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The Correlation between the Power Styles Used by Nurse Managers and Bullying Behaviour

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ABSTRACT

This cross-sectional, descriptive, and correlational study was conducted to determine the correlation between the perceptions of nurses about the power styles used by their managers and the bullying behaviours that are exposed to them by their managers.The sample of the study consisted of 822 nurses who worked in a public university hospital in Istanbul and agreed to participate in the study. The nurses who participated in this study evaluated the power styles used by their managers as legitimate power, reinforcing power, and coercive power, respectively. Almost half of the nurses in this study indicated that they were exposed to bullying behaviour by their managers in the last one year. It was found that current reinforcing powers of managers had an inverse effect on being exposed to bullying behaviours, whereas their legitimate and coercive powers (for head nurses) had a significant effect on being exposed to bullying behaviour. The legitimate and coercive power styles were effective in bullying behaviour and supported the presence of power inequality between the person displaying negative behaviours and the victim or abuse of power. This study revealed that nurse managers should prudently use the legitimate and coercive powers which arise from their position at a level that will not cause bullying.

Previous studies have revealed that employees are exposed to negative behaviours in their work environments by many persons or groups including their managers. It is stated that 'power' is effective in bullying behaviour, and power differences and the misuse of power lead to these behaviours. It has been emphasized that no matter what a person's position is,

their informal power sources (specialty, knowledge, interpersonal relations, etc.) as well as their formal powers may be effective (Branch, Ramsay, & Barker, 2012).

In the studies conducted with nurses concerning bullying, they are mostly exposed to bullying behaviours by their managers and this condition negatively affects the work life of nurses and leads to burnout and depression (Ekici & Beder, 2014; Hutchinson, Wilkes, Jackson, & Vickers, 2010; Yıldırım & Yıldırım, 2007). Nurses who are exposed to bullying have been found to cause medical errors and errors concerning patient care (Randle, 2011). These studies point out that nurse managers cause this situation, thereby posing a risk in terms of employee and patient safety in the working environment, which necessitates determining their power styles and revealing the correlation with their bullying behaviours with the help of research. Accordingly, the purpose of this study is to find the correlation between the perceptions of nurses about the power styles used and Accordingly, the purpose of this study is to examine the correlation between the perceptions of nurses about the power styles used and the bullying behaviours exposed to them by their managers.

Managers' power styles

Power is defined as the ability to have something done as required or the ability to have someone do something that is required (Schermerhorn, Hunt, & Osborn, 1994). The most commonly known and widely used among different classifications made while analyzing the power types of managers is the classification of French and Raven (1959). In this classification, power types are divided into five groups: referent power (identity/charismatic), expert power, reward power, coercive power, and legitimate power (French & Raven, 1959; Garcia Garcia & Santa Barbara, 2009). Power types are grouped as personal power and positional power (Başaran & Duygulu, 2014)(Table 1).

Table 1
Power Styles of Managers According to Literature (Rahim, 1989; Korkmaz & Abaan, 2005; Garcia Garcia & Santa Barbara, 2009; Başaran & Duygulu, 2014)

Source of power	Power types	Perceived by subordinates
Personal power	**Identity/charismatic (referent) power**	Having innate personal traits influencing people and evoking admiration
	Expert power	Having specialized knowledge, experience, and special talents
	Persuasion power	Having ability to change and guide behaviors of people by conviction
	Connection power	The manager's ability to connect with influential people or organizations
Positional power	**Legitimate power**	Having an authority gained in a position and used by the person in this position. Managers' titles such as captain, doctor or department manager enable employees to accept that those who hold these titles have the right to give orders
	Coercive power	Having an authority to impose punishment or prevent from obtaining rewards (wage deduction, warning, threat of dismissal, prevention of promotion and wage increase etc.)
	Reward power	Having necessary authority and sources to reward persons (wage increase, bringing to a higher position, giving more responsibilities, praising, and appreciating etc.)
	Information power	Having critical information needed by someone else in order to achieve a purpose and controlling spread of these information
	Resource power	Being a member of specific groups, making friendship with important persons, and having a control authority over resources

Raven (2008) defines coercive power as forcing individuals into a behaviour with punishment threats or punishment and suggests that coercive power resembles reward power. According to French and Raven (1959), the bases of legitimate power are comprised of cultural values, social structure, and designation by a legitimizing agent. They added knowledge power as the sixth type of power style (Raven, 2008).

