

NURSES' METAPHORICAL PERCEPTIONS ABOUT THEIR MANAGERS: A MIXED-METHOD RESEARCH

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ABSTRACT

BACKGROUND:

Research in literature has examined the leadership styles of nurse managers. However, no qualitative study based on metaphors could be found to determine the perceptions of nurses regarding their managers in depth and without limitations where they could freely express their opinions. The purpose of this study is to determine the perceptions of nurses regarding their nurse managers with the help of metaphors.

METHODS:

This study used a mixed methods approach to including both quantitative and qualitative research methods. This study was conducted in a total of 118 nurses between August and November 2022. The data were collected as online by the researchers through personal information form and a questionnaire including a semi-structured open-ended form. In the first part of the questionnaire, questions about socio-demographic characteristics were included, and in the second part, the sentence "My nurse manager is like..., because..." was included to determine the metaphors developed by the nurses about their nurse managers. The nurses' answers to this question were analyzed with content analysis.

RESULTS:

The metaphors formed by the participants regarding their nurse managers were gathered under one positive theme and one negative theme covering 20 categories (13 positive categories and 7 negative categories). In the study, 94 different metaphors were identified, and 53 of these were positive metaphors, while 41 were negative metaphors. In the positive sense, the participants perceived their managers as trustworthy, supportive family members, individuals who restore/coordinate, individuals who protect/defend, hardworking, source of happiness, just/fair, source of power, source of support, problem-solver, nutrition, source of knowledge, and guiding. In the negative sense, the participants perceived their managers as harming/harmful, passive, unstable/inconsistent, coercive/oppressive, opportunistic, useless, and biased.

CONCLUSION:

The results of this study showed that most nurses perceived their managers positively.

KEYWORDS

metaphor, nurse, nurse manager, qualitative study

INTRODUCTION

For centuries, people have been interacting with a broad environment including the smallest groups they are in, their organization, their country, and the entire world. For a person to be able to manage and influence themselves or the environment that they are interacting with, they need to have management and leadership capabilities [1]. Today, effective managers, especially leaders, have substantial importance in healthcare organizations. The reason for this is that healthcare services are becoming much more complicated due to globalization, advancements in technology, and crises such as epidemic diseases, disasters, and war. Therefore, there is a constantly increasing need for managers who can operate these services and show effective leadership [2].

Nurses, who take on important responsibilities as an indispensable part of teams that provide healthcare services, rise to the position of "nurse manager" not only based on their training and education but also by improving their knowledge, skills, and qualifications [3], and they play important roles in the supervision of nursing practices [4]. The management styles and behaviors adopted by nurse managers are critical in ensuring the quality of healthcare services and achieving positive outcomes in organizational areas such as job satisfaction and motivation [5].

The success of nurse managers is dependent on their acceptance and embracement as leaders by their subordinates. This is because, when nurses have positive perceptions of their managers, they work more in harmony with them. This is why the perceptions of nurses regarding nurse managers constitute an important factor that affects the likelihood of obtaining positive organizational outcomes. The traits nurses look for in their managers and their relationships with their managers influence their job satisfaction, organizational commitment, intention to turnover, and many other attitudes and behaviors [6, 7]. Thus, studies conducted to determine how exactly nurses perceive their managers and their feelings, thoughts, and points of view regarding their managers are recommended [5].

While studies have examined the leadership styles of nurse managers, the data obtained in these studies have been limited to a certain number of statements and questions in data collection instruments presented to nurses such as

scales and questionnaires. In such studies, nurses may not find opportunities that reflect their thoughts other than those already included in the data collection forms [6, 8]. There is a need for studies aiming to determine the perceptions of nurses regarding their managers in depth and without limitations where they could freely express their opinions. One of the most suitable methods that can be used for this purpose is the usage of metaphors [9].

