

Original Article

Determining Nurses' Praetorianist Leadership Behaviors: A Descriptive Study

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Abstract

Background: Manager nurses use certain managerial strategies while ensuring the coordination of nursing work in busy and fast-paced working conditions. Leadership styles play an important role in these strategies.

Objectives: It was aimed to determine the praetorianistic leadership behavior styles of nurse executives within the scope of this research.

Methods: The target population of the research consisted of 575 nurses. The research was of quantitative pattern and descriptive type. A 9-item demographic information form and 21-item praetorianistic leadership scale were used in the research. Data were collected online between September and November 2021. Normality tests, t test and analysis of variance (ANOVA) were used to analyze the data.

Results: It was determined that the nurses' age, education level, working year and the units they worked in showed a statistically significant difference with praetorianistic behaviors. ($p < .05$).

Conclusion: It has been determined that praetorianistic leadership behavior in nurses increases as the age and seniority of the nurses increase. It was found that praetorianistic leadership decreased as the education level of nurses increased, while praetorianistic behaviors increased in intense and stressful working environments.

Impact Statement: It is thought that it can help reduce communication problems, conflicts or negative behaviors in the organization by providing praetorianism behavior awareness in the management of nursing services.

Keywords: Praetorianistic, leadership, nursing.

Background

The world has entered into a change and transformation with Covid-19 in the field of health, as in every field. In this change, nurses have always been at the forefront among health professionals (Moradian et al., 2022). Managing and maintaining similar processes, of course, depends on the high level of management skills. One of the most important pillars of management skills is to reveal, develop and display the leadership characteristics of nurse executives to employees. (Miles & Scott, 2019). Since nursing leadership is important for decision-making in health care services, evidence-

based approaches should be exhibited (Shayan et al., 2019). Accordingly, nurses should be encouraged to participate in health care leadership and policy development (Tønnessen et al., 2020). The World Health Organization (WHO) and the International Council of Nurses (ICN) have published themes on the empowerment of nurses, the development and importance of leadership qualities. In 2019, WHO and ICN emphasized the need to include more nurses in leadership positions among the targets included in the "Nursing Now" theme, which aims to increase the professional knowledge and skills of nurses. In addition, WHO declared 2020 as the year of midwives and nurses and

mentioned the importance of nurses in the development goals until 2030 (WHO, 2020). In this direction, the National Academy of Medicine (NAM) mentioned the need for nurses to take an active role in leadership in their report (NAM, 2021).

Leadership is the component of skills and knowledge that gathers people around determined goals and mobilizes them (Ozkan et al., 2015). The classification of leadership styles is generally named according to human relations and task completion. This classification emerges as relational and task-centered leadership and charismatic leadership (Marquis & Huston, 2015; Cummings et al., 2018). In terms of human relations classification, leaders can have different attitudes and behaviors towards their employees. One of them is praetorianism, which is generally seen in the field of political power. Praetorian is a Latin word meaning "guard" and is the name given to the legionnaires who were tasked with protecting the emperor during the Roman Empire (Afinotan, 2014). Over time, this concept has changed semantically and its meaning has come to the fore as "a pure act of kindness that tries to enable a military or civilian group that has taken over the government in an undemocratic way, to intervene in the living spaces of citizens with the aim of social welfare and to limit their freedom, while at the same time trying to provide an opportunity for them to continue their lives" (Forozan & Shahi, 2017). Although this concept has undergone many changes until today, praetorianism in organizational behavior and interpersonal relations includes taking a protective role against others by seeing them as inadequate. Protective behaviors can go as far as limiting the freedom and social space of individuals with this role (Peri, 2017). Praetorian is defined as a person who exhibits protective behaviors against those whom he thinks he cannot protect himself from. Praetoriad is the name given to individuals who are protected by people who exhibit praetorianistic behaviors (Peruzzotti, 2004). Organizational praetorianism describes the relationship between praetorian and praetoriad in a military order. It can be expressed as the manager completely protecting and guiding his/her employee and preventing him/her from making wrong

choices. As a result of these behaviors, the manager asks the employee to accept voluntary commitment, unconditional obedience and unconditional control (Ferguson, 2017). According to a different definition, it is the manager's giving up on himself and protecting the employees in order to prevent the sanctions policies of the organization on the employees (Egreteau, 2016). It has also been reported that the ability of praetorianistic managers to ensure the conduct of the organization's work by constantly treating their employees in good faith is due to their ability to display a self-interested approach (Anderson, 2014).