Power is an important instrument for managers to implement their decisions. However, the unwanted use of power emerges when that power serves the individual goals of a person in power rather than the goals of an organization (Buchanan & Badham, 1999)**.** According to the literature, power styles used by managers cause different results in terms of employees working in different sectors for attaining organizational objectives such as performance and job satisfaction. Accordingly, it has been found that employees are affected very positively by expert power and identity/charismatic power, mildly positively by reward power and legitimate power, and negatively by coercive power (Korkmaz & Abaan, 2005).

According to the literature, coercive and legitimate power styles may cause bullying (Turney, 2003;Yahaya, Taib, Ismail, Shariff, Yahaya, Boon, & Hashim, 2011). Hoel, Glaso, Hetland, Cooper, and Einarsen (2010) determined that the strongest predictor of self-perceived bullying was 'non-contingent punishment', whereas the strongest predictor of observed bullying was autocratic leadership. Managers utilizing coercive power may use different patterns of punishment such as verbal scolding, written reprimands, delaying or cancelling promotion, demotingone's position, imposing a fine, or dismissal. In the event that managers go to extremes while using their coercive powers, they are also reported to use insults, humiliation, and psychological oppression (Özarslan & Gürsel, 2008; Yahaya et al., 2011). It is reported that when legitimate power is misused or used excessively by the manager, emotions such as jealousy, insecurity, fear, and avoidance develop among employees; whereas indecision, inability to meet objectives and goals, and a feeling of inadequacy develop in case of its insufficient use (Korkmaz & Abaan, 2005).

In the literature, the number of studies determining the types of power used by nurse managers is still limited. In the study by Garcia Garcia and Santa Barbara (2009), 53.9% of the sample consisted of specialist technicians and nursing auxiliaries, and they determined that nurse managers had above-average use of legitimate power, expert power, and reward power (respectively) and below-average use of connection power, information power, coercive power, and identity/charismatic power (respectively). In the study conducted by Korkmaz and Abaan (2005) in Turkey with ward managers, the power types perceived by them were respectively determined as legitimate , reinforcing (identity, expert, and reward power types were included under the category of reinforcing power), and coercive powers. Similarly, in the study by Turhan (1998) and Kasal (2010), legitimate power was ranked first among the perceived power types; whereas, in the study by Kaftancıoğlu (2004), nurse managers were found to mostly using the reinforcing power style.

Bullying

Workplace bullying is described as a complicated conflict due to victims' difficulty in defending themselves as well as the presence of power inequity between the bully and the victim (Johnson & Rea, 2009). The World Health Organization (WHO) defines psychological

violence as the intentional use of power against another person or a group, including physical threats. The Organization states that psychological violence includes bullying/mobbing, verbal abuse, harrassment, and threats (ILO, ICN, WHO & PSI, 2005). Different concepts are used in defining interpersonal negative behaviours in the workplace; however, there is a consensus about the conditions in which these behaviours are considered bullying (Matthiesen & Einarsen, 2004). Bullying is defined as the systematic exposure of an employee to two or more negative behaviours in a week for six months or more in a workplace, and, additionally, situations in which the employee has difficulty in resisting or stopping these behaviours (Johnson, 2009).

In studies conducted on bullying, it is emphasized that hostile and aggressive behaviours are mostly directed by managers towards employees (from higher levels to lower levels) which is frequently associated with the organizational structure and formal power. Recently, the horizontal bullying behaviours (among co-workers) and bottom-up bullying behaviours (by subordinates towards superiors) have also been identified and analyzed in subsequent studies. Consequently, bullying behaviour is stated to take place at all levels in the workplace (Branch et al., 2012). According to the literature, Cleary, Hunt and Hosfall (2010), listed the most frequent bullying behaviours as assigning unmanageable work exceeding the employee's workload, ignoring or excluding the employee, spreading rumours about the employee, assigning work below the employee's ability, ignoring the employee's professional opinion, not informing the employee about a work-related issue, giving impossible targets and deadlines, and humiliating or mocking the employee in relation to the work.

In a study conducted in Massachusetts, the United States of America (USA), 31% of the nurses were found to have been exposed to bullying (Simon, 2006). In a study conducted on workplace in civility (WPI) in Texas, USA, 85% of the nurses stated that they had experienced WPI within the last 12 months (Smokler Lewis & Malecha, 2011). A study on NHS workers in England determined that 20.4% of registered nurses were exposed to bullying behaviours to some degree and 3.0% on a daily/weekly basis (Carter, Thompson, Crampton, Morrow, Burford, Gray, & Illing, 2013). In another study regarding WPI in Canada, it was reported that 67.5% of the nurses were exposed to incivility by nurse managers and only 4.4% reported regular to very frequent exposure to incivility in their workplaces.

