A COMPARISON OF THE GUILFORD-ZIMMERMAN TEMPERAMENT SCALES
OF PSYCHIATRIC AND NON-PSYCHIATRIC REGISTERED
NURSES FOR USE IN PERSONNEL SELECTION

APPROVED:

[Signatures]

Major Professor

Minor Professor

Dean of the School of Education

Dean of the Graduate School
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THESIS

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By

John Jude O'Brien, B. S.

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CHAPTER I

INTRODUCTION

There is a need for personality and temperament measuring devices in the selection and assigning of nursing personnel to psychiatric and non-psychiatric hospitals. In the nursing profession, there is never adequate time in which to make more than a superficial study of the individual. Beaver (1) reported that a choice of instruments for identifying nursing candidates in a specialized field is limited by a number of factors; the time required, the ease of administration and scoring, and the acceptability of the testing instrument to the candidate must be considered.

Beaver (1) also reported the degree to which temperament and personality traits would differentiate a group of student nurses from liberal arts education majors in terms of specific pattern of responses. It was found that the temperament pattern of the nurse is one of basic emotional stability, interests in science and detail work, relatively submissive tendencies and idealistic attitudes.

Elwood (3) and Lough (7) found support for the commonly accepted belief in the superior stability of nurses. It was found that nurses were more masculine in their interests. On the Minnesota Multiphasic Personality Inventory, the nurses
were found to be more psychologically mature, faced adult problems with a sense of insight and were less disposed to sympathy-seeking or portraying superfluous anxiety over their health. The student nurse was described as extrovertive and less prone to bizarre and unusual thoughts of behavior.

Finances in most cases are not available for proper screening services. If a test such as the Guilford-Zimmerman Temperament Survey could be employed as a suitable screening instrument, to be used in measuring the differences in temperament, the job of assisting these nurses in the proper job selection would be simplified and less improper placement would occur.

The problem of under-staffed hospitals and student nurse attrition has recently brought the question of selection for the psychiatric and non-psychiatric nursing profession to the foreground. Grygier (4) reported the attrition of student nurses was estimated at 37 per cent in non-psychiatric hospitals and 82 per cent in psychiatric hospitals. This is approximately three fifths of the nurses who leave the psychiatric hospital in their first year of training. Grygier reported:

This neglect of the consideration of wastage as a function of an unsuitable personality type is probably due partly to the difficulty of finding a valid test to measure individual temperament and personality traits, tests which are easily administered, quickly and objectively scored, and would lend themselves to an estimation of the qualities considered necessary in a good psychiatric and non-psychiatric nurse (4).
Through the use of job analysis, Oppenheim and Eeman (8, p. 79) have done much to clear away the misconceptions about what is required of the psychiatric nurse. The study points out the discrepancies between nursing training and the work nurses are actually called on to do. Their findings emphasized the need for a better selection of nurses and specified that besides having a certain minimum of intelligence and education, the nurses must also be "temperamentally" suited to psychiatric nursing. At present the methods of assessing nurses' personalities for psychiatric and non-psychiatric hospital duty are not suitable.

In summary, there is a need for a device to measure the temperament of nurses going into psychiatric and non-psychiatric hospital duty. While it is not suggested that psychiatric nurses would in any way constitute an "abnormal" population, it seems probable that the peculiarities of the work and living conditions of a psychiatric environment might attract a particular type of person, and set a premium on specific temperament traits. Any attempt to place an individual in a working situation and a way of life demanding certain personal qualities which the psychiatric nurse does not possess will be futile. It was hoped that by this study some knowledge could be gained that would help determine the adequacy of using the Guilford-Zimmerman Temperament Survey as such a measuring instrument. Few studies have been conducted that investigate
specific temperament traits in registered nurses that would assist a nurse in selecting a psychiatric or non-psychiatric nursing career, or a hospital administrator in selecting nursing personnel.

Statement of Problem and Hypothesis

The problem of this study was to determine if psychiatric registered nurses differ significantly in certain personality and temperament trait characteristics from non-psychiatric registered nurses. The characteristics investigated were scores made on the individual scales of the Guilford-Zimmerman Temperament Survey. The primary hypothesis tested during the investigation was that no significant differences would be found between scores made on each of the individual scales of the GZTS by registered nurses working in a psychiatric hospital and registered nurses working in a non-psychiatric hospital.

