



Political Skill Perception among Nurses: A University Hospital Sample

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ABSTRACT

Political skill is a positive force and is elemental to job and career success in organizations today. The aim of this study is to determine political skill perception among nurses. A cross-sectional survey design was used for this study. This study consisted of all of the nurses working at a public university hospital in the city of Istanbul. The total count sampling method was used in the study. A questionnaire form was delivered to all nurses and the purpose of the study was explained, and data was collected from 516 individuals. The Political Skills Scale was used in data collection. The political skill levels of nurses are above average. Positive relationships between scores from the "forming relationship networks" sub-dimension and age, occupational experience, and duration of employment within the institution were found. Nurses with management duties were found to have significantly higher scores in the same sub-dimension compared to those without, while nurses who worked at service units had significantly lower scores in the same sub-dimension compared to nurses working at other units. In order to increase the political skills of nurses, all political skill dimensions, especially social networking skills, should be supported and developer activities and group works should be done. Political skills can help increase our understanding of the impact processes in organizations and human resource decisions and actions, as managers and employees affect many variables such as organizational policy, performance evaluation, interpersonal communication, networking ability, stress, and social capital.

Keywords: Nurse, Political skill, University hospital, Turkey

INTRODUCTION

Hospitals are working environments that serve in a complex structure. Many professionals and managers work together to serve both their own goals and the goals of the hospital. It is vital for hospitals that high-performing employees continue to stay in the hospital. High-level knowledge and skills are needed to work harmoniously in-hospital services without any problems. One of these skills is political skill.

Political skill is defined as the ability to effectively understand others in the workplace and to use this information to influence others in ways that enhance one's personal and/or organizational goals [1]. Nurses, who represent an important group for health systems, need to have sufficient Political Skills (PS) to successfully manage their organizational structure and relationships and to produce results in these complicated systems. The survival of individuals in organizations requires them to have both political will and PS [2]. PS differs from the ability to produce policies regarding state or institutional politics. PS is related to an intentional strategy to increase job performance within the context of an organizational environment. Real PS is a positive force and is elemental to job and career success in organizations today. PS is also a basic skill for managers to effectively affect employees, manage organizational policies, and increase career advancement [3,4]. PS is the ability to understand others within the organization and use this information to realize the personal or organizational goals of others [4]. PS consists of individuals managing their social intelligence and behavior according to changing conditional demands, and affecting and controlling the answers of others effectively [5]. Supporting, and inspiring trust form the basis of PS [6].

PS is a social skill combining the ability to manage behavior, the ability to form good relationships, and social intelligence in an incentivizing and sympathetic attitude that inspires trust, sincerity, and truthfulness to affect other

people in the organization through convincing. PS has four basic dimensions, namely networking ability, social astuteness, apparent sincerity, interpersonal influence [5,7,8].

PS is a skill necessary to conduct interpersonal interaction and is at the core of organizational services. Employees use such skills to identify opportunities in work environments and perform more efficiently. Thus, emotions and behaviors of employees affect organizational commitment, work results and life satisfaction. Therefore, political skill can lead to positive study results [9]. As a result, the organizational effects of the PS inherent in the responses of the employees have attracted the attention of many researchers, as employees exhibit different levels of PS in achieving organizational goals [10].