Related studies conducted with nurses in Turkey show that nurses are mostly exposed to bullying behaviour by their managers. The rate of nurses' exposure to bullying behaviours by nurse managers were 75.8%, 65%, 58.9%, in the studies by Yıldırım and Yıldırım (2007), Dilman (2007), and Çevik-Akyil, Tan, Sarıtaş, and Altuntaş (2012), respectively. On the other hand, in the study by Efe and Ayaz (2010), it was determined that only 25.2% of nurses were exposed to bullying behaviours by their managers.

Methods

Design and Settings

This study was conducted with a cross-sectional, descriptive, and correlational design to determine the correlation between the perceptions of nurses about the power styles used by their managers and bullying behaviours that they are exposed to by their managers.

Participants and Data Collection

The population of the study consisted of 1112 nurses working at a public university hospital in Istanbul. All of the nurses were attempted to be contacted without using a sampling method and making any staff-manager discrimination.The sample group of the study consisted of 822 nurses who agreed to participate in the study and completely filled in the questionnaire (the response rate was 73.9%). The data were collected between November 2011 and February 2012.

Instruments

The data were collected by using an 8-item questionnaire that included the nurses' socio-demographic characteristics, Perceived Leader Power Index, and Workplace Psychologically Violent Behaviors Instrument.

Perceived Leader Power Index. This index was developed by Podsakaff and Schriesheim in 1985 and used by Ragins (1989). Its Turkish validity was established by Sungurlu (1994) through a study conducted with doctors and its Cronbach's alpha coefficient was found to be α =.86. This 15-item and 6-point Likert-type index has three sub-scales: legitimate power, reinforcing power, and coercive power. Identity, expert, and reward power styles, arising from persons or positions, are gathered under a single factor and named as reinforcing power style. Although the literature states that the employees are positively affected by the expert, identity/charismatic, and reward powers used by managers, reinforcing power is not defined among power sources/styles (Korkmaz & Abaan 2005). In this study, a new definition for reinforcing power was not created either. In the present study, Cronbach's alpha of the questionnaire was found to be .92, .77, and .62, .88 for the reinforcing power subscale, the legitimate power subscale, the coercive power subscale, and the entire questionnaire, respectively. This questionnaire was preferred since its validity and reliability has been established in Turkey and includes the basic and common power sources stated in recent literature (Raven, Schwarzwald, & Koslowsky,1998; Yukl & Falbe, 1991). According to this questionnaire, nurses evaluated their first level (ward manager) and second level (head nurse) managers; the nursing services manager, who was the senior nurse manager of the hospital, was excluded. The head nurse is the nursing services manager of the department and her field of management includes at least one or more charge nurse(s).

Workplace Psychologically Violent Behaviors Instrument. This instrument includes 33 behaviours that negatively affect performance and efficiency in a work environment. A 6-point Likert-type scale is used to determine the state of being exposed to each behaviour in the instrument in the last one year, and by whom (manager, co-worker, subordinates, etc.) and how often they are exposed to such behaviour. The tool has four sub-scales: being isolated from work, attack on professional status, attack on personality, and direct negative behaviour. Its validity and reliability were studied by Dilek and Aytolan (2008) and its Cronbach's alpha was found to be 0.93, which is the same value found in the present study. The state of being exposed to at least one of the behaviours in the instrument in the last one year was evaluated and expressed as exposure to bullying behaviour instead of bullying in the present study. In accordance with the objective of this study, only the bullying behaviour demonstrated by managers was evaluated to compare the power styles they used.

Ethical Considerations

Approval was received from the Faculty's Ethics Committee (Date:16.11.2011, Number: 1806-802), and permissions were received from the hospital management and the scales' authors in order to conduct the study. Participation in the study was voluntary and the participants were assured that their identities would be kept confidential. The participants were asked to fill the questionnaire and leave it in a closed box prepared by the researchers. The safety of the box was ensured by the researchers in order for managers and other staff to not see the given responses.