Metaphors are cognitive instruments that are used to determine how an expression, an event, an object, and especially an abstract concept that is difficult to understand is perceived and interpreted by individuals using fewer words and various comparisons, while they usually have figurative meanings. Metaphors are also mental images that have the potential to influence the future acts of individuals [10]. Such mental images pertaining to the perceptions of nurses regarding their managers are among the main determinants that will direct their characteristics such as motivation, job satisfaction, organizational trust, and organizational commitment in the context of their relationships with their managers, whether they accept their managers as leaders, and their practice of duties and responsibilities for both the present and the future. The purpose of this study is to determine the perceptions of nurses regarding their managers using metaphors. It is believed that the results of this study will provide significant contributions to the literature by revealing the traits and behaviors of nurse managers perceived positively or negatively by nurses, as well as the characteristics and behaviors nurses expect/embrace. Moreover, the results will allow nurse managers to gain an awareness of their management styles by getting an insight into themselves. Furthermore, by the revelation of the negative characteristics and behaviors perceived by nurses in their managers, supportive data will be gathered for management training programs to improve these perceptions. In this study, answers were sought to the following research question: What are the metaphors adopted by nurses regarding their perceptions of their managers?

MATERIAL AND METHODS

STUDY DESIGN

A mixed method, including both quantitative and qualitative research methods, was used in this study. Quantitative method was used to determine the sociodemographic characteristics of nurses, and

qualitative method and metaphor analysis technique based on the transcendental phenomenological approach were used to determine nurses' perceptions of their managers.

The purpose of phenomenological studies, which form the basis of qualitative research, is to explain a concept, event or phenomenon, and to reveal individuals' perceptions, feelings and thoughts on the subject. Participants who will participate in this study must have experienced situations such as phenomena, events and concepts that they can understand [11, 12]. Metaphors are a qualitative study technique based on explaining a difficult phenomenon, event or concept by making use of these experiences of individuals and expressing and concretizing the perceptions and emotions related to these with various analogies or known terms [9].

SAMPLE

The population of the study included all nurses working in the country where the study was carried out (N=243,565) [13].

Purposeful sampling method, one of the non-probability sampling methods commonly used in qualitative research studies, was used in the research. The sample consisted of 118 nurses who had at least six months of working experience in their institution, who could be reached online, and who agreed to participate in the research (Figure 1).

INSTRUMENTS

The data was collected via online by the researchers using a form developed on Google Forms. The form includes questions about the socio-demographic characteristics of the participants (9 questions) and a sentence containing metaphors (in accordance with the metaphor question pattern). The descriptive form included questions about participants' socio-demographic characteristics such as gender, marital status, education status, unit of employment, and years of professional experience. After the participants answered the questions about their sociodemographic characteristics, they were given the incomplete sentence "My nurse manager is like a(n)... because ..." (metaphor question pattern) and asked to fill in the blanks in this sentence with a metaphoric expression. In studies using metaphors as a research tool [14, 15], the word or concept used for similarity is often used to more clearly associate the link between the subject and the source of the metaphor. Before these questions were asked

of the participants, they were provided with a written explanation about what a metaphor is and how it can be defined. To make the concept more comprehensive, an example metaphor was provided. The data collection form that was used in the study was tested for comprehensibility in a group of nurses not included in the main sample, and positive feedback was received. After this stage, the main data of the study were collected.

DATA COLLECTION

The data of the research were collected using metaphors, which is a frequently used data collection method to explain and understand experiences and perceptions. Collecting data through metaphors allows obtaining detailed information about how people perceive the subject through the metaphors obtained and the impact of the metaphors on the individual [9].

The data were collected between August and November 2022. The link to the online form that was prepared was sent to nurses via social media and communication platforms used by nurses that provide group conversations, and nurses were invited to participate in the study. The link was sent three times at weekly intervals. The data collection process continued until data saturation. Saturation occurs when additional data is not collected or nothing new is added to the research as a result of the analysis [16]. If the data collected in this study was a repetition of previous data and no new codes were created, saturation occurred and the data collection process was terminated. The data collection form was filled out by 118 volunteer nurses. It took approximately 5-10 minutes to fill out the form. These compositions written by nurses via Google Forms were used as the main data source in this study. The study was carried out by following the steps of the COREQ Checklist [17]. The collected data were saved online in a password-protected form only accessible to the researchers.