Significance of the Study

Nursing is an honored profession practiced in the United States as well as in every country throughout the world, but little is known about the temperament of the nurses employed in the field of psychiatric and non-psychiatric nursing because few studies have been conducted regarding specific and general nursing traits. If specific differences in temperament traits could be found between registered nurses in a psychiatric hospital and those in a non-psychiatric hospital, then much could be learned about a nurse before her entry into psychiatric
or non-psychiatric duty. Not only could information be gained as to the differences in these two groups but a certain amount of information would be useful to the director of nursing, both in the hospital and the nursing school. The administrator of the hospital would not only be in a better position to understand the individual nurse's feelings and temperament in relation to her work, but could be more dynamic in both individual as well as nurse-administration relationships.

Basic Assumptions and Limitations

It is necessary to propose certain basic assumptions and to establish certain limitations in order to structure the design of the investigation.

1. It was assumed that all subjects who answered the questions on the GZTS were sufficiently motivated while answering the inventory.

2. Generalizations from the data obtained in the study will necessarily be limited by the small number of registered nurses utilized in the investigation.

Definition of Terms

**GZTS.** This term refers to the Guilford-Zimmerman Temperament Survey, which is a descriptive instrument, designed to provide measurement of ten relatively independent traits defined through factor analysis. The test can be used on those of high school, college and adult ages.
The GZTS scales are defined as follows:

1. **Scale G.**—General activity; a tendency toward quick and vigorous activity.

2. **Scale R.**—Restraint; serious mindedness; self-control, as contrasted with an impulsive, carefree disposition.

3. **Scale A.**—Ascendance; tendency to come to the fore in social situations in contrast to taking a more submissive, inconspicuous role.

4. **Scale S.**—Sociability; interest in and adeptness in social contacts and activities, in contrast to shyness or seclusiveness.

5. **Scale E.**—Emotional stability; a combination of qualities as opposed to depression and cycloid disposition.

6. **Scale O.**—Objectivity; opposite to hypersensitivity and self-centeredness.

7. **Scale F.**—Friendliness; opposite to hostility and belligerent attitude.

8. **Scale T.**—Thoughtfulness; reflective observing.

9. **Scale P.**—Personal relations; cooperativeness, tolerance, as contrasted with critical faultfinding.

10. **Scale M.**—Masculinity of interests and emotional reactions.

Other terms include the following:

1. **Registered nurse.**—Involves only nurses who have been enrolled in a prescribed accredited training program for nursing, and at the termination of the program have been subject
to, and passed, the state examination specified for the title of registered nurse.

2. **Psychiatric nurses**—involves nurses that are working in hospitals or clinics with patients who are disturbed emotionally or elicit abnormal behavior in a variety of degrees. The hospital population in the care of a psychiatric nurse would include individuals suffering from personality disorders, neuroses, psychoses and in some instances, senility cases.

3. **Non-psychiatric nurses**—involves nurses that are working in hospitals and clinics with individuals who are not hospitalized because of an emotional illness or personality disturbance; rather the population in the care of non-psychiatric nurses would supposedly be suffering from physical and non-mental distress.

**Related Research**

Few studies have direct application to the area of psychiatric and non-psychiatric nursing temperament traits. Most studies in this area have dealt with nurses in general terms and have not considered temperament traits of nurses working in, or contemplating work in, a psychiatric or non-psychiatric hospital.

Investigation by Healy and Borg (6) provided information concerning the utilization of the Guilford-Martin Battery of Personality Tests in measuring thirteen temperament factors. The test was administered to beginning students from hospitals and schools of nursing and a group of graduate nurses. The
resulting scores were compared with each other and with a norm group of women college students. Differences between means and frequencies of extreme scores, suggestive of maladjustment, were explored. Results showed the mean score of the graduate nurse more favorable than those of the norm group of college students in relation to inferiority feelings, nervousness, depression, emotional stability, objectivity, agreeableness, and cooperativeness. Scores indicated the graduate nurses were significantly more socially introverted and less rhythmic than the norm group. The mean scores of nursing school students were significantly less favorable than the norm group in social extroversion, depression, social ascendancy, and cooperativeness. A number of personality differences were found between the nursing students and the graduate nurses. The graduate nurses were found to be more stable emotionally, had more self-confidence and were less nervous. The Guilford-Martin Inventory showed graduate nurses scored more favorably in objectivity, agreeableness, and cooperativeness. Nursing school students were significantly less over-controlled and showed greater general pressure for overt activity as compared with graduate nurses.

