Research Article

Personality Traits of Nurse Managers and Evaluation of Their Traits by Their Subordinates

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Abstract

AIM: To investigate personality traits (PT) of nurse managers (NM) and their subordinates’ perceptions of these traits.

METHODS: The study sample consisted of NM and nurses from a university hospital and a state hospital. The data were collected in September–October 2015. The study was conducted in two stages. During the first stage, a cross-sectional descriptive study was performed, and a 220-item “Five-Factor Personality Inventory” was administered to 20 NM. The second stage with 60 nurses was conducted through semi-structured interviews and results were analyzed using the qualitative content analysis. Evaluation was carried out using a qualitative method in a phenomenological research design, and the hermeneutic approach was adopted. The research was planned based on the 32-item checklist (COREQ), which is a guideline for qualitative studies.

RESULTS: The Five-Factor Personality Inventory revealed that most of the NM defined themselves as responsible/determined, orderly, relaxed, outgoing, reconciliatory, rule-follower, or assertive. In addition, the nurse manager’s mean score for the social desirability dimension of the inventory was quite high. The data analysis demonstrated that the clinical nurses mostly perceived the NM as soft-hearted, reconciliatory, and orderly, but rule-followers, and conservative.

CONCLUSION: In this study, the high scores obtained by the NM, not only from the self-control/conscientiousness dimension but also from the social desirability dimension indicates that the clinical nurses perceived their managers as tender-minded, reconciliatory, orderly, and rule-followers.

Keywords: Clinical nurses’ opinions, nurse manager, personality traits, qualitative study, quantitative study

Introduction

Understanding a human being is a complex and difficult process. Therefore, personality traits (PT), defined as the organization of emotions, thoughts, and behaviors reflecting the basic tendencies of an individual that help him/her reveal the potential of what he/she can do or reach, are becoming increasingly important (McCrae & Costa, 2008). Personality traits are the differences occurring in emotions and behaviors, both over time and under the influence of the behaviors of other people (Caprara et al., 2013).

The fact is that the individual has different mental, physical and psychological characteristics, and the way these characteristics reflect on their behavior and thoughts is an indicator of their personality. This explains people’s differing actions and reactions in certain situations. For example, in a stressful or challenging task, one person may step back and sit back and do nothing, but another person may complete the task by taking it up. Here, the personality type will determine how people react to different and difficult situations (Hamaideh, 2012).

The external appearance and physical characteristics of an individual, the role and status related to the task and field of activity they undertake, their potential talents such as intelligence, energy, desire, and morals, their philosophy of life, cultural level, moral beliefs, religious beliefs, and similar characteristics of the society in which they live are among the factors determining their personality, which manifests itself as the integration of all these characteristics (Pasha & Khodadadi, 2008).

When individuals join a group, they affect other individuals with their PT. Personality traits are much...
more important for managers having to manage their subordinates as a function of their managerial roles (Cohen et al., 2013), and can also play a significant role in determining their relationship with their subordinates.

The data of studies conducted among nurses in the field of personality and management reveal that personality is the most important factor that guides an individual’s behavior (Alan & Baykal, 2018; Baykal et al., 2018). The personality profiles of different occupational groups were determined, and it was stated that the personality profiles of managers were different from those of the others. It has been demonstrated that managers are collaborative, mild-tempered, brave and assertive, shrewd, cunning, experimental, egoistic, and tend to have an open-minded personality (Alan & Baykal, 2018; Baykal et al., 2018; Koçel, 2011).

The managers’ PT directly reflect in their managerial behavior and also have an indirect effect on the effectiveness of their subordinates. Therefore, it is important that the task at any level of management in the organizational structure should be compatible with the personality structure of the individual performing that task. This is because both in the individual and in the organizational contexts, job satisfaction, productivity, effectiveness, and the achievement of objectives will be affected by the PT reflected in the behaviors of the manager (Şimşek et al., 2001). Therefore, the selection of individuals whose personality is compatible with the executive position can lead to a better professional function for the organization and encourage the staff to develop a more positive attitude toward their own tasks. Managers who have developed relationships with people are aware of their attitudes, assumptions and beliefs about other people. Although this skill is important for all managerial levels of the organization, it is especially important for lower and middle levels (Koçel, 2011).

