total nurse managers influences strategies and total thriving at work. Also, there were a highly positive correlation between influence strategies and all dimensions of thriving at work ($P > 0.000$).

Table (1): Percentage distribution of studied nurse managers regarding their personal characteristics (n=35)

Personal characteristics	No	%
1-Age		
< 25	0	0.0
25-< 35	18	51.4
35- < 45	17	48.6
Min-Max Range	26-44	
Mean \pm SD	5.327\pm19.7	
2-Gender		
Male	6	17.1
Female	29	82.9
3-Marital status		
Married	30	85.7
Un –married	5	14.3
4-Educational level		
Technical Institute of Nursing	8	22.9
Baccalaureate Degree in Nursing	21	60.0
Master Degree in Nursing	6	17.1
5-Years of experience		
< 5 years	6	17.1
5< 10 years	9	25.7
> 10 years	20	57.1
Min-Max Range	4-15	
Mean \pm SD	11.728\pm8.458	
6-Department		
Gynecology and Obstetrics	2	5.7
Cardiac	5	14.3
Neurology	5	14.3
Tropical	4	11.4
Blood bank	5	14.3
Central laboratory	6	17.1
Pediatrics	8	22.9
7-Training programs		
Yes	19	54.3
No	16	45.7

Table (2): Percentage distribution of studied staff nurses regarding their personal characteristics (n=260)

personal characteristics	No	%
1- Age		
< 25	88	33.8
25-< 35	140	53.8
35- < 45	32	12.4
Min-Max Range	23-41	
Mean± SD	4.264±30.5	
2- Gender		
Male	45	17.3
Female	215	82.7
3- Marital status		
Married	174	66.9
Un- married	86	33.1
4 -Educational level		
Technical Institute of Nursing	152	58.5
Baccalaureate Degree in Nursing	102	39.2
Master Degree In Nursing	6	2.3
5 - Years of experience		
< 5 years	82	31.5
5< 10 years	101	38.8
> 10 years	77	29.6
Min-Max Range	1-13	
Mean± SD	8.936±4.312	
6-Department		
Gynecology and Obstetrics	56	21.5
Cardiac	47	18.1
Neurology	41	15.8
Tropical	46	17.7
Blood bank	25	9.6
Central laboratory	19	7.3
Pediatrics	26	10.0
7- Training programs		
Yes	12	4.6
No	248	95.4

Table (3): Levels of nurse managers using influence strategies

	High		Moderate		Low	
	No	%	No	%	No	%
Rational persuasion	9	25.7	12	34.3	14	40.0
Inspirational appeals	4	11.4	8	22.9	23	65.7
Consultation	8	22.9	10	28.6	17	48.6
Ingratiation	4	11.4	12	34.3	19	54.3
Personal appeals	9	25.7	12	34.3	14	40.0
Exchange	13	37.1	12	34.3	10	28.6
Coalition	8	22.9	12	34.3	15	42.9
Legitimizing	14	40	10	28.6	11	31.4
Pressure	11	31.4	11	31.4	13	37.1

Table (4) Mean scores of nurse managers influence strategies as perceived by nurse managers (n=35)

	Ranking	% mean score	Min	Max	Mean ± SD
Rational persuasion	2	61.22	9	19	13.73 ± 5.82
Inspirational appeals	9	49.01	5	24	10.43 ± 4.96
Consultation	1	64.94	7	28	12.59 ± 5.23
Ingratiation	8	50.27	5	25	2.45 ± 1.47
Personal appeals	3	61.13	5	22	6.32 ± 2.17
Exchange	4	58.91	5	24	11.76 ± 5.09
Coalition	7	51.30	8	27	11.84 ± 5.12
Legitimizing	5	57.63	6	22	5.93 ± 1.91
Pressure	6	56.17	5	21	7.91 ± 2.51
Total		58.45	55	212	82.96 ± 34.28