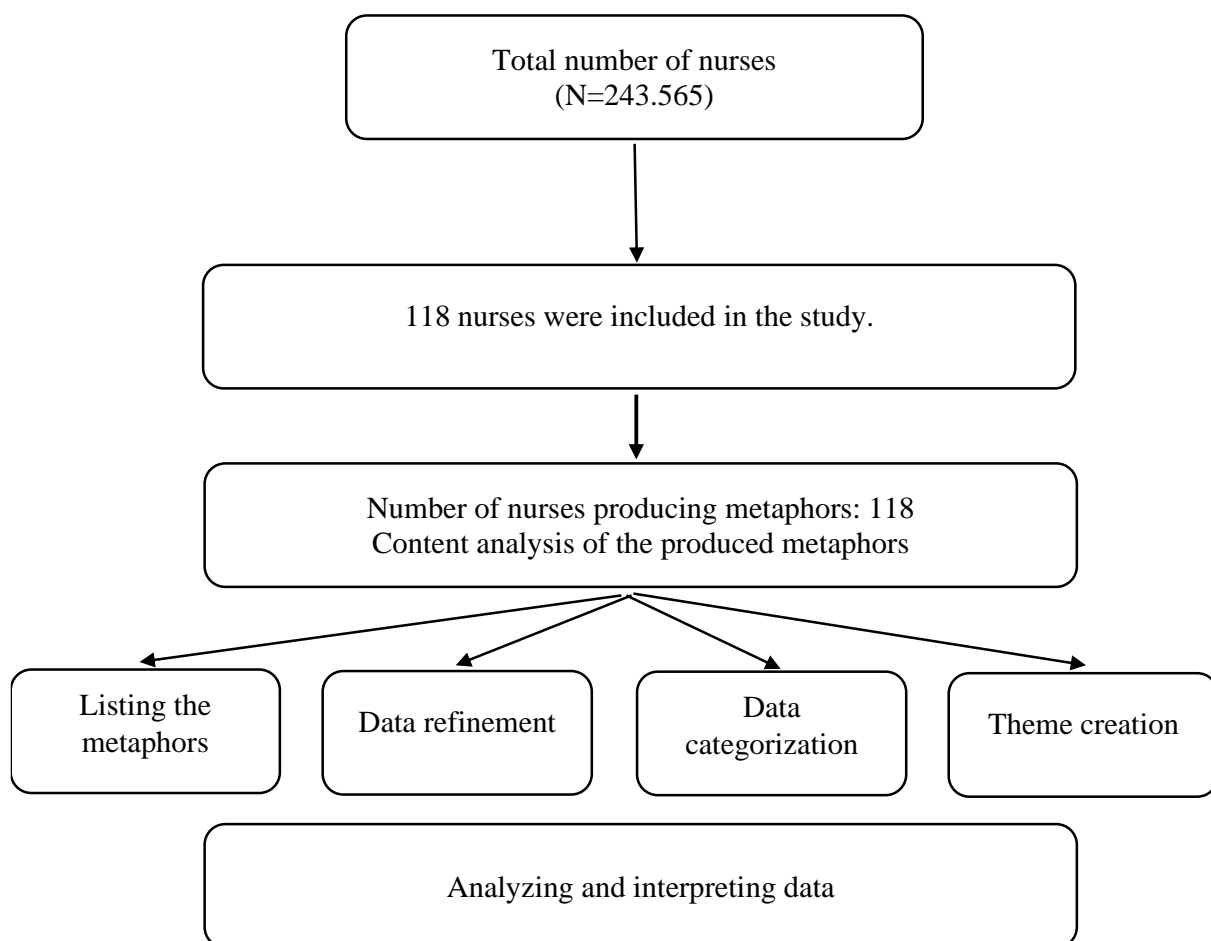
DATA ANALYSIS

Socio-demographic characteristics (age, gender, etc.) were summarized as numbers and percentages using SPSS. There is no single way to do metaphorical analysis. It ranges from listing metaphorical expressions to organizing data into themes. In this study, content analysis method, one of the qualitative analysis methods, was used. Content analysis is a systematic and replicable method in which some words of a text are summarized in smaller content categories using codes that are created based on certain rules. Using codes, this technique aims to explain the

underlying concepts of data, and the relationships between these concepts [18]. In this study, while categorizing the data, not only the stated metaphors but their reasons for statement were taken into account. This was because the same metaphor stated by two different people may be used with different meanings. For this reason, the content analysis was carried out keeping the justification for each stated metaphor in mind. Based on this consideration, some metaphors with the same words could be included simultaneously under different categories (as their justifications/reasons were different).