It is very important that international organizations such as WHO, ICN, NAM emphasize the need to gain leadership skills in nursing. An issue that is at least as important as this is the necessity of determining the management and leadership styles of nursing pioneers. In this context, it would be appropriate to make analyzes from the personal characteristics of the manager to the cultural structure of the organization and to gain appropriate leadership styles and nurse executives with appropriate personal characteristics, as well as to develop leadership characteristics in working life, starting from nursing education (Page et al., 2021). No research has been found in the literature that examines praetorianistic behavior patterns in nursing leadership. However, there are studies conducted in the education sector in our country (Baltaci, 2018, 2019). Therefore, it is thought that the research is the first in the literature and will contribute to the literature. In addition, it is aimed to determine the praetorianistic leadership behavior styles of nurses, to raise awareness in both working nurses and nurse executives and to prevent conflicts that may arise in managerial processes with this research.

Methods

Design: The research was of quantitative pattern and descriptive type.

Setting and sample: The research was conducted between September 2021 and November 2021 in a public hospital with a 710-bed capacity, 32 wards and 12 intensive care clinics located in the southeast region of Turkey.

Sample size: The target population of the study consisted of 575 nurses working in the hospital. Since the study was based on volunteerism, no sample selection was made. The sample number was calculated by power analysis, and the representative power of 95% population was calculated as 176 with 0.50 effect size and 5% power. 236 nurses who accepted to participate in the study and answered the questions completely were included in the study. The rate of participation in the research was 41.04%.

Data collection: A study questionnaire prepared via Google Forms was sent to the nurses' contact addresses and information about the research was provided. In addition, the informed consent form about the study and the option to accept or reject the study were added together with the questionnaire sent, and the online consent of the nurses participating in the study was obtained. In this direction, the questionnaires of 236 nurses who accepted to participate in the study and answered the questionnaire questions were evaluated.

Measures: Demographic Information Form and Praetorianistic Leadership Scale were used in the research.

Demographic information form: Demographic Information Form contains 9 introductory questions about the age, gender, marital and educational status, total working years, working years in the unit, unit, position and working style of the nurses (Kiwanka et al., 2021; Jones et al., 2021; Cummings et al., 2021).

Praetorianistic leadership scale: The scale, validity and reliability of which is made by Baltaci (2020), consists of 3 sub-dimensions and 21 statements. The sub-dimensions of the scale are restrictiveness (items 1... and 7), intrusiveness (items 8... and 14), and authoritarianism (items 15... and 21). The grading of the scale is a Likert-type scale with 5 options, in which 1 means (Always), 2 means (Usually), 3 means (Sometimes), 4 means (Rarely), and 5 means (Never). The increase in the mean score of the scale indicates that the behavior of praetorianistic leadership has increased. The Cronbach α reliability coefficient of the scale was calculated as .930. (Baltaci, 2020). In this study, the Cronbach α reliability coefficient was calculated as .949. The following intervals were used to interpret the weighted

average scores obtained from the five-point rating scales used in the study. (Harpe, 2015). The mean score of the scale is 4.20-5.00, indicating a very high level of praetorianistic behavior. If the mean score of the scale is 3.40-4.19, it indicates a high level of praetorianistic behavior. The mean score of the scale shows the middle praetorianistic behavior level of 2.60-3.39. The scale mean score of 1.80-2.59 indicates a low level of praetorianistic behavior. 1.00-1.79 indicates a very low level of praetorianistic behavior.

Data analysis: SPSS (Statistical Package for Social Sciences) for Windows 22.0 package program was used for statistical analysis of the data. The Kolmogorov-Smirnov test was used to determine whether the demographic data and scale score averages in the data set came from a normal distribution in order to determine the method to be used in the analysis phase. In addition to the Kolmogorov-Smirnov test, the skewness, kurtosis coefficients, boxplot and QQ plot were also examined and a decision was made regarding the normality of the data set. In addition to descriptive statistical methods (frequency-percentage, arithmetic mean, and standard deviation), t-test and One-Way ANOVA test were used to determine which group caused the difference between the groups in the evaluation of the data. P values less than 0.05 were considered significant.

Ethical approval: Permission was obtained from Adiyaman University Social and Human Sciences Ethics Committee with the decision number of 2021-122. In addition, the informed consent form of the nurses participating in the study, the options of accepting or not participating in the study, and online consent were obtained from the participants.

