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Relationship between personality traits and self-control in emergency nurses in western Iran

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Abstract

Background: Personality traits significantly influence professional and occupational behaviors, allowing for the prediction of specific actions in various work-related contexts. Additionally, these traits play a crucial role in the development of self-control. This study aimed to evaluate personality traits and their association with self-control among nurses working in the emergency departments (EDs) of hospitals.

Methods: This cross-sectional study was conducted in Kermanshah, Western Iran, in 2022. The study sample comprised 154 nurses working in the EDs, selected using convenience sampling. Data were collected using the NEO Five-Factor Inventory and the Nikmanesh Self-Control Questionnaire. The data were analyzed using SPSS version 25, employing descriptive statistics, independent t-tests, ANOVA for group comparisons, and Pearson's correlation, with a significance level set at 0.05.

Results: The mean age of the participants was 33.5±6.2 years (Range: 23 to 54). The findings showed that there was a significant correlation between the components of personality traits and restraint in nurses ($P<0.001$). Personality traits can explain restraint in nurses working in EDs. All subscales of restraint were also significantly correlated with negative personality traits, except impulsivity and risk-taking.

Conclusion: The findings of this study suggest that personality traits significantly influence the self-control of nurses. Notably, stronger personality traits in all dimensions, except neuroticism, are inversely related to the self-control scores of nurses. Consequently, measures should be taken to improve the performance and job quality of nurses.

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Highlights

What is current knowledge?

Previous research has shown that personality traits play a significant role in shaping behavior and coping strategies in high-stress environments such as EDs. Self-control is also recognized as a key factor in emotional regulation among nurses. Yet, limited studies have specifically addressed the relationship between personality traits and self-control in emergency nursing settings.

What is new here?

The study found a significant correlation between personality traits and self-control among nurses in EDs. Stronger traits, except neuroticism, were inversely related to self-control scores, indicating that personality influences nurses' restraint. Enhancing positive personality traits may improve their job performance and quality.

Introduction

The emergency department (ED) is one of the most crucial and fast-paced areas within hospitals, handling a wide variety of patient cases, from minor injuries to life-threatening conditions (1). Patients seeking care in the ED often require immediate and high-quality medical attention, placing significant responsibility on healthcare professionals, particularly nurses working in this high-pressure environment (2). Nurses in the ED are frequently exposed to high levels of stress, both physical and mental, which can impact their ability to provide optimal care. Their capacity to perform effectively in this setting is influenced not only by their physical and psychological resilience but also by their personality traits, which shape their responses to the challenges they face (3).

The nursing profession, especially in high-stress environments like the ED, is known to be a source of considerable occupational stress (4). Nurses with different personality types may experience and cope with stress in various ways, which, in turn, can affect their mental health (5). The constant exposure to stressors in the ED, along with the emotional demands of the job, can lead to psychological distress (6). Therefore, the ability to manage stress and regulate emotions becomes crucial in maintaining both the mental health of the nurses and the quality of care they provide (7). Self-control is a way of self-management by which people oblige themselves to do or leave certain acts (8). Self-control, as a key factor in stress management, plays an essential role in how nurses cope with the demands of their work (9). It involves the ability to effectively handle stress, remain emotionally stable, regulate thoughts and emotions, and suppress undesirable behaviors while utilizing coping strategies (10,11,12). Nurses with strong self-control are better equipped to manage challenging situations and maintain their emotional and psychological well-being (13).

Research on the relationship between personality traits and self-control in emergency nurses is limited. Studies, such as those by Baldacchino and Galea, and Kennedy (14,15,16), highlight this scarcity. Given the limited number of studies examining the specific relationship between personality traits and self-control among emergency nurses, this research seeks to address this gap. Consequently, the study aims to investigate how the personality characteristics of emergency nurses influence their ability to manage stress and maintain self-control in the high-pressure environment of the ED.

Methods

Design and participants

The present study was a cross-sectional investigation conducted to examine the relationship between personality traits and self-control among nurses working in the EDs of 10 selected hospitals in Kermanshah City, Western Iran, from July 2022 to December 2022.