The analysis stages included (1) listing the stated metaphors in alphabetical order, (2) data refinement, (3) data categorization, and (4) theme creation (Figure 1). The collected metaphors were first listed alphabetically, and those that had shared characteristics or were related to each other were categorized by also examining their justifications/reasons. Next, 20 categories under 2 themes considered to cover the 94 metaphors best were created. The data were then examined to identify metaphorical statements representing each metaphor, and example statements are provided.

FIGURE 1. FLOW CHART OF THE RESEARCH



ETHICAL PRINCIPLES

Before starting the study, ethical approval was obtained from the Bandirma Onyedi Eylul University Ethics Committee (Date: 07.02.2022, No: 2022/2). At the stage of data collection, potential participants were informed about the study in the informed consent form included in the data collection form, and those who agreed to participate were

allowed to respond to the questions on the form. To protect their confidentiality, no identifying information, including name, surname, or e-mail address, was collected from the participants. The protocol of the study was implemented in line with the principles of the Declaration of Helsinki.

RESULTS

The mean age of the participants was 35.44±8.26, 90.7% of the participants were women, 72% had undergraduate degrees, and 67.7% were service nurses. The mean professional experience level of the participants was

12.47±9.48 years, 78.8% had experience of previously working at another institution, and the mean duration for which they worked at their current institution was 5.13±5.26 years. While 80.5% of the participants reported to the head nurse of their unit, 10.1% reported to the nursing director at their institution (Table 1).

TABLE 1. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS (N=118)

| Characteristics | n | % |
|--|------------|------------|
| Age M±SD=35.44±8.26 | | |
| Gender | | |
| Female | 107 | 90.7 |
| Male | 11 | 9.3 |
| Marital status | | |
| Married | 83 | 70.3 |
| Single | 35 | 29.7 |
| Education level | | |
| Vocational school of health | 13 | 11.1 |
| Undergraduate | 85 | 72 |
| Postgraduate | 20 | 16.9 |
| Unit of employment | | |
| Inpatient unit | 80 | 67.7 |
| Specialized unit (e.g., emergency) | 28 | 23.7 |
| Administrative unit | 10 | 8.6 |
| Professional experience | | |
| 0-5 years | 47 | 39.9 |
| Over 5 years | 71 | 60.1 |
| M±SD=12.47±9.48 | | |
| Has worked at another institution before | | |
| Yes | 93 | 78.8 |
| No | 25 | 21.2 |
| Duration of working at current institution | | |
| 0-5 years | 80 | 67.7 |
| Over 5 years | 38 | 32.3 |
| M±SD=5.13±5.26 | | |
| Reports to | | |
| Unit head nurse | 95 | 80.5 |
| Nursing director | 12 | 10.1 |
| Other (supervisor nurse, quality management directory) | 11 | 9.4 |
| TOTAL | 118 | 100 |

The metaphors formed by the participants regarding their nurse managers were gathered under one positive theme and one negative theme covering 20 categories. While 13 of these categories were positive, 7 were negative categories. Ninety-four different metaphors (53 positive and 41 negative metaphors) were gathered under these categories. Some metaphors with the same names were included simultaneously in different categories.