Results

Demographic outcomes

When the demographic data of the nurses participating in the study were examined, it was observed that the majority of the nurses were female, married and in the 20-30 age group. It was determined that the mean age of the participants was 29.78 ± 4.21 years. It was determined that 72.9% of the participants had a bachelor's degree, 61.9% of the participants had a total of 0-5 years of service, and 79.6% of the participants had 0-5 years of service in

their last unit. In addition, it was determined that 61.9% of the nurses worked in the service nurse position and 53.8% of them worked in shifts (Table 1).

Comparison of demographic features and praetorianistic leadership behavior scores

No significant difference was found when the genders of the nurses participating in the study and the total and sub-dimension point averages of the praetorianistic leadership scale were compared ($p>0.05$). However, it was determined that the highest score in the total score and sub-dimensions was in men. When the age of the nurses and the scale total score and sub-dimension mean scores were compared, it was determined that there was a significant difference ($p<0.05$) between the total score, restrictiveness and intrusiveness sub-dimensions. There was no significant difference between the marital status of the nurses and the scale total and sub-dimension mean scores ($p>0.05$). However, the average score of married nurses was found to be higher. A significant difference was determined between the education levels of

the nurses and the mean scores of the total and sub-dimensions of the scale ($p<0.01$). A significant difference was found between the total duty period and the mean scores of the scale total, restrictiveness and intrusiveness sub-dimensions ($p<0.05$). When the years of service of the nurses in the unit they work and the mean scores of the total and sub-dimensions of the scale were compared, it was determined that there was a significant difference between the mean scores of the total score, intrusiveness, and authoritarianism sub-dimensions ($p<0.05$). When their positions and scale total and sub-dimension mean scores were compared, a significant difference was found between scale total, restrictiveness and intrusiveness sub-dimension mean scores ($p<0.05$). When the working styles of the nurses were compared with the scale total and sub-dimension mean scores, there was no significant difference. ($p>0.05$). However, it was determined that the total and sub-dimension mean scores of the nurses with day shift were high (Table 2).

Table 1. Distribution of Nurses by Demographic Features (n:236)

Features	Number (n)	Percentage (%)
Gender		
Female	180	76.3
Male	56	23.7
Age		
20-30	136	57.6
31-40	56	23.7
41 and above	44	18.7
Marital status		
Married	144	61.0
Single	92	39.0
Educational status		
High school	8	3.4
Associate degree	20	8.5
Bachelor degree	172	72.9
Graduate	36	15.2
Total duty period		
0-5	146	61.9
6-10	6	2.5

11-15	20	8.5
16 and above	64	27.1
Duty period in the current unit		
0-5	188	79.6
6-10	24	10.2
11-15	12	5.1
16 and above	12	5.1
Position		
Nurse	146	61.9
Intensive Care Nurse	34	14.4
Nurse executive	23	9.8
Outpatient Clinic Nurse	33	13.9
Type of work		
Shift work	127	53.8
Day shift	65	27.5
Night Shift	44	18.7

Table 2. Comparison of Nurses' Demographic Features with Praetorianistic Leadership Behavior Score Averages

Praetorianistic leadership Scale		Total	Restrictiveness	intrusiveness	Authoritarianism
Ort±SD		3.31±0.96	3.17±1.09	2.77±0.72	3.14±1.18
Features Min-Max		1-4.57	1-4.86	1-4.76	1-4.98
Gender	Female	3.01±0.87	3.06±0.97	2.74±0.92	3.09±1.17
	Male	3.12±0.81	3.12±0.86	2.85±0.98	3.32±0.95
	t	1.362	0.878	0.252	0.726
	p	0.174	0.152	0.231	0.142
Age	20-30	2.04±0.90	2.64±0.91	2.79±1.01	2.68±1.02
	31-40	2.66±0.92	3.56±1.14	3.12±1.11	3.29±1.32
	41 and above	3.69±0.88	3.76±0.77	3.81±0.71	3.93±1.12
	F	4.481	8.246	5.440	2.338
	p	0.012	0.000	0.033	0.092
Marital Status	Married	3.08±0.97	3.26±1.02	2.81±1.08	3.18±1.19
	Single	2.99±0.92	3.11±0.99	2.74±0.94	3.12±1.08
	t	0.713	1.129	0.507	0.353
	p	0.485	0.263	0.613	0.725