In a study by Cleveland (2) the Thematic Apperception Test was used to study personality patterns of nurses at student and staff levels. The student nurses scored high on passivity themes, sad-lonely words, distress words, and negative parental attitudes. Nurses at the staff level tended in the same direction, but are attenuated. It was found conscious
reasons cited for occupational choice complement unconscious fantasy patterns. There was a focus upon possible interactions between personality variables and occupational role. Identification with suffering and distress, and a tolerance for passivity may have an effect upon occupational role.

Haney, Michael, Jones and Gaddis (5) found that only measures of the cognitive type furnished evidence of predictive validity of success in both the instructive and clinical laboratory phases of nursing training. In relation to cognitive and non-cognitive predictors of achievement in student nursing, it was found that tests in reading and verbal abilities were positively related to courses in anatomy, physiology, pharmacology, and also the rating of ward performance. It was found that tests in mathematics and reasoning showed some of the highest statistically significant validities attained with respect to the criteria of nursing arts and performance on the ward. Speeded tests in spatial visualization and perceptual abilities in general revealed substantial positive validities with ward performance ratings and for the most part small positive validities with both the theoretical and laboratory aspects of the course in anatomy and physiology.

In summary, it seems that little if any research has been conducted in regard to specific temperament traits of nurses in either psychiatric or non-psychiatric duty. Prediction of general nursing success has been attempted by administration
of interest inventory tests and aptitude tests, but not with respect to specific temperament traits. This study will consider the differences in the GZTS profiles of registered nurses working in a psychiatric hospital and those working in a non-psychiatric hospital.
CHAPTER I BIBLIOGRAPHY


CHAPTER II

PROCEDURES

Procedure for Collecting Data

Registered nurses engaged in psychiatric duty included in this study were selected from a state mental hospital and a psychiatric clinic and sanitarium during the months of March, April, and May, 1964. The nurses were selected on the basis of being engaged in nursing duty in a psychiatric hospital. All subjects were female registered nurses.

Registered nurses engaged in non-psychiatric duty included in this study were selected from a general hospital in Dallas, Texas, during the month of March, 1964. The nurses were selected on the basis of being engaged in duty in a non-psychiatric hospital. All subjects were female registered nurses.

With the cooperation of the hospital administration, psychologists, and directors of nursing, all subjects were administered the GZTS, to determine temperament traits of registered nurses engaged in psychiatric and non-psychiatric hospital duty. The GZTS is a typical descriptive instrument purported to cover in more economical fashion the ten personality traits proven to have the greatest utility and uniqueness among the thirteen measured by the original Guilford inventories. These
ten traits were arrived at by means of condensation and omission of trait scores where intercorrelations were sufficiently high. The temperament scale makes use of 300 items used to assess each temperament variable. The items are in the form of affirmative statements and are concerned with the habits, likes and dislikes, and opinions of the individual. The response alternatives are "yes," "?," and "no" for each item. Based on analytic studies, Guilford and Zimmerman believed that what each score measures is fairly well defined and that each score represents a confirmed dimension of personality.

Procedure for Treating Data

The data were treated statistically by using a t test, as illustrated by McGuigan (3) to determine the significant differences in temperament trait scores between the groups. The 5 per cent level of significance was established as the lower limit for determining significant differences.

The formula for the t test, as indicated by McGuigan and others (1; 2;3) utilized the within groups standard deviation based on all sixty scores. Degrees of freedom are available for the t test and are a function of the number of subjects in the two groups. Formula for the degrees of freedom is indicated in McGuigan (3).
CHAPTER II BIBLIOGRAPHY


CHAPTER III

RESULTS

Presentation of Data

The raw data were processed by the computer center at North Texas State University. A t test of the difference between the means of the groups utilized in this study was made for each of the ten scales measured by the Guilford-Zimmerman Temperament Survey. The mean scores for each of the ten personality traits for both groups were computed in order to find the significant differences, if any, between the two groups of registered nurses. Differences between groups were considered to be significant when they reached values at the 5 per cent level of confidence.