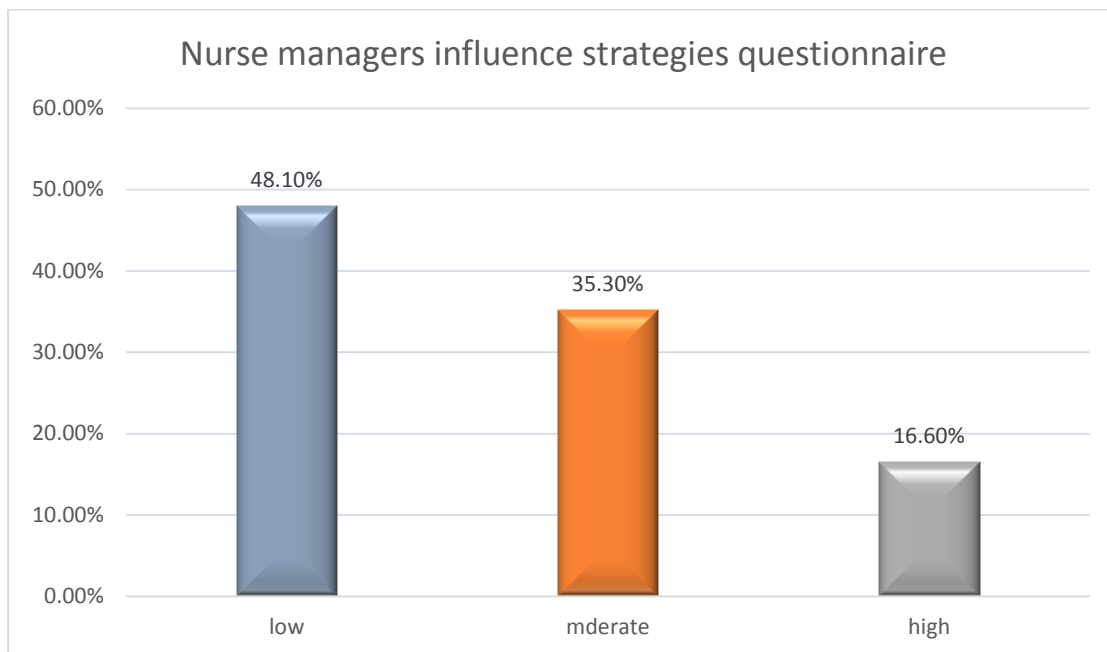


Figure (1): Total levels of nurse managers using influence strategies (n=35)

Table (5): Levels of staff nurses thriving at work

	High		Moderate		Low		Mean	SD
	No	%	No	%	No	%	No	%
Vitality	88	33.8	32	12.3	140	53.8	12.45	5.31
Learning	92	35.4	65	25.0	103	39.6	10.59	4.84

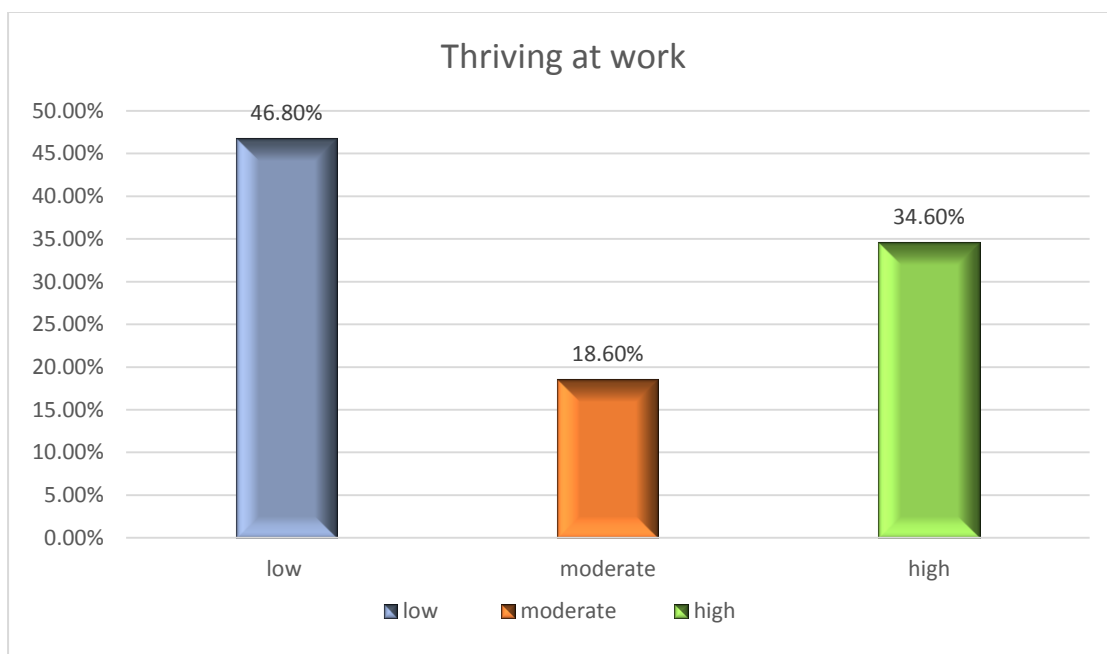


Figure (2): Total levels of staff nurses' thriving at work (n=260)