The population included all nurses employed in the EDs. Accordingly, the sampling for this study was continuously carried out in the Farabi, Taleghani, Imam Ali, Imam Reza, Imam Khomeini, Motazedi, Shohada, Army, Bistoon, and Imam Hossein hospitals.

The inclusion criteria for the study were as follows: 1) participants were required to have been employed in the ED of a hospital for a minimum of six months; 2) possess at least a Bachelor's degree in nursing; 3) have no physical or psychological conditions that could affect job performance; and 4) provide informed consent to participate in the study. Questionnaires with more than 10% incompleteness were excluded from the study. The sample size was determined to be 154 people according to the following formula (17).

$$N = [(Z\_\alpha + Z\_\beta)/C]\text{^}2 + 3[(1.96 + 1.28)/0.3]\text{^}2 + 3$$

Considering the potential dropout rate, an additional ten individuals were included in the study sample, yielding a total of 154 participants. Eligible nurses were recruited using a census method of sampling.

Data collection

After obtaining ethical approval, the researcher visited the EDs of the designated hospitals to begin the sampling process. The questionnaire was distributed to all nurses employed in the EDs, and the participants were assured that all provided information would remain confidential and would only be used for research purposes. To minimize response bias, the participants were informed that their names were not required on the questionnaire. Following a comprehensive explanation of the study procedures to the nurses, written informed consent was obtained from all participants.

Data collection was carried out using three instruments: a demographic information form for the nurses, the NEO Five-Factor Inventory (NEO-FFI) (18), and the Nikmanesh Self-Control Questionnaire (19).

The demographic questionnaire, developed by the researcher and modeled after a form referenced in the literature, collected information on variables such as the age, gender, and education level of the nurses.

The NEO-FFI (18), developed by Costa and McCrae in 1989, is a 60-item tool designed to assess the five main personality traits: neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness (20). The NEO-FFI is a short form of the Five-Factor Personality Inventory, with the longer version also assessing the single dimensions of each trait. The NEO-FFI was developed through factor analysis, which led to the selection of 12 items with the highest factor loadings for each of the five traits. The correlation between the short form and the long form ranges from 0.75 for conscientiousness to 0.89 for neuroticism, indicating a significant overlap (21). Convergent and discriminant validity studies revealed that the short form measures the five main personality traits with slightly less accuracy than the long form. Test-retest reliability for the NEO-FFI is reported to range from 0.77 to 0.92, suggesting high reliability. The NEO-FFI has been translated into numerous languages and validated across diverse populations worldwide. In Iran, studies by Bahadori et al. (21) have contributed to its validation. The responses to the questionnaire are based on a 5-point Likert scale, ranging from "strongly disagree" to "strongly agree."

The third instrument used was the Nikmanesh Self-Control Questionnaire, which was specifically developed to assess self-control in nurses. This questionnaire evaluates various components related to self-control, such as impulsivity, performance on simple tasks, risk-taking behavior, physical versus mental orientation, selfishness, and irritability. These components serve as indicators of low self-control. The questionnaire consists of 24 closed-ended items rated on a 5-point Likert scale, ranging from "very high" (1) to "very low" (5). It assesses self-control across six dimensions: impulsivity, performance on simple tasks, risk-taking behavior, physical versus mental orientation, selfishness, and irritability, all of which are indicative of low levels of self-control (19). In Nikmanesh's study, the reliability of the questionnaire was assessed using Cronbach's alpha, resulting in a coefficient of 0.80 (19).

Descriptive statistical methods were employed, including the creation of frequency distribution tables and the computation of numerical indices such as the mean and standard deviation for quantitative variables, as well as percentages for qualitative variables. To assess the distribution of scores on the personality sub-scales and to analyze their relationship with the level of self-control among nurses in the ED, the Kolmogorov-Smirnov test was conducted, along with independent t-tests and ANOVA. For data analysis and the Pearson correlation coefficient, SPSS software version 25 was used.

Results

In this study, 154 nurses working in the EDs participated. The mean age of the participants was 33.5 ± 6.2 years (Range: 23 to 54).

Table 1 shows that the average work experience of the pre-hospital emergency personnel was 8.1 years, with a standard deviation of 5.06 years (Range: 1 to 24).

The average work experience of the participants, specifically in the ED, was 4.2 ± 2.3 years.