A large number of research and meta-analytical studies have been conducted to investigate the validity of PT in various professions. In current studies, personality is reported to be best handled based on the big-five personality traits (openness to experience, self-control/conscientiousness, extraversion, agreeableness, and neuroticism) defined by Goldberg (Alan & Baykal, 2018; Baykal et al., 2018; Çelebi Çakıroğlu & Harmanç Seren, 2019; Nasseh et al., 2012; Yazdanian et al., 2016). As a result, it has been found that the five-factor model is a very useful tool that can be used in different cultures. The individuals’ personality plays a key role, as it determines their motivation in their professional roles, their attitudes toward their professions, and the ways they respond to professional demands (Nasseh et al., 2012). In hospitals, while operating for certain purposes and tasks, the NM strive to manage and gather people around the determined goal, where the PT they exhibit and the perception of these traits by the employees are of great importance. The PT displayed by the NM affects many factors with respect to the staff nurses, such as patient care, performance, quality, organizational behavior (such as organizational commitment, organizational culture, motivation) and satisfaction.

Although the determinant role of PT in individuals’ behaviors and attitudes has been emphasized, the number of studies conducted on the PT of NM is limited (Alan & Baykal, 2018; Baykal et al., 2018; Boldy et al., 2013; Sadeghi et al., 2015). In studies conducted by Hansen et al. (1995) and Sadeghi et al. (2015) using the five-factor personality trait scale, it was found that it was especially NM who showed extroverted PT. In another study conducted in Singapore, Tanzania, and Western Australia, NM stated traits such as timidity, arrogance, self-righteousness, and rigidity that should not be present in the manager (Boldy et al., 2013). In the national literature, two studies were found to determine the managerial PT of NM. In the study conducted by Alan & Baykal (2018) using the five-factor PT scale, it was found that NM showed highly conscientious PT. The second study found that the NM generally obtained average scores on the OPQ inventory (Baykal et al., 2018).

This search for studies conducted to determine the PT of NM and to compare how the PT of NM are evaluated by the nurses who played an important role in the provision of health services demonstrated a gap in the literature. However, in hospitals constructed to perform certain goals and tasks, the PT displayed by the NM while they strive to manage and gather people around the determined purpose, and how these traits are perceived by the employees, are of great importance. This phenomenological study
has both a quantitative design to determine the personality traits of nurse managers and a qualitative design to determine how these traits are perceived by their subordinates.

**Research Questions**

1. What are the personality traits of the executive nurses according to the “Big-five personality traits”?
2. What are the views of the subordinates about the personality traits of the manager nurses?
3. Is there a similarity between the subordinates’ views on the personality traits of their managers and the personality analyzes of the managers?

**Methods**

**Study Design**

This was a qualitative and quantitative study.

**Sample**

The "convenience sampling method" was used for sample selection. This method enables the researcher to choose a situation that is easy to access (Yıldırım & Şimşek, 2013). Accordingly, 20 NM working in a university hospital and a state hospital in the center of a medium-sized city in Turkey, and 60 clinical nurses working under the supervision of these NM were included in the study sample. The participants were selected from NM working as a service supervisor, supervisor, deputy chief nurse, or chief nurse, and from nurses working under their supervision. The NM participating in the study were determined on a voluntary basis. Nurses, on the other hand, were those who worked with these manager nurses and were willing to participate in the study.

**Procedure**

In this study, while the qualitative research method was used to determine the PT of NM, the quantitative research method was used to determine how these traits were perceived by their subordinate clinical nurses, and the hermeneutic approach was adopted.

The present study, in which the hermeneutic method was used to explore the experiences of the clinical nurses who were the subordinates of the NM, and how they perceived their managers’ PT, was performed in their own environment. Hermeneutic phenomenology helps to reveal all the details of people’s lives and the meaning of all important/unimportant experiences. It also aims to interpret and understand these experiences (Laverty, 2003). The flexibility of this design allows us to illustrate individuals working in a field, to collect data within the context of their experiences, and to provide a comprehensive summary of events using daily terms derived from the data (Sandelowski, 2000). In other words, the researcher presents descriptive categories including clear expressions that participants use to define their perceptions of the case being investigated (Graneheim et al., 2017). The report of this study included Qualitative Research Reporting Consolidated Criteria (COREQ) guidelines (Tong et al., 2007).

**Data Collection**

Data were collected in two stages. In the first stage, BFPT were distributed to the manager nurses in a sealed envelope by the researchers. The inventory was collected again the next day. It takes approximately 45 minutes to complete the inventory.