PS relates to competences that arise in work-related situations that reflect both dispositional antecedents and situational variability [5]. PS is an important social structure in organizational sciences that has the potential to affect many important workplace behaviours and attitudes [11]. Process the influence tactics of politically skilled people more effectively [12]. Nurses with higher levels of PS are less likely to experience job burnout after being ill-treated by patients [13]. It has been shown that individuals with PS experience less role ambiguity [14]. Leaders with low PB may not be able to recognize the inconsistency of power distance between themselves and their followers, or may not be capable of solving problems with potential [15]. Politically skilled employees have the ability to act as components expect, which helps them create a positive image in the workplace [16]. In a study, it was shown that leaders with high levels of political skills can moderate the relationship between psychological workplace strain and deprivation behavior on employees [15]. In another study, it was found that leaders with a high level of political skill explain a significant variance in team performance scores. Ahearn, et al. finds a consistent positive relationship between political skill and performance, both in terms of role and context [10]. It has been reported that employees with low PS show a decrease in their task performance when they perceive a victimized work environment [17]. PB is associated with employees' job satisfaction and turnover intention [18,19]. Each of the four dimensions of PB alleviates some of the observed aggression-tension relationships, it has been shown to be positively associated with perceptions of organizational support [19,20]. It was determined that there is a significant and positive relationship between political skill and career success and career satisfaction [21-24]. PS is negatively associated with general job stress factors, role conflict, role ambiguity, and the strain response of burnout [25].

It is thought that the high level of nurses' PS will both improve the quality of patient care and help the nurses achieve their goals. Politically skilled nurses will be able to adapt themselves to changing situations more quickly, easily collaborate, and sincerely and persuasively increase their support resources in work environments. In addition, by establishing sincere, trusting relationships with patients, they will be able to direct the behaviors that will increase the health of the patients. On the other hand, executive nurses will be able to direct employees to behave towards the goals of the institution and will be able to look at the events from a different point of view.

The ever-changing patient demands, the competitive environment in which hospitals are located, and the care needs of patients can create intense stress on nurses. Therefore, nurses with high political skills have the ability to understand and evaluate the external influencers that cause stress in a way that they can eliminate the negative effects. In fact, political capability contributes to employees' experience of less stress and strain and to develop a confident self-esteem. It is very important to examine political skill because it has the potential to affect many workplace behaviors and attitudes such as job satisfaction, turnover, performance, and the dispositional premises of nurses' behaviors and attitudes as in many countries of the world [26-30]. As the world turnover intention of nurses in Turkey still continues to be a problem [31-33].

Factors such as constantly changing health policies, insufficient number of nurses, long working hours; lead to increased stress levels of nurses and also to leave their jobs. It is important to examine all kinds of factors that may affect the departure of nurses from their profession and institutions.

Political skill contributes greatly to overcoming problems, to being successful, to being self-confident and to creating a sense of confidence. On the other hand, individuals with high political skills see interpersonal interactions as opportunities. When looking at the result, the working environment creates an environment of stress when handled by individuals who do not have political skills, and when considered by individuals with political skills, it has an effect that can turn interpersonal relations into opportunities with the belief that it can always and if desired [34].

It was seen that although the subject of PS has been intensely studied in organizational psychology, the number of

such studies in nursing literature was limited and insufficient. For this reason, the aim of this study was to determine the political skill perception of nurses.

METHODOLOGY

Aims

It was conducted to determine the PS levels of nurses and to determine the independent variables that make a difference in their political skill levels.

Design: A cross-sectional survey design was used for this study.

Answers to the questions below were sought in this study:

- How do nurses evaluate their PS levels?
- What are the sociodemographic and occupational characteristics that cause a significant difference in the PS levels of nurses?

Sampling and Study Settings

The population of this study consisted of all of the nurses working at a public university hospital in the city of Istanbul. A total of 853 nurses were employed at this hospital in the relevant timeframe. The “total count sampling method” was used in the study. A questionnaire was delivered to all nurses and the purpose of the study was explained. Questionnaires were handed out to 537 nurses who agreed to participate in the study. After that, 516 forms where the questionnaires were filled out completely were taken into evaluation. The rate of return in the study was calculated to be 62.95%, while the rate of reaching the population was found to be 60.49%.

Data Collection and Procedures

Study data were collected between November 2018 and January 2019 through interviews with the nurses working at a university hospital. Socio-demographic Data Form and the Political Skill Scale (PSS) were used in data collection.

Socio-demographic data form: This form included seven questions regarding the socio-demographic characteristics (age, gender, occupational experience, institutional experience, having management duties, department of employment, unit of employment) of the nurses.