Statistical Data Analysis

NCSS (Number Cruncher Statistical System) 2007 & PASS (Power Analysis and Sample Size) 2008 Statistical Software (NCSS LLC, Kaysville, Utah, USA) programs were used for statistical analyses. In order to assess the data of the study, descriptive statistical analyses (mean, standard deviation, median, frequency, and rate) were used. Student's t-test and a one-way ANOVA were used for the between-groups comparisons of normally distributed parameters, and Tukey's HSD test was used to determine the group that caused the difference. The Kruskal-Wallis test was used for the between-groups comparisons of parameters that did not show a normal distribution and the Mann-Whitney U-test was used to determine the group that caused the difference. A paired sample t-test was used for the within-group comparisons of normally distributed parameters. Correlations between the variables were evaluated using Spearman's correlation analysis; whereas, multivariate evaluation of the data was conducted using Stepwise Logistic Regression Analysis. Cronbach's alpha coefficient was used to analyse the internal consistency among the psychometric tests. The results were assessed at a confidence interval of 95% and the significance level was assessed at $p < .05$.

Results

Demographics

It was found that 89.2% (n =733) of the nurses participating in the study worked as staff nurses, 10.8% (n = 89) worked as charge nurses and head nurses; 44.2% (n = 363) worked in the surgical units and 55.8% (n = 459) worked in the medical units. Ninety six percent (n = 789) of the nurses were female and their average age was 32.81 years (9.43) (min = 20- max = 62); 46.8% were married. In terms of educational qualifications, 65.6% (n = 539) of the nurses had a bachelor's degree, 20.4% (n = 168) had an associate degree, 8.3% (n = 68) had a post-graduate degree, and 5.7% (n = 47) were medical vocational high school graduates. The nurses' mean years of employment at the institution was 9.03 (9.17) and the mean of their total years of employment in the profession was 11.16 (10.05); 61.8% of the nurses (n = 508) worked in shifts and 37.3% (n = 307) worked in the daytime.

Power Styles Perceived by the Nurses Related to their Managers

When the nurses evaluated the power styles used by their managers (ward manager and head nurse), it was found that both ward managers and head nurses had the highest mean score in legitimate power, which was followed by reinforcing power and coercive power, respectively.

On the other hand, the nurses preferred that the ward managers use more reinforcing and legitimate powers and less coercive power than the current situation ($p < .001$). However, they preferred that the head nurses use less legitimate coercive powers and more reinforcing power than the current situation ($p < .001$). A statistically significant difference was found between the power styles currently used by nurse managers and the power styles preferred by nurses ($p < .001$)(Table 2).

When mean scores of ward managers and head nurses in terms of all three power styles were compared with each other, no statistically significant difference was found between the current reinforcing power scores of ward managers and head nurses ($p = .073$). A significant difference was found between the current legitimate and coercive powers used by ward managers and head nurses according to the nurses. Nurses perceived that head nurses used legitimate and coercive powers more frequently than ward managers ($p < .001$, $p < .001$). No significant difference was found between mean scores of reinforcing, legitimate, and coercive power that the nurses preferred to be used by head nurses and ward managers ($p = .807$, $p = 0.257$, $p = .064$).

Table 2
Comparison of the Managers' Current Power Style Perceived by Nurses and the Preferred Power Style (n = 822)

		Current situation	Preferred situation	*p*
		Mean (SD)	Mean (SD)	
Ward manager	Reinforcing power	3.82 (1.27)	5.28 (0.69)	.001**
	Legitimate power	4.92 (0.92)	5.09 (0.87)	.001**
	Coercivepower	3.35 (1.34)	2.96 (1.33)	.001**
Head nurse	Reinforcing power	3.74 (1.20)	5.27 (0.71)	.001**
	Legitimate power	5.02 (0.88)	3.45 (1.32)	.001**
	Coercivepower	3.58 (1.33)	2.97 (1.33)	.001**

**$p < 0.01$

Comparison of Results for Power with Socio-demographic Characteristics of Nurses

When perceptions of the nurses about power styles used by their managers were examined in terms of socio-demographic characteristics, a statistically significant difference at the advanced level was found between mean scores of the managers for reinforcing ($p < .001$), legitimate ($p = .006$), and coercive power ($p < .001$) according to their age distribution ($p < .01$). Nurses aged 51 and higher reported that reinforcing and legitimate power styles of the managers were higher compared to those below the age of 40. Coercive power styles of the managers were assessed as lower by nurses aged 41 years and higher compared to those below the age of 40. Managers' reinforcing, legitimate,and coercive power scores did not show a statistically significant difference in terms of their gender and educational level, positions, departments, number of years of employment at the institution, and working hours (permanently daytime – in shifts) ($p > .05$). Nurses' evaluations for their manager's coercive power score ($p < .001$) showed a statistically significant difference at the advanced level according to the number of years working in the profession. Compared to other nurses, those who worked in the profession for twenty years or longer evaluated that the reinforcing power of their managers was higher and their coercive power was lower.