Table 1. Distribution of demographic variables in research participants-relative and absolute frequencies

Variable		Frequency	Percentage
Gender	Male	56	36.4
	Female	98	63.6
Age	< 30	65	42.2
	30-40 years	70	45.5
	> 40	19	12.3
Education	Bachelor	125	81.2
	Master	29	18.8
Marital status	Married	98	63.6
	Single	56	36.4
Job position	Nurse	139	90.3
	Head nurse	15	9.7
Employment relationship	Official	91	59.1
	Other	63	40.9
Type of working shift	Fixed	114	74
	Rotating	40	26
Work experience in the emergency department	< 4	90	58.4
	≥ 4	64	41.6
History of physical illness	Yes	2	1.3
	No	152	98.7
History of mental illness	Yes	1	0.6
	No	153	99.4
Family history of mental illness	Yes	1	0.6
	No	153	99.4
Family history of physical illness	Yes	7	4.5
	No	147	95.5

As shown in Table 2, regarding the neuroticism personality trait, 5.8% of the participants demonstrated consistently stable emotions, while 94.2% experienced emotions that were occasionally stable.

As reported in Table 3, the Kolmogorov-Smirnov test results for each personality trait subscale indicated non-normality, with significant p-values for neuroticism ($p = 0.026$), extraversion ($p = 0.001$), openness to experience ($p=0.001$), agreeableness ($p=0.001$), and conscientiousness ($p=0.001$). However, the skewness and kurtosis values for these subscales remained within the acceptable range, supporting the assumption of normality for further analysis.

As shown in Table 4, the Chi-Square test results revealed no significant correlation between the neuroticism personality trait and the demographic variables ($p > 0.05$).

Table 5 shows that the mean total self-control score was 71.1 (SD=12.4), with individual subscales showing varied results.

According to Table 6, the results of the Pearson correlation test revealed a significant relationship between self-control and the personality trait of neuroticism ($r = 0.653$, $p = 0.001$). Additionally, significant positive correlations were found between self-control and the personality traits of extraversion ($r = 0.489$, $p = 0.002$), openness to experiences ($r = 0.508$, $p = 0.001$), agreeableness ($r = 0.604$, $p = 0.007$), and conscientiousness ($r = 0.476$, $p = 0.005$).

Table 2. Distribution of personality traits among emergency nurses-relative and absolute frequencies (n=154)

Dimensions		Frequency	Percentage
Neuroticism	Stable emotion	9	5.8
	Sometimes stable emotion	145	94.2
	Anxious personality	0	0
Extraversion	Introverted	5	3.2
	Neither completely introverted nor completely extraverted	149	96.8
	Extraverted	0	0
Openness to experience	Conservative	8	5.2
	Neither completely conservative nor averse to new experiences	146	94.8
	Inclined to seek new experiences	0	0
Agreeableness	Unwilling to harmoniously coexist in a group	6	3.9
	Sometimes considers others, sometimes does not	148	96.1
	Others are significant to the individual	0	0
Conscientiousness	Irresponsible and undutiful	5	3.2
	Not particularly dutiful nor particularly unconscientious	149	96.8
	Conscientious, dutiful, and responsible	0	0

Table 3. Distribution of subscales for personality traits and self-control among nurses in emergency departments (n=154)

Sub-scales	Mean ± SD	Minimum	Maximum	Kolmogorov-Smirnov test	
				Test statistic	P-value
Neuroticism	36.2± 6.2	16	60	0.077	0.026
Extraversion	39.1±5.9	16	60	0.122	0.001
Openness to experience	38.4±6.3	14	60	0.128	0.001
Agreeableness	38.8±6.2	16	60	0.100	0.001
Conscientiousness	40.4±5.6	18	60	0.197	0.001

Table 4. Distribution of relative and absolute frequency of neurotic personality based on demographic characteristics of emergency nurses (n=154)