Table (6): Correlation between nurse managers influence strategies and staff nurses thriving at work

Influence strategies	Thriving at work					
	Vitality		Learning		Total thriving	
	R	P-value	R	P-value	R	P-value
Personal appeals	0.455	0.000**	0.209	0.001	0.453	0.000**
Ingratiation	0.567	0.000**	0.399	0.000**	0.314	0.001*
Consultation	0.601	0.000**	0.298	0.001*	0.375	0.000**
Inspirational appeals	0.232	0.001*	0.201	0.002*	0.213	0.001*
Rational persuasion	0.435	0.000**	0.499	0.000**	0.401	0.000**
Legitimizing	0.522	0.000**	0.507	0.000**	0.588	0.000**
Coalition	0.219	0.001*	0.078	0.140	0.199	0.002*
Exchange	0.122	0.156	0.276	0.178	0.413	0.000**
Pressure	0.490	0.000**	0.478	0.000**	0.521	0.000**
Total strategies	0.480	0.000**	0.389	0.000**	0.426	0.000**

Discussion

I-Nurse Managers influence strategies

The present study showed that consultation strategy was the first influence strategy with high mean percentage scores. This is because nearly half of the nurse managers agreed that they encourage staff nurses to propose new ideas for improving initial plans or proposals to be supported or implemented.

Consultation is the most democratic and collaborative strategy because it requires involving staff in decision making and planning how to implement tasks or request. In the same line **Zhou, (2018)** recommended that respecting staff suggestions provide more developmental feedback. So it is important to make staff participate with their ideas and suggestions in making plans.

Regarding rational persuasion, the study findings illustrate that nurse managers had moderate perception level. It is the second most frequently used strategy by nurse managers. This is due to a high

percent of them agreeing that they use factual evidence to support the request that they need and explain clearly the reason for doing tasks and utilize facts and logical reasoning to convince staff nurses with request or suggestion. Using rational persuasion strategy helps nurse managers to maintain a more benign image with staff nurses and gain additional respect and rewards.

The study was reinforced by **Kapoutsis et al., (2019)**, who revealed that near half of the studied nurse managers used factual evidence to support the request that staff nurses need to know the aim of the task they do.

The study results indicate that personal appeals mean percent was more than sixty and it is the third strategy used by the nurse managers. This is due to agreed that they ask nurses as a friend, listen carefully to staff nurses, make nurses express their ideas clearly, and show tolerance and acceptance of staff nurses participation in putting performance plan. **Sparrowe et al., (2016)** studies

supported this result and found that the participation of the nursing staff in developing plans and perceptions of how to complete the new tasks and suggesting strategies that would succeed in these tasks and how to implement them.

Results showed that exchange strategy is the fourth implemented one that used by nurse managers. This is due to more than half of studied nurse managers agreed that they became open minded to exchange ideas with staff nurses and agreed to ask staff nurses about feedback of their work. **Atefie et al., (2019)** supported the result who stated that head nurses should be good listeners to their staff nurses' ideas and respect their opinions.

Legitimizing strategy, as found in the result was the fifth strategy used by nurse managers. This is due to more than half of them saying to staff nurses that a request or proposal meets official rules and policies, about half assigning tasks to staff nurses according to their job description. Legitimizing seeks to influence others by convincing them that the request is something they should comply with based on their situation or position. The study was agreed with findings of **Hur et al., (2016)** which supported using legitimating power to ensure that staff nurses perform tasks.

Pressure strategy was the sixth implemented strategy used by nurse managers. This is due to more than two thirds of nurse managers disagreed that they insist that staff nurses must carry out the tasks in a short time and repeatedly checks to see if staff nurses have carried out the request and tries to pressure staff nurses to carry out task. **Shin et al.,**

(2019) reported that, putting pressure on staff and asking them to carry out the tasks assigned to them in a short time leads to their completion in the required time. But, this does not lead to its optimal completion.