The Political Skill Scale (PSS): This scale was developed by Ferris, et al. and tested for validity and reliability in Turkish by Ozdemir and Goren [6,35]. The adapted scale consisted of four sub-dimensions and 18 items. The items in the scale are scored in a 7-way Likert-type manner (1:I do not agree at all, 7:I completely agree). Higher scores from the scale are interpreted as higher political skills, while lower scores are interpreted as worse PS. PSS has 4 sub-dimensions (Networking Ability, Social Astuteness, Apparent Sincerity, Interpersonal Influence). The internal consistency coefficient of the scale was 0.94 while the Cronbach Alpha values of the sub-dimensions varied between 0.86 and 0.92. In this study, the internal consistency coefficient of the scale was found to be 0.91 while this coefficient varied between 0.70 and 0.91 for the sub-dimensions.

Data Analysis

The NCSS (Number Cruncher Statistical System) program was used for statistical analyses. Descriptive statistical methods (frequency, percentage, minimum-maximum-mean scores and standard deviation) were used for evaluation. The Independent group's t-test was used in the comparison of normally distributed quantitative data between two groups, while the Mann Whitney U test was used in the comparison of abnormally distributed quantitative data between groups. One way variance analysis, the Games-Howell test, and couple evaluations with Bonferroni corrections were used in the comparison of normally distributed quantitative data between more than two groups. The Kruskal Wallis test was used in the comparison of abnormally distributed quantitative data between more than two groups. The evaluation of the relationship between quantitative variables was performed using Pearson correlation analysis and Spearman correlation analysis. The level of statistical significance was taken as $p < 0.05$.

Ethical Considerations

Permission from the Board of Ethics (no: 1427, 24.10.2018) and official written permission from the institution where

the study would be conducted were taken for the study. Additionally, permission from the authors of the scale used in the study was taken through e-mail.

RESULTS

The study was conducted with a total of 516 nurses. It was established that 21.9% of the participants were aged between 26 and 30 years, 91.3% were female, 24.8% had tenure in a professional period of 6 and 10 years, 28.7% had a tenure at the institution 5 years and less, 16.3% were nurse manager, 83.7% were nurses, 53.7% were in surgical clinics and 47.7% were in other clinics. The ages of the nurses participating in the study varied between 18 and 64, with a mean age of 36.46 ± 9.19 .

The score obtained from the scale sub-dimensions varies between 1 and 7. It was found that the nurses' networking ability sub-dimension mean score was 3.36 ± 0.87 ; the apparent sincerity sub-dimension mean score was 4.90 ± 1.32 , the "social astuteness" sub-dimension mean score was 3.87 ± 1.13 , and the "interpersonal effect" sub-dimension mean score was 3.99 ± 1.18 . Their total scale scores varied between 1 and 6.67 with a mean value of 3.90 ± 0.88 (Table 1).

Table 1 The distribution of the political skills scale total and sub-dimension scores

	Number of items	Min-Maks	M \pm SD
Networking Ability	6	1-7	3.36 ± 0.87
Apparent Sincerity	3	1-7	4.90 ± 1.32
Social Astuteness	5	1-7	3.87 ± 1.13
Interpersonal Influence	4	1-7	3.99 ± 1.18
Total Score	18	1-6.67	3.90 ± 0.88