Variable		N (%)	N (%)	P-value
Gender	Male	2 (22.2)	54 (37.3)	0.86*
	Female	7 (77.8)	91 (62.8)	
Education	Bachelor's degree	8 (88.9)	117 (80.7)	0.34*
	Master's degree	1 (11.1)	28 (19.3)	
Marital status	Married	1 (11.1)	55 (37.9)	0.40*
	Single	8 (88.9)	90 (62.1)	
Job position	Nurse	9 (100)	130 (89.7)	0.55*
	Head nurse	0 (0)	15 (10.0)	
Type of employment relationship	Official	3 (33.3)	88 (60.7)	0.33*
	Other	6 (66.7)	57 (39.3)	
Type of shift	Fixed	6 (66.7)	108 (74.5)	0.38*
	Rotational	3 (33.3)	37 (25.5)	
Age (years)	< 30	3 (33.3)	62 (42.8)	0.27*
	30-40	6 (6.7)	83 (57.2)	
Work experience in emergency	< 4	4 (44.4)	86 (59.3)	0.07*

Table 5. The mean and standard deviation of the self-control subscale for nurses employed in emergency departments (n=154)

Sub-scales	Mean ± SD	Minimum	Maximum	Kolmogorov-Smirnov Test	
				Test statistic	P-value
Impulsivity	11.4±2.9	4	19	0.126	0.001
Performance on simple tasks	10.3±3.4	4	20	0.106	0.001
Risk-Taking behavior	11.4±3.7	4	20	0.093	0.002
Physical versus mental orientation	13.2±2.5	5	20	0.119	0.001
Selfishness	12.3±2.5	4	20	0.142	0.001
Irritability	12.4±3.4	4	20	0.108	0.001
Self-control (Total score)	71.1±12.4	40	113	0.076	0.031

Table 6. The correlation between personality trait components and self-control levels in emergency department nurses (n=154)

Components of Personality Traits					
Self-control components	Neuroticism r* (P-value)	Extraversion r (P-value)	Openness to experience r (P-value)	Agreeableness r (P-value)	Conscientiousness r (P-value)
Impulsivity	0.400 (0.001)	0.293 (0.002)	0.282 (0.004)	0.318 (0.002)	0.219 (0.001)
Performance on simple tasks	0.590 (0.006)	0.273 (0.001)	0.319 (0.002)	0.446 (0.001)	0.187 (0.001)
Risk-Taking behavior	0.367 (0.004)	0.347 (0.005)	0.324 (0.009)	0.328 (0.001)	0.315 (0.003)
Physical versus mental orientation	0.207 (0.04)	0.471 (0.001)	0.389 (0.005)	0.319 (0.008)	0.528 (0.002)
Selfishness	0.533 (0.001)	0.422 (0.003)	0.497 (0.009)	0.524 (0.008)	0.438 (0.004)
Irritability	0.482 (0.002)	0.196 (0.001)	0.265 (0.004)	0.485 (0.008)	0.282 (0.003)
Self-control (Total score)	0.653 (0.001)	0.489 (0.002)	0.508 (0.001)	0.604 (0.007)	0.476 (0.005)

* Pearson Correlation Coefficients

Discussion

This study aimed to explore the relationship between personality traits and self-control among nurses working in EDs. These results have important implications for understanding how personality traits influence self-control and behavior. They suggest that individuals who possess certain personality traits may be more adept at managing their actions and decisions, which could have practical applications in areas such as education, therapy, and personal development. Future research should explore the underlying mechanisms through which these personality traits influence self-control and consider how they may interact with situational factors to shape individual behavior.

These results align with those of Al-Ruzzieh and colleagues (22), who found that nurses ranked highest in conscientiousness, followed by agreeableness, with neuroticism being the least prominent trait. The study confirmed that conscientiousness was the most prevalent personality trait among nurses. However, Jafari et al. (23) identified extraversion, followed by conscientiousness, as the most common personality trait in their study. Zhang et al. found that neuroticism is a significant predictor of career anxiety, with perceived stress and self-control acting as mediating factors. Increased neuroticism is associated with higher stress levels, reduced self-control, and greater career anxiety (24). Neuroticism correlated negatively with all self-control dimensions, which is consistent with prior studies (25). In summary, neuroticism emerged as an important moderator in the relationship between conscientiousness and extraversion on the one hand, and self-control on the other, with varying effects depending on the type of self-control. This finding ties into previous discussions regarding the regulatory role of neuroticism as a control mechanism. The Ozturk model for self-control (26) suggests that neuroticism functions as a braking mechanism, while the UPPS model posits that neuroticism diminishes self-control (27,28). Our findings suggest that both views may be valid, but under different circumstances. In situations where conscientiousness is low, high neuroticism may particularly benefit initiatory self-control. However, in most instances, high (And often medium) neuroticism is associated with reduced inhibitory and initiatory self-control (29).