Exposure to Bullying Behaviour and Perception of Managers' Power Styles

It was found that 49.1% (n = 404) of the nurses participating in the study were exposed to at least one bullying behaviour by their managers in the last one year. A negative weak correlation was found between the exposure frequency of nurses who were exposed to bullying behaviour by their managers and these nurses' perceptions about the reinforcing and legitimate power styles used by ward managers and head nurses. This correlation was higher in nurses who were exposed to bullying behaviour, compared to those who were not. A positive significant weak correlation was found between the coercive power perceptions of nurses who were exposed to bullying behaviour and the frequency of bullying behaviour; the correlation coefficient was higher in those who were exposed to bullying, compared to those who were not (Table 3).

The perceptions of those who had and had not been exposed to bullying behaviour by their managers were compared concerning the power styles used by the managers. Those who stated they were exposed to bullying behaviour perceived the reinforcing power of the ward manager as less ($p < .001$) and coercive power as more ($p < .001$), compared to those who were not. The nurses who were exposed to bullying behaviour by their managers assessed the preferred legitimate power of ward managers as lower ($p = .008$). Those who were exposed to bullying behaviour by their managers perceived the reinforcing and legitimate powers of head nurses as lower ($p < .001$, $p < .05$) and coercive power as higher ($p < .001$), compared to the nurses who were not. The nurses who were exposed to bullying behaviour by their managers evaluated that the preferred legitimate power of head nurses were lower ($p < .05$).

Table 3
The Correlation Between the Sub-Scales of Workplace Psychologically Violent Behaviors Instrument and Managers' Perceived Power Styles According to Being Exposed to Bullying behavior by Manager

Current power style		Those who were exposed to bullying behavior by their managers (n=404)				Those who were not exposed to bullyingbehavior by their managers (n=418)			
		Being isolated from work	Attack on professional status	Attack on personality	Direct negative behavior	Being isolated from work	Attack on professional status	Attack on personality	Direct negative behavior
Ward manager	Reinforcing power	-.31	-.22	-.18	-.11	-.11	-.17	-.08	-.09
		.000**	.000**	.001**	.05	.04*	.003**	.12	.12
	Legitimate power	-.11	-.05	-.09	-.08	-.04	-.05	-.00	-.04
		.03*	.37	.08	.11	.46	.31	.95	.42
	Coercive power	.09	.12	.16	.19	.06	.04	.11	.02
		.11	.02*	.003**	.000**	.28	.48	.03*	.64
Head nurse	Reinforcing power	-0.337	-0.189	-0.189	-0.123	-0.119	-0.190	-0.152	-0.085
		0.000**	0.000**	0.000**	0.022*	0.025*	0.000**	0.004**	0.111
	Legitimate power	-.09	.005	-.06	-.10**	.01	-.02	-.02	-.04
		.07	.92	.22	.03*	.83	.60	.59	.37
	Coercive power	.11	.11	.14	.14	.07	.02	.12	.05
		.03*	.02*	.005**	.005**	.14	.62	.02*	.26

***p* < .01 (2-tailed) **p* < .05 (2-tailed)

Nurses who were exposed to bullying behaviour by their managers perceived that head nurses used the legitimate and coercive powers more than ward managers. Regarding their perceptions of reinforcing power, no difference was found between being a ward manager or head nurse. On the other hand, the preferred coercive power was lower in ward managers than head nurses and no difference was found between ward managers and head nurses in terms of the preferred reinforcing and legitimate powers. Those who were not exposed to bullying behaviour by their managers, reported that ward managers used reinforcing power more than head nurses, and no difference was found between ward managers and head nurses in terms of the other current and preferred power types (Table 4).