The scores were taken by the nurses from the "networking ability", "apparent sincerity", "social astuteness", and "interpersonal effect" sub-dimensions of the Political Skills Scale as well as the whole scale did not exhibit statistically significant difference according to gender ($p > 0.05$). The scores of the nurses with management duties from the "networking ability" sub-dimension were found to be higher on a statistically significant level compared to those without management duties ($p = 0.015$; $p < 0.05$). The scores taken by the nurses from the "apparent sincerity", "social astuteness", and "interpersonal effect" sub-dimensions of the PSS as well as the whole scale did not exhibit statistically significant difference according to the presence of management duties ($p > 0.05$). A statistically significant difference was found in the "networking ability" sub-dimension scores of the nurses according to the unit of employment ($p = 0.029$; $p < 0.05$). According to the results of the Bonferroni test performed to determine the difference, the "networking ability" sub-dimension scores of the nurses who worked at services were found to be lower on a statistically significant level compared to nurses working at other units ($p = 0.023$; $p < 0.05$). The scores taken by the nurses from the "apparent sincerity", "social astuteness", and "interpersonal effect" sub-dimensions of the PSS as well as the whole scale did not exhibit statistically significant difference according to unit of employment ($p > 0.05$) (Table 2).

Table 2 The evaluation of the total and sub-dimension scores of the PSS according to the unit, gender, and position (N: 516)

Political Skills Scale	Networking Ability	Apparent Sincerity	Social Astuteness	Interpersonal Influence	Total Score
	M \pm SD	M \pm SD	M \pm SD	M \pm SD	M \pm SD

Unit	Clinic (n=246)	M ± SD	3.31 ± 0.88	4.75 ± 1.31	3.84 ± 1.16	3.99 ± 1.23	3.85 ± 0.92
	Intensive Care (n=103)	M ± SD	3.28 ± 0.73	5.08 ± 1.32	3.92 ± 1.06	4.06 ± 1.12	3.93 ± 0.76
	Operating Room (n=40)	M ± SD	3.2 ± 0.97	4.99 ± 1.48	3.69 ± 1.19	3.8 ± 0.97	3.77 ± 0.93
	Emergency Room (n=43)	M ± SD	3.58 ± 0.98	5.05 ± 1.13	4.1 ± 1.14	4.08 ± 1.22	4.08 ± 0.87
	Other Units (n=84)	M ± SD	3.57 ± 0.85	4.97 ± 1.35	3.86 ± 1.07	3.97 ± 1.18	3.97 ± 0.88
	Test Value		F: 2.716	χ ² : 5.804	F: 0.786	F: 0.418	F: 1.060
	p-value		0.029*	0.214	0.535	0.796	0.376
Gender	Female (n=471)	M ± SD	3.35 ± 0.83	4.93 ± 1.29	3.85 ± 1.1	3.98 ± 1.15	3.89 ± 0.85
	Male (n=45)	M ± SD	3.48 ± 1.21	4.53 ± 1.55	4.01 ± 1.34	4.17 ± 1.49	3.95 ± 1.15
	Test Value		t: -0.708	Z: -1.437	t: -0.880	t: -0.836	t: -0.445
	p-value		0.482	0.151	0.379	0.407	0.657
Position	Nurse manager (n=84)	M ± SD	3.57 ± 0.85	4.97 ± 1.35	3.86 ± 1.07	3.97 ± 1.18	3.97 ± 0.88
	Nurse (n=432)	M ± SD	3.32 ± 0.87	4.88 ± 1.32	3.87 ± 1.14	4 ± 1.18	3.88 ± 0.88
	Test Value		t: 2.443	Z: -0.703	t: -0.074	t: -0.186	t: 0.852
	p-value		0.015*	0.482	0.941	0.852	0.394
Oneway ANOVA; Student t-Test; *p<0.05; Kruskal Wallis Test; Mann Whitney U Test							

A positive, statistically significant relationship was found between the scores taken by the nurses from the “networking ability” sub-dimension of the Political Skills Scale (PSS) and the ages and occupational experience of nurses (where networking ability scores increased with increasing age and occupational experience) on the levels of 0.116 and 0.118 (r=0.116; r=0.118; p=0.008; p<0.01). A positive, statistically significant relationship was found between the scores taken by the nurses from the “networking ability” sub-dimension of the PSS and their duration of employment within the institution (where networking ability scores increased with increasing durations of employment within the institution) on a level of 0.111 (r=0.111; p=0.011; p<0.05). No statistically significant relationship could be found between the PSS total scores or “apparent sincerity”, “social astuteness” and “interpersonal effect” sub-dimension scores and duration of employment within the institution (p>0.05) (Table 3).