The connection between self-control and emotions is well-established. For example, Heatherton et al. (30) demonstrated that people recognize that self-control is negatively associated with negative emotions. Additionally, individuals seem aware of the importance of downregulating emotions when facing self-control challenges and intend to do so in such situations (31). Our findings revealed that the neuroticism facets most strongly linked to negative affectivity-particularly anxiety, anger, hostility, and vulnerability (32)-showed the most significant moderation effects on self-control. Conversely, traits like self-consciousness and impulsiveness, which have a weaker connection to negative affectivity, showed fewer and weaker moderation effects. Individuals with higher levels of neuroticism had a reduced ability to regulate negative emotions compared to those with low neuroticism (33,34,35). Javaras and Nilsen et al. have shown that both self-control and conscientiousness are crucial for recovering from negative emotions. Our results further clarified this relationship by showing that the interaction between neuroticism and conscientiousness predicted changes in the initiatory, but not the inhibitory, component of self-control (36,37).

Similarly, no significant association was found between self-control scores and age. However, a significant association was found between self-control scores and income. Nurses with a master's degree exhibited higher self-control compared to those with a bachelor's degree. This finding supports Duckworth et al.'s (38) research, which demonstrated that higher self-control correlated with greater academic success and achievement. The higher self-control observed among individuals with higher degrees suggests that greater self-control may facilitate the attainment of higher educational and professional levels. It is well-established that personality plays a key role in stress adaptation (39). Individuals with neurotic traits often use less effective coping strategies to manage stress, whereas extroverts tend to adopt more proactive approaches (40). Extraverts are particularly adept at adapting to environmental stressors, demonstrating moderated reactions, and exercising self-control, which contributes to their higher self-control levels. Emotional exhaustion has also been found to correlate positively with neuroticism and negatively with agreeableness, conscientiousness, extraversion, and openness to experience (41).

Future research should assess the effectiveness of self-control training programs for nurses, considering social and occupational factors, hospital environments, and other variables that may influence self-control. Larger sample sizes are recommended for more definitive results. Understanding personality traits can also provide valuable insights into nurses' self-control.

Conclusion

Personality traits played a significant role in explaining the self-control behaviors observed in the nurses. Additionally, a direct relationship was found between neuroticism and self-control, while an inverse relationship was observed between self-control and other personality traits such as extraversion, agreeableness, conscientiousness, and openness to experience. Focusing on personality traits during the recruitment or enrollment process for nursing programs could help ensure that individuals with higher self-control are selected for the profession. Given the crucial role of self-control in delivering high-quality care, nursing educators and managers should place particular emphasis on fostering and supporting self-control among nurses.

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Ethical statement

This manuscript, derived from a master's thesis in nursing (Project code No. 4010108), received approval from the Ethics Committee of Kermanshah University of Medical Sciences (Ethics Code IR.KUMS.REC.1401.026). In accordance with the request of the Ethics Committee, this study was conducted following the principles outlined in the Declaration of Helsinki and the guidelines of the Committee on Publication Ethics. All participants were informed of their right to withdraw from the study at any stage. They were also assured that the information collected would remain confidential and be used solely for research purposes. Additionally, written informed consent was obtained from all nurses.

Conflicts of interest

None

Author contributions

SS, TM: Conceptualization; AJ, MJV, NS, SF: Methodology; SS, NS: Validation; MJV: Formal analysis; AJ, SF: Investigation; MJV, SS, SF: Resources; MJV, SF, TM: Data curation; MJV, SS: Writing - original draft preparation; SS, MJV, TM: Writing - review and editing; AJ, SF: Visualization; AJ, TM, NS: Supervision; MJV: Project administration.

Data availability statement

The data presented in the Availability and Shipment sections represent aggregate values rather than individual records.

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