Theme 1: Positive Metaphors (n=72)

The positive metaphors shared by the participants about their nurse managers were gathered under 13 categories including a total of 53 different metaphors, and 10 of these metaphors were simultaneously included in different categories. The metaphors that were gathered under multiple categories were "flower" (n=7), "mother" (n=3), "bee" (n=3), "scale" (n=3), "friend" (n=3), "sibling" (n=2), "protector" (n=2), "angel" (n=2), "key" (n=2), and "computer" (n=2). The examples under the positive metaphors theme showed that the participants perceived their managers as trustworthy (n=9), supportive family members (n=8), individuals who restore/coordinate (n=8), individuals who protect/defend (n=7), hardworking (n=7), source of happiness (n=6), just/fair (n=6), source of power (n=5), source of support (n=4), problem-solver (n=4), nutrition (n=3), source of knowledge (n=3), and guiding (n=2) (Figure 2). With reference to positive metaphors, some of the respondents said:

"My nurse manager is like a friend because she has always helped me by standing by me in good and bad times." – Respondent 28

"My nurse manager is like a mother because she listens to my issues whenever I feel helpless and try to find a solution." – Respondent 57

"My nurse manager is like a queen bee because she keeps the whole team together, make sure that everything operates, are motherly, work with a team spirit, and facilitate the continuation of tasks." – Respondent 43

"My nurse manager is like a castle because she embraces and defend us, that is, nurses." – Respondent 21

"My nurse manager is like a bee because she is a person who knows how to work with a team spirit and is productive, successful, and hardworking." – Respondent 107

"My nurse manager is like a flower because she brings happiness when she arrives." – Respondent 17

"My nurse manager is like a scale because she appears to be right in the middle and impartial." – Respondent 4

"My nurse manager is like a light because she enlightens us with her knowledge and experience." – Respondent 83

"My nurse manager is like a crutch because she helps me advance in fields where I fall short as an individual." – Respondent 36

"My nurse manager is like a painkiller because she is a person who makes your life easier and finds solutions when you are in trouble." – Respondent 13

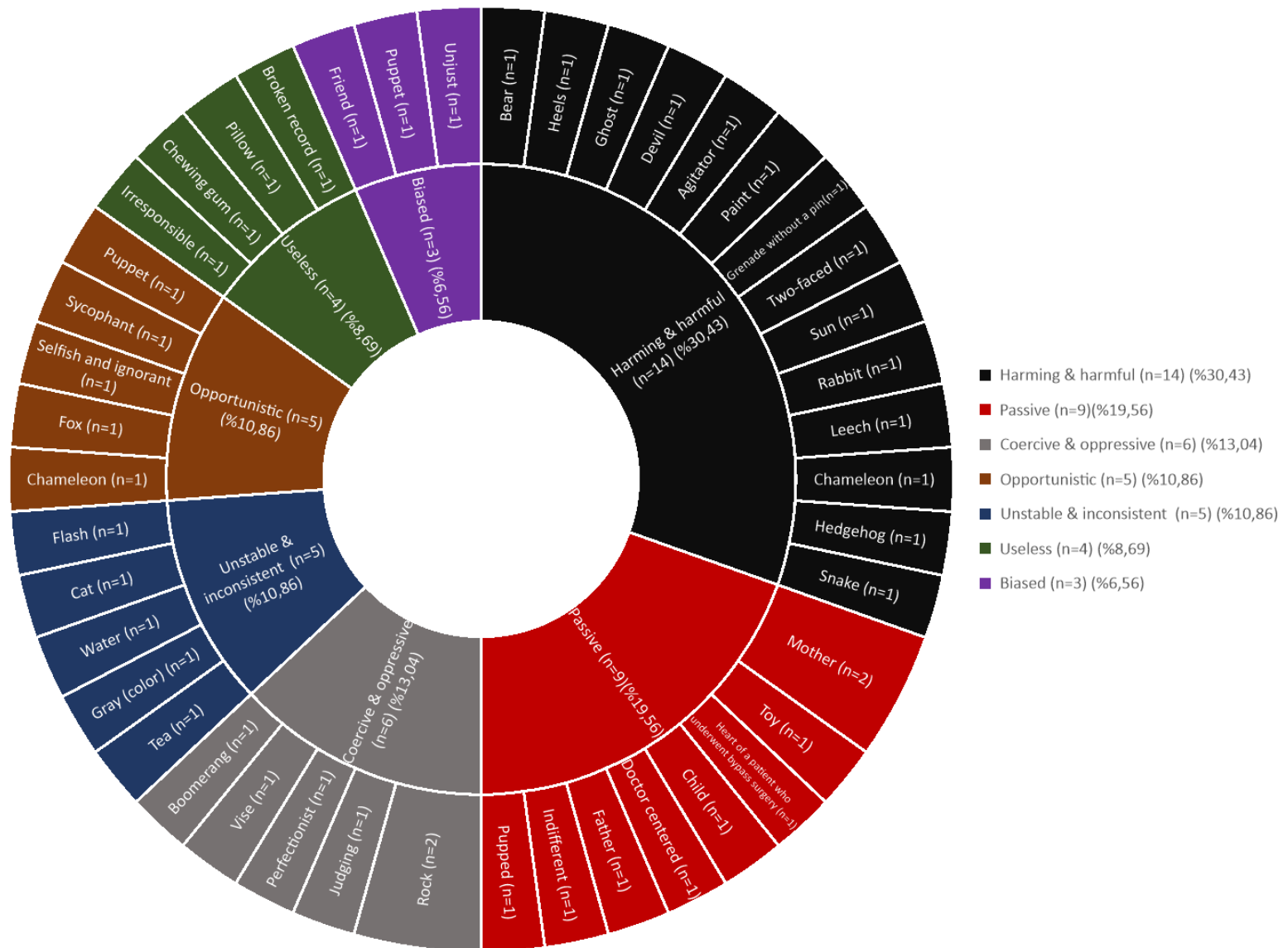
"My nurse manager is like a computer because she knows, teaches, and coordinates everything." – Respondent 91