In the second stage, the interviews were conducted under the guidance of the “Semi-Structured Interview Form,” which was prepared by the researchers. The interviews were recorded using voice recorders, with the permission of the participants. The interviews took between 30 and 60 minutes to complete, with the average interview time being 51 ± 10.80 minutes. The length of the interviews varied according to the personal characteristics of the nurses and the way they expressed their feelings and experiences. The researcher summarized the collected data at the end of each interview and asked the participant to state their views regarding the accuracy of the information summarized. This post-interview process gave the participants the opportunity to add any new information to further clarify their responses and prevent any possible misunderstandings.

**Big-five personality traits (BFPT):** During the first quantitative stage of the study, the NM were administered a questionnaire questioning their personal and
professional characteristics and “BFPT” developed by Somer et al. (2004) based on the International Personality Item Pool developed by Goldberg (1992). The inventory has 220 items containing short statements about behavioral, emotional and intellectual characteristics based on the individual’s self-report. Responses given to the items are rated on a 5-point Likert scale ranging from 5 (strongly agree) to 1 (strongly disagree). The BFPT has five main factors and 17 specific sub-dimensions (Appendix-1). The internal consistency of the scale was found to be $\alpha = .88$ (Somer et al., 2004). Internal consistency of the present study was $\alpha = .96$.

**The semi-structured interview form:** During the second stage of the study, applying a descriptive analysis, the researcher conducted face-to-face interviews in the designated nurse rooms of the respective clinic with the nurses who agreed to the interviews. To determine how the clinical nurses perceived the nurse managers’ personality traits (NMPT), the participants were asked open-ended questions included in the semi-structured interview form (Appendix 2). The research team consisted of two women academician professional researchers (Professor: SSI and Ph.D. Candidate: MS), both of whom currently work as lecturers in a nursing faculty. Formerly, they had worked as clinician nurses and had received education on qualitative research. Although SSI has previous experience with conducting qualitative research, this was MS’s first experience. To provide consistency in the research, the interviews were done by only one of the researchers (MS). Pilot interviews were conducted under the supervision of SSI (SSI and MS conducted two pilot interviews, MS conducted 60 interviews).

**Statistical Analysis**
The quantitative data of the study were loaded to the Statistical Package for the Social Sciences (SPSS Inc., Chicago, IL, USA) 16.0 program and then sent to Assistant Professor Oya Somer who developed the Five-Factor Personality Inventory for analysis. Somer submitted the personality profiles back to the researchers after she had performed the analysis for each participant in accordance with the five factors and 17 sub-dimensions of the BFPT. Somer had converted the raw scores obtained from the scale dimensions into T-scores. The obtained T-scores were sent to the researchers as graphics in the profiles (Appendix 3). The profiles cover the definitions of the two extreme features in a way that explains the features that arise, according to the low or high scores from the dimensions (Somer et al., 2004).

In the analysis of the audio recordings of the qualitative data, the phenomenological hermeneutical method inspired by Ricoeur (1976), and later developed and described by Lindseth and Norberg (2004) was used. Before this analysis, audio recordings were copied at the end of each interview, before the next interview (Speziale et al., 2011). Given this principle, saturation was stated when nothing was obtained from new interviews, concepts, or descriptive categories, or when the concepts were no different from those obtained from the previous interviews (Speziale et al., 2011). During all the interviews, the reactions and behaviors of the participants, the breaks given during the interview and the notes about the environment were recorded in the Interview Guide.

The method was carried out in three stages (Lindseth & Norberg, 2004). In the first stage, only the transcripts were read. In this respect, the transcripts were read several times, and NM’s perceptions of their own PT were determined by the researchers. During the second step, a structural analysis and a content analysis were performed for each transcript. “Open coding” was used for the content of the interview text, and the statements identified were coded by naming. The researchers (MS and SSI were the primary coders) encoded the same statements independently of each other. Then, the researchers came together to identify similar codes and discuss the codes in depth. The named codes were classified into categories and subcategories in terms of the similarities and differences. The main themes of the study were determined by associating them with the titles of the Five-Factor Personality Inventory and conducting a thematic analysis. In the third stage, in order to reveal the meanings of different life experiences, a deep interpretation was made through a literature review. The discussion includes a comprehensive analysis in which the identified themes have been compared with the meanings (Lindseth & Norberg, 2004).

**Ethical Considerations**
The study data were collected after the approval of the the Çanakkale Onsekiz Mart University Medical Faculty Clinical Research Ethics Committee (date and number: 07.01.2015/ 2015–01) and official permissions of the administrations of the hospitals included in the study were obtained.
Permission to use a voice recorder was obtained from the participating nurses. The participating nurses gave their written and verbal informed consent after they were told that participation was voluntary, and that they could withdraw from the study at any time.