The results of the investigation will be examined according to the hypothesis presented in Chapter I. The hypothesis to be tested was that no significant differences would be found between scores made on each of the individual scales of the Guilford-Zimmerman Temperament Survey by registered nurses working in a psychiatric hospital and registered nurses working in a non-psychiatric hospital. Tables I, II, III, IV, V, VI, VII, VIII, IX, and X indicate the results of testing the difference between the means of the two groups for each scale of the GZTS.
The means and $t$ ratio for the trait of General Activity between the psychiatric and non-psychiatric groups appear in Table I.

### TABLE I

**DIFFERENCE BETWEEN THE MEAN SCORES FOR THE GENERAL ACTIVITY SCALE OF THE CZTS**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean Scores</th>
<th>Difference</th>
<th>$t$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Psychiatric</td>
<td>Non-Psychiatric</td>
<td></td>
</tr>
<tr>
<td>General Activity</td>
<td>16.3333</td>
<td>18.6666</td>
<td>2.3333</td>
</tr>
</tbody>
</table>

*Significant at the 10 per cent level.

The data in Table I show no significant difference between the means of the psychiatric and non-psychiatric nursing groups. However, the difference between the groups was approaching significance at the 5 per cent level of confidence. The hypothesis made concerning the trait of General Activity within the two groups of nurses was supported.

The means and $t$ ratio for the trait of Restraint between the psychiatric and non-psychiatric groups appear in Table II.

Data presented in Table II show that the mean Restraint score of the nurses in the psychiatric group was only slightly higher than the mean score of the non-psychiatric group. The $t$ ratio was not significant at the 5 per cent level.
TABLE II

DIFFERENCES BETWEEN THE MEAN SCORES FOR THE RESTRANST SCALE OF THE GZTS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Psychiatric</th>
<th>Non-Psychiatric</th>
<th>Difference</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restraint</td>
<td>19.7333</td>
<td>19.2333</td>
<td>0.5000</td>
<td>1.4552</td>
</tr>
</tbody>
</table>

A comparison of the difference between the mean scores on the Ascendence scale of the GZTS is shown in Table III.

TABLE III

DIFFERENCE BETWEEN THE MEAN SCORES FOR THE ASCENDANCE SCALE OF THE GZTS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Psychiatric</th>
<th>Non-Psychiatric</th>
<th>Difference</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascend-ance</td>
<td>12.2666</td>
<td>14.4000</td>
<td>2.1334</td>
<td>1.5439</td>
</tr>
</tbody>
</table>

The hypothesis stated that no significant difference would be found between the two nursing groups on the GZTS trait of Ascendence. The data in Table III show this hypothesis to be supported.

The means and t ratio for the trait Sociability between the psychiatric and non-psychiatric groups appear in Table IV.

Data presented in Table IV show that the mean Sociability score of the nurses in the non-psychiatric group was higher than the mean score of the psychiatric group. The t ratio
was not significant; however, the ratio was approaching significance at the 5 per cent level of confidence.

TABLE IV
DIFFERENCE BETWEEN THE MEAN SCORES FOR THE
SOCIALABILITY SCALE OF THE GZTS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean Scores</th>
<th>Difference</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric</td>
<td>17.6000</td>
<td>20.4666</td>
<td>2.3666</td>
</tr>
<tr>
<td>Non-Psychiatric</td>
<td>20.4666</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant at the 10 per cent level.

The hypothesis tested in this study stated that no significant difference would be found between the psychiatric and non-psychiatric nurses on the Emotional Stability scale of the GZTS. Mean scores and resulting t ratios for the Emotional Stability scale are shown in Table V.

TABLE V
DIFFERENCE BETWEEN THE MEAN SCORES FOR THE
EMOTIONAL STABILITY SCALE OF THE GZTS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean Scores</th>
<th>Difference</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric</td>
<td>17.4666</td>
<td>20.7666</td>
<td>3.3000</td>
</tr>
<tr>
<td>Non-Psychiatric</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant at the 5 per cent level.

Data in Table V show that the mean score on the GZTS variable, Emotional Stability, was significantly higher for
the non-psychiatric nurses than for the psychiatric group. The \( t \) value is significant at the 5 per cent level.

The means and \( t \) ratio for the trait of Objectivity between the two groups of nurses appear in Table VI.