"My nurse manager is like a navigation because she tries to discover new routes and solutions." – Respondent 64

FIGURE 2. POSITIVE METAPHORS AND SUB-CATEGORIES ABOUT NURSE MANAGERS BY NURSES



FIGURE 3. NEGATIVE METAPHORS AND SUB-CATEGORIES ABOUT NURSE MANAGERS BY NURSES



Theme 2: Negative Metaphors (n=46)

The negative metaphors shared by the participants about their nurse managers were gathered under 7 categories including a total of 41 different metaphors, and 4 of these metaphors were simultaneously included in different categories. The metaphors that were gathered under multiple categories were "chameleon" (n=2), "rock" (n=2), "mother" (n=2), and "puppet" (n=3). The examples under the negative metaphors theme showed that the participants perceived their managers as harming/harmful (n=14), passive (n=9), unstable/inconsistent (n=5), coercive/oppressive (n=6), opportunistic (n=5), useless (n=4), and biased (n=3) (Figure 3). With reference to negative metaphors, some of the respondents said:

"My nurse manager is like a snake because she holds every favor they do against you and take part in mobbing." – Respondent 27

"My nurse manager is like a toy because we can manipulate him however we want and get him do anything we want." – Respondent 49

"My nurse manager is like a cat because when you try to pet a cat, it may let you pet it if it wants, but the same cat could scratch you if it feels like it at that moment." – Respondent 8

"My nurse manager is like a rock because she is strict and disciplined about work." – Respondent 102

"My nurse manager is like a chameleon because she acts based on their interests." – Respondent 91

"My nurse manager is like a pillow because she sits down right after arriving at work, do not get up, do not listen to our problems, and do not do anything." – Respondent 34

"My nurse manager is like an unjust because she shows preferential treatment and constantly treat people unfairly. She makes fun of you when you talk about your problems. She displays favoritism." – Respondent 4

DISCUSSION

According to the results of this study, which aimed to reveal the mental images of nurses regarding their managers, most nurses (n=72, 61%) produced positive metaphors, meaning that they perceived their managers positively. This

was a favorable result. However, it should be noted that 41 different negative metaphors were produced by 46 nurses (39%), which showed that they perceived their managers negatively.

The finding that the participants perceived their managers as trustworthy, supportive family members, people who restore/coordinate, and people who protect/defend and associated them with similar characteristics was closely related to the institutional characteristics of the profession of nursing and the roles of nurse managers. The nature of nursing necessitates nurse managers to assume roles such as problem-solving and protection [5]. These roles can be thought to emerge as a part of expectations from the profession of nursing and their responsibilities as managers. As emphasized by Warshawsky and Cramer (2019), nurse managers are expected to solve problems about both their job and patients, be knowledgeable about their job, and establish order. Nurse managers also need to treat their subordinates fairly, be reliable, supportive, and protective for their team and patients, and take on guidance and leadership roles [19]. They have responsibilities in protecting the healthcare team and patients and providing a pleasant work environment [1, 6, 20]. In this context, the positive perceptions of nurses regarding their nurse managers may be seen as a reflection of these roles and expectations. The successful performance of these roles by nurse managers may be leadership characteristics that are considered positive by nurses.