**Trustworthiness**
The criteria of dependability, credibility, transferability, and conformability were applied for improving the trustworthiness and rigor of this study (Graneheim et al., 2017). All the stages of the study were explained to the participants in detail, and thus methodological rigor and reliability were ensured.

The authors read the transcripts several times. The themes were determined based on the joint decisions of all the authors. To ensure the reliability of the data, interview excerpts from the transcripts were included in this article. Additional credibility was achieved by the researchers interviewing each study participant one or more times during data collection until data saturation was reached.

**Results**

**Participants’ Characteristics**
The 20 NM selected for the quantitative research using the purposive sampling method had worked in the profession for 16 years on average (min–max: 5–28 years) and had 4.95 years of management experience on average (min–max: 1–11 years). Of them, 25% had an associate degree, 60% had an undergraduate degree, 15% had a graduate degree, and 80% were married.

For the qualitative part of the study, 60 nurses who were the subordinates of the 20 NM selected in the quantitative stage were interviewed. The 60 nurses selected using the random sampling method had 13.3 years of service in the profession on average (min–max: 1–32 years) and 3.9 years of service in the unit on average (min–max: 1–20 years). Of them, 30% were high-school graduates, 23.4% had an associate degree, 46.6% had an undergraduate degree, 75% were married and 25% were single. Thus, it was envisaged that the study would provide a large amount of data about the PT of NM who supervised the clinical nurses, with different levels of education and professional experience.

While the data of the quantitative study performed to determine the PT of the NM were analyzed using the descriptive method, the data of the qualitative study performed to determine the perceptions, experiences and opinions of the clinical nurses who were the subordinates of the NM regarding these PT were analyzed by using the hermeneutic method, and the findings obtained were presented together. In line with the results of the inventory analysis and the clinical nurses’ statements, the NMPT were discussed in the following five main themes: Extraversion, Agreeableness, Neuroticism, Self-Control/Conscientiousness, and Openness to Experience.

**Extraversion**: The analysis reports of the extraversion factor revealed that while being assertive and outgoing were the nurse managers’ dominant traits, in the interviews, the clinical nurses stated that their managers were more sociable than they were, but that they were calm, which is the negative aspect of the lively PT dimension.

"She can immediately adapt to new environments and tasks. She is sociable and outgoing. She has been the chief of the service for a year, but she makes all of us follow her instructions despite her young age. (University hospital (UH), third Nurse Manager (NM))."

"... she treats us accordingly, depending on the situation, she approaches formally or friendly. She displays controlled and calm behaviors" (Public Hospital (PH), fifth NM).

"... she always acts cautiously when making decisions, observes, listens and then tells her opinion. She is quiet and calm most of the time" (UH, first NM).

**Agreeableness**: The analysis of the PT of the NM demonstrated that their dominant trait was reconciliation whereas their tolerant and placid PTs were also in the foreground. The clinical nurses who were their subordinates also mentioned these traits of their managers. Although approximately half of the clinical nurses stated that the NM were soft-hearted, being soft-hearted was the dominant trait only in a small number (three) of the NM. The clinical nurses described their managers as placid, helpful, understanding, friendly, and collaborative.

The clinical nurses’ statements were as follows:

"... she is optimistic and adapts to every condition. She is open to criticism and communicates well. You
can sit and talk to her openly on any subject, or even discuss it ...(UH, seventh NM).

“She is very tolerant to others, which sometimes causes her to be abused by others.” (PH, ninth NM).

“... she is very calm and easygoing. But people are bad. They say ‘she is soft-hearted; she doesn’t refuse us’ and then ask for whatever they want” (PH, second NM).

Neuroticism: The analysis of neuroticism in the NM, one of the dimensions of the BFPT, and the statements made by the clinical nurses demonstrated that in most of the NM, dominant traits were comfortableness, emotional stability and confidence. In the present study, it was determined that of the PT of the NM, the one least felt by the clinical nurses was the emotional stability.

The interviews held with the nurses indicated that of the PT related to this theme, the ones seen at a low level were as follows: being able to cope with the events, being undaunted and not being easily influenced.

“... this is perhaps the section where seriously ill patients are encountered most frequently. Our nurse manager is very sensitive and very impressed. Sometimes we find her crying in the nursing room.”