Table 4
Power Styles of Ward Managers and Head Nurses as Perceived by Those Who Were Exposed to Bullying Behavior by Their Managers

		Exposed to bullying behavior (n = 404)			**Not exposed to bullying behavior (n = 418)**		
		Ward manager	**Head nurse**	***p***	**Ward manager**	**Head nurse**	***p***
		Mean (SD)	**Mean (SD)**		**Mean (SD)**	**Mean (SD)**	
Current situation	Reinforcing power	3.44 (1.27)	3.44 (1.21)	.96	4.19 (1.22)	4.14 (1.18)	.005**
	Legitimate power	4.86 (.90)	4.99 (.86)	.001**	4.98 (.95)	5.09 (.91)	.07
	Coercive power	3.53 (1.27)	3.88 (1.28)	.001**	3.19 (1.37)	3.16 (1.30)	.08
Preferred situation	Reinforcing power	5.30 (.65)	5.30 (.67)	.93	5.27 (.73)	5.26 (.76)	.68
	Legitimate power	5.02 (.87)	5.05 (.90)	.07	5.17 (0.88)	5.22 (.89)	.96
	Coercive power	2.88 (1.24)	2.95 (1.25)	.02*	3.09 (1.44)	3.05 (1.42)	.68

*$p < .05$ **$p < .01$

The Factors Affecting Exposure to Bullying Behaviour by Managers

Logistic regression analysis was performed to determine the effect of age, marital status, number of years working in the profession, and educational qualifications; scores of subscales of perceived power styles (current situation) in terms of being exposed to bullying behaviour by their managers and the model was found to be significant ($\chi^2 = 25.93$; $p < .001$; $p < .01$). The number of years working in the profession and subscales of perceived power styles was found to have a significant effect on the model at the end of the fifth step forward managers and at the end of the third step for head nurses (Table 5).

While evaluating the present power styles of both managers, it was determined that reinforcement power had a significant effect on the bullying behaviour and as the reinforcement power score increased, the bullying behaviour (contrarily) decreased. It was also determined that legitimate power had a significant effect and a rise of one unit in legitimate power increased the effect of exposure to bullying by 1.146 times in ward managers and 1.153 times in head nurses. It was determined that coercive power did not have a statistically significant effect on exposure to bullying behaviour for ward managers although it remained in the model ($p > .05$). On the other hand, coercive power was observed to have a significant effect on exposure to bullying behaviour in head nurses ($p = .04$). It was determined

that an increase of one unit in the coercive power used by head nurses increased the effect of exposure to bullying by 1.110 times. When the effect was evaluated for the number of years working in the profession on exposure to bullying behaviour, it was determined that the effect was higher in those who worked for 11-20 years than those who worked for 20 years and more, and the Odds ratio was 2.457 times greater in ward managers and 2.198 times greater in head nurses ($p < .05$). It was determined that the other variables had no significant effect ($p > .05$) (Table 5).

Table 5
The Factors Affecting Exposure to Bullying Behaviour (n = 822)

		95% C.I. for Odds			
	Current situation	**OR**	**Lower**	**Upper**	***p***
Ward manager	Reinforcing power	.92	.88	.96	.000**
	Legitimate power	1.14	1.02	1.28	.01*
	Coercive power	1.06	.95	1.19	.26
	Number of working years at the profession>20 years				.04*
	11-20 years	2.45	1.13	5.33	.02*
	<10 years	1.30	.55	3.14	.54
Head nurse	Reinforcing power	.91	.87	.94	.000**
	Legitimate power	1.15	1.04	1.27	.007**
	Coercive power	1.11	1.005	1.22	.04*
	Number of working years at the profession>20 years				.02*
	11-20 years	2.19	1.18	4.07	.01*
	<10 years	1.16	0.60	2.26	.64

Variable(s) entered on step 1: perceived current manager's reinforcing, legitimate and coercive power style, age, marital status, number of working years at the profession, education.

OR: Odds ratio

Discussion

The results are discussed with a limited number of studies since few studies that have examined power styles used by nurse managers. In the present study, nurses evaluated the power styles used by their managers (ward managers and head nurses) respectively as legitimate power, reinforcing power, and coercive power. The studies conducted with nurses determined that legitimate power style had the highest mean score among the power styles used by managers (Garcia Garcia & Santa Barbara, 2009; Kasal, 2010; Korkmaz & Abaan,2005; Turhan, 1998). Nevertheless, in the study by Kaftancıoğlu (2004), it was found that nurse managers mostly used reinforcing power. It is stated that employees accept that those who hold titles related to a position (legitimate power) have the right to give orders (Yahaya et al., 2011). Accordingly, all employees including nurses are expected to perceive the legitimate powers of managers on a high level and the fact that the study was conducted in a public hospital with a bureaucratic organizational structure supports this result. Managers preferred the (legitimate) power sources arising from their positions more than personal power sources in organizations with a bureaucratic structure (Korkmaz & Abaan, 2005).