While performing their duties, nurse managers try to keep up with and complete all tasks under a work overload for reasons such as the low number of employees and the high number of patients [21]. Therefore, the perceptions of the participants regarding their managers as "bees" that are constantly working, "octopuses" that try to deal with everything, and "fleas" that move fast can be considered a finding that needs to be taken into consideration in terms of the workload of managers. Previous studies showed that nurse managers felt constantly in a hurry and took too many responsibilities due to their heavy workload [22], and nurse managers were perceived to have a task-oriented management style by both nurses and themselves [23]. It is thought that the female gender was effective in the emergence of these findings. This is because the participants shared metaphors that are usually associated with women such as a mother, an older sister, a queen bee, shielding, and motherliness, along with those that make people feel good and provide them with confidence and joy such as "flower, mother, friend, sibling, and angel". The

production of emotion-related metaphors by the participants may be related to the fact that the nature of the profession of nursing involves emotions such as compassion and sympathy [1], as well as the general perception of women as more emotional people due to gender stereotypes [24]. It was reported that approximately half of female employees stated that working with female managers raised positive feelings in them, and 78% thought they were understood better by female managers as they were “women” and “mothers” [25]. In another study, working with a female manager was found to have six main advantages including their roles as women and mothers, their creation of a positive work environment, their practical and fast solutions to problems, their mentorship roles, their completion of tasks within the planned schedule, and their status as good listeners [25, 26]. These findings were supported by the fact that most participants of this study were married.

The perception of nurse managers that satisfy their subordinates emotionally despite their work overload also suggests that they value interpersonal relationships, they have good empathy skills as guiding leaders [27], and thus, nurses feel emotionally close to their managers. The positive findings of this study regarding these issues are considered favorable in terms of the support of the healthcare team by nurse managers [7], making sure that the operation of the team is effective, achieving commitment to the manager, increasing the motivation of nurses, and reducing their turnover intentions [28]. While it was stated that nurses saw their managers mostly as mentors, coordinators, and directors [5], it was emphasized that it is important for nurse managers to raise feelings of happiness in their employees in terms of job satisfaction, productivity, efficiency, and best practices in patient care [29].

Other metaphors shared by the participants in a positive context included “computer”, “key”, “moon”, and “light”, which referred to their position as role models with their knowledge and problem-solving capacity. This showed that nurse managers had good problem-solving skills, they were perceived to be knowledgeable and role models by their subordinates, and thus, they performed the roles and responsibilities that were expected of them [19, 30].

Although most of the participants of this study had positive perceptions of their nurse managers, the rate of those who perceived their managers negatively (39%) should also be considered an important finding. These participants were found to usually perceive their managers as harmful,

passive, unstable/inconsistent, coercive/oppressive, opportunistic, useless, and biased.

The participants who thought their managers harmed them likened their managers to the devil, chameleons, snakes, hedgehogs, and rabbits. They thought that their managers could do all kinds of bad things, they did not value their employees, they lied as they pleased and blamed people, and they exploited their employees. This suggested that nurse managers display an exploitative and autocratic management style that does not value employee relationships [31]. The finding that the participants perceived their managers as coercive/oppressive, opportunistic, and biased also supported the aforementioned findings. These findings might indicate that nurse managers may see their subordinates as rivals, and for this reason, they may treat them in a harmful, oppressive, and biased manner. Likewise, in another study, it was found that female managers were more envious and competitive than male managers, they acted emotionally, they had a large ego, and they were strict and aggressive, more autocratic, and tyrannical, while it was also highlighted that female managers could experience “queen bee syndrome” [25]. The results of another study showed that nurses expected their managers to be supportive, respect them, and value them [32]

It was seen in this study that the participants who considered their managers to be passive usually likened them to toys and puppets. This situation may mean that these managers were liberal (cowardly) managers who could not exercise their own management styles and authority completely, left their subordinates free to roam, and acted under the influence of others [33]. The finding that some participants considered their managers useless was in parallel with this possibility.