Self-Control/Conscientiousness: According to the statements of the clinical nurses and the personality analysis results of the NM, the Self-Control/Conscientiousness factor was the most dominant factor. In this factor, especially the clinical nurses stated that their managers were rule-followers and orderly. The inventory analysis of the NM demonstrated that of the PT, assertiveness, commitment to rules and orderliness were dominant.

When the NM filled in the inventory, they defined their PT as follows: self-disciplined, goal-oriented, determined, patient, responsible, reliable, and achievement motivated.

The clinical nurses’ statements were as follows:

“... she is planned and programmed. She has a pocket planner. Every day, she takes notes of what she will do next day. She draws a line over those fulfilled with a red pencil. She never leaves her task incomplete or forgets to do it...” (PH, seventh NM).

“Her other name is “authority”. She adopts the rules so much that she even forces everyone to follow these rules. She never acts against the authority. In case we do not want to do so, she says “these are the rules” and then adds “You will have to obey”(PH, fourth NM.)

“She likes the details. She keeps her powder dry. For example, she almost always gives her instructions in writing. She doesn’t take risks.” (PH, sixth NM).

“She accomplishes her task by being aware of the responsibility of the work. She is a good guide, a good exemplary nurse” (UN, first NM).

Openness to experience: The analysis of the openness to experience dimension of the BFPT revealed that the dominant PT in the NM was being conservative, which is a negative aspect of the openness to experience. The interviews held with the nurses indicated that in addition to being conservative, analytyic thinking was another PT of the NM. The clinical nurses’ statements are as follows:

“It is not appropriate to be too emotional in our job, but she is just a caveman. How come a person is not affected or becomes unhappy or offended by what is happening around him/her/ She is not affected, or maybe she is but she does not show it.” (UH, fifth NM).

“She is always realistic in the face of events. She has no humor, no emotion, no romance. For her, even death is just a part of life. Even the relatives of the patients often define her as a very cold person” (UH, second NM).

“She resists innovations. You know, if quality were not mandatory, nothing would change in the clinic. Even the forms were the same as those used when I was a student. They were replaced with the new ones due to the quality and accreditation standards in health” (UH, tenth NM).

Discussion

In the scientific literature on the issue, with the BFPT developed by Norman (1963), one of the representatives of personality theory, PT of the members of various occupational groups were determined, and the personality profiles of the managers were found to be different from those of the others. From the guidance provided by the pertinent literature, it was thought that the BFPT would give a more detailed and comprehensive result in the personality of
managers (Aytacı, 2001; Barrick et al., 2003; Somer et al., 2004; Soysal, 2008). The data obtained from the statements of the clinical nurses who participated in the study about the personalities of their managers and the personality inventory analysis of the NM were gathered under the headings of extraversion, agreeableness, neuroticism, self-control/conscientiousness, and openness to experience, based on the sub-dimensions of the BFPT.

**Extraversion:** The analysis of the participants’ statements demonstrated that the sub-theme on which the NM and clinical nurses focused was assertiveness. The term manager imposes a different social behavior on individuals, which leads NM to act like people who are comfortable, assertive, self-confident and authoritative. Managers try to exhibit these behaviors by feeling obliged to act in this way even if they do not have these features of the assertiveness sub-dimension, which was interpreted as causing clinical nurses to perceive assertiveness as the more dominant element of the extraversion factor in their managers.

Given the observations in the interview process, it can be said that in contrast to their counterparts working in university hospitals, NM working in state hospitals were more extroverted, had closer relations with their subordinates, and established more effective communication. This is thought to be due to the higher professional experience of the NM working in the PH.

In their study conducted with 99 NM (1995), Hansen et al. used the BFPT and determined that the NM were extroverted, reconciliatory, and open individuals. In another study, Sadeghi et al. (2015) used the BFPT and found that especially NM displayed extrovert PT. In another study conducted in Singapore, Tanzania and Western Australia, NM stated that NM should be gentle, self-confident, competitive, thoughtful, humble and helpful but not disocial, arrogant, self-opinionated or intolerant (Boldy et al., 2013).

**Agreeableness:** The PT which was more prominent in the NM working in the state hospital was reconciliation, and the clinical nurses in that hospital shared the same view and defined the NM working in the state hospital as more reconciliatory.

Nurses working in state hospitals have more experience in professional and administrative matters. Considering that NM have more advanced communication skills thanks to their professional and administrative experience, their being perceived as trustworthy, motivating and open to communication by their subordinates is just normal.