**TABLE VI**

**DIFFERENCE BETWEEN THE MEAN SCORES FOR THE OBJECTIVITY SCALE OF THE GZTS**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Psychiatric</th>
<th>Non-Psychiatric</th>
<th>Difference</th>
<th>( t )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectivity</td>
<td>18.5333</td>
<td>19.1333</td>
<td>.6000</td>
<td>.4243</td>
</tr>
</tbody>
</table>

No significant difference was found between the two groups of registered nurses on the Objectivity scale of the GZTS.

Table VII shows mean scores and \( t \) ratio for the GZTS trait of Friendliness for the psychiatric and non-psychiatric registered nurses.

**TABLE VII**

**DIFFERENCE BETWEEN THE MEAN SCORES FOR THE FRIENDLINESS SCALE OF THE GZTS**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Psychiatric</th>
<th>Non-Psychiatric</th>
<th>Difference</th>
<th>( t )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friendliness</td>
<td>17.2666</td>
<td>17.6333</td>
<td>.3667</td>
<td>.2851</td>
</tr>
</tbody>
</table>
The hypothesis tested was that no significant difference would be found between the two groups of registered nurses on the GZTS temperament trait of Friendliness. As seen in Table VII, this hypothesis is supported.

Table VIII shows mean scores and $t$ ratio for the GZTS temperament trait of Thoughtfulness for the psychiatric and non-psychiatric registered nurses.

**TABLE VIII**

**DIFFERENCE BETWEEN THE MEAN SCORES FOR THE THOUGHTFULNESS SCALE OF THE GZTS**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Psychiatric</th>
<th>Non-Psychiatric</th>
<th>Difference</th>
<th>$t$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thoughtfulness</td>
<td>18.0000</td>
<td>18.6666</td>
<td>.6666</td>
<td>.6179</td>
</tr>
</tbody>
</table>

No significant difference was found between the two groups of registered nurses on the Thoughtfulness scale of the GZTS.

Table IX shows mean scores and $t$ ratio for the GZTS temperament trait of Personal Relations for the psychiatric and non-psychiatric registered nurses.

Data presented in Table IX show that the mean score for Personal Relations scores of the nurses in the non-psychiatric group was higher than the mean score of the psychiatric group. The $t$ ratio was not significant, but was approaching significance at the 5 per cent level of confidence.
TABLE IX
DIFFERENCE BETWEEN THE MEAN SCORES FOR THE
PERSONAL RELATIONS SCALE OF THE GZTS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean Scores</th>
<th>Difference</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Psychiatric</td>
<td>Non-Psychiatric</td>
<td></td>
</tr>
<tr>
<td>Personal Relations</td>
<td>19.3000</td>
<td>22.3666</td>
<td>3.0666</td>
</tr>
</tbody>
</table>

*Significant at the 10 per cent level.

Table X shows mean scores and t ratio for the GZTS temperament trait of Masculinity for the psychiatric and non-psychiatric registered nurses.

TABLE X
DIFFERENCE BETWEEN THE MEAN SCORES FOR THE
MASCULINITY SCALE OF THE GZTS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean Scores</th>
<th>Difference</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Psychiatric</td>
<td>Non-Psychiatric</td>
<td></td>
</tr>
<tr>
<td>Masculinity</td>
<td>11.9333</td>
<td>12.1666</td>
<td>.2333</td>
</tr>
</tbody>
</table>

The data in Table X show no significant differences at the 5 per cent level between nurses of the psychiatric and non-psychiatric groups.

The hypothesis tested concerning the GZTS trait of Masculinity within the two groups of nurses was shown to be supported.
It was found that there were no significant differences at the 5 per cent level of confidence between the psychiatric and non-psychiatric registered nurses on the GZTS traits of General Activity, Restraint, Ascendance, Sociability, Objectivity, Friendliness, Thoughtfulness, Personal Relations, and Masculinity.