Results showed that coalition strategy was the seventh implemented strategy used by nurse managers; mean percent was more than fifty. This is due to more than forty of studied nurse managers agreed that they mention staff nurses who recommend a proposal when request support, come with respected staff to support when making a request or offer respectively. The finding of the present study were in the same line with the studies of **Babaeipour-Divshali et al., (2016), Lazarte, (2016) and Sampath Kappagoda, (2021)** that respecting ideas of staff as an important way to reach goals.

Results shows that the mean percent for ingratiation strategy more than fifty and, it is the eighth strategy used by nurse managers. This is due to about three-quarters of studied nurse managers disagreed that they provide financial incentives for staff nurses to encourage them. This finding is supported with **Sparrowe et al., (2016)** who mentioned that, paying attention to the financial return of the nursing staff and rewarding them continuously for accomplishing their tasks that would benefit the hospital to achieve its goals.

The current study showed that inspirational appeals strategy was the last strategy used by nurse managers. This is because nurse managers disagreed with the idea that they deliver encouraging speeches or presentations to staff nurses

that inspire passion for the work or encourage staff nurses to exert efforts in order to achieve goal of hospital, and didn't persuade staff nurses to perform the suggested task to get reward or encouragement. **Liang et al., (2017) and Yousef et al., (2016)** recommended that it's very important to make supporting speeches or presentations for staff nurses that invite passion for the proposed activity in order to stimulate staff interest and enhancing their confidence in gaining commitment to task or request.

II: Nurses' thriving at work:

Study result showed that above one third of nurses had a high level of thriving at total while nearly half had a low level. The finding of the study revealed that more than third of studied staff nurses had high level of vitality. This is due to more than half of studied nurses agreed that they ready to put their physical and mental energy to work, and feel that their work is vital. Vital staff nurses are less often sick, more productive, feel committed and are an important factor in the organization. Staff nurses need energy to be able to work.

On the other hand more than one third of studied nurses had high level of learning. This is due to nurses agreed that they want to develop themselves as much as possible and they are usually ready to learn new things. Learning helps staff nurses to build their knowledge and skills that need to do tasks. **Abid, (2016) and Bensemmane et al., (2018)** reported that thriving at work is a positive psychological state marked by a combined sense of vitality and learning, which motivates staff to invest their mental energy in their tasks. The success

of the management and the good cooperation of the subordinates is their desire to develop themselves continuously to keep pace with the changes in the light of the progress of the profession.

III: Correlation between nurse managers influence strategies and nurse thriving at work.

A highly statistically significant correlation between nurse managers' influence strategies and staff nurses thriving at work was found in this study. Also a positive correlation between all dimensions of influence strategies and all dimensions of thriving at work. This is due to influence strategies used by nurse managers affecting on staff nurses' behavior toward their work in the healthy organization directly. These results were closed to studies of **Abid et al., (2019) and Paroth et al., (2021)** which reported significant correlation between managers' influence strategies and thriving at work. On the other hand was a study of **Garcia et al., (2019)** revealed that no correlation between managers' influence strategies and thriving at work.

Conclusion:

The study concluded that influence strategies most frequently used by nurse managers was the consultation strategy, followed by the strategies of rational persuasion, personal appeals, exchange, legitimating, pressure, coalition, ingratiation and finally inspirational appeals respectively. The study revealed that more than one third of staff nurse had a high level of thriving at work in total and, nearly half of them had a low level of thriving. The study proved significance correlation between nurse

managers influence strategies and total thriving at work.

Recommendations:

The following recommendations were suggested:

For hospital administration

- Encourage staff nurses to propose new ideas for improving initial plans or proposals to gain support.
- Provide management support and empower involvement of nursing staff on organizational committees and work group.
- Encourage staff nurses to be thrived at work through attending training programs and seeking to learn new skills to improve their abilities.

For nurse managers

- Explain to staff nurse clearly reason for doing task to ensure their cooperation.
- Consider strategies to support staff nurses to thrive at work to improve nurse work engagement and wellbeing.
- Provide staff nurses with positive mental and psychological climate that enable them to be thrived at work.

For staff nurses

- Seek new ways and procedures to improve themselves.
- Learn how to address emerging problems and obstacles, and strive to think creatively to find solutions.
- Attend training and educational programs for improving their skills.

Further research

- Further research on study the nurse manager influence strategies and work productivity and patient outcome.
- Further research on study staff nurses, thriving at work and turnover.

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