Table 3 The evaluation of the total and sub-dimension scores of the PSS according to age, tenure in institution and tenure in an institution (N: 516)

		Political Skills Scale				
		Networking Ability	Apparent Sincerity	Social Astuteness	Interpersonal Influence	Total Score
Age	r	0.116	0.06	0.007	0.006	0.059
	p	0.008	0.174	0.868	0.892	0.182
Tenure (in instution)	r	0.118	0.065	0.009	-0.005	0.047
	p	0.008	0.143	0.843	0.907	0.289
Tenure (in profession)	r	0.111	0.065	0	-0.024	0.038
	p	0.011	0.141	0.995	0.583	0.392

DISCUSSION

In the literature, studies to determine the PS of nurses are limited. Therefore, the data of this study were compared with the PS of those working in different sectors.

In this study, the PS levels of the nurses were found to be above average. Additionally, the nurses thought that they possessed the qualities pertaining to the “apparent sincerity” sub-dimension from among the sub-dimensions of political skill more than other sub-dimensions. In the studies conducted, it has been reported that the political level of the nurses is medium or low [17,36]. In addition, Bentley, et al. reported that employees with high levels of political skills had high job performance [17]. Employees with high level of political skills effectively listen to the people they work with and use this information to act in a way that improves the personal and/or organizational goals of others [20]. In this sense, nursing as a profession requires strong PS as it provides care and support to patients and their relatives, to listen to the problems of others, to communicate effectively, to have strong empathy, to work with many disciplines.

In a study conducted by Bozbayindir and Alev, they emphasized that the social intelligence and networking abilities of the interpersonal influence and sincerity sub-dimensions of PS were moderate [37].

The scores taken by the nurses from the PSS and its sub-dimensions did not exhibit a statistically significant difference according to gender. In a study by Aslan and Pektas, male teachers were found to have better political skills compared to female teachers on a statistically significant level [38]. In the literature, it has been stated that individuals within the organization can use political skills to take opportunities and have an efficient position to be “in the right place at the right time”. Hence, it has been stated that female need PS to succeed in their career and within the organization, to benefit from their social capital, and to reach internal information to position themselves better [39].

The scores taken by managing nurses from the “networking ability” sub-dimension were higher compared to nurses without management positions on a statistically significant level. In a study conducted with school headmasters, Ozdemir exhibited that there was a moderate to high level relationship between PS and leadership inclinations, and that the PS levels of the participants were high [40]. In another study, Ozdemir and Goren stated that managers need to recognize the special interest group within the organization and have the ability to manage ongoing interpersonal conflict [35]. According to Ozdemir and Goren, managers can use the skills within the scope of the “networking ability” dimension of PS for this goal [35]. When the managers’ PS is higher than those of the employees, it is reported that the job, life satisfaction and emotional commitment levels of the employees are higher than the PS levels of the managers [9]. The scores taken by managing nurses from the PSS or its “apparent sincerity”, “social astuteness” or “interpersonal effect” sub-dimensions did not exhibit any further statistically significant difference.

A statistically significant difference was found between the “forming relationship networks” sub-dimension scores of the nurses according to unit of employment. The “networking ability” sub-dimension scores of the nurses who worked at service units were found to be significantly lower than the nurses working at other units. The units dubbed “other units” in this study are the units usually serving outpatients where patients do not stay for long durations and only specific individuals work at Endoscopy, Angio, etc. Nurses working at service units dealing with patients and relatives more often and working with the members of many disciplines serving the patients may have caused this increase in the “networking ability” score of those nurses. In their study, Bing, et al. reported that the strength of the positive relationship between PS and duty performance rankings increased as the interpersonal and social requirements of the occupations increased [41].