Managers who have effective modern management and leadership PT should be forgiving, humble, open to criticisms, optimistic and easygoing, but not arrogant, prejudiced, vindictive, suspicious, stubborn, or opinionated. The fact that the clinical nurses stated their managers had the positive PT could be interpreted as indicating that the NM made a positive progress to acquire the requirements of modern management.

**Self-control/conscientiousness:** Of the PT, being self-disciplined, goal-oriented, determined, patient, responsible, reliable, and achievement motivated were dominant among the NM. On the other hand, the clinical nurses did not specify these traits as dominant. It is known that when institutions select their managers, they give priority not only to education and experience but also to these PT. With this in mind, when the NM chose the statements in the inventory to define themselves, they probably tended to specify the PT they were expected to have.

NM working in an area whose main interest is human health may always have to deal with an emergency case. In such a case, the fact that every medicine, every material, and every tool is in place, clean, and in working condition can affect the intervention positively and save the patient’s life. It is expected that NM who are aware of this will prefer to work more regularly and in a planned manner. NM are organized and pay attention to the rules in order to maintain order in the workplace because they have to deal with several challenges at the same time. That is probably why the clinical nurses stated that their NM displayed such PT as being intolerant, authoritative, and controlled, which are the elements of the commitment to the rules sub-dimension; and being careful, meticulous, planned, and punctilious, which are the elements of the orderliness sub-dimension. In Baykal et al. (2018), NM obtained the highest mean scores in the abstract thinking, commitment to rules, adopting classical systems and behavioral approach dimensions. This result was considered as a finding consistent with the structure and functioning of hospital administration in Turkey and the roles expected from NM. In Alan...
and Baykal’s (2018) study, conscientious dimensions scores of NM were also found to be high. Because the classical management approach prevails in Turkey, NM’s compliance with the rules in the hospital administrative structure is an expected result.

**Neuroticism:** Of the PT, being comfortable, calm, consistent and unworried were dominant traits in the NM, which suggests that they were able to maintain their inner balance; however, clinical nurses did not seem to perceive these traits as much as that they perceived other PT.

That the nurses working at the university hospital defined their managers as emotionally stable may have stemmed from the fact that they were younger and had little professional experience, and that the managers they worked with were the first managers they met in the long term after the school internship. That among the PT, comfortableness, emotional stability and self-confidence were more dominant in the NM working in the state hospital may have been associated with the fact that they were able to better handle their work due to the confidence they had in the decision-making thanks to their long-term professional experience, and that they assumed the responsibility for the negative results thanks to the confidence they had in themselves and their experiences.

Emotional consistency was emphasized by both the NM and the clinical nurses. That nurses having such PT as being able to cope with the events occurring in their working life, not giving up immediately, not being easily affected by the events and having enduring personality can be interpreted as supporting the society’s misperception that nurses’ working in an environment where they care for sick people for many years makes them indifferent. In addition, because conscience plays a great role in nursing, nurses cannot leave workplace as soon as working hours end. Most of the subordinate nurses call their manager 24 hours a day, seven days a week, to ask for support for the problem they encounter. Therefore, it is inevitable for NM to have a determined and strong personality in order to establish work-life balance.

In Baykal et al.’s study (2018), NM obtained the lowest score from the “Vigorous” sub-dimension of the “Feelings and Emotions” dimension of the Occupational Personality Questionnaire (OPQ). Researchers interpret this result in the way that in Turkey, NM particularly those employed in the public sector do not need to be competitive because their advancement in career depends not on their professional and personality characteristics but on bureaucracy and their having close relationships with the decision-makers.

**Openness to experience:** The results of the personality analysis demonstrated that the “sensitive” PT was more common among the NM working in state hospitals. Although the NM perceived themselves as kind, considerate and understanding, the clinical nurses did not perceive them that way, indicating that the managers suppressed their attitudes and behaviors. This is probably because the society does not consider these characteristics as appropriate for a manager and thus the managers try to define themselves in a way corresponding to the expectations of the society.

Organizations hardly accept, adapt to, and implement changes and innovations. That the mean age of the NM participating in the study was high, and their high levels of professional experience may have adversely affected their attitudes toward innovations. In the present study, the clinical nurses perceived their managers as the ones who offer solutions with traditional familiar methods, do not ask for opinions of their subordinates, and want to get things done in their own way.

That the participating NM lacked such PT as being open-minded, investigative or avid readers can be considered as an important finding of the present study.