The hypothesis that no difference would be found between the two groups on the trait of Emotional Stability was rejected. Higher scores and a significantly greater difference at the 5 per cent level of confidence on the variable Emotional Stability was noted for the non-psychiatric nurses. At the 10 per cent level of confidence the non-psychiatric group scored higher on the GZTS traits of General Activity, Sociability, and Personal Relations.
CHAPTER IV

SUMMARY AND DISCUSSION

Summary

A study was made to compare personality traits of registered nurses working in a psychiatric hospital with the registered nurses employed in a non-psychiatric hospital. The purpose of the investigation was to aid the administrators of hospitals in personnel selection of nurses for psychiatric and non-psychiatric duty. Thirty registered nurses engaged in general hospital duty in Dallas, Texas, were subjects for the non-psychiatric group. Thirty registered nurses for the psychiatric group were selected from a state hospital and a private psychiatric hospital and clinic. The study was designed to determine if any significant differences existed between the two groups of nurses on the personality traits of General Activity, Restraint, Ascendance, Sociability, Emotional Stability, Objectivity, Friendliness, Thoughtfulness, Personal Relations, and Masculinity as measured by the Guilford-Zimmerman Temperament Survey. All comparisons of personality traits between the two groups were made through the use of the t technique. The 5 per cent level of significance was established as the lower limit for determining significant differences.

The hypothesis that no significant difference would be found on the trait of Emotional Stability was rejected. The
non-psychiatric group scored significantly higher on this trait than the psychiatric group and statistical significance was evidenced at the 5 per cent level of confidence. The traits of General Activity, Sociability, and Personal Relations, although not significantly different at the level of confidence established for this study, approached significance by providing a t ratio significant at the 10 per cent level of confidence without reaching the 5 per cent level. The statistical analysis of the data of the investigation indicated that no significant differences were found between the mean scores of the two groups of nurses for the personality traits of Restraint, Ascendance, Objectivity, Friendliness, Thoughtfulness, and Masculinity.

It was concluded that there are personality trait differences between registered psychiatric nurses and registered non-psychiatric nurses employed in hospital duty. Some scales of the Guilford-Zimmerman Temperament Survey seem appropriate in the selecting of personnel for psychiatric and non-psychiatric hospital duty.

Discussion

The results of this study should not be taken as positive conclusions regarding differences between the two nursing groups. The study only points to trends that are shown to be evident in this relatively small sampling of registered nurses. The results do not necessarily indicate that the psychiatric nurses are exceptionally low on certain traits
but rather that they did score lower than the non-psychiatric group of nurses.

In view of the results of the study, the following discussion is presented:

1. The non-psychiatric registered nurses scored significantly higher at the 5 per cent level of confidence on the trait of Emotional Stability, or E scale of the survey. An examination of this variable indicates more optimism and cheerfulness on the one hand and basic emotional stability on the other. This E score coupled with the high G score of the non-psychiatric group would point to nurses who are not, as a group, sluggish, phlegmatic, or lazy. By the same token the lower score of the psychiatric group, coupled with the lower G score, points to the possibility of poor mental health in general. The psychiatric group may be fulfilling a neurotic need, either conscious or unconscious in identification with the psychiatric patient. The E scale scores of the survey indicate the psychiatric nurses as a group tend to be of a more neurotic nature than the non-psychiatric nurses.

2. Non-psychiatric registered nurses scored higher than the psychiatric group at the 10 per cent level of confidence on the traits of General Activity, Sociability and Personal Relations. This 10 per cent level of confidence did not reach the level of significance whereby the hypothesis could be rejected, but may be important in the selection of nursing
personnel for psychiatric work. An examination of the items which make up the variable of General Activity, or the G scale of the survey, indicates the non-psychiatric group to be more vigorous and have more energy in relation to their activities. The high G score coupled with the non-psychiatric group's high T, or Thoughtfulness score, point to a group that is more effective in overt action and planning. High G should prevent the T quality of the non-psychiatric group from becoming withdrawn, useless, or indulging in futile philosophizing.

An examination of the items which make up the variable of Sociability indicates the non-psychiatric nurses are more at ease with others, enjoy the company of others and readily establish rapport with the patients. In personnel selection of registered nurses for hospital duty this variable is of utmost importance. In contrast to the non-psychiatric group, the psychiatric nurses are more withdrawn, reserved and more introverted in their interpersonal relations. In selecting registered nurses for duty relatively more attention might be paid to this trait score if the nursing assignment demands a more sociable, out-going, cordial individual.