Educational Status	High school	3.69±0.12	3.63±0.76	3.57±0.15	3.99±0.31
	Associate degree	3.58±1.01	3.50±1.28	3.28±1.08	3.82±0.81
	Bachelor degree	2.84±0.87	2.99±0.92	2.58±0.93	2.95±1.07
	Graduate	2.66±0.53	2.71±1.09	2.42±0.87	2.77±1.33
	F	9.288	7.483	8.793	7.456
	p	0.000	0.000	0.000	0.000
Total duty period	0-5 years	2.69±0.89	2.55±0.97	2.72±0.88	3.11±1.03
	6-10 years	3.09±1.06	3.05±0.89	2.94±1.18	3.13±1.63
	11-15 years	3.18±1.19	3.74±1.36	3.02±1.06	3.29±1.11
	16 years and above	3.80±0.91	3.83±0.92	3.09±0.92	3.83±1.28
	F	1.783	0.984	2.616	0.347
	p	0.013	0.038	0.011	0.520
Duty period in the current unit	0-5 years	2.42±0.74	2.65±0.99	2.09±0.85	2.14±1.07
	6-10 years	2.50±0.93	2.85±0.76	2.28±0.64	2.80±1.16
	11-15 years	3.08±0.76	3.19±1.52	3.28±1.32	3.10±1.15
	16 years and above	3.14±1.38	3.49±0.81	3.33±0.38	3.23±1.38
	F	3.228	2.383	3.182	4.127
	p	0.023	0.071	0.025	0.007
Position	Intensive Care Nurse	3.17±0.82	3.66±0.78	3.08±1.23	3.31±0.81
	Nurse executive	3.02±0.51	3.01±0.84	2.98±0.45	3.03±0.41
	Clinic Nurse	2.73±0.59	2.81±0.63	2.69±0.86	2.81±0.73
	Outpatient Clinic Nurse	2.61±0.49	2.56±0.38	2.59±0.37	2.66±0.22
	F	2.323	2.828	2.625	1.393
	p	0.041	0.026	0.037	0.237
	Day shift	2.81±0.66	3.14±0.37	3.01±0.78	2.96±1.01
	Night shift	2.61±0.57	2.99±0.83	2.91±0.73	2.87±0.18
	Shift work	2.68±0.44	2.87±0.53	2.96±1.12	2.81±0.21

Type of work	F	2.174	0.329	0.706	0.763
	p	0.116	0.359	0.495	0.468

- *t* test and One-Way ANOVA tests were used.

Discussion

Nurses are reliable professionals who carry on their jobs passionately, voluntarily, honestly, tenderly and humbly in the maintenance of health care services. They are also brave leaders, not because they are fearless, but because they can overcome the entire health care problem (Cline, Crenshaw & Woods, 2022). Nurses need to have leadership skills such as organizing existing resources, establishing trust relationships, collaborating in work environments, and making evidence-based decisions in order to provide effective health care services (Ohlson & Anderson, 2015). In the research, it was aimed to determine the praetorianistic leadership behavior forms, which is one of the behavioral leadership styles of nurse executives. In this context, it was determined that the praetorianistic leadership behaviors of the nurses participating in the research were at a moderate level (3.31 ± 0.96). In the literature, it is stated that interventionist, collaborative, authoritarian and praetorianistic leadership behaviors that require high power application and obedience generally belong to the eastern culture (Rizvi, 2015; Ferguson, 2017). The fact that the nurses participating in the research live in the southeast of Turkey supports this information. Social learning not only provides cognitive skills, but also sensory and behavioral abilities and praetorianistic behaviors are acquired with social learning (Ayten, 2010; Peri, 2017). In this direction, making a change in the praetorianistic behaviors of nurse executives can be achieved with continuity, willingness and efforts towards change. According to the research findings, it was determined that the nurse executives' praetorianistic leadership behavior sub-dimensions of restrictiveness (3.17 ± 1.09), interventionism (2.77 ± 0.72) and authoritarianism (3.14 ± 1.18) were moderate. Behaviors such as authoritarianism, interventionism and restrictiveness in praetorianism have been reported as the disadvantages of praetorianism (Cunliffe, 2014). In this context, these behaviors

exhibited by nurse executives can cause many negative consequences in the working life of nurses, from loss of motivation to burnout.