Although power styles are specified separately as reward power, expert power, and identity power according to the classification of French and Raven, in the present study all these three groups were evaluated as reinforcing power. It was found that the second most common power type used by nurse managers was reinforcing power and their least preferred power type was coercive power; the obtained results are similar to the results of other studies (Garcia Garcia & Santa Barbara, 2009; Kasal, 2010; Korkmaz & Abaan,2005; Turhan, 1998). In the study by Başaran (2011), reward (3.89 [0.68]) was ranked first among the mean scores obtained from the evaluations related to power styles grouped as the institutional power types of nurse managers, which was respectively followed by information (3.78, *SD* = .90), legitimate power (3.60, *SD* = 1.10), punishment (3.18, *SD* = .95), and resource power (2.68, *SD* = 1.16). In previous studies, mean scores for personal and institutional power of nurse managers had a significant difference compared to other nurses. In the study conducted by Rajan and Krishnan (2002) with managers in India, it was found that scores of coercive power were low, and this result was assessed as the fact that coercive power was not preferred in the work environment and that managers were aware of this.

French and Raven (1959) stated that cultural values had an effect on legitimate power. In the study conducted by Hofstede (1980) to examine inter cultural differences, Turkey was involved in the group of countries displaying a 'high power distance' and a 'high avoidance of uncertainty'. According to the results of the Project Globe (2004), which examined the correlations between cultural characteristics and leadership, power distance is higher than the average Globe score, and avoidance of uncertainty is moderate and lower than the average Globe score. Outstanding leadership style in organizations is team-oriented and charismatic leadership (which contributes somewhat) is higher than the average Globe score (Project Globe, 2004). It is suggested that societies with a high power distance show the importance of status and hierarchy, where coercive and referent powers are dominant; whereas, in societies with a low power distance, the reward, legitimate, and expert powers are dominamt (Hofstede, 2001). In our study, the power styles used by nurse managers do not support those suggested by Hofstede for societies with a high power distance. This makes us think that in addition to high power distance, other organizational/cultural factors might also be affecting these results.

When the power styles of ward managers and head nurses were compared, no difference was found between their reinforcing power scores ($p > .05$), whereas the legitimate and coercive power scores of head nurses were found to be significantly higher than the scores of ward managers ($p < .05$). This result shows that nurses perceived that head nurses used legitimate and coercive powers more often compared to ward managers. Korkmaz and Abaan (2005) stated that the legitimate power of head nurses was perceived to be higher because nurses respect and attach importance to and recognize the authority of head nurses. It was expected that the legitimate power of head nurses would be higher as they are second-level senior managers; however, it is remarkable that the perception of reinforcing power was similar and that they used coercive power more commonly than ward managers. On the other hand, this finding may make us think that the ward managers within the institution did not have decision-making authority or that the legitimate and coercive aspects of the head nurses were more prominent in their practices.

In the present study, a statistically significant difference was found between the currently used power styles of nurse managers and the preferred power style perceptions. Compared to the current situation, nurses preferred that ward managers use more reinforcing and legitimate power, and less coercive power; however, they preferred that their head nurses use less legitimate and coercive power, and more reinforcing power. According to Korkmaz and Abaan (2005), the literature reports that employees are affected very positively by the expert, identity/charismatic, reward, and legitimate power styles, whereas they are affected negatively by the coercive power style of their managers.

In the present study, almost half of the nurses (49.1%) stated that they were exposed to bullying behaviours by their managers. In studies conducted on nurses in Turkey, the rate of exposure to bullying behaviour is high, and nurses are mostly exposed to bullying behaviour by their managers (Çevik-Akyil, Tan, & Sarıtaş, 2012; Efe & Ayaz, 2010; Yıldırım &Yıldırım, 2007). In this study, the result obtained regarding bullying is similar to the high ratio in studies conducted on workplace in civility in the USA and Canada (Carter et al., 2013; Smokler Lewis & Malecha, 2011). Moreover, the ratio is very high compared to the bullying ratios defining systematic and long-term exposure to these behaviours (Carter et al., 2013).