The non-psychiatric nurses made higher mean scores, at the 10 per cent level of confidence, on the variable Personal Relations, or P, than did the psychiatric group. Although this variable did not approach the 5 per cent level of significance, it did reach significance at the 10 per cent level of confidence. The hypothesis could not be rejected but the
significance is important in nursing personnel selection. Of all the variables on the GZTS, this one has the highest correlation with all criteria involving human relations. It is representative of "getting along with others" regardless of level of organizational hierarchy. The non-psychiatric registered nurses, as a group, have more tolerance and understanding of other people and human weaknesses. The psychiatric nurse scores, in comparison with the non-psychiatric group, indicate that as a unit they are more prone to faultfinding and critical of other people and of institutions in general.

The following are suggestions as to why differences were found between the psychiatric and non-psychiatric nurses on temperament traits:

1. In regard to the variable of Emotional Stability, the lower score of the psychiatric nurses might be due to the fact that they were more truthful and spontaneous in answering the questions on the survey. The psychiatric registered nurses may be in a position to empathize with emotionally ill individuals. A stable person may become unduly frustrated because of the slow gains made toward recovery in a psychiatric hospital.

2. In a general hospital a nurse must expound a maximum amount of energy in order to meet the working conditions of the job. The trait of General Activity is a necessity for this type of work. In a psychiatric hospital, the trait of
being a more sedate person would be a more acceptable quality for a nurse.

3. A nurse who scores high on the Sociability scale may relate better to patients in a general hospital. This is based on the assumption that an extroverted type of person is a more sociable, outgoing person. In a psychiatric hospital it would not be to much avail to be the "happy-go-lucky" type of person when interacting with a mentally ill patient.

4. A nurse who is more sympathetic and understanding may score low on the Personal Relations variable because she may be more sympathetic and understanding in a psychiatric setting. A more introverted individual may make a better nurse in the mental hospital. The ideal psychiatric nurse may be a good "mother" in a one-to-one nurse-patient relationship.

5. The psychiatric nurse may be employed in mental hospital work because she is the only one available. Psychiatric hospitals may be in a position where they can take only those nurses they can get.

6. Psychiatric nurses may gravitate toward mental institutions because of a conscious or unconscious identification with the patients.

7. In a mental hospital the nurses are in more of an isolated situation or environment that could possibly represent a source of security or fulfillment of a need
within the individual. This need could be in relation to a desire to feel superior to others less fortunate.

The following are suggestions for similarities found between the psychiatric and non-psychiatric nurses on temperament traits of R, A, O, F, T, M:

1. The lack of significant difference in the mean scores of the two nursing groups on the variable of Restraint would point to two groups that are in a situation where control over one's impulses, thoughts, and feelings are of prime importance. In dealing with people in a job where many demands are put on the nurse from both patients and administrators, the trait of restraint must be practiced by the nurses in both types of hospital settings.

2. No significant difference between the nursing groups was found on the variable of Ascendancy. The stable scores of both groups indicate that these nurses are in a satisfied or satisfying profession. They have found their place in the working world and are not oriented toward social climbing.

3. No significant difference was found between these groups on the variable of Objectivity. Evidently both nursing groups are similar in being able to "tune-in" on the other fellow's possible sensitiveness. A good nurse, in both groups, should be a good observer and know the right things to do and say to the patient at the right moment.

4. Being friendly is part of the treatment in helping patients to get well. Nurses in both types of hospitals
must have a sense of friendliness because it is helpful in handling the realistic frustrations and injuries. A lack of friendliness would indicate hostility in one form or another. In either type of nursing situation, psychiatric or non-psychiatric, a fighting attitude is not tolerated. Prevalent, friendly associations with others are common to both nursing groups.

5. In a nursing situation reflection and planning are requirements for proper interaction with the patient. Thoughtfulness in both groups of nurses reflects the feelings of being subtle and tactful in patient-nurse contact.

6. Both psychiatric and non-psychiatric nursing groups scored high toward the masculine end of the temperament scale. The nurses, as groups, have both had long association with the opposite sex through nursing care of men. It is doubtful that they are rebelling against the female role and attempting to play the male role. Good nurses have enough motherly attitudes to give them feelings of responsibility toward the patients in their charge.

It was hoped that through this study some knowledge could be gained that would help determine the probability of using the Guilford-Zimmerman Temperament Survey as an instrument in personnel selection of registered nurses for psychiatric and non-psychiatric hospital duty. It was further hoped that more research in the area of personality
temperament traits, such as the QZTS, will be undertaken by individuals who are more qualified to evaluate the results of such a study.
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