The results of the research show that there was no significant difference in the total and sub-dimension mean scores of praetorianism according to gender, but the highest mean score was determined in men ($p > 0.05$). Similar to the research findings, the studies conducted by Summers (2015) and Diaz (2017) in the education sector reported that there is no relationship between gender and praetorianism. In different studies, it has been reported that women exhibit more praetorianistic behavior than men (Raviot, 2017; Jaraus, 2014). Although there is a limited sample group, it is thought that the reason for the high average score of men may be due to the fact that nurse executives are generally women. A significant difference was found between the total years of service of the nurses and the praetorianistic total, restrictiveness and interventionism sub-dimensions. ($p < 0.05$). In addition, it was determined that the interventionism sub-dimension scores increased as the working year increased. Again, as the duty period in the unit he worked in increased, a significant difference was found between the praetorianistic total, interventionism and authoritarianism sub-dimension score averages ($p < 0.05$). It was determined that as the working year increased, the mean of restrictiveness score increased. It has been reported that with the increase in professional working years, the display of traditional and praetorianistic behaviors in the organization increases in the literature. (Giles and Hargreaves, 2006; Diaz, 2017). In this context, although the results obtained from the research are similar to the literature, it can be stated that nurse executives adopt a traditional structure as their seniority year increases.

When educational status and praetorianistic behaviors were compared, a significant difference was found in total and in sub-dimensions ($p < 0.001$). It was reported that as

the education level of the administrators increased, their praetorianistic behaviors decreased, and as the education level decreased, the administrators showed more oppressive and harsh management styles (Rizvi, 2015; Peruzzotti 2004). No research has been observed in the literature on praetorian behavior in the field of nursing. However, in a study conducted on school principals in the field of education, it was reported that school principals' praetorianistic behaviors differed significantly according to educational status, and that praetorianistic behaviors decreased as the education level increased (Baltacı, 2019). Although the research is similar to the literature, it can be interpreted that this positive feature gained due to the increase in communication skills with education levels reduces praetorianistic behaviors. When praetorianistic behaviors of nurses were compared according to their duties, it was found that there was a significant difference between praetorianism, intrusiveness and restrictiveness sub-dimensions ($p < 0.05$). It was determined that the highest mean score in the sub-dimension of authoritarianism was in the intensive care nurse (3.31 ± 0.81). Praetorianistic forms of behavior are especially encountered in working life. Although it is not a military administration, all kinds of guardianship behavior in disciplinary-based working lives is a form of praetorianistic behavior if it includes intense protection (McLauchlin, 2010). Since intensive care units are highly disciplined and systematic work units, it can be interpreted that nurse executives exhibit praetorianistic behavior more than other units. However, it is noted that people are turning to individual lives and individualism, especially with the technology that has developed recently in collectivist cultures, and in this context, the content of the concept of praetorianism is beginning to change (Raviot, 2017).

Impact Statement: The lack of a study conducted specifically on praetorianistic leadership behavior in nursing management makes the study valuable. It can be said that this research will provide an awareness of praetorianistic behaviors, which is a cultural behavior style among the leadership approaches that the management field in nursing focuses on, and thus it can reduce the

display of these behaviors. In addition, if praetorianistic behaviors are prevented in working life, it is thought that many undesirable negative situations in the organization such as conflict, poor communication, burnout, and intention to leave work observed in nurses can be reduced.

Conclusion: In the study examining the praetorianistic behavior of nurse executives, it was concluded that praetorianistic behaviors were more common in female managers, that praetorianistic behaviors decreased as the education level increased, that praetorianistic behavior styles increased as the working year increased, and that praetorianistic behaviors increase in stressful work areas such as intensive care units. In line with these results, the behavior of nurse executives who exhibit praetorianistic behavior should be noticed. Nurse executives should conduct employee or self-evaluation surveys and an evaluation process should be established by senior management. Nurse executives should develop the positive aspects of praetorianistic behaviors such as guidance and benevolence, and reduce the negative aspects such as restraint and intervention. Nurse executives should be supported or guided by the hospital management with developmental coaching or mentoring trainings. Nurse executives should be motivated in terms of postgraduate training for specialization. Postgraduate trained nurses should be given a managerial role. Training plans can be conducted by the hospital administrations to increase the communication roles of nurse executives. Finally, it can be recommended to conduct research with different samples and variables due to the fact that studies on praetorianistic behaviors are outside of nursing and there are not enough studies in the literature.

Limitations of the research: The limitation of the study is that the study was conducted only on nurses working in a training and research hospital located in the southeast of Turkey. Results from this study can only be generalized to the population in which the study was conducted.

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