Another characteristic associated with nurse managers by the participants was being unstable and inconsistent. Accordingly, the participants expressed these views using metaphors such as water, gray as a color, and flash in a pan. These findings indicate that nurse managers were “fox”-like managers who adopted a Middle-of-the-Road management style that led them to act based on their environment, not have an exact/clear leadership style, behave politically, and change their minds easily [34].

The negative evaluations of the participants about their managers suggested that health institutions are not careful enough in their selection of nurse managers, and

sometimes managers who affected the confidence and motivation of nurses negatively were employed. This result was interpreted as a situation that needs to be kept in check to prevent nurses from leaving their jobs. This is because, as mentioned in the literature, opportunistic and ineffective managers increase the turnover intentions of their subordinates by lowering their confidence and job motivations [35], and biased managers who favor some employees lead to a reduction in the perception of organizational justice and affect the job satisfaction of their employees negatively [36].

STRENGTHS AND LIMITATIONS

This study has several strengths. Our findings support and extend those of previous studies on perceptions of managers in different contexts, while also offering novel and unique findings. Like every other study, this study had some limitations. First of all, the data were collected online, not in person. Some nurses may have hesitated to share their opinions about their managers. Additionally, the metaphors created by the participants were limited to their self-reports depending on their cultural, social, and professional experiences. The lack of other metaphor analysis studies about this topic was a limitation in terms of the discussion of the findings of this study along with the findings of other studies. Finally, the created themes and categories were based on the interpretations of the researchers.

RECOMMENDATIONS FOR FURTHER RESEARCH

Considering these results, the following recommendations can be made:

- Nurse managers should be evaluated by their subordinates and receive feedback at regular intervals,
- Nurse managers should make self-evaluations from the perspectives of their subordinates and be self-aware,
- To evaluate nurse managers more objectively, the way they are perceived by other members of the healthcare team should also be determined,
- The qualifications of candidates should be kept in mind in the selection of nurse managers,
- Nurse managers who are positively evaluated by their subordinates should be rewarded,
- Nurse managers who are negatively evaluated should review their management styles and adopt more favorable management styles, especially those that value employees and interpersonal relationships,

- The topic should be investigated from a broader perspective including larger samples in different regions, institutions, fields of study, and cultures.

IMPLICATIONS FOR POLICY AND PRACTICE

Exposing the way nurses perceive their nurse managers is very important in terms of understanding, rewarding or supporting the development of managerial and leadership behaviors exhibited by nurse managers. It is necessary to prioritize and invest in the way manager nurses are perceived, as it can affect many variables, especially nurses' communication, motivation, nursing care, desire to change units/departments, intention to leave and patient outcomes. Senior manager nurses can eliminate obstacles, contribute to the development of nursing services management and the professional nursing profession by constantly monitoring managers' perception styles.

CONCLUSION

The results of this study showed that most nurses perceived their managers positively. The positive perceptions of the participants regarding their managers including concepts and metaphors such as trustworthy, supportive family members, people who restore/coordinate, people who protect/defend, hardworking, source of happiness, just/fair, and source of power indicated that nurse managers performed the roles and responsibilities expected of them, and their subordinates were also satisfied with their performance. It was also determined that some participants had negative perceptions about their managers that could damage their sense of trust, motivation, and justice, including their views that nurse managers were harming, passive, unstable/inconsistent, coercive/oppressive, opportunistic, useless, and biased.

ACKNOWLEDGMENTS

All authors gratefully acknowledge the nurses for collaborating in this study.

ETHICAL CONSIDERATIONS

This study was accepted by the Bandirma Onyedi Eylül University Health Sciences Non-Interventional Research Ethics Committee (Decision date: 07.02.2022; Decision number: 2022/2).

CONFLICT OF INTEREST STATEMENT

The authors declare no financial, or non-financial conflict of interest.

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