The scores taken by the nurses from the whole PSS and the “apparent sincerity”, “social astuteness”, and “interpersonal effect” sub-dimensions did not differ on a statistically significant level according to the unit of employment. Nurses working under similar conditions within the hospital and PS being used in all departments may have caused this result.

A statistically significant weak positive relationship was found between the ages of the nurses who participated in the study and the scores they took from the “networking ability” sub-dimension. This positive relationship between the “networking ability” sub-dimension and age may have occurred because of the experience levels of nurses advancing alongside age and the nurses becoming more proficient in communication. No statistically significant relationship could be found between the Political Skills Scale total scores or “apparent sincerity”, “social astuteness” and “interpersonal effect” sub-dimension scores and age ($p > 0.05$). In a study by Isler, et al., age was reported to be an important factor affecting the PS of female business managers, and it was concluded that the interpersonal effect of female managers differed significantly according to age [42]. The interpersonal effect scores of those between 36-45 years of age (4.458 ± 0.420) were found to be higher than the interpersonal effect scores of those between 25-35 years of age (4.111 ± 0.586). The interpersonal effect scores of those between 46-55 years of age (4.533 ± 0.485) were also

found to be higher than the interpersonal effect scores of those between 25-35 years of age (4.111 ± 0.586). In our study, the total and sub-dimension scores of the PSS only differed according to occupational experience and duration of employment at the institution on a statistically significant level in the “networking ability” sub-dimension. The scores the nurses in our study took from the “networking ability” sub-dimension increased alongside occupational experience and duration of employment within the institution. This can be explained with the experience gained by the employees throughout their career and the perceptual changes occurring with advancing age. In a study by Aslan and Pektas, the PS levels of teachers were reported not to change significantly according to occupational duration [38]. In the literature, employees with advanced relationship network formation skills have been reported to be able to quickly mingle with new people and environments and work with those [6,40,43]. Zhou, et al. emphasized that in a study they conducted on nurses 3 times; the ability to create a relationship network from the sub-dimensions of PS suppressed some negative effects of physical aggression [20].

Limitations

The population of the study being only one university hospital in the city of Istanbul is a limitation of this study. Another limitation of this study may be that political skill levels are limited to the socio-demographic characteristics questioned.

CONCLUSION

According to the results of the study, the PS levels of the nurses were found above the average. In the study, it was found that the nurses’ ability to network only differ according to the department they work in, and all their sub-dimensions did not differ by gender. As the ages of nurses and their working time in the institution, their professional experience increases, their social networking skills increase. In order to increase the political skills of nurses, starting from young nurses, all political skill dimensions, primarily social networking skills, should be supported and developer activities and group activities should be done. In the study, it was found that the nurses’ ability to network only differ according to the department they work in, and all their sub-dimensions did not differ by gender. As the ages of nurses and their working time in the institution, their professional experience increases, their social networking skills increase. In order to increase the PS of nurses, starting from young nurses, all PS dimensions, primarily social networking skills, should be supported and developer activities and group activities should be done. In order to evaluate the PS of nurses and to contribute to the development of nurses through this information, more studies on the subject as well as predictor studies on the precursors and successor concepts of political skill are required. This study was conducted with a relatively small study group. Thence, the study can be repeated in the future with a wider and comparative sample. PS explain the ability of employees to develop their personal or organizational goals. In this context, because PS affects individual leadership ability, organizational policy, interpersonal communication skills, networking ability, stress levels of employees, commitment to the organization, work-life satisfaction, and social capital in the work environment, it is an important issue that should be addressed in terms of nurses who constitute the majority of health professionals. The individual characteristics of nurses are one of the characteristics that affect individual and organizational performance. As a result of this, hospitals want to keep the most successful and skilled nurses in their bodies. PS is a positive force and is essential for job and career success in organizations today. In hospitals, the PS of nurses should be evaluated, and managers should be willing to improve the PS of nurses.

DECLARATIONS

Conflicts of Interest

The authors declared no potential conflicts of interest concerning the research, authorship, and/or publication of this article.

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