In the studies emphasizing that managers mostly bully employees, this has been associated with organizational structure and formal power. It is reported that power is effective for bullying behaviour, and power differences and the misuse of power lead to these behaviours (Branch et al., 2012). In the present study, the nurses who stated that they were exposed to bullying behaviours by their managers perceived the reinforcing and legitimate powers of ward managers and head nurses as lower and coercive power as higher compared to other nurses. The nurses who were exposed to bullying behaviour stated that their managers used less reinforcing power and more coercive power. In addition, the result of logistic regression analysis shows that the current reinforcing powers of managers had an inverse effect on being exposed to bullying behaviour, and their legitimate and coercive powers (for head nurses) had a significant effect on being exposed to bullying behaviour.

In Table 5, Odds ratio (OR) is used as a dependent variable measure in logistic regression and defined as the ratio of the probability of occurrence to the probability of non-occurrence (risk ratio) (Hair, Black, Babin, & Anderson, 2010). Odds ratio of variables show the effect of exposure to bullying. It was determined that an increase of one unit in legitimate and coercive power used by head nurses increased the effect of exposure to bullying by 1.153 and 1.110 times, respectively. It has been determined that autocratic leadership, following authoritative methods in conflict management, and a laissez-faire form of management are related to bullying (Beswick, Gore, & Palferman, 2006). On the other hand, no previous study was found that examined the correlation between the power used by managers and bullying behaviour. The fact that perceived power style was determined to have an effect on bullying by managers in the present study supports the presence of power inequality between the person displaying negative behaviours and the victim or that this behaviour arises as a result of abuse of power.

Scores of the reinforcing, legitimate, and coercive powers used by head nurses as perceived by nurses showed a statistically significant difference at an advanced level only in terms of the age groups and the number of years working in the profession ($p < .01$). In the study by Kasal

(2010), a significant difference was found only between reinforcing power and demographic characteristics; whereas, in the study by Kaftancıoğlu (2004), a significant difference was found between managers' power styles and age groups and the number of years working in the profession. In the present study, it was determined that the number of years worked had a significant effect on being exposed to bullying behaviour by managers and this effect was higher in those who worked in the profession between 11-20 years compared to those who worked for 20 years and longer ($p < .05$). In previous studies, it was determined that young and less experienced nurses were exposed to bullying at a higher rate (Çevik-Akyil et al., 2012; Ekici & Beder, 2014). In the present study, it was determined that age, educational level, and marital status did not have any significant effect on being exposed to bullying behaviour by managers ($p > .05$). In some studies, no significant difference was found between being exposed to bullying behaviour and age (Yıldırım & Yıldırım, 2007), and educational level (Ekici & Beder, 2014; Yıldırım &Yıldırım, 2007).

Limitation

One of the limitations of this study is that it was conducted cross-sectionally in a sample of nurses who worked at a public university hospital in Turkey. It should be taken into consideration that the obtained results might be under the influence of Turkish cultural characteristics. Another possible limitation of the study is that the power styles of managers and exposure to bullying were determined by self-report methods.

Practice Implications

This study, which reveals the effect of legitimate and coercive power styles used by managers on exposure to bullying behaviour, will contribute to this field where such studies are limited. The result of the present study confirms that bullying behaviour arises either from the power inequality between the person who applies negative behaviours and the victim or the abuse of power. The results also support the correlation between autocratic leadership and bullying behaviour, which arises from using punishment and legitimate power. However, it is indicated that management is a natural reference in preventing workplace violence and the attitudes and behaviours of managers will be emulated by the entire organization. Managers also have an important role in reporting bullying and operating legal processes. Since they are responsible for creating a positive work environment, nurse managers should recognize power sources that have the ability to affect their employees and use their power as an instrument consciously. Nurse managers should also constantly evaluate the effect of their power styles on employees and use their legitimate and coercive powers prudently at a level that will not cause bullying. They should prefer using their power of knowledge/specialty in achieving patient care goals and avoid using power sources that negatively affect their employees.

It is recommended to create a management style that does not connive with bullying for all healthcare professionals, including nurses who are in charge of providing biopsychosocial well-being for individuals at hospitals. Managers in organizations should operate the report system fairly in countries where legal dimensions of bullying are defined.

In future studies, the correlation between power styles used by nurse managers and bullying behaviour should be analyzed using different assessment instruments. It is

recommended to evaluate the effect of cultural values between individuals and work-related factors like units and nurse's workload in examining the correlation between power styles and bullying. The correlation between power styles used by individuals and horizontal bullying in a sample of other groups such as colleagues at the workplace should also be examined.

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