NM have to undertake many tasks such as patient care, managerial tasks, paperwork, and purchasing, which suggest that although they can access data on many academic studies, they cannot make use of them because they cannot allocate enough time. In general, the fact that nurses who practice nursing are not willing to conduct research or to evaluate and use the research data supports this finding (Harmancı et al., 2011; Öztürk et al., 2010).

**Study Limitations**

Because the present study was performed in two hospitals in a province in western Turkey, its results are applicable only to those participants. In the quantitative part of the study, the results involve the personality analysis of a limited number of NM;
therefore, they cannot be generalized to other NM. In the qualitative part of the study, the focus was on the clinical nurses’ experiences regarding their managers.

In the qualitative method, it is assumed that the participants share their real experiences, that they are aware of their experiences and that they are telling the truth. Sometimes when participants cannot identify their experiences, they may say that they do not remember, that they do not understand the question, that they do not want to share their opinion or that they cannot find the right statements to express their views (Lindseth & Norberg, 2004). All of these are considered as limitations of the qualitative method.

Conclusion and Recommendations

The analysis of the qualitative data obtained at the end of the study demonstrated that the NMPT determined in the analysis performed with the BFPT and the clinical nurses’ statements, the dominant factor was self-control/conscientiousness.

In the present study, there were differences between the NMPT determined in the analysis performed with the BFPT and the clinical nurses’ statements related to the NMPT. This is probably because the NM did not leave a true impression of their PT on the clinical nurses, because they tried to fill in the inventory not to reflect their PT but to comply with the expectations of the environment they were in, and did not express themselves correctly.

Qualitative research is recommended to rectify this, conducted in different regions and sample groups, to evaluate professional PT in managerial appointments. Since the PT of the individual affect perception and interpretation of the environment; the direction and level of performance in different activities will also change. PT can affect many behavioral dimensions such as job satisfaction, career, motivation, leave work, teamwork, organizational commitment, job performance, creativity, and coping with stress. Therefore, PT that are thought to affect the success of nursing service managers should be taken into consideration.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Çanakkale Onsekiz Mart University (Date: January 2015, No: 2015-01).

Informed Consent: Written informed consent was obtained from all participants who participated in this study.

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### Appendix 1.
*Five Factor Personality Traits and 17 Specific Sub-dimensions*

| Negative Traits | Dimensions and Subdimensions | Positive Traits |
|-----------------|-------------------------------|-----------------|
| Prefers slow flow of life, discreet, cautious, observant, balanced, cold, unsociable | Introvert | Calm | Liveliness | Lively | Warm, active, talkative, cheerful, enthusiastic, natural, enthusiastic |
| Prefers to stay in the background, unobtrusive, introvert, reserved, enjoys loneliness, uncommunicative, quiet, self-sufficient, prefers working alone, inoffensive | Extroversion | Assertiveness | Assertive | Active, authoritative, obtrusive, dominant, competitive, self-confident, comfortable |
| Introvert, reserved, enjoys loneliness, uncommunicative, quiet, self-sufficient, prefers working alone, inoffensive | Extraversion | Interaction | Outgoing | Gregarious, company-loving, communicative |
| Arrogant, self-opinionated, critical, low-tolerant | Disorderly | Disorderliness | Disorderly | Careful, meticulous, punctilious, programmed, punctual, planned, perfectionist |
| Hot-blooded, fastidious, prejudiced | Noncompliant | Commitment to Rules | Rule-Follower | Obedient, cautious, dutiful, traditional, conservative, rigid, confident, reliable, controlled |
| Vindictive, skeptical, stubborn, argumentative, hard-minded, stubborn, opportunist, cautious, alert | Irresponsible | Responsibility/Determination | Responsible/Determined | Self-disciplined, goal-oriented, determined, persistent, responsible, reliable, highly motivated for success |
| Self-regarding, indifferent, realistic, rigid when necessary | Cautious | Seeking Excitement | Excitement-Seeking | Adventurous, impulsive, crazy, vulnerable to risk and danger, sensitive to reward |

(Continued)
Semi-Structured Interview Form

1. Could you briefly introduce yourself?
2. Do you think your nurse manager is a social person? How would you evaluate the social personality traits of your manager nurse?
3. How do you evaluate your nurse manager’s relationship with nurses / other healthcare professionals?
4. Does your nurse manager adhere to the rules? Does he fulfill his responsibilities?
5. Is your nurse manager effective in coping with stress? How does your nurse manager behave in the face of difficulties?
6. Is your nurse manager open to development and innovation?
7. Does your nurse manager have personality traits that you take as an example?
8. What are the personality traits that are effective in the appointment of your executive nurse to this position?
9. Do you have any comments and suggestions on the subject?

| Negative Traits | Dimensions and Subdimensions | Positive Traits |
|-----------------|------------------------------|----------------|
|                 | INTROVERT CONSISTENT EMOTIONAL STATUS | EXTRAVERSION EMOTIONAL INSTABILITY | EXTROVERT INCONSISTENT EMOTIONAL STATUS |
| Balanced, able to cope with the events, being unaunted, non-susceptible, not easily influenced | Emotionally Stable | Emotional Instability | Emotionally Inconsistent |
| Sturdy, strong, peaceful, purpose-oriented | Comfortable | Susceptibility to Anxiety | Susceptible To Anxiety |
| Determined, reliable, confident and satisfied, resentful | Self-Confident | Lack of Self-Confidence | Not Self-Confident |

| CONCRETE / PRACTICAL | OPENNESS TO EXPERIENCE | OPEN TO EXPERIENCE |
|----------------------|------------------------|--------------------|
| Not Interested In Ideas, Non-Investigative And Non-Searching, Enjoying Concrete Activities | Concrete Thinking | Analytic Thinking | Analytic Thinking |
| Not Kind And Understanding To People, Objective, Having A Low Level Of Empathy, Making Decisions Without Being Influenced By Emotions | Insensitive | Sensitivity | Sensitive |
| Unwilling To Change, Resistant To New Ideas, Authoritarian, Traditional, Prefers Familiar, Tested Experiences | Conservative | Openness to Innovation | Open to Innovation |

| Negative Traits | Dimensions and Subdimensions | Positive Traits |
|-----------------|------------------------------|----------------|
|                 | INTROVERT CONSISTENT EMOTIONAL STATUS | EXTRAVERSION EMOTIONAL INSTABILITY | EXTROVERT INCONSISTENT EMOTIONAL STATUS |
|                 | Balanced, able to cope with the events, being unaunted, non-susceptible, not easily influenced | Emotionally Stable | Emotional Instability | Emotionally Inconsistent |
|                 | Sturdy, strong, peaceful, purpose-oriented | Comfortable | Susceptibility to Anxiety | Susceptible To Anxiety |
|                 | Determined, reliable, confident and satisfied, resentful | Self-Confident | Lack of Self-Confidence | Not Self-Confident |

| CONCRETE / PRACTICAL | OPENNESS TO EXPERIENCE | OPEN TO EXPERIENCE |
|----------------------|------------------------|--------------------|
| Not Interested In Ideas, Non-Investigative And Non-Searching, Enjoying Concrete Activities | Concrete Thinking | Analytic Thinking | Analytic Thinking |
| Not Kind And Understanding To People, Objective, Having A Low Level Of Empathy, Making Decisions Without Being Influenced By Emotions | Insensitive | Sensitivity | Sensitive |
| Unwilling To Change, Resistant To New Ideas, Authoritarian, Traditional, Prefers Familiar, Tested Experiences | Conservative | Openness to Innovation | Open to Innovation |

| Negative Traits | Dimensions and Subdimensions | Positive Traits |
|-----------------|------------------------------|----------------|
|                 | INTROVERT CONSISTENT EMOTIONAL STATUS | EXTRAVERSION EMOTIONAL INSTABILITY | EXTROVERT INCONSISTENT EMOTIONAL STATUS |
|                 | Balanced, able to cope with the events, being unaunted, non-susceptible, not easily influenced | Emotionally Stable | Emotional Instability | Emotionally Inconsistent |
|                 | Sturdy, strong, peaceful, purpose-oriented | Comfortable | Susceptibility to Anxiety | Susceptible To Anxiety |
|                 | Determined, reliable, confident and satisfied, resentful | Self-Confident | Lack of Self-Confidence | Not Self-Confident |

| CONCRETE / PRACTICAL | OPENNESS TO EXPERIENCE | OPEN TO EXPERIENCE |
|----------------------|------------------------|--------------------|
| Not Interested In Ideas, Non-Investigative And Non-Searching, Enjoying Concrete Activities | Concrete Thinking | Analytic Thinking | Analytic Thinking |
| Not Kind And Understanding To People, Objective, Having A Low Level Of Empathy, Making Decisions Without Being Influenced By Emotions | Insensitive | Sensitivity | Sensitive |
| Unwilling To Change, Resistant To New Ideas, Authoritarian, Traditional, Prefers Familiar, Tested Experiences | Conservative | Openness to Innovation | Open to Innovation |